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CLINICAL REPORTS

From Private Practice.

BY

JOHN HERBERT CLAIBORNE, A.M., M.D.,

ONE OF THE VICE PRESIDENTS OF THE MEDICAL SOCIETY OF VIRGINIA, LATELY SURGEON
IN THE PROVISIONAL ARMY OF THE CONFEDERATE STATES, AND EXECUTIVE
OFFICER IN CHARGE OF GENERAL MILITARY HOSPITALS
AT PETERSBURG, VIRGINIA.

PETERSBURG, VA.

JOS. VAN HOLT NASH, PUBLISHER,

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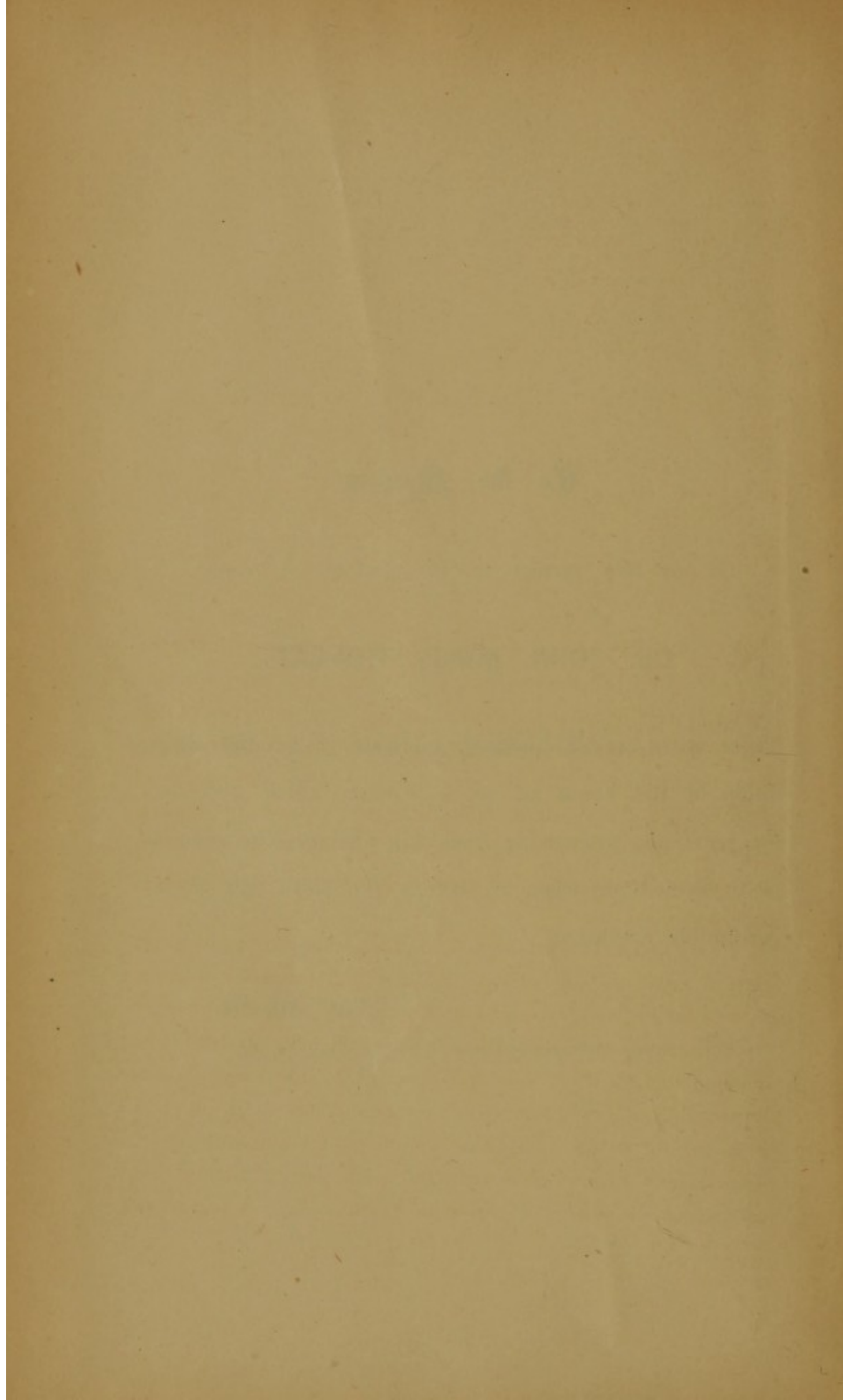
To the Memory

Of my late partner in the practice of physic,

DR. JOHN JAMES THWEATT,

These notes are affectionately inscribed in grateful recognition of the honor of an association which gave me, for years, the unwavering friendship and the wise counsels of a learned physician, an honest gentleman and an incorruptible Southron.

THE AUTHOR.



PREFACE.

NO class of medical writing is of more interest and more avail to the majority of professional readers than correct and well digested clinical reports. The author has often felt himself indebted to Graves, and Gerhard, and Chambers, and Bedford, and Elliott, and Neligan, and Trousseau, and Borillaud, and to others compiling and publishing hospital reports, for timely and valuable aid in the varied and often perplexing demands of the general practice of medicine, surgery and obstetrics.

And he has himself kept a running record for many years past of great numbers of cases occurring in his own practice, as well for his reference and instruction, as with ulterior view to collection and publication when sufficient material had accumulated, or when time and experience had so matured his impressions of disease and its therapeutics, as to justify him in giving the results of his observation to the medical public. The material is now abundant, and when he announces that his case book covers a period of twenty years, no one can

accuse him of indecent haste in parading his offices and opinions before the world.

Whether his impressions have been sufficiently matured, or well enough defined; or whether he has recorded them with the accuracy or clearness necessary to render them of interest or profit to the profession, remains to be seen and estimated.

He claims for himself earnestness of conviction and as much single hearted honesty of purpose as impels the majority of men — no more. He publishes the results of his experience believing them to be correct — and trusting that he shall thereby contribute something, as well to the interest of a profession to which he has given the best of his life, as to the good of suffering humanity; but he claims no immunity from the common desire to reap some reward from his labor.

In reference to the style of what he has written, the author while acknowledging that no one has the right to palm off on the public, with any sort of apology, crudities and solecisms, the result of ignorance or of carelessness, still considers it due as well to himself as to his professional brethren to say, that these "cases" have been collected, condensed and rewritten at night after the fatigues and amid the interruptions of a most exacting practice — and chiefly in hours robbed from sleep — even in quoting authorities he has sometimes had to rely upon the memory of former readings — either not having the text at hand or opportunity to consult it. He believes, however, he has done injustice to no one.

He has exercised the liberty to differ sometimes and widely from men of great sagacity and of deserved and extended celebrity; but he has never shown immodesty in so doing.

He has even occasionally expressed himself very strongly in recording these convictions, because he has felt earnestly the truth of his position, but he would exhibit dogmatism towards none.

He accords largely to every one the same honesty of purpose and freedom of opinion which he assumes for himself.

There is one other matter which it most properly pertains to this preface to note.

The "Cases" recorded in these pages will be taken from a very different class of people from those who ordinarily constitute the subjects of clinical reports. Such reports are usually made up of the histories of the cases of applicants at hospitals, infirmaries, dispensaries, college clinics, and other public charities—applicants whose constitutions have been enfeebled by the privations of poverty, or broken by vice and debauchery. Their condition, their requirements, their blood, their nervous mass—their morale—and their dynamic force generally, are far different from those of the patients whom the physician is called upon to treat in the ordinary run of private practice. In private practice the patients on an average exhibit more stamina, the result of the better physical and moral condition which affluence or competency insures.

The persons from whom infinitely a majority of these "cases" will be taken are a people who, themselves and progenitors, have always had enough to eat and to drink of the most substantial and nutritive viands; a people who have always breathed an air unpolluted by garbage, or cess-pools or crowded flats; a people who live in comfort, and who have had the daily cordial of good cheer to strengthen and invigorate.

A people, indeed, who, until they felt the privations and experienced the perils of relentless war—waged to their very doors—knew but little of those depressing influences which enfeeble a race and unfit it for withstanding the shock of disease.

Such people bear mercury, depletion and the antiphlogistic regime better than the former class—and for the same reasons require less the stimulating and sustaining treatment when sick.

And I suspect, greatly, the majority of people in this land

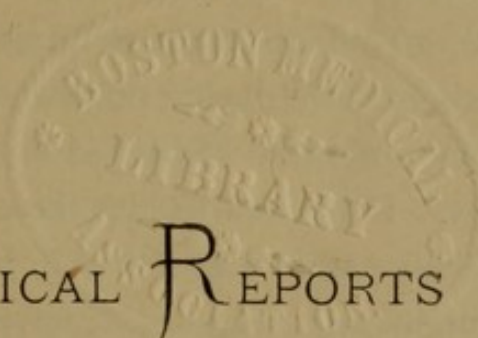
— God favored certainly — in spite of the calamities of the last decade, who employ physicians for a fee, and who do not resort to the public charities for medical advice, are represented truthfully by the class I describe.

In my experience one of the first and most important lessons to be learned by the young practitioner, after leaving the clinics of the schools and wards of the hospitals, is to know how to discern between the physical and moral condition of the patients whom he meets for the first time in private practice and of those whom he has left behind him.

His success will depend no little on the skill and discrimination which he exhibits in changing his practice with the changed conditions and relations of his patients.

The author would only add, that should this his first effort to bring forward in book form, the results of his clinical experience, meet with the appreciation and approval of the profession he proposes to continue his work in an additional volume.

PETERSBURG, VA., Union Street, December, 1872.



CLINICAL REPORTS

FROM PRIVATE PRACTICE.

NEPHRITIC COLIC.

CASE I.—Oct. 3d, 18—, 8 p. m. J. C., aged 36, robust and muscular—has had fine health for years; was taken suddenly 20 minutes ago, on the street, with most violent pain through the right lumbar region, and though near home reached there with difficulty—grasps himself with his hand just above the right ilium and says, “right here, doctor,” gasping to express himself. He is cold, pale, covered with sweat, retching, pulse thready, and right testicle retracted. Says that a few minutes before he was taken he had a smart stinging pain in the head of the penis, but paid no attention to it.

Prescription.—One half grain morphine at once and sitz-bath as hot as can be borne.

In fifteen minutes he was very much relieved. His pulse became full, his color returned and the pain was bearable. Ordered repetition of morphine in quarter grain doses and renewal of hot bath every half hour *pro re nata*.

Oct. 4th.—Took another half grain morphine and renewed hip bath once or twice during the night. This morning has no pain, but some soreness. Directed to be quiet and have some tea and toast. Explained to him the nature of his attack, that he had probably passed a gravel from his kidney to the bladder during the night, and requested him to keep on the look out and try and get it as it escaped with the urine. This secretion was scanty and loaded with urates for a day or two, but no gravel was found. Still, the symptoms of the case, the suddenness of the attack, the locality of the pain, its terrific and insupportable violence, the retraction of the testicle, the irritation of the genitals, leave little room to doubt the accuracy of the diagnosis. It is pertinent to say that some twelve or fifteen years ago I had attended this gentleman in several attacks of hepatic colic, and that in those cases we had been fortunate to secure the gall stones when they passed. These attacks were very violent, were invariably accompanied with inflammation of the liver and duodenum, requiring the most active depletion, and he was very near losing his life on the occasion of one of them. When he was attacked yesterday with pain in the right kidney he supposed his old enemy had returned, and was greatly dispirited; but so confident was I of my diagnosis that I promised him sure relief and no after-claps; and we were mutually gratified at the fortuitous end.

Nephritic colic, not an accurate pathological nomenclature, *en passant*, but one which so familiarizes the disease to most of readers, that it is well enough to retain it, though one of the

most painful diseases to which flesh is heir, inflicting an agony of torture that can scarcely be exaggerated, is, in my experience, rarely followed by serious consequences.

I remember one instance in my practice, during the late war, when the patient, a medical officer in the army, had a pretty severe attack of peritonitis, that was perhaps correctly attributed to the passage of a gravel along the ureter. The case occurred in the field, during the occupancy of an entrenched camp, and the patient became so ill in twenty-four hours after the occurrence of the attack that it was impossible to remove him. In the very serious complication of the peritoneal inflammation, the original disease was somewhat overlooked, and the gravel was never found, so that the diagnosis in the case does not rest on *experimentum crucis*; yet I believe it was nevertheless true. I have seen great prostration ensue after such attacks, especially in feeble and debilitated subjects; but they have always recovered finally and well. I have a patient who I suppose had, during the space of three years, more than a dozen attacks of nephritic colic, and who became so familiar with the natural history of the disease and its mode of management that he at length ceased to send for a doctor when he was taken, but went through the routine of anodyne, chloroform and baths on his own responsibility, and almost always securing the gravel, would send me the trophy of his successful treatment, until I accumulated nearly a thimbleful of specimens varying in size from that of a mustard seed to that of a garden pea. On one occasion he passed, after a moderate attack, about a teaspoonful of lateritious sediment with the last drops of urine, in which were at least a half dozen small uric acid gravel. I sent to an eminent medical friend, before the war, nearly a teaspoonful of urinary calculi which had passed *per vias naturales*, and five-sixths of which came from this one patient. This gentleman is yet alive, and what

is perhaps remarkable, has entirely recovered from this peculiar diathesis, and has not had an attack since the war. He informed me recently that he thought his digestion equal to that of an ostrich.

The case of Mr. C., on the report of which I have based these remarks, constitutes a rather unusual exception to the rule that one attack of nephritic colic is apt to be followed by another, sooner or later. Some three years have now elapsed, and during that time he has passed through two most disturbing incidents, marrying and coming into fortune, but he has got complete immunity and perfect health.

The dependence of attacks of the disease on a peculiar diathesis, and their consequent disposition to recurrence, renders it important that some treatment should be adopted in the interval with reference to preventing such returns. In eight-tenths of the cases I believe the patient will be found to have uric acid diathesis and to be of gouty and rheumatic habit. Each case, of course, must be decided on its own merits, due regard being had not only to the present condition of the patient, but to his mode of life and his constitutional or hereditary proclivities. An examination of the urine and of the gravel itself, when it can be found, will certify the diagnosis. A gouty, or rheumatic subject with clear, high coloured acid urine, throwing down pretty freely lateritious sediment, or the lithates, will leave little doubt as to the nature of a particular case. The red, rough, angular gravel, when found, will complete the story, without calling in chemistry or the microscope,—neither one always to the hand of the general practitioner. The bilious temperament—the melancholy, morose looking patient, of muddy complexion and sluggish secretion, has usually afforded the instances of oxalic diathesis in my experience. The nodulated, yellowish brown gravel, and crystals of oxalite of lime on a watch glass from the urine would

make out the case fully. The phosphatic diathesis is usually seen in persons who lead sedentary lives — in students and literary men, or in persons suffering from nervous and asthenic dyspepsia, and in those subjected to influences of a depressing and lowering character. The urine in such instances is often alkaline and the deposits whitish and soft. The indications taken from the nature of the gravel, however, when this is secured, are subject to this fallacy, which it is well enough to remember, viz: That the formation of the concretion in the kidney may have taken place sometime prior to its passage through the ureter, and in the changed condition of the patient a uric acid gravel might be found to accompany phosphatic urine and vice versa. No physician of moderate astuteness would be misled though, I think, in such an instance.

The treatment in the different diatheses can only be generalized in this paper. For the uric acid diathesis, alkalies, colchicum, abstemiousness, free exercise, fresh air and full inspirations. The gentleman who suffered so severely with lithiasis, and who passed so many gravel — whose case has been referred to in this report — was placed for some months on a regular course of bicarb-potass and colchicum. In addition, the res angustura domi incident to a closely besieged city and a strict embargo on wines changed somewhat the character of his cuisine and refectory. I suspect the blockade did him as much good as the bicarbonate of potash, though it was an enemy that prescribed it. Dr. Buckler has recommended the phosphate of soda and ammonia in uric acid diathesis in the way of a solvent, and Garrod the carbonate of lithia on the same grounds.

Vichy water has also been highly recommended, and I have lately seen used the water from the Gettysburg springs in Pennsylvania. Dr. Golding Bird gives the following formula for the manufacture of an artificial vichy water, and recommends it very highly, viz: Potass bicarb, 3 ss., acid citric gr. v,

in a tumbler of warm water. I have seen no reason to substitute the bicarbonate of potash and colchicum treatment, though, for any other, especially when there was gouty taint in the patient.

In the oxalic acid diathesis, which is often the concomitant of a protracted and inveterate indigestion, and of torpor, or derangement of the duodenal and hepatic secretions, mild mercurials, aloetic laxatives, metallic tonics — as nitrate of silver or sulphate of zinc, and above all, nitro muriatic acid — constitute the therapeutics indicated; which, of course, must be accompanied with dietetics and regimen adapted to each particular case. I have in my mind a most aggravated case of oxyluria, which occurred some years ago in the person of an eminent professor in a literary institution in this State. He became a confirmed hypochondriac, and took up the singular fancy that he was a bank of ashes. He would assume the most grotesque positions and send for the college janitor to come with box and shovel and have him taken out. It was some time before the real nature of his case was apprehended; but his urine having been examined one day, the crystals of oxalate of lime were found, and he was at once put on a course of nitro-muriatic acid. In a few months he was entirely recovered. In another instance, a medical man had been afflicted with dyspepsia for years, and had become gloomy and dispirited to a distressing degree, complaining of the most abnormal nervous sensations about the stomach, extending through to the back, and of palpitations, and of a sense of impending trouble that was indiscribable. He had exhausted his own armentaria, and had consulted repeatedly the most distinguished physicians without any relief from their prescriptions. He came to me, not so much with hope, I believe, of receiving cure, as impelled by the necessity of telling his troubles to somebody. Without waiting to examine his urine I became convinced from his statement that he had oxyluria, and put him at once on nitro-muriatic acid, three times a day, with some dietetic rules. In a month he was well.

In treating patients with phosphatic deposits there is, unfortunately, apt to be most serious functional or organic derangements, preventing us from promising little more than palliation. Old people broken down with the wear and tear of mental trouble, persons with serious spinal disease, or with paralysis, or suffering from severe surgical accidents, are, of course, liable to have the deposit of phosphates from their urine. But these usually form in the bladder, and rarely give rise to nephritic colic.

There is a class of people, though — as overworked students and clergymen — with nervous dyspepsia, accompanied with great nervous erethism, who manifest the symptoms of the phosphatic diathesis, and who are sometimes subject to nephritic colic. I know one such person who, during the late war, under the combined influence of labor beyond his years and his strength, and of great harrassment and loss, had several quite severe attacks. In all such cases, tonics, generous fare, good wine, rest and cheerful company would constitute the prescription. In all cases of nephritic gravel, though, whatever may be the diathesis of the patient, or the character of the deposit, whether uric acid, oxalate of lime or the phosphates, it cannot be too urgently impressed upon the student that the disease generally originates in derangements of the digestion. And whilst alteratives and solvents may be very necessary as special medicaments in certain cases, no treatment will be of permanent success which does not look to the healthy restoration of the functions of the chyle making viscera. The skin, of course, is a most important viscus, and in disorders of the kidneys is called on to do unusual and vicarious service; but the physician, who is directing his attention to the treatment necessary to promote a healthful and perfect condition of the digestive apparatus, will not fail to order a proper system of baths, frictions and flannel for this organ.

IRRITABLE BLADDER.

CASE II.—Irritable Bladder, dependent on engorgement and ulceration of Cervix Uteri. Mrs. H. M., aged 21, applies to be relieved from some visical trouble, she does not know what — has been married twelve months — has never conceived — has enjoyed fair health until recently — never suffers when her courses come on—is entirely regular—but for a month past has had to pass her water very frequently, and has considerable pain and burning afterwards. The pain brings on forcing and dragging sensations, running down the thighs to the knees—is aggravated in walking, and makes her very miserable. The urine is of natural color, and does not leave any sediment in the vessel. Her appetite is tolerably good; her tongue is clear, and her bowels opened daily. On examination, I find the uterus in situ, but somewhat enlarged and tender; the cervix swollen, red and sensitive, and the mucous membrane abraded from one-half of the circumference of the os tincæ, forming a shallow, but dirty, ragged looking ulcer, about the size of a ten cent piece. This case evidently requires no general treatment. The dysury is undoubtedly the result of the disease of the cervix uteri; a sympathetic, possibly a contiguous irritation. I cauterize the os freely with the nitrate of silver, passing the solid stick into

the neck as far as the internal mouth, and dress with cotton saturated with glycerine. Order rest in the recumbent posture, and a light unstimulating diet. This on the 6th October, 18—. On the 12th of October I again saw her. She had had a relapse of intermittent fever, to which she is sometimes subject, and there was an exaggeration of all of the unpleasant symptoms; more tenderness, more heat, more pain extending now to the right ovary, and even as far as the right kidney. Ordered the usual treatment for intermittent fever and 12 leeches to the right ovarian region, to be followed by warm fomentations.

Oct. 15.—She has missed her chills; has no fever; but still complains of pains and soreness above the pubis and right groin. On examination, I find the os and cervix in the same condition as when I first examined them. I again cauterize and dress with glycerine. When the cotton comes away the vagina to be syringed out daily with tepid flax seed tea. She has become a little anemic. Ordered *Liq: Ferri Iodidi*, 20 drops, *ter die* after meals. To remain in bed for a week.

Oct. 22.—Is much better, she says. Has no pain now on passing her water, or at any other time. Appetite has returned, and spirits. The ulcer on the os has nearly healed over; no engorgement of the cervix and no especial sensitiveness. Dressed with the glycerine.

Oct. 29.—Says she is well every way. Dismissed with the recommendation to keep up the iodide iron for a month. This is one of several cases of irritable bladder which I have seen where the vesical irritation was the result of ulceration or engorgement of the os and cervix. I met with a case within the last twelve months, the notes of which I cannot now lay my hands upon, where the lady had suffered with vesical irritation for one year, greatly aggravated whenever her courses came on, and which was embittering her life and wearing her out with pain and annoyance. Indeed, there had been set up

a regular chronic cystitis and the urine was loaded with mucous, mixed sometimes with pus and blood. The case was a very unpromising one, and I anticipated no little trouble in its treatment. But after some four cauterizations of the cervix, which was not ulcerated, only very much inflamed and highly sensitive, and dressings with glycerine combined with the daily exhibition of the acetate potash, in half drachm doses, *ter die*, in solution of gum arabic, she was entirely relieved in less than a month. She now attends very actively to her domestic duties, and can walk as far and as much as she ever did in her life, and says she would not know that she had a bladder or a womb from any discomfort they give her.

In this connection I would remark, that since I have used the glycerine dressing to the os and cervix, after the application of the lunar caustic, I have not witnessed any cases of induration of the mouth or contraction of the canal of the uterus, which formerly seemed to follow occasionally the use of nitrate of silver.

DYSMENORRHŒA.

CASE III.—Dysmenorrhœa—complicated with hysteria. August 14, 18—. Miss B. T., aged 20—delicate looking, but of good color and embonpoint. She is just passing through a menstrual period, and in addition to suffering great pain—with a very scanty discharge, is affected with the most peculiar and involuntary twitchings and spasms of the muscles of the spine and of the face and hands. She complains mostly of pains in the region of the hypochondrium, but the whole abdomen is distended, tense and very sensitive. She has complete anorexia and is listless and indifferent. Bowels are constipated generally, but have been opened by medicine. Soon after I saw her she had a most violent general convulsion and lay unconscious for two hours—though her pulse was normal and unaffected during the whole time. Pupils also unaffected. Ordered hot mustard fomentations to abdomen and inner sides of the thighs. And, as her mother says, this convulsion has occurred regularly every day at the same time, for some days, and she is living in a malarious district, two of the following pills to-night and two in the morning.

℞ Hyd. mit. chlor., grs. iv.
 Pulv. Dov., grs. iv.
 Quiniæ Sulphat., grs. xvj.

Ft. pil. no., iv.

The convulsion did not return after this, but the muscular twitchings of the hands and face continued for a week, finally yielding, apparently, to counter irritation with volatile linament along the spine. This young lady had just passed through a most fatiguing session as a teacher, and in addition to the immense expenditure of nerve and brain induced by the attrition of such a life, was but slowly and imperfectly convalescing from an attack of periodic remittent fever. I placed her, therefore, on a course of Iron—sub-carbonate—with an alterative and aperient pill of blue mass and aloes.

She suffered during the whole month with a most *remarkable and irremediable debility*, unable to leave her bed for a minute, though without fever and without emaciation. As the monthly period came around she had another attack of hysterical convulsions similar to the last; but relieved more directly by the occurrence of menstruation and the treatment adopted to bring this on. At the next period she had another attack of a similar nature; suffering during the whole four weeks, still, the most unaccountable debility. She was relieved again by the appearance of the monthlies, which came more freely, but not without pain. On the first of November, just emerging from one of her worst attacks of hysteria, with the same detailed symptoms, but emaciating now very much, in spite of tonics and such diet as she would take, I put her on the following pills:

R Hyd. pil. mass., ʒj.

Sulph. Ferri, ʒj.

Ext. cannabis ind., ʒss M.

Ft. pil. no. xx, un ter die. Bowels to be opened with Ol. Ricini, if necessary, twice a week. Frictions to be applied daily to the spine, and flannel to be worn next to the skin. Diet to be as liberal as she will take.

November 4th.—She says that the pills produce pain in the

bowels. Discontinue. Return to halfspoonful doses of the sub-carbonate Iron. Ordered blister 3x4 to the sacrum.

December 1st.—She has not been at all relieved by the treatment of the last month. Has had repeated returns of hysterical convulsions—has become so nervous that any sudden noise will bring about the muscular twitchings of the face and hands. The monthlies have returned, however, at the usual time, though insufficient in quantity, and still attended with a good deal of pain.

Iron in any form which I have tried seems to act as an irritant. I have tried many forms of it with the same result. She always finds out that she is taking it, and insists that it disagrees with her. I can only say that she has all the symptoms which we usually regard as demanding its exhibition.

Ordered for the next month the following :

℞ Quiniæ Sulph., grs. xx.

Ol. Valerian., grs. x.

Ext. Cicutæ., grs. x, M.

Ft. pil. no. xx. One ter die.

January 15th.—She has persevered in the use of the pills. Her nervousness is to some extent relieved. She had no convulsions at the last monthly molimen, and has had none since. Her appetite, too, is better, and her abdomen is soft and painless even over the hypogastrium. But the langour, the constipation and the debility remain unaltered. She cannot sit up, even in bed, one minute without such agitation as to cause her to fear a return of her spasms.

℞ Ext. nux. vomica., grs. v.

Pulv. Rhei., grs. xl.

Bismuth Subnitr., grs. lxxx, M.

Ft. pil. no. xx. One ter die before meals.

Discontinue quinine.

February 17th.—She has had no spasms now for more than

two months — her appetite is fair — her digestion has improved — but the constipation is still very obstinate. Sits up a little in bed.

March 20th.—Just as she was last month.

Dr. T. called in consultation. Ordered

Valerianat. Ammoniaë, grs. v.

ter die in spoonful of syrup gum arabic—one wineglassful infusion gentian after each meal, and her spine to be rubbed every night with veratria ointment.

This prescription was continued a week or two, but without any manifest benefit. Finally, after every form and variety of tonic had been tried — my patient was still in bed, or on her lounge in September, (thirteen months after the original attack) — unable to walk a step — to read — to converse more than a few minutes — pale, emaciated and listless — menstruating now, it is true, regularly, and with but little pain — and never having a spasm, or even a nervous spell, unless annoyed or provoked about something — but having poor appetite, and the same obstinate constipation, almost torpid, indeed — her condition anything but a comfort to herself or a credit to her doctors. I determined, then, to change her treatment — radically. Though feeble and anæmic — to withhold from her all tonics and stimulants, and to give her instead ten grains of calomel every fourth night, to be followed in the morning with one ounce of castor oil — hoping that by the use of the great secernent and by its especial action on the most important viscus in the body I might arouse all the functions which had lain so long dormant. The effect was beyond my most sanguine expectation. The first dose produced so great a change in her condition as to inspire new hope, and she caught at the remedy with an earnestness that she had not manifested about anything for months. After a few doses she became so full of faith in her new physic, and so enthusiastic in reference to its

effects, that it was difficult to restrain her from injudicious repetition of it or to convince her that she did not require more of it. In December she was well — though she only kept up the mercurial for about a month. No symptoms of ptyalism supervened. The mercurial seemed to have, in this instance, the action attributed to it by an octogenarian physician of my acquaintance — namely, that of a powerful, general stimulant. This old gentleman informed me that when he commenced the practice of medicine in this country, about the beginning of the present century, so universal was this belief in the stimulating effect of mercury, that it was never administered until the general erethism of the system had been reduced by antimony and the lancet. Whilst I cannot indorse this pathology, I must record my convictions that our fathers in medicine knew something, as well as we.

This was a case of dysmenorrhœa, induced by overworking the brain and overtaxing the nervous system, at a time when the functions of the uterus called for full attention and a free supply of healthy blood. The effect might have been foreseen. The reactions from this neglected and suffering organ — this organ *propter quod mulier est id quod est* — soon made themselves felt in every nerve and fibre of the frame. We endeavored to allay the irritation and to reduce the engorgement of the womb and ovaries by fomentations, anodynes, local depletion and counter-irritants; but when this was done something else was left still to be accomplished. The shattered and stagnant forces of life had to be regathered and prompted into action. The blood-making and, per consequence, the life-making powers had broken down, and had to be rebuilt and re-invigorated. In the long rest of debility and inactivity which my patient had, nature found, no doubt, opportunity to work and restore — and possibly my calomel was given at a time fortuitous, and synchronous with the action of the *vis medicatrix*.

The powerful influence of mercury in dysmenorrhœa — especially when it is the result of active engorgement of the womb, or of chronic changes in that organ — as induration, thickening of the mucous membrane of the cervix, etc., is well known and fully recognized. In this case, however, I am not disposed to believe that its primary and beneficial action was on the womb at all. The disordered state of that organ had been already modified or removed by appropriate treatment. I consider its good effects to have been the result of its stimulating power on the secretory glands and on all the functions of organic life. The awakening of the sympathetic ganglion soon aroused into action the cerebro-spinal centres, and hence the manifestations of new life which were so suddenly and powerfully put forth.

This is my theory. Any one is at liberty to set it aside and build a better on the facts, which are impregnable, but which may admit of other construction.

DYSMENORRHŒA.

CASE IV.—Dysmenorrhœa. Melancholy. Miss P., aged 16.—April 14, 18—. This is a beautiful young brunette—well developed—of fine embonpoint—a child of luxury and fortune—and, until three months ago, she had never known a day of sickness or had a doctor to see her. She commenced to menstruate regularly at 14 years of age, and until the time referred to had had no disturbance or interruption of this function. She has always been remarkably gay, vivacious and spirited. For the three past periods she has menstruated very sparingly, with great pain, and though she retains her color and her beauty she is gloomy, depressed, fond of solitude, and constantly sighing. Her appetite is capricious and unnatural; her bowels obstinately confined, tongue foul, breath offensive, pulse full and quick — 80 — temporals throbbing and head aching. She also complains of distressing pain in the hypogastric region and in the hips and thighs. It is just time for her courses now, though they have not appeared.

℞ Hyd. mit-chlor. grs. vj.
 Pulv. Ipecac, grs. ss.
 Pulv. Dov., grs. iv, M. Ft. pil. no. ij.

To be taken at once. One dozen American leeches to be

applied to the inner side of the thighs and to have a hot sitz-bath.

With the action of the medicine she became unwell, and the more urgent symptoms were relieved. She was yet gloomy and dispirited, however, and almost always suffered some uterine pain — had in addition most obstinate constipation, which, after trying various remedies, nothing would overcome but 10 grains calomel once or twice a week, followed by 2 oz. castor oil. A peculiar result of the constipation was, that if it were suffered to continue for a week, the cuticle on each cheek would rise in a superficial blister, round and about two inches in diameter, without pain or irritation, desquamate in a few days, but be certainly followed by another unless the purgative were exhibited.

In about three months, with the use of purgatives, leeching, tepid bath, and exercise in the open air, she began to improve a good deal. Her appetite and spirits returned, her courses came regularly and normally, and she resumed her studies and her amusements with some zest. Nothing remained of the disease but the constipation.

Suddenly, about the first July, and just as we flattered ourselves she was well, for some reason, which I could not then make out, my pretty patient relapsed into her former state, and with the exception of the fullness and pain in the hypochondrium, was, if anything, worse than ever. She was decidedly more listless, duller and more melancholy than she had ever been. She would lie on her couch day by day, from which nothing but force could remove her; would respond to queries, if at all, in monosyllables — showed an utter disgust for food or drink — her tongue very foul — bowels more confined than ever, requiring fabulous doses of medicine to move them — and she seemed going into a confirmed melancholy. For several weeks very serious fears of this result were entertained;

but suddenly the functions of life rallied, and she became again, except the constipation, well. For this I sent her to the Rockbridge Alum Springs, Va., in August — from which she returned the 20th September — entirely well. For about a month she remained well, when suddenly, after having commenced a session at school, she was taken with the old symptoms — listlessness, melancholy, flushed face, headache, and the spots on the cheeks returned. Purgatives were at once exhibited, which operated more easily than formerly, and she was put on the sub-carbonate of Iron, 30 grains *ter die*. She was taken from school, and all sorts of out-door exercise and amusements were afforded her. In a short time she began to improve very much, and now, having won her confidence, I elicited from her the cause of her melancholy, and the reasons of her sudden, and before, unaccountable relapses. It was a case of love — hopeless, and not only hopeless, but abused. Her affections had been won by a man who was not free to pour in her ears his honied lies, and whose alternate and fickle attention and neglect had ever and anon made her happy or wretched. It was possibly more by accident than by his mercy that she had not reaped irretrievable ruin.

This new feature of the case required a varied and discriminating treatment, of a moral sort — as removing her at once from the possibility of meeting the unworthy object of her unwise love, affording her constantly light and amusing employment — utterly breaking up her habits of solitude — appealing to her pride and jealousy — but the physical treatment could not be relaxed, and the use of purgatives, plain fare, shower-bath, etc., had to be persistently continued for some month or two. About the middle of November she was threatened with a most serious relapse — had fever, foul breath, loaded tongue, distended bowels, fullness and dragging about the hypogastrium, and profuse purulent leucorrhœa. I purged her very

freely with salts, colchicum and magnesia — and then put her on the following pills — one ter die :

R	Hyd. pil. mass,	grs. xxiv.
	Ferri Sulphas Exsiccat,	grs. xxiv, M.

Ft. pil. no. xxiv.

Her health began to improve very much after she had taken this ten days; and on the 1st January following I had the pleasing assurance from herself, in a letter written from the country, where she was staying, that she “was well in every respect”—and more than all, that she had “conquered her silly passion.”

I make no comment upon this case. I have thought it sufficiently instructive in a medical point of view to insert in these pages. It would not have been reproduced had not the young lady herself, and every one intimately connected with her, and who would recognise the lines of the portraiture, passed, by a singular fatality, beyond that bourne where censure or scandal can reach or vex.

In the treatment of dysmenorrhœa we should not lose sight of the fact that it is but a symptom — not a disease. It is as much a symptom as dropsy, and may depend upon as many and as diverse pathological conditions. With this exception, that whilst dropsy may be the result of disease of one or more organs, dysmenorrhœa is the result of functional or organic disorder of the womb. The pain of the symptom dysmenorrhœa, or difficult flow of the menses, may be purely neuralgic in its character, or there may be congestion or inflamma-

tion of the uterus to account for it, or it may be dependent on some toxæmic condition of the blood — as expressed by the gouty or rheumatic diathesis — or there may be some obstruction, as stricture of the cervix or flexion, damming up the blood in the uterus, or preventing the discharge of some adventitious membrane developed from the inner lining of that organ — or there may be a polypoid tumor within it — and the pain is then but a simulation of the nature and agony of labor. All of these causes must be taken into consideration in the study of each case that presents itself if we would institute a rational and successful treatment. More than one cause may exist, in any case, and occasionally we may find neuralgia, and engorgement and the rheumatic diathesis all combined to multiply and aggravate the sufferings of a patient in her dysmenorrhœa. It has become very fashionable during the present decade to consider obstruction the prime agent in the production of all dysmenorrhœa, and the treatment would be very simple and very rational, and very invariably successful if it were so. The dilator, and the sponge tent, and the hysterotome, and the pessary would soon open the way and keep it open, and no occasion would arise for nauseous drugs. And few patients at least would be sorry to put aside forever the Tinctura Guiaci of Dr. Dewees, or the Tinctura Antacrida of Dr. Fenner. Dr. Sims* says there is no such thing as “constitutional dysmenorrhœa” — and “lays it down as an axiom that there can be no dysmenorrhœa if the canal of the neck of the womb be straight and large enough to permit the free passage of the menstrual blood.” Now, Dr. McIntosh, as early as 1832, demonstrated that the cervix might be safely and fully dilated, and Dr. Simpson, since 1843, has been freely and successfully incising it, and Dr. Sims himself, with a skill and courage that none have surpassed, has for ten years been using

* Sims' Uterine Surgery, page 141.

the hysterotome, and opening the passage for the menstrual blood fully and freely. Yet the question remains vexata, and even Dr. Sims* admits that "the operation of enlarging the canal is not always successful." But why is it not always successful if the simple pathology of dysmenorrhœa be "some mechanical obstruction to the egress of the monthly flow?" Even the staid and sober Dr. Hodge* teaches in prim dogmatics that by far the greater number of cases of dysmenorrhœa are the result of mechanical obstruction, and are only to be cured by the dilator and the pessary. He affirms, however, that there is "no adequate justification for the use of the knife in enlarging the canal of the cervix"—an opinion which Sims, and Simpson and Emmet will combat with long lines of cases and of cures. I differ, with great deference, from men so justly eminent in their profession, so enlarged in their experience, and so thoroughly competent to observe in matters pertaining to their specialty. But just there—in the specialty of their practice and their study—is the point assailable in their opinion. A specialist in medicine, while his opportunities for accurate and extended investigation entitle his opinion to greatest consideration, and render his labor most important in the advancement of science, is apt to see through lenses that take their light from the color of the objects which are constantly in the visual field. Even with this objection, however, I should not place my humble opinion against such weight of metal were I not sustained by authorities of equal eminence with themselves. To say nothing of the long line of authors who have written upon gynæcology for the past fifty years, and whose names and whose teachings have illustrated and adorned this department of medicine, we are content to quote Dr. Bennet, who, while second to none in the zeal and success with which he has pursued the study and practice of the diseases of women will

* Diseases of Women. Edition 1860. Pages, 207, 208.

scarcely be accused of ultra conservatism in uterine surgery. Says Dr. Bennet*: "I have always taught that menstruation may be painful, even acutely painful, from its dawn to its close, without any mischief or impediment existing of any kind," and he declares that cases of dysmenorrhœa depending on any constriction of the canal of the cervix apart from inflammation are exceedingly rare. I am glad to second this opinion of Dr. Bennet, and feel more comfortable in my mind, as I shall feel more assured in my practice, on account of it. So much has been printed of late in reference to obstructive dysmenorrhœa and the mechanical treatment of it, and the enthusiasm and eminent success of Dr. Marion Sims in the surgical treatment of sterility has created such a sensation and invested the subject with an interest so striking and attractive that I feared, in my ardent love for conservatism, I might have been blinded to the true merit of the question. When Dr. Bennet speaks out, however, upon the same side I think I cannot be far wrong. I am encouraged also in my views by noticing that in Dr. F. W. Van Scanzoni's late able and exhaustive treatise upon the diseases of women, mechanical obstruction is not put down as one of the causes of dysmenorrhœa at all, nor is any reference made to the dilatation or division of the cervix as a mode of treatment of that symptom. Not that I regard it impossible or improbable but that dysmenorrhœa is sometimes the result of some obstruction to the free exit of the menses, nor that I think the use of the dilator and the hysterotome never necessary or judicious. I have met with many cases of dysmenorrhœa in which the difficulty consisted in obstruction — obstruction of the os, or of the cervical canal; obstruction which was generally the effect of present inflammation or the result of the products of past inflammation; but I have usually found such obstruction removable by constitutional treatment. Depletives,

* *London Lancet*, June, 1865.

alteratives, counter-irritants — sometimes the local application of Glycerine, Iodine or Nitrate of Silver to the os uteri — have not often failed in my hands to afford relief. When I have failed with these means I confess I have not succeeded with other modes of treatment.

DYSMENORRHŒA.

CASE V.—Nov. —, 18—. Per contra. There came to this city some five years ago, and was placed under my care, a lady who had been suffering for six months from a most distressing dysmenorrhœa, and who had been subjected to the treatment by dilatation for some three months of that time without the slightest relief to her symptoms. I received a message from her physician, an excellent practitioner, that she was suffering from stricture of the cervix, and that he was treating her by the introduction of bougies once or twice a week with fair hope of success in her case.

Finding, on examination, that I could pass without difficulty a No. 4 bougie through the cervix, I made up my mind that the dysmenorrhœa was certainly not the result of obstruction, and I gave no further attention to that mode of treatment. I observed, however, that the os, cervix and body of the uterus were exceedingly hard, nodulated and sensitive; that there was heat and tenderness over both ovaries, and that there was constant complaint of heaviness and fullness about the hypogastrium, aggravated by motion or exercise.

The patient was the wife of a Confederate officer; had been married about twelve months at the time of her attack —

had never conceived, and had always suffered to some extent at her monthly periods, but was never sufficiently bad to require any treatment. At the evacuation of Petersburg she had fallen back with the army in hope of remaining in the Confederate lines and near her husband; and on the great retreat had suffered very much from cold, fatigue and exposure. From this time dated the commencement of her excessive dysmenorrhœa; and her monthly suffering was such as to render her life miserable. She had lost but little flesh, was of good color and in fine condition. I considered her dysmenorrhœa but the result of inflammatory engorgement of the uterus and ovaries, and determined to put her on a mercurial treatment during the interval of two weeks, before she expected her courses, and to apply a half dozen American leeches over each ovary just before the expected period. I accordingly ordered her a twelfth of a grain of corrosive sublimate *ter die*, and requested her to keep her bed for a fortnight and live upon a plain and unstimulating diet. Her mouth became a little sore about the recurrence of the menses. She was leeched just before they appeared, and during the monthly *molimen* took *ter die* one ounce of the Liquor Acetate of Ammonia with a few drops of the Liquor of Acetate of Morphia, (Magendi's Solution). The result was, "she had not had so easy a time," in her own words, for years. The flow was very free, and, on her becoming somewhat anæmic afterwards, I placed her for a month on the Liquor Ferri Iodidi — directed her to take the Liquor Acetate of Ammonia again when her courses appeared, and to confine herself to her room and couch until another *molimen* passed.

I heard no more from the dysmenorrhœa — though I regret to say my patient is still sterile.

Now, some may assert that it was the bougie after all, and not the constitutional treatment which cured her. But, if so,

why was she not sooner relieved — she had been for months under the treatment by dilation ; her physician had passed the instrument repeatedly, and there was certainly no obstruction when I saw her.

DYSMENORRHŒA.

CASE VI.—March —, 18—. Again. Another young married lady, following the fortunes of her husband, an officer in Lee's army, fell back from Richmond with the marines which were sent up via the Danville road, in the hope of effecting a junction with Johnston, and was so situated on the route that for forty-eight hours she had not an opportunity of emptying her bladder. Inflammation of that viscus — of the womb — indeed of the whole pelvic viscera, I suspect, ensued, and she became a great sufferer — from irritable bladder and rectum — from fluor albus — and especially from dysmenorrhœa. When her monthly periods came around her agony was extreme. I saw her some twelve months afterwards, when her constitution had begun to sympathise with and suffer from the local disorder, and she had become, from a bright and blooming woman, a pale, emaciated and hysterical invalid. On examination, I found the womb enlarged, engorged and retroverted —

the os ragged and inflamed, and the whole vagina hot and sensitive. I directed her to confine herself to her bed for some days — to take a warm sitz-bath daily and a vaginal injection of infusion of flax seed twice daily. I gave her one drachm of Acetate of Potash twice daily in half tumbler of water — and directed her, every night, to use one of the following suppositories :

℞	Morph. Sulph.,	grs. iss.
	Ext. Belladonna,	grs. vi.
	Butyr. caco., q. s.	Ft. Suppost. no. vj.

In a few days the local inflammation was sufficiently reduced to enable me to cauterize the os uteri very freely, and to place in contact with it a large pledget of cotton saturated with Glycerine — as recommended by Dr. Sims. This treatment operated most happily. I was enabled to repeat the local application several times before the return of her courses, and when they came on her suffering was less than for many months, though by no means entirely relieved. The acute symptoms having subsided, I then placed her on Liq. Ferri Iodidi, gtts. xx, ter die, and directed the Acetate of Potash and suppositories to be continued only in case of ardor urinæ or irritable rectum. At the recurrence of the second monthly menses after the commencement of this treatment her pain amounted to nothing. I then — the local engorgement having been entirely relieved — and the lady's health greatly improved — determined to replace the uterus, and for that purpose endeavored to introduce Simpson's womb sound. I found that I could not do so — nor Sims' annealed copper uterine probe — nor even the silver probe of the ordinary pocket dressing case. Nor have I ever been able to pass any instrument beyond the inner os, on account of the flexion of the womb at that point — nor to replace the womb, nor move it in any manner from its fixed retroversion ; owing, no doubt, to adhesions, the result of pelvic inflammation.

But the *dysmenorrhœa* is cured, and the irritable bladder is cured, and the lady's general health is entirely restored, and, with exception that she is still childless, she is well and happy.

I report, then, a case of *dysmenorrhœa* cured by constitutional treatment when the dilatation of the cervix failed to afford relief — and a case cured by combined local and constitutional treatment where the flexion of the cervix and, per consequence, the stricture of the canal was never removed. Cases not without interest in my estimation, and tending to lessen the exaggerated importance attached to the use of the dilator, the sponge tent and the hysterotoma — all undoubtedly instruments which are occasionally necessary; which have their uses in certain cases of uterine disorder; not only in facilitating diagnosis, but contributing to cure; but instruments which may be very much abused, and which should only be resorted to as the *ultima ratio medicarum*. Indeed, what would be the popular judgment upon the conduct of that physician who, when called for the first time to a young lady suffering from *dysmenorrhœa*, should announce *ex cathedra* to herself or friends that her disease was altogether the result of physical obstruction to the escape of the monthly flow, and that nothing but mechanical means, the dilator or the hysterotoma, would avail for her recovery? Yet, is not this the legitimate end of the latest teaching in Gynæcology? And when the distinguished success and the personal preferment of its great advocate, the genial, fascinating and accomplished Sims is held up before the eye of the young practitioner the subject becomes invested with a glamour that blinds as well as attracts. Certainly, in our estimation — in every case of *dysmenorrhœa* which presents itself — and especially in the case of every unmarried woman — a rational medical treatment should be tried before resorting to the use of instruments. In neuralgic *dysmenorrhœa* we should try Iron, Quinine, cold bath, and all the therapeutical and

hygienic measures during the interval calculated to build up the general health—during the paroxysm, opiates, hot fomentations, Aconite, and especially the following suppository—repeated *pro re nata* :

R	Potass. Bromid.,	grs. x.
	Morph. Sulph.,	grs. $\frac{1}{4}$.
	Ext. Belladon.,	grs. j. M.
	Buttyr. Caco, q. s.	Suppositor.

In active, congestive dysmenorrhœa, in a red-blooded, plethoric patient—during the interval, we should diet—regulate the bowels—order mercury in small doses—and, in my hands, the Bichloride, either uncombined or in the form of the Tinctura Antacrida, has been most efficient. During the paroxysm—depletion, general or local—the hot bath—Dover's Powder and Camphor, etc. In passive, congestive dysmenorrhœa we use the Iodide of Iron freely during the interval, and if there be induration and irritability of the uterus, and especially, if there be neuralgic complication, the following prescription, which is not original, but the author of which we have forgotten :

R	Liq. Ferri Iodidi,	℥ i.
	Tinct. Cimicifuga,	℥ v.
	Tinct. Aconit., Rad.,	℥ iiij. M.

Dos., 20 drops ter die.

This formula we have found exceedingly valuable, where it does not disagree with the stomach. Counter-irritants, too, in this form of dysmenorrhœa, and preferably, the Nitric Acid issue to the sacrum or about the juncture of the sacrum and lumbar vertebræ we have found very useful. During the paroxysm—opiates—by enæma or suppository.

In rheumatic dysmenorrhœa—not uncommon in our experience—we purge the patient, if strong and plethoric with Colchicum and Magnesia just before the paroxysm is

expected, and then resort to large doses of Dover's Powder when the pain comes on. In chronic cases, in feeble and ill-conditioned patients, we have found great benefit to result from the protracted use of Iodide Potassium.

Of the empirical remedies for dysmenorrhœa there is only one which I have found of any especial benefit, and that I have sometimes thought useful. Cypridin.—This, given three times, or even four or five times a day—in old, confirmed cases, which seemed as much the result of habit as anything else—has occasionally afforded marked relief—without anodynes.

In all cases of dysmenorrhœa, however, we have found it very important to maintain a healthy action of the cutaneous glands, and always recommend a judicious system of baths, and flannel next the skin—winter and summer.

AZOTURIA.

CASE VII.—Azoturia. R. B., female, aged 40; very obese — four feet two inches high, and weighs 300 pounds — been a free liver for many years — eats heartily and drinks generously. Until recently has never experienced any evil consequences from her indulgences, but has had remarkably good health. Sends for me to consult me in reference to too profuse a discharge from her kidneys; but her general symptoms are very bad, and indicate necessity for prompt treatment. Her countenance is dull and languid; her tongue thickly furred; bowels constipated; appetite morbid; thirst urgent; skin harsh, yet not above natural temperature; pulse quick, but no fever; and she is complaining of dull pain in the hypochondriacal and lumbar regions. She has been discharging, she informs me, about a gallon of urine daily for four weeks past. The specimen presented is pale, straw colored, inodorless, tasteless, and specific gravity 1010.

Ordered half dozen cups to lumbar region, warm bath and a gentle mercurial cathartic. After the operation of the medicine, the following :

R	Aloes, Socotr.	
	Sod. Bicarb.,	ãã, grs. xxxij.
	Pulv. Opii.,	grs. viij. M.

Ft. pil. no. xvj. Una bis die. In addition — warm bath, with frictions to the skin night and morning. Diet light and unstimulating. Drink — water — and only as much as absolutely necessary to render the thirst tolerable. This, October 8th, 18—.

Ten days subsequently my patient was no better — subjective and objective symptoms the same.

October 18th.—Ordered

R	Hyd. Mit. Chlor.,	grs. xij.
	Aloes, Socotr.,	grs. vj.
	Sod. Bicarb.,	grs. vj. M.

Ft. pil. no. iij. Una quaque nocte.

This prescription acted freely on the biliary organs, and the patient seemed to improve. Indeed, on the 26th October, the urine was pretty much normal as to quantity and quality, and the general symptoms were greatly better.

On the 1st November, though, the patient relapsed into her former condition — and in spite of a varied and persistent treatment — succumbed on the 1st December — symptoms of cerebral disease supervening a few days before her death.

Autopsy. Body but little emaciated — adipose tissue on walls of abdomen 10 inches thick — heart large and flabby, showing abundance of fatty matter interspersed with the muscular tissue. Kidneys large, pale and soft, but no further evidence of disease. Lungs remarkably small, but healthy — cavity of thorax very much intruded upon by contents of abdomen. Abdominal viscera healthy, with exception of enormous depositions of fat about them. Attached to different portions of the body of the uterus were seven fibrous tumors, varying from the size of a filbert to the size of a small orange. The organ otherwise normal. The contents of the calvarium were not examined.

The peculiarity of this case was its remarkable resemblance to diabetes mellitus. The excessive and persistent diure-

sis; the gravity of the general symptoms, and the unfavorable prognosis which attached to it from the beginning, naturally and forcibly inclined me to regard it as an instance of that disease. Yet, repeated experiments with Sulphuric Acid, with Liquor Potassæ and with yeast failed to indicate the slightest trace of sugar in the urine. It was, evidently, not a case of simple hydruria or diabetes insipidus. The gravity of the case forbids it being classified under that head; whilst the specific gravity of the urine, which became very high before the demise of the patient without any diminution of the quantity passed in twenty-four hours, showed the presence of some solid matter in solution more than exists in ordinary diuresis. No albumen being present, I assumed this matter to be urea, and hence have recorded the case as one of azoturia, after the classification of Willis. Unfortunately, I neglected to have a specimen of the urine examined in reference to the amount of urea present, and hence am compelled to offer only supposition.

I have occasionally met with cases of excessive diuresis in hysteria, in nervous dyspepsia and in some old persons, where I could trace it to no cause; but I have not seen or read of one similar to the above. In further illustration, it may not be improper to state that the unfortunate subject of these notes had led a life of prostitution for some twenty years, and at the time of her disease was the proprietor and keeper of a house of ill-fame. She lived, as before remarked, very generously; took no exercise, scarcely moving her seat from morning until night, and, as her obesity showed, had accumulated in her system an immense amount of hydro-carbonaceous matter. The lungs, smaller than in any adult, by half, than I ever examined, obtruded on, moreover, by the contents of the abdominal cavity, and from her life of inactivity rarely inflated to their full capacity, were inadequate to the oxidation of the excess of such material thrown into the blood. The liver and skin, from the

same reasons, torpid and inactive, failed to exercise their office of expurgation and elimination, and the whole duty of correcting the excess of digestion and of removing the effete results of the changes of nutrition fell upon the kidneys. The excitement so often present in the genito-urinary apparatus in the exercise of her profession, first brought about, most probably, the unwonted activity of those organs, and stimulated them to the unnatural task, which finally induced the fatal functional disorder that destroyed her life.

NOTE.—This case was published in the *Virginia Medical and Surgical Journal*—Richmond—some ten years ago, I think; but having lost my files of the *Journal* I cannot give the date more accurately.

HEMORRHOIDS.

CASE VIII.—Hemorrhoids. Treatment by Nitric Acid. September 30, 18—. Miss B. S., aged 30, has suffered more or less for several years with piles—they occasionally become inflamed, and confine her to bed for weeks. She has been in bed now for a fortnight, and has suffered a good deal. They are painless while she is lying down quietly; but when she gets up and attempts to walk about they hurt her very much, and unfit her for her domestic duties. Is anxious for some radical cure. On examination, I find two small, purple, congested tumors, not larger than a couple of ox heart cherries—protruding—exceedingly sensitive, and incapable of being replaced within the sphincter. The bowels having been opened to-day freely, and the patient being in good condition, I apply strong Nitric Acid to the tumors—protecting the base of them and the surrounding parts with Olive Oil. In case of pain becoming very severe, ordered one of the following suppositories to be taken every two hours, unless sooner relieved:

R Morph. Sulph., grs. j.
 Ext. Belladon., grs. ij.
 Caco. Buttyr., q. s. Ft. Suppost., no. iv.

October 1.—Had to use two of the suppositories before relief was obtained. The vitality of the tumors is entirely

destroyed. No treatment but to remain quietly in bed for a few days and observe a rigid diet.

October 15.—Up and well.

We found nothing equal to Nitric Acid in our experience in the operative or surgical treatment of piles, especially when the hemorrhoidal tumors are only of medium size and covered exclusively with mucous membrane. Where the pile is external, or partly covered with skin and partly with mucous membrane, the ecraseur is probably to be preferred if the tumor be very large; not only on account of the pain induced by the Nitric Acid, but the extensive slough which might be formed by its application. When the pile is internal, or covered only with mucous membrane, the pain has never been excessive after any application of the acid I have witnessed, and has been always amenable to one or two doses of Morphia. It has this additional advantage. The cicatrix, left after the healing of the ulcer, consequent upon the sloughing of the tissues destroyed by the acid, contracts, and renders subsequent prolapse of the mucous membrane much less liable to occur. Indeed, the cure may be called radical. A result which does not always follow, by any means, the operation by ecraseur, or the ligature. The operation by the ecraseur is so exceedingly painful that I have found no one willing to undergo it without taking an anæsthetic, and thus adding the dangers of Chloroform to the dangers of the operation. And that the operation is attended with danger—from a probable phlebitis, or peritonitis, or from subsequent hemorrhage; from tetanus, or from shock—no one who has witnessed it can doubt. Besides, fatal cases have occurred*. And the ligature is not less painful than the ecraseur—besides being tedious, sometimes uncertain, and not without its fatal case. Dr. Ure has recommended, in the place of Nitric Acid, Chromic Acid, a powerful oxidizing agent,

* See *Braithwait's Retrospect*. Part XXX.

and, therefore, escharotic; but which loses so much of its oxygen in its immediate erosive action, that it becomes an inert sesquioxide, and does no damage by spreading. This agent has also been highly recommended lately as an application to fungoid growths from the *os tincae*. Dr. Amussat recommends, as an escharotic to piles, Vienna paste; but I have not seen it tried. The knife, I believe, has been universally laid aside. Sir Ashley Cooper, Mr. Brodie, Mr. Ericksen, Dr. Gross, and all authorities of recent date, as far as I am aware, condemn incision, as fraught with great danger, on account of the difficulty of restraining the hemorrhage. Yet, in the last decade, I have known a surgeon who performed this operation *always* by preference — and who often, and persistently and successfully performed it, and who pooh-poohed at any danger from hemorrhage following. He used the subjoined as a styptic after the operation, and attributed to it his marvellous success:

R	Creosote,	3 ij.
	Alcohol,	3 j.
	Aq. fort.,	3 ij. M.

I have found it a good styptic in many cases; but not on a case of incision of internal piles with a bistoury, and do not expect to enlarge my experience in that direction. The Nitrate of Silver I have used and known used as an application to internal piles with gratifying success. To be effective it must be used as a saturated solution, or preferably, perhaps, in the solid stick. The pain, on applying it, is very severe — more severe, I believe, than that induced by the application of Nitric Acid; but it does not last so long. There is no slough following its use; but a kind of ulcerative absorption occurs, which reduces the size of the tumors rapidly, and after a few days of treatment, the caustic being applied about once in forty-eight hours, they disappear and give no further trouble. The Nitrate of Silver seems to exert its specific action, too,

either by sympathy or contiguity, upon the mucous membrane of the whole rectum, and the parts are left in a most satisfactory condition. In patients who know what Nitric Acid is, and who are terrified at the idea of the application of Aqua fortis to so sensitive and shrinking a place, lunar caustic offers a most acceptable substitute, and seems more like "drawing it mild." Every surgeon, I suppose, meets with such a class of patients in his practice, and for them this mode of treatment will constitute a happy resource. In the application of caustic or of Nitric Acid either to hemorrhoids, however, great care should be taken that all acute local inflammation be removed by leeching, emollient applications, anodyne fomentations, etc., before the operation be performed. The late Prof. Thos. D. Mutter was in the habit of most earnestly warning his classes against the application of the Nitrate of Silver to acutely inflamed and irritable chancres, and promised them an invariable aggravation of the symptoms, with probable sloughing and gangrene on persistence in the treatment. The same may be said of the application of caustic to inflamed hemorrhoids. I have seen the whole buttocks covered with an intense erythematous blush in ten minutes after such an application. Preceded by a proper, soothing and emollient treatment, I believe no such results may ever be anticipated.

HEMATURIA.

CASE XI.—Hematuria. January 29, 18—. A. D—s, a well made, muscular, active man, usually in strong health — after violent exercise a few days ago was taken with severe pain in the back and loins — yesterday commenced passing blood with his urine — to-day the urine is saturated with it — seeming scarcely anything else, and throws down a large clot on sitting some half hour. He complains now of great pain in the loins, bladder and genitals — has a full, hard pulse — 100 — hot skin, and considerable pyrexia. Ordered one dozen wet cups to lumbar region — warm bath and the following powder :

℞	Hyd. Mit. Chlor.,	grs. x.
	Pulv. Dover,	grs. x. M.

January 30 — 12 M.—Medicine operated on bowels yesterday four or five times. He slept some last night — has less fever to-day; but still complains of pain in bladder and genitals — and the urine not improved. Ordered Infusion Sem. Lini. to be drank freely during the day — the diet to be light and farinaceous, and to-night warm bath again with following powder :

℞	Hyd. Mit. Chlor.,	grs. v.
	Pulv. Dover,	grs. v. M.

January 31.—Had quite a comfortable night —less pain — no fever to-day — urine increased in quantity, and the first passing unstained — the latter portion almost as bad as ever.

R	Potass. Bicarb.,	3 iss.
	Liq. Morph. Acetas,	gtts. xxv. (Magendie).
	Aq. fort.,	5 viij. M.

Dos. tablespoonful in wineglassful infusion of flax seed every fourth hour.

February 1.—General symptoms all better — patient very comfortable — good appetite — urine about as yesterday. Bowels not moved for two days. Improve diet. Rice and milk. If no operation by noon, Sulph. Magnes, 3 iv. in half tumbler of water.

February 2.—Feels well — but urine not much improved. Ordered infusion uva ursi — wineglassful every four hours.

February 4.—No improvement in urine, though patient seems well. Ordered

R	Acid, Gallic.,	grs. lx.
	Pulv. Opii.,	grs. v. M.

Ft. pil. no. xv. — one every six hours. Improve diet.

February 8.—Urine much better. Very little blood passing — that dark and flocculent — the result, no doubt, of coagula formed in the bladder; complains of pain in the head of penis after passing it.

February 11.—Dismissed — well.

HEMATURIA.

CASE X.—Hematuria. September 7, 18—. P. T. aged 40; lawyer — thin — nervous and dyspeptic — but, he says, never sick — never misses a court. He has been passing, however, for nearly twelve months, urine of the color of muddy port wine — sometimes darker. The first urine passed in the morning is clear — after that, becomes more and more turbid as the day advances. He passes the normal quantity in the twenty-four hours — and does not know that he suffers any special inconvenience from the urinary derangement; but has fallen off some fifteen pounds recently, and has grown weaker. He consulted a medical man some month or two ago, who gave him no opinion, but prescribed Buchu, which he took without any relief. His complexion is sallow, bowels confined, and he has some disagreeable sense of fullness about the stomach and right hypochondrium.

Ordered a little relaxation from business and the following pills :

R	Hyd. pil. mass,	grs. xvij.
	Sod. Bicarb.,	grs. vj. M.

Ft. pil. no. iv. Two to-night and two day after to-morrow night.

September 10.—Feels better, decidedly, but sees no change in the urine.

R Tinct. Ferri Chloride, $\bar{3}$ j.

Dos., 20 drops ter die.

September 12.—Says, after only four doses—the urine cleared up—and is now natural for the first time in twelve months. There has been no return of the symptoms to this date—some years after.

The pathology of these two cases of hematuria was very different. The one was the result of some defect in the constitution of the blood—an imperfect elaboration of that fluid owing to a torpid condition of the hepatic function. The other was the direct result of sthenic hyperæmia of the kidneys, induced by violent action of the lumbar muscles. The one was an active hemorrhage from the kidneys, the result of local and, as it were, of traumatic influence. The other, a passive hemorrhage, idiopathic in its character and expressing itself through the same organs. The treatment in neither case was directed to the symptom, “bloody urine;” but was based on the supposed pathological condition. One of the first enquiries to be made in all cases of hematuria is, where does the blood come from? Upon a correct reply to this will depend our knowledge of the true nature of each individual case, and, of course, a rational treatment. It may come from the kidneys, from the ureters, from the bladder, or from the urethra. As a rule, if the blood be very intimately diffused through the urine, it may be well conjectured that it comes from the kidneys or ureters. The circumstances under which the hema-

turia occurs, as in both of the cases reported, serve also as a diagnostic sign of its origin. If, after violent exercise, a blow on the lumbar region, the use of turpentine or cantharides, the passage of a renal calculus, etc., hematuria occur, there will be little difficulty in attributing it to the right source. The presence of tube casts in the urine will give positive evidence upon the case. If, on the contrary, there are symptoms of vesical irritation, strangury, dysury, pain in the head of the penis — pain in the hypogastrium and down the thighs — with frequent calls to urine — the blood rather following the discharge of that secretion than intimately blended with it, the hemorrhage may fairly be considered as originating in the bladder. Most of these symptoms, however, may occur from the formation of a clot in the bladder, whatever the source of the blood. Hemorrhage from the bladder rarely occurs, though, except from direct wounds of that viscus, from calculus or from fungus. A note of this fact will materially aid in diagnosis. In hemorrhage from the urethra the blood almost always precedes the flow of urine, and often occurs, and may be evidenced upon the person or linen of the patient, independently of the discharge of any urine. The color of the bloody urine also is supposed to be pathognomonic of its source. Dark cherry red urine is always considered as evidence of hemorrhagic effusion from the kidneys. In my own experience, a persistent and chronic hematuria of the latter description is almost always associated with those general and local morbid phenomena which make up Bright's disease. Albumen is rarely wanting in such urine.

It may be well enough to remark, in this connection, that all stained urine is not bloody urine. Madder, sorrel, logwood and several other articles will discolor the urine in a very similar manner. When any doubt exists upon this point, the microscope will develop the blood globules, if any be present,

and effectually settle the diagnosis. The treatment of hematuria, as of any other symptom, must be determined, as we have remarked, by the special pathology of each case. We would only say now, on this point, that hematuria, the result of passive engorgement of the kidneys, or idiopathic in its nature, and dependent on some defect in the crasis of the blood, has almost always yielded, in my practice, most readily to either the Muriated Tincture of Iron or to Gallic Acid.

HEMORRHAGE.

CASE XI.—Hemorrhage from the womb in an old lady 70 years of age. Mrs. A. R., aged 70—has generally enjoyed excellent health—never had a physician to attend her since she can remember—been twice married, but never had any children—is a widow now—ceased to menstruate about 30 years ago—since then “seen nothing,” until about eight months ago, when she noticed a “slight show.” For the last few months has never been “entirely well”—and in the last few days has had quite a hemorrhage. This has ceased to-day, July 14, 18--; but she is very feeble—in bed—and anæmic. She complains of no pain—nor has she had any; but the bowels are somewhat disturbed; has been having, for several days three or four loose feculent passages a day.

Examination. The womb is very small, indeed atrophied; the lips patulous, but soft, and the organ not unhealthy. The rectum is somewhat indurated and sensitive, and she has some three or four small hemorrhoidal tumors within the sphincter, which, she says, bleed a little, but give no other inconvenience. I see no reason why there should be hemorrhage from the uterus, and suggest that it comes from the back passage. The indignant reply, however, “that a woman of her age ought to

know the back from the front passage" silences all supposition upon that point. This is evidently not a case of scirrhus — nor is there room in such a womb as she has for fibroid tumor. I have not a sound with me, and cannot examine its interior surface — but I see no reason to suspect disease of any sort within it. In the uncertainty of the pathology, I must prescribe for the symptoms. Let her take one of the following pills ter die :

℞	Argenti. Oxidi.,	grs. xij.
	Pulv. Opii.,	grs. xij. M.

Ft. pil. no. xxiv.

July 26.—Has had no return of hemorrhage; but her bowels are still lax, and she is very feeble. General condition not improved.

℞	Tinct. Opii.,	℥ ss.
	Acid. Sulphuric Arom.,	℥ j. M.

Dos. 20 drops, three or four times a day, in glass of water.

August 1.—Bowels are now natural, nor has there been any more hemorrhage; but she is still in bed, pale and debilitated.

℞	Citras. Quiniæ et Ferri,	℥ ij.
	Liq. Potass. Arsenit.,	℥ ij.
	Syrup Zingib.,	℥ ss.
	Aq. font.,	℥ iij. M.

Dos. teaspoonful after each meal. Diet of eggs, beefsteak, chops, etc.

August 15.—Patient not much improved; no return of hemorrhage; but she is very weak and spiritless — poor appetite — bowels all right.

℞	Sulphas Zinc,	grs. xxiv.
	Ext. Gentian,	grs. xxiv. M.

Ft. pil. no. xxiv. Una ter die. Diet liberal. Glass of whisky toddy daily.

August 25.—Says she is greatly improved. Has not felt so well in a long time. Continue treatment.

September 1.—Had slight return of diarrhœa yesterday, and complains again to-day of great debility.

℞	Quiniæ Sulph.,	grs. xvj.
	Acid Sulph. Dilut.,	3 ij.
	Elixir Cinchon.,	℥ xvj. M.

Dos. tablespoonful ter die in wineglass of water.

September 15.—Is considerably better — good appetite, and digestion and strength improving. Can walk about house and yard. Is still very anæmic, however. Put her on Iron again.

℞	Tinct. Ferri Chloride.	℥ j.
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Dos. 20 drops in half tumbler of water after meals.

October 15.—Is well and hearty. Walks as nimbly as a girl.

Pathology uncertain; but treatment effective.

SCARLET FEVER.

CASE XII.—Scarlet Fever. December 9, 18—, 9 A. M. Summoned to see G. S., a well grown, robust boy of 7 years of age. Last night, on going to bed, he complained of sore throat—this morning has fever—pulse very rapid—face red—tonsils swollen within and without—mucous membrane covering them and the fauces generally red and inflamed—no pain, but some stiffness about the jaws—thirst and anorexia—tongue slightly furred.

R	Ipecac Pulv.,	3 j.
	Aq. Bull.,	3 xvj.
	Sach. Alb.,	3 ij. M.

Dos. two tablespoonfuls every few hours *ad nauseam et emesem.*

R	Infusio. Salviæ,	3 xvj.
	Alum,	3 i.
	Mel. Opt.,	3 ij. M.

Sig. Gargle—use every three hours freely.

5 P. M.—Febrile symptoms exaggerated—complexion brilliant—no eruption on the face; but some minute points begin to appear on the anterior surface of the arms—it may be they are present on the face, but lost in the universal blush of scarlet. Tonsils very much enlarged, and areolar tissue beneath the jaws and ears very much swollen. Indeed, the whole face is swollen, and the eyes bright and watery. Thirst

extreme. Case promises to be a bad one. The medicine has vomited him several times during the day and operated on the bowels once.

℞ Three American leeches under each ear
— and to-night, at bed time, the following powder :

℞ Hydr. Mit. Chlor., grs. iij.
Pulv. Dover, grs. iiss.
Pulv. Ipecac, grs. ss. M.

December 10.—9 A. M.—The eruption is out pretty freely on the inner surface of the arms and legs, and on the breast and abdomen — none on the face — this has even lost its brilliant flush of yesterday — all swelling of the tonsils has subsided, though the fauces are still very much inflamed — no pain on swallowing — says he slept well, and feels better this morning — has had one slight operation.

Continue gargle and order.

℞ Infusion Sennæ, ℥ j.
Chloros. Potass., 3 j.
Aq. font., ℥ xvj. M.

To be drank during the day.

6 o'clock. The eruption is out fully on the person. Had a quiet day — one full operation — fever less, and says he is better. Pulse still very rapid, at least 130 per minute. Allow a sweet orange which he asks for. No medicine to-night.

December 11.—9 A. M.—Eruption out very fully on the person — none on the face. This is scarcely redder than in health. Skin dry and harsh this morning, and pulse hard and quick, as well as rapid. Does not feel so well.

℞ Spt. Mindereri, ℥ iiss.
Spt. Nitr. dulc, ℥ ss.
Tinct. Digitalis, gtts. xl. M.

Dos. tablespoonful every four hours.

December 12.—Had a good night. Is very comfortable this morning. Bowels not open for two days.

R Magnes. Henri., 3j.

at once. Continue gargle; but no medicine.

December 13.—Fever subsided — no medicine. Diet of milk and bread.

December 14.—Eruption fading rapidly. Says he is well. Patient recovered without any unpleasant sequelæ.

SCARLET FEVER.

CASE XIII.—Scarlet Fever. December 21, 18—. J. C., a robust, healthy boy of 6 years of age — taken yesterday afternoon with fever and sore throat — was exceedingly restless all night. This morning the characteristic eruption of scarlet fever appears on breast and abdomen — none on face. His throat is red, but not swollen externally or internally — tongue foul, but enlargement of papillæ — pulse very rapid — eyes suffused and brilliant — constipation — anorexia and thirst.

℞ Vin. Ipecac.

Syrup Ipecac., āā ̄ ss. M.

Dos. teaspoonful every hour until free emesis is produced. After vomiting, to have enema of soap suds and hot pediluvia.

December 21.—Eruption out very fully on the whole of his person except the face — but little there — fever very high — great restlessness — complains very much of itching of the skin — says his throat does not pain him — not much inflamed. Bowels still costive.

℞ Ol. Ricini, 3 ij.

at once, and one tablespoonful of the following every four hours unless asleep :

℞ Spt. Mindereri, ̄ iiij.

Spt. Nitr. dulc., 3 ij.

Tinct. Digitatis, gtts. xxiv. M.

The whole person to be rubbed with the rind of raw bacon.

December 23.—Oil has operated twice. After four doses of the diaphoretic, rested well all night. This morning was quite comfortable. This afternoon there has been quite an exacerbation of fever. He is thoroughly scarlet all over, and the skin swollen and stiff on body and limbs—tongue red, denuded and with raised papillæ. Complains greatly of dryness of throat, and of itching and inability to rest. Pulse very rapid.

Renew diaphoretic and sponge him all over with tepid vinegar and water. Enema of soap suds at bed time. Use as wash for the throat :

℞	Infus. Salviæ,	℥ xvj.
	Alum,	3 j.
	Mel. Opt.,	℥ j. M.

December 24.—All unpleasant symptoms abating.

Continue treatment.

December 25.—Ditto.

December 26.—The eruption fading.

December 27.—Dismissed. No unpleasant sequelæ, except extensive and protracted shedding of the cutis.

SCARLET FEVER.

CASE XIV.—Scarlet Fever. December 28, 18—. G. S., aged 25. Has had fever and sore throat for three days. Yesterday noticed some eruption on his face — felt very sick — to-day called in the doctor. Has seen no scarlet fever that he is aware of; but it is prevalent in the city. His face and ears are very red; but no positive eruption — a very suspicious blush on chest and body, but not on the limbs — throat stiff and dry — but little inflamed — no papillæ on tongue — pulse 120 — nervous and agitated — headache — constipation.

℞ Hyd. Pil. Mass, grs. x.

Quiniæ. Sulph., grs. v. M.

Ft. pil. no. ij. To be taken at once. Forehead and face to be bathed with warm vinegar and water. Hot pediluvia, mustard. Cup of hot tea in an hour.

December 29—Morning.—Medicine has operated very well. The eruption is now out and well marked, except on face — pulse soft and pleasant — 100 — patient cheerful — fears return of a chill this afternoon, as he has been having intermittent fever, and it is the day in course.

Ordered 12 grains Quinine at once.

December 30.—Did not have his chill, and is very comfortable. Discontinue treatment.

He recovered without bad symptoms.

These cases of scarlet fever were taken at large from notes preserved during an epidemic singularly mild, open and sthenic in its character. Many of the patients coming under my care needed only an aperient — a few days of watching — a careful avoidance of *nimia diligentia medendi* — and they were well. The eruption was generally very full and characteristic — except on the face, which, in several instances, was not broken out at all. The treatment in the cases requiring treatment was directed to the symptoms entirely — and the sequelæ were rarely fatal, or even troublesome. No so, not so can I write of all the scarlet fever which has fallen under my care. But for notes lost or mislaid I could reproduce a history of this pestilence, which walketh in darkness, more nearly consonant, I suspect, with the experience of medical men generally; and sadly illustrative of the impotence of human skill when death puts out his red hand and strikes in earnest about our homes. Scarlet fever — always fearful and always dreaded — where prattling tongues make music and sunny faces shed light about the house — becomes a terrible name, to be spoken only in whisper and with awe, — when it comes, either in its own malignant type, or when associated and blended with diphtheritic disease. Then, happy, thrice happy is the doctor who can carry to every house the promise of success — and keep it! More than thrice happy if he grasp and throttle the fell invader before the dark shadow has fallen upon the door-sill of his own citidel of love.

ALBUMINURIA.

CASE XV.—Albuminuria. Mr. J. E. T., aged 50 — farmer — spare and dyspeptic looking, but lithe and muscular, applied at my office to-day, September 30, 18—, for a prescription for hematuria. He stated that his health was good — that he had nothing to complain of but a little debility, and that all the functions of life except those of the kidneys were in perfect order — that he had had bloody urine for a month, and that while it did not affect him much, yet he thought it indicative of something wrong and wanted it corrected.

From his description of his symptoms and his appearance, I supposed it a simple case of hematuria, the result of passive engorgement of the kidneys, connected, possibly, with some defect in the crasis of the blood, and I prescribed with great confidence Tinct. Ferri Mur., 20 drops ter die — with some general hygenic directions.

October 10.—Mr. T. reports again. His urine is no better. He complains now of slight cough and general malaise. His tongue is a little foul and his bowels sluggish.

℞	Hyd. Pil. Mass,	grs. xv.
	Pulv. Dover,	grs. xv. M.

Ft. pil. no. vj. Two every third night, with warm bath — and seidlitz powder in the morning. Ter die to take Acid Gallic,

grs. v. To report in ten days, and bring all the urine passed twenty-four hours immediately preceding his visit.

October 26.—Reports to-day. Is feeble, emaciated and depressed. Coughs more—physical signs show slight bronchitis. Has passed only about 8 oz. of urine in past twenty-four hours. It is a dark cherry red, and throws down heavy sediment on standing—vessel nearly half full of flocculent settling like that which falls from beef tea. Copious flocculi thrown down by heat and by Nitric Acid and redissolved by Acetic Acid. Specific gravity 1020. Taste and reaction acid.

R	Quiniæ Sulph.,	℥j.
	Magnes. Sulph.,	℥ij.
	Elixir Cinchon., (Larroque,)	℥xvj.
	Acid Sulph. Dilut.,	℥ij. M.

Dos. tablespoonful in wineglass of water ter die—before meals. Diet generous, and passive exercise in open air.

November 3.—Is much improved. Is cheerful—appetite good—passes about 24 oz. of urine in twenty-four hours—specific gravity 1118—color unchanged, but albumen markedly diminished. Complains of constipation.

R	Pulv. Rhei. Opt.	
	Sod. Bicarb,	āā grs. x.

every morning pro re nata. Dry cupping to loins and hot sitz-bath every night. Continue tonic.

November 15.—Has not been so well for some days past. To-day all the symptoms exaggerated—urine less in quantity—of greater specific gravity, and containing more albumen. Is very much discouraged. Discontinue Quinine. Ordered Syrup Hypophosphites, (Churchill) teaspoonful ter die. Gin toddy twice a day—diet liberal—continue warm sitz-bath.

December 1.—Has greatly improved. Urine almost normal in quantity and character. Has gained flesh, and is hopeful and buoyant. Continue,

January 1.—Reports himself well.

The termination of this case may be considered very fortuitous. There was every reason to suspect the existence of those structural changes in the kidney which constitute Bright's disease. Indeed, there was only one symptom wanting, for which I constantly looked, and the absence of which I cannot now account for, namely, dropsy*—in some of its forms. This never occurred. The diagnosis of the acute and curable form of albuminuria from the chronic—and I had almost said incurable—is always difficult. The prognosis of the latter is extremely unfavorable. In my patient the damage to the malpighian bodies and the tubuli did not proceed, I presume, to a point beyond which reparation was impossible. The treatment under which he recovered—the hypophosphites, gin toddy, warm bath and generous diet, is one that I should feel disposed to try again under similar circumstances. This, of course, was coupled with passive exercise (carriage riding) in the open air—cheerful company—and last, though not least, the perfect protection of the body by flannels next the skin.

* Dr. Wm. Roberts, in his *Practical Treatise on Urinary and Renal Diseases*—1866—page 339, says dropsy is much oftener absent in the chronic than in the acute form of Bright's disease.

RHEUMATISM.

CASE XVI.—Rheumatism, acute. March 23, 18—. Miss R., aged 16. This young lady, it is well to premise, has a happy inheritance of gout and rheumatism from both father and mother. For some weeks past she has had flying pains about the feet and knees; but has not felt compelled to remain from school until to-day. She now complains of severe pain in the right knee and left ankle—both are swollen—elastic and sensitive, but not red—her pulse is 120—hard—face flushed; skin warm, but natural; tongue white; bowels costive—has anorexia and thirst, of course.

R	Vin. Colchici, rad.,	3 ij.
	Magnes. Henri,	3 ij.
	Aq. font.,	$\frac{7}{8}$ viiss. M.

Dos. wineglassful 4 ta quaque hora. Diet absolute.

March 24.—Medicine has operated twice; not satisfactorily. Patient no better. Both knees and ankles now swollen—painful and immovable—not universally red, but diffuse red spots upon them.

Continue mixture. At bed time the following:

R	Hydr. Mit. Chlor.,	grs. viij.
	Pulv. Dover,	grs. x. M.

The ankles and knees to be wrapped in flannel saturated with Tinct. Aconit., rad.

March 25.—Medicine has operated three or four times — dark, profuse, watery operations. General pyrexia less — pain less — slept some last night — limbs less swollen, but utterly immovable. Discontinue Colchicum mixture.

℞ Phosphas. Ammon. ʒ ij.
 Syrup Aurantii, ʒ ss.
 Aq. font., ʒ vss. M.

Dos. tablespoonful 4 ta quaque hora. Continue application of Aconite.

March 26.—No fever — some use of limbs.

Continue treatment. Allow milk diet.

March 27.—Knees and ankles relieved — but wrists and hands attacked, are hot, swollen and sensitive, pulse 120 again, hard; face flushed; skin hot, but dry.

℞ Tinct. Aconit., fol., ʒ j.

Dos. seven drops every four hours in a little water.

℞ Tinct. Aconit., rad.
 Chloroformis.
 Tinct. Capsici,
 Ol. Olivæ, āā ʒ j. M.

To be used frequently on hands and wrists.

March 28.—Fever again reduced; pulse quiet and natural — moves herself readily in bed; hands and wrists still somewhat swollen. Complains of nausea and dryness, and constriction about the fauces.

Continue medicine.

March 28.—6 P. M.—No fever; pulse 80 — regular. No pain, or redness, or heat about hands or wrists. Complains greatly of irritation of fauces, with constant gagging and hawking of whitish, frothy sputa. Has had Aconite enough.

℞ Hydr. Mit. Chl., grs. vj.
 Pulv. Opii., grs. j. M.

Ft. pil. no. ij. One now and one in two hours, if not quiet.

Mustard plaster to chest, and lime water and milk as she wishes.

March 29.—9 A. M.—Was relieved last night by first pill in half hour. Greatly better in every respect.

Renew phosphate ammonia.

March 30.—Still improving. Continue.

March 31.—Still improving; uses her hands quite well, though she says they pain her a little. Is constipated, however, and has poor appetite.

℞ Hyd. Pil. Mass., grs. x.

To be followed, if it does not operate in six hours, with Magnes. Henri, 3 ij. After medicine operates, to discontinue Phosphate and take of the following teaspoonful ter die in wine-glassful of water.

℞ Potass. Iodidi, 3 ij.
Syrup Aurantii, 3 j.
Aq. font., ʒ ij. M.

April 4.—Is up, and looks pretty well — good appetite — complains of occasional pain in wrist. Recommend to continue medicine for a few days and dismiss. Duration of treatment, twelve days.

This case was attended by no cardiac derangement; which, considering the age of the patient, was as fortunate as unusual. In my experience with acute rheumatism in persons under twenty years of age, the heart almost always becomes involved — under any treatment.

RHEUMATISM.

CASE XVII.—Rheumatism, acute. Mrs. C., aged 36 — mother of six children — sent for me this morning, March 26, 18—. Was taken last night with violent pain in right knee, slept none, joint very much swollen to-day, but not red — cannot move the limb at all. Has high fever — pulse 126 — full and soft — skin hot and bathed in perspiration; has had several attacks of acute rheumatism in her life. Her tongue is foul and bowels constipated.

℞ Hyd. Mit. Chl., grs. x.
Pulv. Dover, grs. x. M.

Ft. pil. no. ij. One now and one to-night at bed time. Two dozen American leeches to knee.

March 27.—Slept none last night — medicine has not operated, and right foot, as well as knee, is now implicated — fever higher, and complains greatly of pain.

Ordered Scudamore's mixture, wineglassful every four doses until it operates freely. To-night to take teaspoonful of the following every hour until she rests :

℞ Morph. Sulph., grs. j.
Aq. Menth, Pip. ʒ j.
Sach. Alb., ʒ ij. M.

March 28.—One dose of the medicine operated freely.

Slept some last night after two doses of the anodyne. Fever much less this morning, can move the affected limb in bed with but little pain.

R	Phosphas. Ammon.,	3 ij.
	Syrup Aurantii,	3 ss.
	Aq. font.,	3 vss. M.

Dos. tablespoonful 4 ta quaque hora. Apply bran poultice to knee and ankle make up of decoction of *Phytolacca Decandra*.

March 29.—No fever; rested well last night without Anodyne; is cheerful, and without pain; some tenderness and swelling of limb remain.

Continue.

March 30.—Local and constitutional symptoms much better, with exception of severe neuralgic pain coming on occasionally in the affected knee. It lasted some hours last night, but she does not feel it to-day. In case of return take one of the following pills every two hours:

R	Sulph. Quiniæ,	grs. xij.
	Ext. Aconit.,	grs. iij.
	Ext. Hyoscyami,	grs. iij. M.

Ft. pil. no. vj.

April 1.—Complains now chiefly of weakness—is up, but very feeble and spiritless. Anorexia.

R	Potass. Iodidi,	3 ij.
	Syrup Aurantii,	3 ss.
	Aq. font.,	3 iiss. M.

Teaspoonful ter die.

In three days this patient was in her usual health. Duration of treatment, nine days.

In this and the case immediately preceding the average duration of treatment is better than in most cases of acute rheumatism. Dr. Stokes was in the habit of recommending to his class six weeks as the best remedy for acute rheumatism that he was acquainted with. This is very true in some instances, where the disease seems to run its course unaffected by medication, until the morbid poison expends its strength, or is gradually eliminated from the system by the various emunctories.

Mercurials, in the commencement of the disease — Colchicum and Alkalies; especially the Phosphate of Ammonia when the symptoms become subacute — and the Iodide Potash when the fever has subsided and the patient is pale, feeble and spiritless — constitute the routine of treatment with me. We use Mercury, not in reference to its constitutional effect, but simply to correct the intestinal secretions, which are almost always, in acute rheumatism, suppressed or vitiated. We do not remember to have seen a single case of rheumatism — acute, subacute or chronic, which we thought benefited by ptyalism in any degree. Even when the disease has been complicated with syphilitic infection, we have found the Iodide of Potash far preferable to Mercury. We have occasionally, in violent cases of acute inflammatory rheumatism, especially when cardiac symptoms were threatening, and the patient was robust and plethoric, resorted to bloodletting by venesection; but never to the extent recommended by Bouillaud. In some cases we have resorted to cupping, we think, to great advantage. And cupping along the spine, even in articular rheumatism, was highly recommended by the late Dr. Jno. K. Mitchell, of Philadelphia, whom we have often seen order it with good effect. Nor have we found purgatives, except to the extent of clearing the alimentary canal of disordered secretions by one or two full operations a day, beneficial in most

instances. If used after the manner prescribed by Dr. Chambers, we believe that any good which they might promise would be more than compensated by the distress and pain that they would occasion the patient in the movements necessary for the use of the bed pan or close stool. Colchicum, we think, acts most happily when it neither purges or vomits — exerting simply its specific, alterative influence, though we regard it as only especially adapted to those cases of rheumatism exhibiting some gouty disposition. Lemon juice, as recommended by Dr. Owen Rees, we have tried and seen tried in a number of cases, in private and public practice, but have not found it in our experience possessing the virtues claimed for it by him or by others who have reported favorably of its use.

Opium, of course, we use — not as advised by Dr. Corrigan and Dr. Cazenave, or by Dr. Webb, who, following them, gives it in doses of “a grain every hour, or two hours, until hilarity and perspiration are induced.” We have used it chiefly as anodyne — sometimes as diaphoretic in the form of Dover’s powder, when that preparation is well borne by the stomach — but only to the extent of alleviating pain and procuring rest and comfort to the patient. We give it *pro re nata* to fill that indication, and when that is done we think that Opium has filled its function in the treatment of rheumatism.

Quinine, of course, I have prescribed for rheumatism and for all forms of it — as Quinine is prescribed for almost every class of malady in the Southern country. And in hybrid cases — partly rheumatism, partly neuralgia — in patients infected with malarious poison — the remedy is of undoubted and essential benefit. I have also employed it in acute inflammatory rheumatism as a sedative — in large doses — in the manner recommended by M. Legroux and M. Brignet, and by a number of American physicians all through the journals for the last twenty years; but it has failed in my hands to produce the

good results that have been attributed to it by the most eminent authorities.

Aconite, as recommended by Dr. Storck and by Busse, of Berlin, in a monograph upon the subject, I have often used in acute and chronic rheumatism, as well as in neuralgia, and with very satisfactory results. In Case XVI, just reported, it seemed to act happily on the disease, if not on the patient, whom it greatly distressed when its constitutional effects became developed. I have rarely pushed it to the same extent in any case, and think it not at all necessary now to do so, to secure the good effects of the medicine. I shall report other cases of rheumatism in these notes treated with Aconite, and may be shall attempt to account for its action upon the disease.

The great remedies, however, for rheumatism in all its phases are in my estimation and experience — alkalies. The Potashes — the Carbonate — the Nitrate — the Acetate — internally, in large dilution, and externally as baths — the Hydriodate of Potash and the Phosphate of Ammonia, as recommended by the late Dr. Buckler, of Baltimore — these constitute the armentaria upon which I most rely.

Accepting the latest theories in reference to the nature of rheumatism, this treatment is certainly the most rational and philosophical — and as long as it competes, even favorably, with other modes of practice, it relieves that sense of odium which every physician feels, must attach to his best remedies, when he prescribes them empirically, and without ability to explain their *modus operandi*.

Rheumatism we believe to be undoubtedly constitutional in its nature — the result of some blood poison generated in the system — the product, it may be, of defective nutrition o.

of mal-assimilation. Dr. Prout suggested that this morbid product was Lactic Acid. And Dr. Todd, Dr. Headland, Dr. C. J. B. Williams and others have followed and sustained him in the opinion. According to Dr. Headland, anything which may interfere with the oxidation of the Lactic Acid taken into the system as food, or generated in the processes of assimilation; any "want of vital energy or nervous force;" any "failure of some natural principle which is gifted with the control and direction of the chemical changes in the blood"—indeed, any disturbing agent of the system at large which may give rise to functional derangements, may lead to an undue accumulation of Lactic Acid and prove the exciting cause of rheumatism. Dr. Fuller, in his admirable work on rheumatism, (last London edition, introduction,) accepts this theory of Dr. Headland's—because it alone, of all the theories proposed, is "reconcilable with the admitted facts that rheumatism may occur under a great variety of circumstances"—that it may occur without any derangement of the digestive organs—without any exposure to cold—without any arrest of the cutaneous transpiration—that it may continue after the skin's action is re-established. Whatever this *materies morbi* may be, however, there must be some predisposition in the patient to produce it—some rheumatic diathesis, in older medical phrase—or under no variety of circumstances will any exciting cause give rise to an attack. And whilst this predisposition, or diathesis, may be acquired, in some instances, by certain habits and certain modes of life—as in cases of persons who indulge freely in the use of spirits, or vinous, or malt liquors, and who are habitually inactive, or are much exposed to wet and cold—yet, in the great majority of cases, I think it the result of inheritance—the sons suffering for the sins of the sires.

When such a predisposition exists, anything which disturbs the general economy may, indeed, give rise to an attack—but

of all the causes of disturbance, those which oftenest prove the exciting cause of rheumatism are those connected with the derangement or suppression of the cutaneous functions — cold and damp. This, I think, will be consonant with the experience of the great majority of medical men. And all hygienic and prophylactic measures recommended for the prevention of rheumatism are based on the same grounds.

NEURALGIA.

CASE XVIII.—Neuralgia — from pressure upon the nerve passing through the frontal notch. S. C., aged 40. Has had a most distressing pain over left eye and brow for several days — not been subject to neuralgia before for a long time. Was briskly purged yesterday — had two Spanish leeches applied — followed by local application of Tinct. Aconite on pledget of lint. Has experienced no relief.

R	Quiniæ Sulph.,	grs. xij.
	Ext. Aconit.,	grs. iij.
	Ext. Hyosc.,	grs. iij. M.

Ft. pil. no. xj. One every six hours.

This was at 12 o'clock, September 16, 18—.

On September 17, 12 o'clock, I visited the patient again,

and found her entirely relieved. There was no heat about the brow, no redness of conjunctive and no chemosis—all of which had existed the day before. The lady then called my attention to the fact, which had escaped me, that ten years before I had relieved her of a similar attack by the removal of a small tumor which had pressed upon the nerve just where it passed over the frontal notch. I examined more carefully, and found another in the same spot about the size of a small pistol bullet—encysted and closely adherent to the periosteum—pressing upon the nerve. I removed it, and to this time—eight years afterward—have heard no more of the neuralgia, though I occasionally meet my patient.

In this Case, I think it worthy of note, that the inflammatory symptoms and results—pain, redness, heat and chemosis, which the antiphlogistic treatment of purgatives and leeching failed to relieve, were at once cured by Quinine and Aconite. Permanent relief, of course, came only with the removal of the cause, viz., the tumor pressing on the nerve.

Quinine in this case and in the one immediately succeeding was prescribed solely in reference to its specific character as antidote to malarious poison. The Aconite and Hyoscyamus—as sedative and anodyne—were thrown in as adjuvants. The combination expressed by the prescription I have found very useful in old cases of neuralgia of periodic form, or of malarious origin. But whether, entering the blood, as supposed by Dr. Headland, it reaches the capillaries of the suffering part, allays the erethism and soothes the irritation, by virtue of some change worked in the vital fluid, itself, or whether immediately and specifically it acts upon the sensory system of nerves, certain it is, that we have in Quinine a remedy that not often fails us, not even when, as in Case XVIII, the irritation is kept up by local causes. As the primary and immediate action of malaria is undoubtedly upon the nerves, whatever may be

its subsequent action upon the capillaries and the blood — so I have thought that Quinine, its great antagonist, most probably operated in a similar manner. This view is confirmed by the fact — familiar to every physician of full practice in malarious districts — that, however persistently and regularly Quinine may be administered, and however thoroughly the blood may be saturated with it — unless it be exhibited in doses sufficiently large to produce its specific effects upon the nervous system at or about the time of the recurring paroxysm — it will fail to break it. But of its action in curing intermittents, as well as of its virtues as a tonic, we may have occasion to speak hereafter.

NEURALGIA.

CASE XIX.—Neuralgia, hemicrania. September 14, 18—. Morning. R. W., farmer, aged 40 — usually in robust health; but has had epidemic catarrh for a week — had but little fever at any time — been chiefly troubled with pains in the limbs and with hemicrania. He has been treated, for several days past, by his physician, with Mercurial Cathartics, infusion of Eupatorium and some Quinine, to the relief all the symptoms except the hemicrania, which grows steadily worse; coming on every morning about 9 o'clock, and lasting three or four hours — very severe — pain agonizing. Local depletion has been tried, but seems to aggravate it — no fever — no heat about head or skin — secretions generally in good condition.

R	Quiniæ Sulphas,	grs. xxiv.
	Ext. Aconit.,	grs. vj.
	Ext. Hyosc.,	grs. vj. M.

Ft. pil. no. xij. One every six hours.

September 15.—Afternoon.—Has had more comfort for the last twenty-four hours than for a week. Scarcely any pain to-day — is dressed, and feels able to go out.

Continue pills for twenty-four hours longer.

September 16.—No return of pain. Patient well.

ANASARCA.

CASE XX.—Anasarca. Result of whooping cough. Fanny B., aged 3. Has had whooping cough for five weeks; but is much better of it. I am sent for to-day, December 15, 18—on account of her swelling so badly about the face, hands and feet." She is pale—skin cool—pulse quick and feeble—bowels irregular; but tongue clean and natural. She is anasarcaous generally—no ascites. Had chills during the fall, and not been in good condition since.

℞ Quiniæ Sulphas, grs. xij.

Ft. pulv. no. vj. One every morning before breakfast. The abdomen to be rubbed for ten minutes three times a day with the following:

℞ Tinct. Scil.

Tinct, Digitalis, āā ʒ ij.

December 17.—The child's kidneys have been very freely acted on. The bowels also have been to some extent affected apparently by the local application. Dropsical effusion subsiding rapidly. Continue.

December 21.—Anasarca has disappeared. Child is bright and cheerful; but still feeble and anemic.

℞ Liq. Ferri Iodidi, ʒ j.

Dos. five drops ter die, after meals.

Dismissed.

ULCERATIVE STOMATITIS.

CASE XXI.—Ulcerative Stomatitis. November 28, 18—. B. M., aged 15 months — been well generally until a few days ago — has had catarrh and some fever, and is teething — is very fretful — bowels constipated — tongue red and papillæ enlarged — mucous membrane of lips, gums and cheeks very red — saliva flowing profusely — a number of ulcers — white base, but ragged, red edges, and disposed to bleed, appear on the gums about the teeth, which are through the gums, and upon the alveolar spaces between the teeth — submaxillary glands swollen and tender.

℞ Ol. Ricini, 3 ij.

immediately — and every six hours a tablespoonful of the following :

℞ Potass. Chloras., 3 j.
Aq. font., ʒ vj.
Sach. Alb. and G. Acac., āā 3 ss. M.

December 1.—Improved in every respect. Continue.

December 6.—Dismissed. Well.

In simple ulcerative stomatitis, the Chlorate of Potass seems almost specific. Mr. Hunt, by whom, I think, it was first introduced — Mr. Bennett, Dr. West, Dr. Meigs, Mazarde, Isambert, and a number of other observers, speak most positively of its curative effect upon the disease. I have regarded its action as both local and general, though Dr. Stille inclines to the opinion that it is mostly local, in which he is sustained by the results of Laborde's experiments. The disease generally appears about the period of first dentition, and is connected with, if not dependent upon, the derangement of the digestive mucous membrane incident to that time. In its simple form it is rarely serious, though it renders the child exceedingly fretful and impatient. In feeble and debilitated children — badly nourished and living in close and confined tenements, it sometimes becomes phagedenic, when it is a most intractable and fearful malady — entailing a terrible mortality upon the little sufferers, or a mutilation worse than death. We have rarely met with phagedenic stomatitis in private practice. Mercurial stomatitis is more common. In most instances of this, too, we have found the Chlorate a sufficient remedy — used both as a wash and a drink, in the proportion of a drachm to a pint of water. In some exaggerated cases we have had to use washes of Sulphate of Copper and bark — Brandy and Chloride of Sodium, etc. But since the more moderate and rational use of Mercury has been practiced, bad cases of salivation are rarely seen. Other forms of stomatitis — follicular, apthæ, muguet, diptheritic — we may speak of as cases come up for report.

ACUTE OVARITIS.

CASE XXII.—Acute Ovaritis. December 3, 18—. J. S., married woman, aged 30—confined with second child three nights ago—had midwife with her, who says she had easy labor and did well—taken last night with a chill and violent pain in left ovary and groin, running down the leg. To-day is suffering extremely—cannot move herself, or be moved, without screaming—respiration hurried—face flushed and anxious—pulse 130, full and soft—skin hot and bathed in profuse sweat—no tenderness except over the seat of the pain—has plenty of milk, and pain not increased on the child's nursing. Bowels confined, tongue foul and thirst great.

℞ Hyd. Mit. Chl., grs. xij.
Pulv. Opii., grs. ij. M.

Ft. pil. no. ij. One now and one in three hours, if the pain is not relieved.

December 4.—Took only one pill—fell asleep, and was so much better at the expiration of three hours that she did not take the other. Pulse is now only 90, smaller and steady—has but little pain, even on motion, though a good deal of tenderness. One operation from bowels in three days.

℞ Ol. Ricini., ʒ ss.

at once. As soon as it shall have operated, to take one of the following pills every three hours :

℞	Quiniæ Sulph.,	grs. xij.
	Morph. Sulph.,	grs. ss. M.

Ft. pil. no. iv.

December 5.—Has had but little pain — none since she commenced the last pills — has no fever, no thirst, and but little tenderness. Appetite returned. Says she is well.

Dismissed.

This Case was one which, on first appearance, was most unpromising. The severity of the primary chill — the high fever which ensued on reaction ; the anxious, pinched, oppressed countenance ; the intense thirst ; the pain agonizing and almost insupportable ; the extreme tenderness over the left hypochondriac region — all conspired to render it one of apparent gravity and doubtful prognosis. Yet, in forty-eight hours almost every unfavorable symptom had disappeared and the patient was clearly convalescent. The fortunate and early termination of the case was no little influenced by the fact, I suspect, that the patient was of excellent constitution, and that the disease, occurring in a highly malarious district, was miasmatic in its inception, and hence early yielded to the combined influence of Opium, Quinine and Mercury. Physicians not in the habit of treating diseases in malarious countries can scarcely conceive of the favorable results which often ensue on the exhibition of Quinine, Opium and Mercury in a variety of acute inflammatory complaints where there is occasion to suspect that the patient has been infected with the poison of miasma. Especially is the efficacy of this treatment seen in pneumonia, the history of many cases of which we propose to introduce in the continuation of these reports. The pathologist who contends that inflammation begun, must of necessity run through successive stages to resolution or pus, would often be shocked at its sudden and unscientific arrest by the hands of

some plain country practitioner, who only knows pneumonia when he sees it — sometimes calling it bilious pleurisy — and, without regard to or knowledge of any *stage* of it, attacks it when and where he finds it with as much confidence of success as if the battle were already won. And at any stage prior to thorough hepatization and suppuration of lung tissue success is often almost sure. Just after this case of ovaritis there occurs in my notebook one of pneumonia, which I will record here. It was in the person of a gentleman about 55 years of age, who, up to ten years ago, had been a large and successful planter on the north side of James River, about fifteen or twenty miles from this city; but whose health became so broken under repeated attacks of pneumonia (he had one every winter for several years) that he sold his estate and came to the city to live, under advice of his physician, to try to recover his health.

PNEUMONIA.

CASE XXIII.—Pneumonia. December 5, 18—, 9 A. M. W. S., aged 55 — was taken last night, about 7 o'clock, with a chill and pain in the right side — did not get warm until midnight — has had fever since that time with oppressed, hurried breathing and constant hacking cough. He expectorates a scanty, viscid, rusty sputa — says the pain now is just under the right nipple — not acute, except on forced inspiration — pulse is 88 — (normal rate 60) moderately full and firm — tongue clean; skin moist; thirst and anorexia. Physical signs: Respiration throughout left lung feeble, from inability or unwillingness to take a full inspiration. At top and middle lobe of right lung respiration harsh — scarcely bronchial — throughout remaining portion of lung there is fine, dry crackling rale. No appreciable dullness or percussions. Knows he has pneumonia — says he has had it too many times, and is very much discouraged at the return of his old enemy.

R. Three wet cups to anterior right chest under the nipple — three posteriorly under the scapula, and to take the following:

R	Hyd. Mit. Chlor.,	grs. xij.
	Pulv. Dover,	grs. x.
	Pulv. Ipecac,	grs. ij.
	Quiniæ Sulph.,	grs. xvij. M.

Divid. in partis, quatuor. equal. Una sumend quaque quart., hora. Diet absolute.

December 4.—9 A. M.—Slept well last night — medicine has operated on bowels once — dark, thick, viscid passage — expectorates freely of the pathognomonic sputa — breathes more easily — pulse 70, softer and smaller — says he is more comfortable every way. Physical signs: Respiration in upper lobe of right lung bronchial — bronchophony well marked. Crepitant ronchus now well developed both in middle and lower lobe — some dullness on percussion.

R Syrup Scil. C., gtts. xx.

every three hours in wineglass of infusion of flax seed. Five grains Quinine at once, and to-morrow at 8 A. M.

December 7.—9 A. M.—Is setting up in easy chair — dressed — had a good night — no difficulty of breathing, and no pain in side to-day — expectorated very freely all day yesterday of the pneumonic sputa — to-day it is scarcely stained — appetite returning — allow oyster soup. Physical signs: Traces of crepitant ronchus yet throughout middle and lower lobes of lung; but the lung opening and expanding freely under deep inspiration — scarcely appreciable dullness. Continue the expectorant and repeat Quinine to-morrow morning.

In one week this gentleman was at his business. Says he never got out from an attack before under two months — never took Quinine before, except as a tonic in the last or suppurating stage.

In this Case, as in almost every case of pneumonia occurring in persons who have been exposed to malarious influences, the primary chill is but the cold stage of an intermittent — the inflammation of the lung comes on with the reaction, and can generally be jugulated by the prompt exhibition of the great antidote to malarious poison. The exhibition of Mercury, of Opium and of Ipecac, or Antimonial powder is generally to be desired; but where these are contra-indicated — either, or all

of them — the Quinine should still be given freely and to cinchonism. I do not know of any combination of circumstances or of any idiosyncrasy which would justify its omission. In those grave cases of so-called typhoid pneumonia which every physician is familiar with who has practised physic for any time in a highly malarious district — cases which often run their fatal course in from forty-eight hours to four days, and where the grade of inflammation is often never sufficiently high to give rise to the fibrinous deposit in the lung tissue, and the sputa, instead of being sticky and oaken leaf colored, are but a dark, thin prune juiced effusion from the engorged pulmonary capillaries,— where the nervous system is prostrated and unstrung from the beginning, and the patient anxious and alarmed — I know of nothing which offers so much hope or help as Quinine and Opium — three grains of the former and one-half grain of the latter every three or four hours — without mercury, without an expectorant, without a cathartic, without any reference, indeed, to the secretions, or to the state of the patient, or stage of the disease. If such treatment — with the adjuvant of a blister put on at once, and without waiting for the “blistering point” — will not save the patient, I think little else can be done. Some fifteen years ago it was my ill fortune to witness an endemic of typhoid pneumonia, as it was then called, in which the disease often baffled the best directed efforts of the best doctors, and in which I had opportunity of making not a few post-mortem examinations. In these cases the lung was very rarely hepatized — it was filled to a half or two-thirds of its extent with a bloody serum, or, if the patient survived long enough, with a sanguinolent pus, which could be washed out, and the lung, when sliced off and washed, would float in water. But for the fact that there was always pain in the right side, and cough and expectoration — and that the post-mortem generally revealed only one lung affected, the disease would have resembled more the pernicious malignant intermittent of the

Mississippi Valley, than open, fibrous pneumonia. It is in such cases and similar cases — cases of pneumonia complicated with malarious infection — that Quinine has acquired such reputation as a cure. But, in open, sthenic, uncomplicated pneumonia in the heart of this city, on the paved and drained streets, where miasmatic disease is not prevalent or amongst people who have not been exposed to such influences, I have not found Quinine of any special benefit as a remedy, even when combined with Mercurials and Antimonials. On the contrary, I have sometimes thought it prejudicial. And I am confident I have seen evil results ensue from its indiscriminate and routine prescription by physicians whose success in the treatment of the ordinary pneumonia of malarious districts tempted them to administer it in all cases. In January, 185—, after having been absent from my practice for a week, I was called to take charge of a patient with pneumonia on the sixth day of the disease. It was in the person of a young lady 18 years of age — in full health when taken sick — plethoric and red blooded — and without exposure to or possibility of infection by miasmatic poison. She had the usual treatment for such cases occurring in the “lower country,” as we call it here, of which Quinine is the basis, though in this instance Mercury and Opium had not been omitted; but she had not improved. On the contrary, she was growing worse. The inflammation involved, perhaps, two-thirds of the right lung — there was dullness — crackling and scanty viscid, rusty sputa — the pulse was 120, small, but corded and quick — the respiration very much oppressed, and the patient restive, agitated and delirious. I proposed a suspension of medicine, and in place of it immediate and free venesection. In this, however, I was overruled by prejudices, which, I suppose, every physician occasionally encounters, and had to compromise on leeching. I ordered three dozen American leeches under the right breast, and directed a warm flax seed meal poultice to cover the right side as soon as they filled

and came off. This was about 5 o'clock P. M. I had intended to have seen her about bed time, but was summoned hastily about 8 P. M., with the information that my patient was bleeding to death. I hastened to the room, and on turning down the cover was, I confess, no little startled myself. The whole bed seemed saturated with blood. After the application of the poultice the patient had fallen asleep, and, for fear of disturbing her no examination had been made, and the accident had escaped notice. I immediately removed the poultice, and on investigation discovered that the whole trouble had ensued from, probably, two bites, which, I suspect, were from foreign leeches, which had been smuggled into the number ordered to be applied, and which had cut two little arteriols just under the breast. The hemorrhage was arrested in a few minutes by pressure against the ribs, and dry dressings and bed clothes were furnished. The patient was quiet pale—the pulse soft, and at 100; but the condition was not uncomfortable. I gave a full dose of Dover's powder—she slept well all night, and waked in the morning well. Had no cough—no fever—no expectoration—no pneumonia—it had been cured on the evening of the sixth day by a profuse, though accidental bleeding.

In December, 185-, I met with a case of pleuro-pneumonia—equally striking and as clearly demonstrative of the truth, I wish to impress, viz.: that there is no specific—not even Quinine—in pneumonia; but that every case must be treated in accordance with its history, its origin, its climatic connections and the condition of the subject himself. Capt. ———, a railroad conductor, in full health, robust and plethoric, was taken with a violent attack of pleuro-pneumonia three days before coming under my care. He complained of severe pain in the right side, which greatly interfered with his respiration, and prevented him from inflating his lungs to, perhaps, a fourth of their capacity—his face was livid and anxious—his pulse

120, full and corded — decubitus in the semi-erect posture — his cough incessant and most distressing, and the sputa scanty, though pathognomonic. There was both crepitant ronchus and the saddle skirt creaking heard half way up the right lung posteriorly. I proposed venesection in this case. But the man had charge of a route, one terminus of which was at a village on the Roanoke River in a locality notorious for the intensity and universality of malarious diseases. Amongst others, that of hybrid pneumonia, so difficult to diagnose from congestive quotidian intermittent. He had heard the doctors of that section discuss it and had seen the results of treatment himself, and knew that Quinine and Opium was the cure, and that bloodletting was often dangerous. He made, therefore, stout resistance to my prescription — informed me that “he had never seen a man bled that he did not die.” I explained to him that his pneumonia was not like that he had seen at W.; that he had never had a chill in his life; that the conditions and periods of his visits to the malarious district were such that he was not infected with the poison, and that his case required different treatment from those he had witnessed. My arguments failed to convince him; but he had tried on himself the treatment he had witnessed and approved in others, and he was worse and growing worse. He had not been able to lie down for 48 hours, or to sleep, and had made up his mind to die. He said, therefore, if I would promise him that bleeding would enable him to lie down and would make him die easier he would consent for me to pursue my practice. I thought I could safely promise this — so I immediately opened a vein, and bled him *pleno rivo* about 40 oz. — when he asked to have the pillows taken from under his shoulders and to be “let down.” I gave him a full dose of Calomel and Opium, and in a few minutes he was bathed in copious sweat and was soundly asleep. After sleeping seven or eight hours, which he did sweetly and naturally, he awoke refreshed and convalescent.

He required nothing more, I think, than an expectorant for a few days, and was soon at his post. He believes in bloodletting and Dr. Sangrado now, with as blind a faith as he did in the Quinine treatment, and would be as little amenable to reason if, under different conditions, a subsequent attack should demand a different treatment.

There is no disease with fewer objective symptoms, whose diagnosis is more patent than the diagnosis of pneumonia. A very moderate aptitude in reading the physical signs renders the diagnosis almost indisputable — nor are the pathological conditions very variable in any given number of cases; yet there is no disease which I approach with greater uncertainty as to what my treatment is to be on the simple announcement of its name, nor in which I am less disposed to thumb authorities or seek counsel from books, whatever the difficulty or the gravity of the case. In each individual case I feel as if I were meeting an enemy on his own ground without any supports or reserves to my own forces — and if I fight with more courage now, as experience has begotten more confidence, I still fight warily and with prudent caution. Climatic changes, endemic influences, constitutional peculiarities, age, season, prior or repeated attacks, present condition of patient all combine to influence treatment, and especially to render a description of general treatment difficult and unsatisfactory. In my own experience the enemy must be met alone, and without aid, and each case treated on its own merits. I think the clinical history of a hundred cases, carefully recorded, would teach more of its treatment than all the books which have been ever written on the subject. For instance, from Gregory, who only asked in the treatment of pneumonia a “lancet and water gruel,” through all the best accredited and most orthodox writers, venesection is prescribed as the first and most important remedy in the commencement of the disease. And yet, I dare say there are few skillful physicians at this day who make it a rule to

open a vein when called to a case of inflammation of the lungs, even in its first stage and when of sthenic character, unless in exceptionally robust and plethoric persons. Not only in my own experience, but, as far as I have observed, the practice of most physicians with whom I have been thrown for the last fifteen years — local bloodletting, by cups and leeches, has been the only depletion ordinarily attempted by direct attack on the sanguiferous system. And so of Tartar Emetic; one of the three resources of the eminent Dr. Watson — and the one of the three which, in his incomparable lectures, he brings before the student in the impressive language which so few forget — “Antimony, gentlemen, Antimony in congestion of the lungs.” How many physicians now, at home or abroad, rely upon it as their unvarying prescription? In this Southern country I know of none now who give it in the heroic doses recommended by Rasori, or even in the more moderate manner of Lænnic. In one-sixth to one-eighth of a grain, in an expectorant mixture, or in combination with Opium and Calomel in the form of *pulvis antimonialis*, it is often given in uncomplicated, open pneumonia; but beyond that, the irritability of the gastro-enteric membrane will not bear it in this climate, I am sure. And the young practitioner who gives it must be on the *qui vive*, or the patient may die of the doctor. Mercury, in some form, is adapted to a greater number of cases of all sorts, and may oftener be exhibited without prejudice as a routine remedy than any other one article of the *Materia Medica* that is written down in the general course of treatment. Yet Mercury must be held here and dispensed there with careful hand — and to classify a case as sthenic or asthenic will not always be enough to determine us in the administration of the great alterative, defibrinator and deobstruent. *Veratrum Viride*, especially in the form of Norwood’s Tincture, has been highly recommended by many American physicians in the treatment of pneumonia — and in all classes of cases, sthenic, asthenic,

typhoid, intermittent, etc. But in the hands of even the most experienced and sagacious practitioner an agent so powerful in its depressing effects upon the circulatory and nervous system requires to be handled with great care, and certainly should not be written amongst the ordinary or routine remedies. I confess that in my own practice I have never been able to regulate its action, and it has invariably done too much or too little. I have long ago set it aside as unreliable. I often use the Aconite in its place as an arterial and nervous sedative. Dr. Routh, as long ago as 1855, read a paper before the London Medical Society in which he claimed that by the use of Tincture Aconite and Dr. Todd's Stupes of Turpentine he had attained a relative success which would compare favorably with any other mode of treatment adopted. Dr. Todd, on the contrary, relies upon counter-irritation by Stupes of Turpentine and Acetic Acid, almost without any internal treatment beyond rest, wine and feeding. Dr. Bennet also relies almost entirely upon what he terms the restorative treatment, giving little or no medicine but wine, beef tea, etc., from the beginning, and records 105 cases treated in that manner at the Royal Infirmary at Edinburgh, in which *all* recovered. Certainly, as far as I know, this was a most unexampled success; and yet how utterly unsafe would it be to write down as treatment for pneumonia, port wine and beef tea, and to administer these cordial and savory medicaments by routine to the class of patients who come under our care with inflammation of the lungs in our daily practice in private life! Beef tea and port wine may do well enough for patients whose constitutions are broken with debauch, or whose blood has been impoverished by enforced abstinence of years of destitution and want—but for a robust, red blooded, plethoric man, whose heart is pumping with a forty horse power a hot, swollen current of scarcely fluid fibrine through a choked and laboring lung! Give me rather that other Scotchman with his lancet and water gruel.

The use of Quinine has been so much and so often recommended in the treatment of pneumonia, especially in this country, that I do not know who can claim priority in bringing it to the notice of the profession as one of our resources in controlling that disease. Notwithstanding the able and exhaustive discussion by Dr. LaRoche of the connection between inflammation of the lungs and malarious disease, in his book upon pneumonia, I think it will be very long before the profession, especially at the South, will fail to associate them in some manner in their own minds — crudely and undefinedly, may be — but certainly, and practically; and from this bias, no doubt, originated the idea of administering in pneumonia the great antiperiodic and antidote for malaria. The certain action of Quinine — its true therapy — beyond this undisputed power of preventing and arresting malarious disorder, I fear, is scarcely yet understood. So prompt has been its action in many cases of pneumonia, however, not only in my own practice, but in the recorded experience of so many others, that for a long time I have been disposed to regard it as possessing some specific power over the pulmonary capillaries. This opinion has been no little strengthened by certain remarks by Dr. Corrigan, published in Part XXXIV. *Braithwait's Retrospect*, page 33, who says Quinine possesses the same power in giving contractile action to the capillaries of the lungs, which we know it possesses in so marked a degree over the capillaries and venous radicals of the spleen. Dr. Otis Mauson, formerly of N. C., now of Richmond, Va., published in the *Virginia Medical and Surgical Journal*, many years ago, some most interesting cases of the treatment of pneumonia by Quinine. I believe he regards the action of the remedy as little short of specific.

The combination of Quinine and Turpentine — about three grains of the former to twenty drops of the latter, given in emulsion of Gum Acaciæ every three or four hours — has been highly recommended to me by some of the practitioners

of this city, and in asthenic pneumonia, where there is no especial irritability of the stomach, contra-indicating the exhibition of so nauseous a dose, its effects have sometimes seemed to me very excellent. I record three cases occurring in my practice on the same day, April 13, 186— all serious— all terminating within a week — and one fatal — and in which the indications of treatment were quite different, though in all Quinine was exhibited; in two, because the patients were old subjects of intermittent fever — and in the other, because of the grave asthenia which marked the case from the time I first saw it.

PNEUMONIA.

CASE XXIV.—Pneumonia. Mrs. Dr. J., aged 50, widow — taken last night, April 12, 9 o'clock, with a chill and pain in the right side, under the nipple — also “pains and aching in all the limbs and in the back.” She cannot now — April 13, 9 A. M. — take a full inspiration without crying out with the severity of the pain. The reaction is high — pulse 120, full, but not hard — respiration hurried and oppressed — face flushed — skin hot and moist — total anorexia — but little thirst — tongue foul — bowels confined — decubitus on back, inclining to right side, and shoulders elevated. *No cough or expectoration.* Physical signs: Dullness over lower third right lung. Crepitant ronchus extensive and well marked over same space. No friction sound — other sounds, as usual, in such cases — bronchial respiration, etc.

Treatment.—One half dozen wet cups to the right side, and one of the following pills every three hours :

R	Hyd. Mit. Chl.,	grs. iv.
	Pulv. Dover, .	grs. iv.
	Ext. Aconit.,	grs. ij.
	Quiniæ Sulph.,	grs. xij. M.

Ft. pil. no. iv. Diet absolute.

April 14—9 A. M.—Rested tolerably well last night — no pain in limbs this morning, and none in side except on moving or on full inspiration — pulse 100, softer and smaller — had one operation from bowels. Physical signs unchanged — no expectoration — a little hack of a cough.

℞ Ol. Ricini, $\frac{z}{3}$ ss.

at once, and one of the following pills every four hours, commencing after the first operation of the bowels from taking the oil :

℞ Sulphas Quiniæ, grs. xij.
Ext. Aconit., grs. iij. M.

Ft. pil. no. vj.

April 15—12 M.—No fever — some pain and some tenderness still on full inspiration — traces of crepitation and of friction for first time. Appetite returning — allow milk toast. No medicine beyond a ptisan.

April 17.—Dismissed. Duration of treatment four days. Patient was out in a week. In this case there was no cough to speak of, and never any pathognomonic sputa. Both not usual incidents in the history of cases of pneumonia; but many physicians, no doubt, can recount similar ones in their own practice.

PNEUMONIA.

CASE XXV.—Pneumonia. Mrs. J., aged 28; married—mother of one child 2 years old. Courses been regular for twelve months up to this day, April 13, 186—, when they should have come on; but have not to this hour, 4 P. M. She took a long walk this morning, and came in from shopping at 1 P. M., feeling greatly fatigued. Before she could undress and lie down she was taken with a chill and pain under right nipple, and with the greatest distress in her breathing. Reaction is now complete; but her respiration is still very much oppressed, and she has almost an uninterrupted cough, with expectoration of a viscid, glairy mucous—sometimes frothy—oftener profusely stained with arterial blood—the skin is hot and moist—the face flushed—especially the cheeks—and expression anxious in the extreme. Restlessness very great—she is throwing herself from side to side of the bed every minute. Pulse 130, small and soft—thirst and nausea intense.

℞ Emplast. Vesicat., 6x8, to right side—
Sinapism, 10x12, to stomach and abdomen, and one of the following pills every four hours:

℞	Hyd. Mit. Chlor.,	grs. vj.
	Pulv. Opii.,	grs. ij.
	Quiniæ Sulph.,	grs. xvj. M.

Ft. pil. no. iv. Iced julep (brandy) to be sipped ad libitum.

The agitation of the patient in this case was so great, that it was difficult to make out the physical signs accurately. But the disease was confined to the right lung. There was not much dullness over any portion of this; but posteriorly and anteriorly, for one-half of its lower extent, there was crepitant, sub-crepitant and mucous ronchus mingled.

April 14—8 A. M.—The patient is quiet this morning—has had some sleep—pulse 90, fuller and steadier—expectoration much less—but little blood now—physical signs of yesterday confirmed—thirst and nausea less—menstrual flow has come on pretty freely—greatly to her relief (mental). Complains of but little pain in the side; but the blister has induced strangury, and the calls to the urinal are constant, with great ardor urinæ, and both rectal and uterine tenesmus, which is very distressing. Had one full operation.

℞ Pulv. Opii., grs. ij.

Ext. Belladon., grs. ij.

Buttyr. Caco. q. s. Suppositor No. iv.

One per rectum every two hours until strangury is relieved. To get in addition five grains Sulphate Quinine to-night at 10 o'clock and five in the morning at 6 o'clock.

April 15—10 A. M.—Strangury was relieved, with all vesical and uterine irritation, after use of second suppository. No pain to-day anywhere—no fever—no cough—no expectoration. Examination develops some crepitant ronchus, but the lung is opening very rapidly. Appetite returning. No medicine—blister to be kept open—and for diet, eggs, milk toast and mutton chop.

April 16.—Dismissed. Patient was out in one week. Duration of treatment, three days.

This, too, was an old intermittent fever patient, and the case was typical of that fatal form of asthenic pneumonia, called typhoid pneumonia, which often appears as an endemic in those

localities where malarious diseases are also prevalent, and to which I have made reference in a former part of this paper. The following case, not so violent in its inception, and, perhaps, not at all complicated with malarial disease, yet proved fatal on the fifth day of the disease and the second day of regular treatment.

PNEUMONIA.

CASE XXVI.—Pneumonia. March 10, 186—. Mrs. P., widow, aged 60 — resident for ten years past of Piedmont Virginia — of feeble health generally, though no established disease — was taken with a chill four days ago, with acute pain in right side, and aching in the limbs and back — has had fever ever since — has some cough — but little expectoration — none pathognomonic — pulse 150, small and soft — thirst — anorexia and restlessness — tongue red and bare of epithelium in large irregular spots — bowels disturbed and irritable — six or eight passages a day under some cough mixture and pills, (empirical,) which she has been taking, and which has constituted the only treatment — respiration quick and oppressed — decubitus semi-reclining. Physical signs: There is dullness over posterior part of chest to one-half extent of right lung from below upwards — obscure but very fine crepitation over same space

—respiration bronchial at top and feeble throughout other lung from imperfect expansion.

℞	Quiniæ Sulph.,	grs. xviii.
	Ext. Aconit.,	grs. iij.
	Pulv. Ipecac,	grs. iss. M.

Ft. pil. no. vj. One every four hours. Blister, 6x8, to right side, and one ounce of brandy toddy every two hours. Soup of beef or chicken as freely as she can be gotten to take it. The bowels to be controlled by Paregoric Elixir; one drachm every three or four hours, if necessary.

This treatment was persisted in for twenty-four hours, when it was abandoned—and nothing but milk toddy, egg-nog, etc., given—but the patient never rallied—the right lung gradually filled to its summit nearly—the breathing became more hurried—face livid and anxious—pulse threadlike—the bowels gave way—and death closed the scene in thirty-six hours from the time I first saw her. No autopsy.

I regarded the fatal complication in this case the gastro-enteric disorder. The mucous membrane of the intestinal track was so irritable that food was not retained long enough for assimilation—nor was medicine absorbed—nor drinks.

POISONING BY STRYCHNIA.

CASE XXVII.—Poisoning. Strychnine — Camphor. R. S., aged 30. September 26, 18—,—8 o'clock, P. M. I have just been called to see this young man, who is of medium height and proportions — nervous temperament — been ordinarily in good health — but who, under some mental depression, has swallowed, two hours since, a certain quantity of strychnine,—exact amount unknown. It appears that he bought, this afternoon, five grains of that alkaloid—that he took with his pocket knife a certain portion—he could not tell how much—put it into a tumbler of water, drank it, and threw away the paper in which the remainder was contained. In a few minutes after taking it he complained of being unwell; asked a friend to accompany him to his room, told him what he had done, and almost immediately after fell into a fit. I saw him in about ten minutes. He was lying on his back—touching the bed only with his head and his heels—in a violent tetanic spasm. His legs, his arms and his hands were stretched to the widest possible distension. His mouth was gaped open as if kept asunder with a gag; his face was purple; his eyes puffed; his pupils immovable; his nostrils distended; every muscle of the body, indeed, apparently in the highest tension,

and respiration entirely suspended. His heart, however, was beating, and with a regularity and tranquility that, under the circumstances, was most remarkable. He remained in this situation for more than a minute, when the action of the muscles was suddenly reversed, drawing his head and his thighs violently together and jerking him almost off the bed. He now seemed conscious of the imminent danger of suffocation, and turning his eyes imploringly to his friends, made the most distressing and desperate efforts to gasp and clear his throat. A little tenacious mucous was finally forced up in the mouth; the spasm of the glottis relaxed; a long, sighing inspiration followed, the convulsions ceased, and he fell back on his pillow exhausted, but perfectly conscious. This intermission lasted only long enough for me to get a few words of information in reference to the facts of his condition, when the same congeries of symptoms appeared — perhaps more violent, certainly more protracted. And thus they were repeated with almost unabated force for three hours. The convulsions, as they came on, were always tetanic, but often ended in the epileptic — being scarcely absent, however, in one or the other form two minutes consecutively for the first two hours immediately subsequent to my seeing him; and the patient being often unable to utter a word for fifteen or twenty minutes at a time. Once or twice respiration was suspended for so long a time that I feared he had ceased to breathe forever; and at such times I thought a douche of cold water on the face and throat contributed greatly, by the reflex action excited, to bring about successful effort at respiration. When able to speak he would complain very much of the burning along the œsophagus and in the stomach, and of the constriction of the muscles of the throat and larynx. He swallowed with difficulty, even in the intervals of the most complete remission; but he never refused anything put to his lips, and took several doses of medicine in a tetanic condition when the act of deglutition seemed to me impossible.

Towards the expiration of the third hour the spasms had become much less violent, and at about 12 o'clock the general convulsions ceased suddenly and entirely. He was perfectly conscious; asked for a urinal, had a profuse discharge of urine, and soon after fell asleep. There would be occasionally twitching of the muscles, however, and sometimes a pretty strong jerking of some one limb. These phenomenon were observable for several days, even when he was up and on the street.

Treatment.—Having been misled when I first saw the patient as to how long the poison had been swallowed—I was told it had been two hours—I did not give an emetic—indeed I did not think it would be of much avail to give anything—but commenced, as soon as I could procure it from a convenient apothecary, the administration of camphor. I gave him for the first dose 12 grains of the powdered gum suspended in a little syrup. In a quarter of an hour I got him to take six grains more—and this dose I continued to give every twenty or thirty minutes, as far as practicable, until he had taken about a drachm. The patient then becoming better, no more was given. No more medicine was given during the paroxysm of the attack. The next day I gave him one ounce of Oil Ricini, rubbed up with a little Bicarb Potass. and a few drops of Liq. Morph. Acetas, and ordered two dozen leeches to his epigastrium. During the day he complained of a good deal of pain in that region, and of great soreness of the whole muscular system; but there was no fever and no sign of any serious local lesion. The operation of the medicine, which was not excessive, brought away some dark, bloody operations, and this was the case for several days; but in small quantities, and not of sufficient importance for treatment. The third day my patient was on the street, and seemingly in usual health.

The specific and exclusive effect of strychnine on the spinal axis was strikingly exhibited in this instance. In the

midst of the most general disturbance of its functions and the most violent convulsions of the whole muscular system, the intellect was clear and unaffected, except when excessive spasm of the glottis and muscles of the neck would occasionally occur, delaying an amount of black blood in the brain that would for a time becloud its senses and disturb the exhibition of its impressions.

But the most interesting feature of this case to the practical physician is the query which may be propounded: Is Camphor an antidote to Strychnine? The deadly fatality of this drug to life; the frequency with which it now enters into medical prescriptions; its marked resemblance in physical character to several less poisonous and more common alkaloids, and above all, the carelessness and ignorance of many compounders and dispensers, added to the culpable cupidity which prompts them to sell to irresponsible parties so potent a medicine, renders this a very important question, not only to the profession but to the people at large.

I am not aware who first proposed Camphor as an antidote to Strychnine; but several cases besides this have been reported in the medical journals for the last few years, in which Strychnine had been taken, Camphor administered, and the patient recovered — *post hoc vel propter hoc*. Two such cases have been published in the *American Journal of Medical Sciences* for 1856, by Prof. Rochester, of Buffalo. There is also a case published in Part XXVI., page 348, *Braithwaite's Retrospect*, in which 24 grains of Camphor in 6 oz. Almond mixture — one-fourth part every two hours — gave relief after an overdose of Strychnine. Dr. Pritchard, of Yorkshire, England, also reports a case — *Op. Cit.*, Part XXXV., 342 — in which he supposes the administration of Camphor contributed to the cure of a patient poisoned with Strychnine.

It is true that no one individual case — and not all that have been yet published — are sufficiently conclusive to estab-

lish an affirmative to the question propounded. But are they not of sufficient import and authority to prompt experiment and to lead to the use of the remedy where a better cannot be shown. There is nothing especial in the physiological effects of Strychnine upon the system which would point to a counteracting influence in Camphor—farther than in the mildly stimulating and anodyne effects of the latter. But the art therapeutic was not originally established, nor is it especially sustained by reasoning a priori. Many of our best materials of medicine—Opium, Ipecac, Bark, etc., have been obtained from the contributions of the merest empiricism; and it is a wise philosophy that teaches us to secure the use of any agent we can employ in the *mache athanatos*—the eternal fight which we doctors unequally wage with inexorable death.

In this case which I have reported it can never be known how much Strychnine the patient took. But it is probable that he got, at moderate calculation, between one and two grains. In the tables of the cases of poisoning by Strychnine made out by Dr. Alfred Taylor, we find that in one instance one-half grain, in another three-quarters of a grain, in another one grain induced death, (*American Journal of Medical Science*, Part XXX, page 562). *Per contra* we read of one, two, three, even seven grains being taken without fatal results. It is almost impossible to say what is the smallest fatal dose to the human subject. We must decide in judging of the case before us in this report by the *effects* of the dose. The symptoms observed in it, if I have given them life and pointedness, will be seen to have been of terrific violence and of four hours duration. No ordinary dose of the poison could have induced such extreme effects. And, in our opinion, the case must have resulted in a fatal denouement unless some counteracting agent had been introduced into the system. The only remedy used was Camphor. I leave it to each one to draw his own conclusions. In a similar case I should use—if called to it now—

Camphor and Chloroform in emulsion of Almonds and Gum Acaciæ. But it may be well enough to remember, especially for one who does not carry Lindsay & Blakiston's Visiting List in his pocket, that other antidotes are reported and commended — Kerme's Mineral, by M. M. Thorel and Bouchardat; Nicotine, by Prof. Haughton and by Dr. O'Reilly, of St. Louis; the latter says one cigar to a half pint boiling water, tablespoonful every five minutes; Tannin, by Ludecke; Decoction of Galls, by Mesner, of Dresden; Animal Charcoal, by Garrod; Iodine, by Dr. Bennet; Woorali, by Dr. Pary, etc., etc. Electricity and Chloroform, by inhalation, of course, have been recommended.

NOTE.—Just prior to the breaking out of the late war I asked and obtained permission of the municipal authorities to experiment on the dogs which, by city ordinance, were captured during certain months of the year—if allowed to go at large—and pounded for execution, if not redeemed. Amongst other experiments, I administered Strychnine to a number of these animals, and with reference to trying the virtue of Camphor as an antidote. I have not preserved my notes of these transactions, but I remember that several of the criminals set aside for "death by Strychnine" escaped their doom. Camphor was the antidote used; but whether the poison was too weak or the antidote too strong I cannot say. My experiments were not complete, and I have lost all record sufficiently accurate to render them reliable for reference.

EPIDEMIC CATARRH.

CASE XXVIII.--Epidemic Catarrh -- Influenza. March 9 -- 11 A. M. Miss P., aged 24 -- usually in good health -- but has had coryza and hoarseness -- with pains in head and limbs for a week. Face and eyes suffused -- head hot -- pulse 120 -- no thirst, but total anorexia. Has had several doses of Blue Pills and Dover's Powder on domestic prescription; but gotten no relief. Bowels been confined now for two days. Ordered Citrate of Magnesia, (fl.) eight ounces -- to be repeated in three hours in case the first dose fails to operate. To have, after the first operation, one of the following pills, and one every four hours:

℞	Quiniæ Sulph.,	grs. xvj.
	Ext. Aconit. Alch.,	grs. iij. M.

Ft. pil. no. vj.

March 10—P. M.—Says she is right well. Dismissed.

EPIDEMIC CATARRH.

CASE XXIX.—Epidemic Catarrh — Influenza. March 11, A. M. Mrs. W., aged 34, married — youngest child 12 years old — usually well — but sick to-day — in bed — has pains all over — been so for two days — is very hoarse, but has no cough — has coryza — face flushed — pulse 140, firm and full — complains of feeling alternately hot and cold — no thirst — anorexia — bowels confined — tongue foul — feet and hands cold. Ordered hot applications to extremities, and the following pills to be taken at once :

R	Hyd. Mit. Chl..	grs. iv.
	Pulv. Dover,	grs. iv.
	Pulv. Jacobi,	grs. ij. M.

Ft. pil. no. ij. To be followed in eight hours — if they do not operate sooner — with eight ounces (fl.) Citr. Magnesia. After the first operation one of the following pills every four hours :

R	Quiniæ Sulph.,	grs. xvj.
	Acid q. s. pil. no. iv.	

March 12.—Relieved. Case dismissed.

HEPATITIS.

CASE XXX.—Hepatitis. May 15--A. M. R. M., aged 40, married—usually in good health, but spree occasionally—taken yesterday at 1 P. M. with chill and aching of limbs and back, and acute pain in right side and shoulder. Has had fever ever since—pulse 120, moderately full and firm—face flushed—countenance anxious—tongue foul—bowels confined--anorexia, but no thirst. Respiration is hurried and difficult, on account of pain—skin hot and moist.

Physical signs.—Respiration feeble in both lungs, and scarcely heard in lower lobe of right lung, which he inflates with great difficulty, because of the severe pain which ensues on inspiration. There is also dullness extending as high almost as right nipple. Liver not enlarged; but great tenderness developed by percussion or pressure.

℞	Hyd. Mit. Chl.,	grs. xij.
	Pulv. Dover,	grs. xij.
	Pulv. Ipecac,	grs. iv. M.

Ft. pil. no. iv.—un—quaque tertia hora. The side to be kept covered with flannel saturated in the following liniment:

℞	Tinct. Aconit,	
	Tinct. Belladon.	
	Tinct. Sapo. C.	
	Chloroform,	āā ʒj. M.

May 16.—1 P. M.—Fever somewhat reduced — pulse 100, softer — pains in limbs and back relieved — but great tenderness over the liver still — and dullness extending to right nipple anteriorly — the tissue of the lung being evidently condensed by the upward pressure of the liver. Pain in the side less acute, and respiration fuller and easier. The face is slightly jaundiced — the conjunctiva is yellow, and the urine a deep amber color. He has vomited several times — chiefly bile; but the medicine has not operated otherways.

℞ Ol. Ricini, $\frac{7}{8}$ j.
 Aq. Menth. Pip., $\frac{7}{8}$ iss.
 Potass. Carb. q. s. emulsio.

To be taken at once. His circumstances rendering it impracticable that he should be cupped to-day. Ordered

Emplast, vesecat, 4x6 — over right hepatic region.

May 17.—Medicine has operated three times — no fever to-day — tongue cleaning — has some appetite — allow buttermilk — still complains of pain in the right side, however, especially on moving or on pressure. His skin is cool, and he is disposed to be restless and nervous — says he can't sleep, and must have an anodyne. In view of his habits, I allow it — combined with a laxative and alkali.

℞ Sulph. Magnes.
 Henri Magnes. āā 3 ij.
 Morp. Sulph., grs. j.
 Aq. Menth. Pip. $\frac{7}{8}$ vj. M.

Dos. tablespoonful every three or four hours if restless and in pain.

May 19.—No fever — no pain, except on full inspiration — conjunctiva and urine clearing — sleeps well — discontinue mixture and take one of the following pills ter die :

℞ Quiniæ Sulph. grs. xx.
 Acid Sulph. q. s. pil. no. xx.

WEED.

CASE XXXI.—Weed. June 15, 18—. Mrs. R., aged 25 — was confined two months ago with her first child — has had no trouble with her milk, which flowed freely from both breasts — but was up with the baby a good deal last night, and was very much fatigued and worried. She was taken at 10 A. M. to-day with a “shaking chill” she says, and severe pains in back, head and limbs, making her cry out for relief. She has also a lancinating pain through the right breast, which, though not full, is exceedingly sensitive to the touch, and exhibits a lump about the size of a hen’s egg in the upper portion of the gland. Her skin now — 4 P. M.— is hot and bathed in sweat — pulse 120, full, but not hard — bowels confined — has never had an attack of intermittent fever — has never lived in a malarious district.

℞	Hyd. Mit. Chlor.,	grs. viij.
	Pulv. Dover,	grs. viij. M.

Sapo. q. s. pil. no. ij. One now and one at bed time. Cloths saturated with the following liniment, to be kept to the right breast.

℞	Gum Camphor,	℥ ss.
	Chloroform,	℥ ij.
	Ol. Olivæ,	℥ iiij. M.

May 16.—1 P. M.—Fever has subsided — had a profuse sweat last night and slept well. Medicine has operated three times — no pain anywhere — lump in breast yet, but not sensitive. Continued application and ordered

℞ Quiniæ Sulph., grs. xvj.
Acid q. s. pil. no. iv.

One pill every four hours.

May 17.—Well.

ACUTE ECZEMA.

CASE XXXII.—Acute Eczema. October 2, 18—. C. D., aged 8 — a well grown, healthy lad — was taken about four hours ago — suddenly, while at play — with an intense itching and burning of the eyes and face. The eyes are fiery red; photobia intense; face one solid scarlet erythematous blush. He buries his face under the bed clothes and begs for relief. He has slight fever — tongue somewhat foul, but no thirst — bowels natural.

℞ Hyd. Mit. Chlor., grs. vj.
Pulv. Ipecac, grs. iij. M.

Ft. pil. no. iij. One every three hours, unless he has his bowels well moved sooner. Bathe his face and eyes continuously with Infusion Linseed — lukewarm.

October 3.—Medicine (one dose) operated several times freely. Redness of conjunctiva and photobia almost entirely relieved—boy cheerful and asks for something to eat. His mother says he had some shivering last night, followed by a slight fever, which has now gone off. Erythematous blush has faded from the face, which looks a little dusky and disposed to scale. Forehead and head filled with millions of minute vesicles—some also on the ears, and on both forearms, anterior surface.

R Quinix Sulph., grs. viij.

Ft. pil. no. vj. One every three hours. Continue local treatment.

October 4.—Vesicles on forehead and head have coalesced in regular, soft eczematous crusts—very thin, on the ears and forearms are drying in furfuraceous scales. Corium of forehead and head injected with serum, and whole head swollen. No constitutional disturbance. Continue flax seed infusion semi-mucilaginous and order a teaspoonful of the following *ter die* whilst eating :

R	Vin. Ferri,	$\frac{3}{4}$ iss.
	Srup Simp.,	3 iij.
	Liq. Potass. Asenit.,	3 j.
	Aq. Puræ,	$\frac{3}{4}$ ij. M.

Dos. teaspoonful. Diet liberal, but plain. In one week the disease had passed off by desquamation.

Case XXXII. affords a well marked instance of simple acute eczema—a disease characterized, according to Nelegan, by the eruption of numerous minute transparent *vesicles*, closely set and irregularly aggregated on an uncircumscribed inflamed surface, and attended generally with burning pain and itching. Following the nomenclature and classification of Willan—its pathognomonic sign is the vesicle—and when seen in its earliest stage its diagnosis is easy and the treatment comparatively simple. Its nature at this stage is inflammatory—

acutely and actively—but mild saline antiphlogestics, with gentle mercurial laxatives, if there be evidence of deranged secretions, accompanied with soothing and emollient lotions—as infusion of flax seed and slippery elm—will generally prove successful in arresting it after a few days of treatment. Unfortunately, we do not often meet with it in this stage, and, in my experience, it is rarely presented before the physician or surgeon until neglect or irrational and empirical remedies have so changed its physical character as to render the diagnosis obscure, and the treatment difficult and protracted. This is the more unfortunate, considering the frequency with which it occurs—at least twenty-five per cent. of all the cases of skin *disease brought forward consisting of eczema in some of its forms or complications.

The case which immediately follows, though somewhat exaggerated in its character, is a better example of what is oftener seen of this disease than the foregoing.

* NOTE.—Of 10,000 cases of skin disease lately reported by Anderson from hospital practice, 2,527 were classified as *eczema*—and of 1,000 reported from private practice, 348 were classified as *eczema*.

CHRONIC ECZEMA.

CASE XXXIII.—Chronic Eczema. September 15, 18—. Mrs. A. B., aged 68—blonde—very fair—blue eyes—thin skin—good embonpoint, and in excellent general health, except that “she is worried with this loathsome disease,” and urgently begs for a cure. She has had it, and been gradually growing worse, for six months past, though the last six or eight weeks have been spent at the Virginia Springs—the old White Sulphur and the Rockbridge Alum—in quest of relief. She says the travel or the waters have evidently made her worse, in which opinion, her husband, who is a physician, concurs. She has had a variety of treatment; but has not discovered any good effects from any. Present condition. The whole of the scalp, (from which the hair has been removed with scissors), is covered with thin, soft, yellowish scabs or crusts, with some irregular patches where the peculiar vesicles of Eczema appear, uncomplicated, but yet resting on an inflamed base. Indeed, the whole scalp is hypertrophied, erythematous and sensitive. The forehead is covered with furfuraceous scales, the product of the drying vesicles; but the true skin under this is swollen and tender to the touch. The ears are thrice their natural size, very red, and covered with an acrid ichorous discharge,

abundant, excoriating and painful. On the chin and on the back of the neck the vesicles are seen in all stages of the simple disease, closely agglomerate and uncircumscribed, but resting on comparatively healthy base, and giving rise to no pain, itching or burning. The amount of constitutional suffering in this case is astonishingly small, and but for the itching and burning of the scalp and ears, and the general annoyance of so loathsome a malady in a lady, she would consider herself enjoying reasonable health.

Treatment.—Scalp to be covered every night with slices of loaf bread, over which boiling water has been poured and drained off, but which have not been beaten up into a poultice. In the morning to be washed off with the following :

R	Potass. Carbonas.,	℥j.
	Aq. font.,	℥ xvj. M.

After cleansing and drying, to be washed once a day in the following :

R	Goulard, Ext.,	℥j.
	Aq. Rosæ,	℥ xij. M.

The ears to be kept constantly powdered with prepared Calamine, and to be cleansed and treated as the scalp once in two days.

General treatment :

R	Tinct. Ferri Chlor.,	℥ iss
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20 drops ter die.

R	Sulph. Quiniæ,	grs. viij.
	Sulph. Magnes.,	℥ ij. M.

in tumbler of water, every other morning. Diet simple, but nutritious—eggs, bread and butter, mutton chops, etc.

September 20.—Condition of patient much improved. Erythematous inflammation of scalp reduced—ears assumed natural size and shape—scalp free from crusts, and no evidences of new disease visible, though Mrs. ——— states it has appeared in a mild form round the umbilicus. Apply the Gou-

lard wash to it—discontinue poultices to head, but continue other treatment, general and local.

September 25.—Scalp clean and soft. Ears also greatly improved—but little discharge from them. Continue treatment.

September 30.—All traces of inflammatory action have disappeared; but patient not improving so rapidly—disease shows a disposition to return on forehead and chin. Discharge of ichor from ears greater. Increase the strength of the wash one-half. Apply freely, once a day, wherever there is any appearance of disease the following ointment:

R	Hydrarg. Oxid. Rubri.,	℥ss.
	Venet. Terebinth.,	℥ij.
	Unguent. Cetacei.,	℥ij. M.

Discontinue Iron and Quinine, and substitute the following:

R	Potass. Iodidi,	℥iiss.
	Syrup Aurantii,	℥iss.
	Aq. Puræ,	℥iss. M.

Dos. teaspoonful ter die in wineglassful of water. Regulate the bowels with Rochelle Salts pro re nata.

October 15.—Some little ptyalism has been induced; but the patient has greatly improved. Discontinue all treatment but an occasional application of the ointment.

November 15.—No trace of disease left. The scalp is covered with a beautiful growth of hair, soft and velvety—about two inches in length and of natural color—though the lady was quite gray before the attack.

Still following Willan, I have called this case *Eczema Impetiginodes*, on account of the profuse purulent or sero-purulent discharge and the extensive formation of yellowish and yellowish brown crusts or scabs. Wilson's enlarged and exhaustive definition of Eczema would more nearly accord with its pathological character as it was first presented to me. His characteristic signs are redness, itching, interstitial and

subcutaneous thickening—exudation, papulation, vesiculation, incrustation and desquamation. His pathognomonic signs; 1st, exudation; 2d, *desquamation; 3d, cracked and broken surface. This allows some latitude in diagnosis, and we may take in the above category a little eczema and a little erythema, and a little prurigo, and a little lichen, and a little impetigo, and a little scabies, and a little psoriasis, etc., etc.; and, without doubt, some latitude should be allowed a doctor who is called upon to name a skin disease, chronic and complicated, and which has had its own way for three months or more — whilst, after all the name, will be unimportant, except for record or registry, if the treatment be based on immediate indications and general principles. Indeed, if the physician be looking up a name on which to base his medication, it were better for the patient if he lose it altogether. No disease, in my experience, was ever treated more unsatisfactorily, more unsuccessfully and more empirically than the cutaneous disease which constituted the great little annoyance of the troops during the late war, and which was styled, in unclassic phrase, “Camp Itch.” This disease, generally in its inception, lichen or prurigo, and originating primarily, I believe, in the habit of wearing coarse woollen garments next the skin, which the exigencies of military life, or the poverty of the Southern soldier, rendered it impossible for him to change, in some instances, for months, became, in its course, vesicular, pustular, squamous — literally everything in its turn — finally developing a species of acarus, or other parasite, which rendered it, to a limited extent, communicable. It was, in most of the instances under my observation, treated by name, and Sulphur was the one remedy — and a regular formula was issued for the preparation of a Sulphuret of Lime — and it was used in all stages, and under all conditions, with results which may well be imagined. I saw a

* *Cutaneous Medicine and Diseases of the Skin*, by Erasmus Wilson, F. R. S. Pages 68 and 85.

whole cavalry regiment disbanded en masse in the winter of 1863, and men and officers ordered to go to their homes or to hospitals, and to have themselves cleansed and cured. Its gallant Colonel — literally “afflicted with sores from head to foot” — fell under my care, but was soon restored. In a few months he had returned to duty and had won the stars of a Brigadier, and then — but it is an old story now — he fell in the van of the charge, and sleeps under the sod on the Chickahominy. But to revert. If in the chronic and neglected cases of cutaneous disease our diagnosis sometimes becomes confused in the masking or blending of types and characters, our treatment need not be uncertain or empirical if we keep before us general principles and prescribe for present conditions. Let us note that local causes of irritation must be removed, inflammation reduced, pruritus soothed, crusts cleansed away, desquamating cuticle softened, and indurated tissue stimulated to healthy action. Mr. Wilson — certainly the chief of British dermatologists — states that the essential nature of eczema, lichen, erythema, impetigo and psoriasis is simply modified manifestations of inflammation of the skin, corresponding with recognized stages of common inflammation. Their pathology he records very laconically in two words, “nutritive debility,” and the constitutional treatment is filled with the exhibition of the “neuro-tonic,” Arsenic.

Our own plan of treatment is pretty fairly set forth in the cases we have reported — with the exception, that in chronic cases, especially, we, too, rely upon the great neuro-tonic, Arsenic. We did not exhibit it in Mrs. A. B.’s case, because she informed us that from some idiosyncrasy she could not take Arsenic. Fowler’s solution, five drops *ter die*; or in the ferrated mixture, or in the following formula:

R	Decoct. Sarsaparil. C.,	℥ iiiss.
	Liq. Potass.,	℥ ij.
	Liq. Potass. Arsenit.,	℥ ij. M.

Dos. teaspoonful *ter die* after meals — we rely on greatly as a tonic and alterative in chronic eczema and all its congeners.

In the eczema facie, so common in children, we keep the eruption constantly covered with the Benzoated Oxide of Zinc Ointment when practicable. When the eruption is confined chiefly to the head and ears this can easily be done, and nothing is better adapted to soothe the itching and burning, and to check the ichorous discharge, which is so troublesome. A light silk or muslin cap answers the double purpose of retaining the ointment constantly in application to the diseased part, and of protecting the head and ears of the child from its own finger nails. Some cases of this especial variety of eczema may come up for report upon these pages. Sulphur I have not found useful in any form of eczema, whether used internally or as a local application. When the acute symptoms have entirely passed away — the crusts have cleaned, the vesicles ceased to appear, and the stage of induration thickening and cracking of the skin have appeared — I have found nothing better than the formula for the Oxide Rubri. Hydr., which I used in Mrs. A. B.'s case. Constitutional treatment is generally required throughout every case. Mercurials, alkalies, tonics — and without a persistent and judicious administration of these, the practitioner must not be disappointed if all his local remedies fail.

We record now two cases of milk crust — eczema in children — fairly types of many such cases noted in daily practice.

ECZEMA, ACUTE.

CASE XXXIV.—Eczema, Acute. April 1, 18—. J. W., aged 16 months. Has had “milk crust,” his mother says, for two months — scabs almost covering the head and face; but, as he has never been sick with it, the disease has never been interfered with. It has now, in the last few days, become acute — there is heat, redness and swelling about the tissues — in addition, *granular conjunctivitis*, with intense photobia and *ulcerative stomatitis*. The child is feverish and fretful — hides its head in its mother’s bosom, and nurses ravenously when permitted to take the breast. The bowels are hot and confined — emaciation marked and rapid. Ordered

℞	Hyd. Mit. Chlor.,	grs. iv.
	Sod. Bicarb,	grs. vj. M.

Ft. pulv. no. ij. One on alternate nights, to be followed on succeeding morning with teaspoonful of Castor Oil. To take in addition, during each day, half drachm of Chlorate Potash, dissolved in eight ounces of milk and water tea. The head, face and eyes to be bathed very frequently in Infusion of Flax Seed.

April 7.—Acute symptoms have all subsided. No heat of head — no redness about eruption — no discharge — scabs dry-

ing and falling off—conjunctiva but little injected—no swelling of the lids—photobia, however, still very great—and stomatitis not improved. Ordered

℞ Potass, Chloros., 3 j.
Syrup Limonis.
Syrup Rhei A., āā $\frac{7}{8}$ j. M.

Dos. teaspoonful every night. To have lightly applied to the eruption, every night, and to the eyelids the following ointment:

℞ Unguen. Citrin.
Buttry. Recens., āā $\frac{7}{8}$ ss.

April 14.—The eczema and the conjunctivitis are well—still some stomatitis. Continue the Potash and throw into the mouth a small portion of the following powder:

℞ Boracis.
Sach. Alb., āā $\frac{7}{8}$ ss. M.

Ft. pulv.

April 20.—Child well—but in view of the evidently strumous character of the case, recommended that it have a teaspoonful of Cod Liver Oil ter die for a month. Dismissed.

ECZEMA RUBRUM.

CASE XXXV.—Eczema Rubrum. April 28. G. C., aged 12 months. Has had chronic eczema for six months, but has had no treatment, as the parents were told that it was “dangerous to cure it.” Yesterday was exposed to the sun for several hours in riding out, and to-day has high fever—the scalp is covered with eczema in every stage, from vesicle to crust—the true skin of head and face is swollen, red and hot. Patches of the diseases of various sizes, from a dime to a hand's breadth, have appeared on face and limbs and body in twenty-four hours, and interspersed between these are splotches of erysipelatous and erythematous eruption. There is great restlessness and irritability, and little fellow's hands, tied up in linen bags, are covered with blood and matter in his efforts to scratch. The bowels are confined. The child had gotten, before my arrival, two grains of Calomel and one of Ipecac. Awaiting

the action of that, I directed the eruption to be thoroughly covered on head, face, or limbs, wherever it existed with the following ointment:

℞ Oxidi Zinci.
 Creta Preparat., āā ʒ j.
 Glycerine q. s. Ft. Unguent. Moll.

April 29.—The child slept better under the soothing influence of the local applications than he has slept for a month. No operation from medicine.

℞ Syrup Rhei. A, ʒ ij.
 Magnes. Henri, ʒ ss. M.

To be taken at once.

April 30.—Medicine has operated several times. The acute symptoms have subsided. The child is bright and playing. The eruption is rapidly disappearing from the face, limbs and body—but the head is thoroughly covered with crusts. To have Liq. Potass. Arsenet., gtts ij, ter die. For local application: Benzoated Oxide of Zinc Ointment, and head to be kept covered with linen cap.

May 5.—Child has been improving in every respect until last night, when he was taken with fever again—and this morning a fresh and abundant crop of vesicles has appeared on face, neck and arms.

℞ Hyd. Mit. Chlor., grs. j.
 quaque hora quarta—until four doses are taken. Return to Ointment of Zinc, Chalk and Glycerine.

May 7.—Eruption disappearing from face and limbs and drying off very rapidly. Head still covered, and a profuse serous discharge issuing from the crusts, running down the neck and from the ears. Head and ears to be dusted with Calamine in sufficient quantities to absorb the discharge, and child to be placed on Liquor Arsenet. Potash again.

May 10. Directed head to be cleansed by application of

milk and bread poultice, and to be bathed once a day in the following :

℞	Liq. Acetas. Plumbi.,	3 j.
	Aq. Rosæ,	3 viij.

The Calamine to be applied during the day pro re nata -- and the child to take ter die :

℞	Potass. Iodidi,	grs. xvj.
	Syrup Aurantii,	3 ss.
	Aq. font.	3 iss. M.

Dos. teaspoonful.

May 15.—All symptoms of acute eruption have subsided — no new vesicles. Continue Hydriodate of Potash, and apply the following ointment once a day :

℞	Hyd. Oxidi Rubri.,	grs. xv.
	Venet. Terebinth,	3 ij.
	Ceras Cetacei.,	3 ij. M.

May 25.—Dismissed. Well.

SUMMER COMPLAINT IN INFANT.

CASE XXXVI.—Summer complaint in infant 18 months old. October 5, 18—. J. L., aged 18 months—was in good health until two weeks ago, when he lost his mother, and had to be fed from the hand—has been sick with his bowels a week—has from ten to fifteen operations a day—this morning they are light, yellow, watery, and mixed with mucous and streaks of blood—there is but little fecal matter in them—his skin is pleasant, but he is exceedingly restless and irritable, and his thirst intense. The tongue is coated, and the gums over the upper molars hot and swollen. I scarified these freely and ordered one of the following powders every three hours:

℞ Hyd. Mit. Chlor., grs. vj.
Creta Preparat., grs. xij. M.

Ft. pulv. no. vj. Diet: Milk diluted with one-third gum water. To have ice in small quantities ad libitum.

October 6.—Only two of the powders have been given, owing to timidity of attendants—there is no action from the liver—the operations are more frequent, but smaller, and contain more blood and mucous—the pulse is fuller and harder, the skin warmer and the thirst more intense. I insist on the administration of the powder, one every three hours, with addition of quarter of grain of Acetate of Lead to each one. To have at once an injection, containing half a grain of the

Nitrate of Silver to the ounce of water—to be followed, as soon as it is thrown back, by four drops of Tincture of Opium in one ounce of warm water.

October 7.—Fever has somewhat abated—the thirst is less intense and the operations are fewer—they are now of the consistence and color of soft putty, slightly tinged with green—occasionally with blood—the caustic enema caused some pain, and was only retained a minute. The opiate enema gave him a tolerably good night's rest. As there is evident periodicity in the return of his fever, ordered at once three grains of Quinine and four drops of Laudanum, in one ounce of warm water, by enema. Continue powders at intervals of six hours.

October 8.—The child has had fewer operations in the last twenty-four hours than since he has been sick. There is some evidence of biliary secretion at last—there is no fever—the little patient looks bright—has lost his fretfulness, and cries for bread and meat. Discontinue powders, and substitute West's Castor Oil mixture every five or six hours, according to the condition of the bowels. Give also one grain of Quinine morning and night, by the mouth, in a little sugar.

October 9.—The baby has only had three operations in twelve hours—thick and green—with no blood. He has no thirst, and is evidently much better. Continue Castor mixture at longer intervals *pro re nata*, and repeat Quinine to-night and in the morning.

October 10.—Baby seems improving, but still has too many operations in twenty-four hours, and they are occasionally stained with blood. He has no fever—has good appetite—but is very feeble. Improve the diet—allow some bread and fresh butter.

R	Syrup Rhei. A,	3 vj.
	Tinct. Columbo,	
	Tinct. Catechu,	āā 3 j. M.

Dos. one half teaspoonful *ter die*. No other medicine.

October 12.—Child still improving. Dismissed; but recommended the continuance of the last prescription until the bowels were entirely natural.

CHOLERA INFANTUM.

CASE XXXVII.—Cholera Infantum. April 24, 18—. E. L.—male infant — aged 8 months. Been a healthy baby until a week ago, when the first warm spell of weather commenced. Has been languid and feeble for several days — but the bowels have not been especially disturbed until to-day. Has had four profuse, light coloured, watery passages during the forenoon — but none in the last six hours. Has had some paregoric on domestic prescription, and, his mother says, “his bowels are checked now.” His stomach is very irritable, however, rejecting whatever he takes. He has no fever, no heat about skin, or head or bowels — no teeth and no irritation about the gums. He does not nurse his mother, but is “raised on the bottle.” Ordered no medicine. Diet to consist of fresh cow’s milk with one-third boiling water and a little white sugar added — and to take not more than one or two ounces of that at one time. To have pounded ice in moderate quantity.

April 26.—The baby has had only one operation in forty-eight hours — light in color — offensive and semi-consistent.

He is still very languid, fretful and indisposed to play. Stomach not so irritable. Ordered continuation of diet or a wet nurse, if possible, and one of the following powders every six hours, until the operations become thick and green.

℞	Hyd. Mit. Chlor.,	grs. vj.
	Sach. Alb.,	grs. xij. M.

Ft. pulv. no. xij.

As there is some coolness about the extremities, directed the feet to be clothed with woollen socks and a small mustard cataplasm to be placed over the stomach three or four times a day, and kept on as long as the child will permit it.

April 27.—Child has had only one operation in twenty-four hours—thick and green—took four powders. Is still languid, but brighter. Stomach more retentive. Continue diet. For medicine—a teaspoonful of the following *ter die*:

℞	Tinct. Rhei,	3 j.
	Aq. Aurantii,	3 j.
	Sach. Alb.,	3 j. M.

April 29.—The baby was better up to last night in every respect; but having had two or three passages in the night, the parents became alarmed, and gave it a full dose of Paregoric. At 5 A. M. this morning it was taken with a convulsion. At 6 A. M. I saw it. The extremities were cool—head hot—pulse thready—eyes fixed—flexors contracted—thumbs turned into the palms. Ordered fifteen drops of pale brandy in a teaspoonful of milk every twenty minutes and blister to nucha. At 9 A. M. it died without rallying. No post mortem.

CHOLERA INFANTUM.

CASE XXXVIII.—Cholera Infantum. July 1, 18—. H. C., male infant, aged 16 months — “raised” from the breast — but latterly been eating — has been sick one week — been treated with various domestic remedies — has, on an average, a dozen operations a day. They present every variety usually seen in the dejections common to Summer complaint. From the napkins I see that almost all of the last contain some blood; and one, just as I saw the patient, was a profuse, dirty red discharge, resembling the washings of flesh. The child does not seem feeble, but is very fretful — the skin is hot and dry — the gums are swollen over two of the molars — and there is thirst nausea and vomiting. I incised the gums freely and directed one of the following powders every three hours if the bowels were moved so often :

℞	Hyd. Mit. Chlor.,	grs. iij.
	Creta Preparat.,	grs. xij. M.

Ft. pulv. no. vj. A warm bath, and ice ad libitum. The child to be confined to breast milk.

July 2.—P. M.—The child has taken all of the powders — has had only three operations in the last eight hours — they are

now more consistent — contain fecal matter, with some green mucous, and are still stained with blood. There is no fever and no vomiting — child looks brighter, and is playing with its nurse — seems feeble, however.

℞	Syrup Rhei,	3 vj.
	Tinct. Columbo.	
	Paregoric,	āā 3 ij. M.

30 drops ter die.

July 3.—Child has had only two operations to-day — more natural in color and consistence than for a fortnight. Parents say it is well. Advised to continue medicine for a day or two. Dismissed.

CHOLERA INFANTUM.

CASE XXXIX.—Cholera Infantum. D. F., male infant, aged 8 months — “raised” at the breast — been healthy up to this date, June 28. 18—. The weather has been extremely hot and oppressive for a week, and this afternoon the baby was taken out to ride in the country. He came back very warm and thirsty, and got a full draught of ice water. He was taken at once with colic and cramp, and in ten minutes was cold, pale and pulseless — notices nothing, but moans and draws up his legs as if in pain — bowels constipated, hard and distended. Applied hot fomentations to abdomen, and gave, every few minutes, a teaspoonful of whisky toddy until he revived, which occurred in about a quarter of an hour. He now screamed as if in the greatest agony, and kept his legs closely flexed upon the stomach. Ordered bowels to be opened with enema of soap suds and one of the following powders every thirty minutes, unless the pain was sooner relieved :

℞	Hyd. Mit. Chlor.,	grs. ij.
	Pulv. Dover,	grs. ij.
	Sach. Alb.,	grs. x.
	Ol. Anisi.,	gtts. ij. M.

Ft. pulv. no. iv.

This was at 7 P. M. At 10 P. M. he had taken two of the powders — had had a copious fecal passage and two of bloody mucous, and the pain seemed relieved. He vomits now incessantly — his skin is hot and dry, and his thirst intense. Ordered mustard cataplasm to the stomach, and ice, which he takes most ravenously, to be given constantly. For medicine: One quarter of a grain of Calomel in a little dry pulverized sugar every hour, as long as the vomiting continues, or until the bloody passages cease.

June 29.—10 A. M.—Has continued the powders through the night. Had fifteen to twenty passages, but none for several hours now. He still vomits, but much less, and only when he takes the breast. Is still very thirsty. Disposed to notice.

Continue powders at intervals of two hours. Continue ice. Take the child from the breast, and substitute tablespoonful of lime water and tablespoonful of milk every hour.

6 P. M.—Has not vomited since he began the lime water and milk — has had one operation to-day — thick and green fecal matter, with some mucous — no blood. Discontinue medicine. Continue ice, and let him nurse a few swallows at a time during the night.

June 30.—Has had no passage or vomited to-day. Has no fever — nurses with avidity — laughs and crows. Dismissed.

CHOLERA INFANTUM.

CASE XL.—Cholera Infantum. June 21, 18—, 11 o'clock A. M. J. B., aged 6 months—been a sprightly and well nourished child—“raised,” on the “bottle.” Was taken yesterday—a very hot day—with vomiting and purging. This has continued all night, more or less—has had fifteen or twenty passages in the last twelve hours—profuse, light, watery; and vomits almost incessantly. The skin is hot; but the child is pale, and exceedingly languid and restless. The mother says it has emaciated more in twenty-four hours than any one would think possible. It has no teeth; but the mouth is hot and dry, and the gums a little swollen over the front incisors. Scarified these and ordered the following:

R	Hyd. Mit. Chlor.,	grs. iss.
	Sach. Alb.,	grs. vj. M.

Ft. pulv. no. vj. One every two hours, and, in addition, a teaspoonful of the Cretæ Mistura and ten drops of Paregoric Elixir after every passage. To have pounded ice freely, and its milk and water tea only in teaspoonful doses.

June 22.—11 A. M.—The child has ceased to vomit, and had only one passage in the last eight hours—that is green

and consistent. It is sprightly, crows and notices every one. Evidently is relieved. Ordered nothing.

(This child had no recurring attack during Summer — but continued unusually well.)

CHOLERA INFANTUM.

CASE XLI.—Cholera Infantum. June 29, 18—, 8 A. M. S. A., male infant., aged 13 months — “raised by hand” — but been generally healthy. Was taken yesterday — the weather very hot — with vomiting and purging — the passages of yellow water — large and offensive. Had eight in the night. The child is pale, languid and fretful — looks anxious and harrassed, and has greatly emaciated in twenty-four hours. He has most of his teeth; but as the gum is swollen and sensitive over one of the molars not yet out, I cut down upon this, and ordered half a grain of Calomel every six hours, with teaspoonful doses of the Mistura Cretæ after every operation.

June 21.—11 A. M.—Has had only two operations to-day — thicker, darker, and containing some mucous. They are quite large yet. Child sprightly and playful, but no disposition to take the bottle. Ordered

R	Syrup Rhei Alk.,	3vj.
	Tinct. Kino.	
	Tinct. Opii Camphorat,	āā 3j. M.

Dos. thirty drops every eight hours, unless the bowels are sooner checked.

June 22.—Dismissed.

CHOLERA INFANTUM.

CASE XLII.—Cholera Infantum. June 14, 12 M., 18—. M. A., male infant, aged 17 months — was well up to yesterday, when, the mother says, it was taken with “disordered bowels” from eating an apple. It has passed a good deal of it undigested. Has an operation, on an average, every half hour — and is now vomiting and retching. The operations are watery, light-colored and lenteric — very offensive. The skin is hot, face flushed and thirst intense. The child has most of his teeth; but there is a molar pressing against the gum, which is swollen and hot. Cut down upon this and ordered half a grain of Calomel every four hours — with teaspoonful of Cretæ Mistura after every passage. Ice ad libitum.

June 15.—10 A. M.—Has had fifteen or twenty operations since yesterday noon. They are not so large, however, and begin to show a tinge of green. The vomiting has ceased — the thirst and fever has subsided, and the child is sprightly and disposed to play. Continue the powders, and, in addition, a teaspoonful of the chalk mixture and ten drops of Paregoric

every two hours till the bowels are checked. Allow a teaspoonful of Mint Julep occasionally.

June 16.—Has had five or six passages since yesterday—thicker and darker—nurses heartily. Discontinue powder of Calomel and substitute the following:

℞	Syrup Rhei Alk.,	3 vj.
	Tinct. Kino.	
	Tinct. Opii Camphorat,	āā 3 j. M.

Dos. half a teaspoonful every six hours, if an operation so often.

June 17.—Has had six operations since yesterday—containing some blood and mucous now—child is more languid and has more thirst—sleeps with eyes open—no evidence of biliary action in stools. Return to Calomel, half a grain every six hours—and a teaspoonful of chalk mixture and fifteen drops of Paregoric every two hours—if an operation so often.

June 18.—Has had only two passages in twenty-four hours—thick and green—child looks brighter and better than he has for a week. Discontinued medicine, and sent to the country.

CHOLERA INFANTUM.

CASE XLIII.—Cholera Infantum. May 20.—11 A. M. L. P., aged 14 months — taken day before yesterday with “disordered bowels” — had eight or ten operations — light-colored, watery and clotted. It got, on domestic prescription, during the day, two grains of Calomel and one of Dover’s Powder in broken doses. To-day has had only two operations — watery and green — but the child is pale and languid — has no appetite — but is thirsty, feverish and restless. Has four large molars pressing against the gums, which are hot and swollen. Cut down upon these and ordered half a teaspoonful of the following every six hours, if not sooner relieved :

℞	Syrup Rhei Alk.,	3 vj.
	Paregoric Elixir,	3 ij. M.

To be confined exclusively to the mother’s milk.

May 23.—Child well and sprightly. Dismissed.

CHOLERA INFANTUM.

CASE XLIV.—Cholera Infantum — complicated with Intermittent Fever. June 15, 18—, P. M. C. E., female infant, aged 16 months. It has been previously healthy, except an occasional attack of chills and fever. Has quotidian intermittent now — chill this morning. This P. M. has high fever, is restless and irritable — skin hot and dry — stomach irritable — is “raised from the breast” — also eats a little occasionally — bread and milk. Has had since the morning twelve operations — some profuse — some small. They present almost every variety — light, watery, bloody, mucous, green, etc., etc. Ordered — diet: breast milk exclusively.

R	Hyd. Mit. Chlor.,	grs. iv.
	Cret. Preparat.,	grs. xvj. M.

Ft. pulv. no. viij. One every three hours until the bowels are checked. In addition, two grains of Quinine to-night in two drachms of starch water by enema and two to-morrow morning at 6 o'clock in same manner.

June 16.—P. M.—Child has had no chill to-day, and is clear of fever, lively and bright. Has had no operation since the fourth powder. Dismissed.

REMARKS.

By the term *CHOLERA INFANTUM* I wish to designate the ordinary Summer complaint of infants and children during the period of first dentition—or within the first three years of life. I mean, therefore, not only that form of infantile diarrhœa characterized by frequent profuse, watery, serous passages, accompanied by vomiting, and often by sudden and great prostration and emaciation, but likewise those less violent cases of disordered bowels, where the dejections are at first, perhaps, only morbidly soft or liquid, and subsequently become frothy and lenteric, or mucous, or bloody, or in any manner changed from the normal healthy condition. The former is often but a primary stage—a stage of irritation and hypersecretion, to which there follows the latter as a secondary or inflammatory stage—a stage in which is inaugurated ilio-colitis, with its pathological changes and characters. There is rarely wanting to any case of the disease, in any stage, some febrile movement, with thirst, restlessness, irritability and emaciation. I have thought the term *cholera infantum* unfortunate—as one calculated to mislead the young practitioner, and to cause him to consider the disease as possibly specific and zymotic in its nature—a congener, in other words, of *cholera Asiatica*—and, therefore, to create some uncertainty in his mind in reference to its pathology and treatment. Indeed, although most of American writers, from Eberle down to Dr. I. Lewis Smith, have regarded it so peculiar and distinct as to merit especial nosology and consideration, I have never been able to look upon it as anything more than infantile diarrhœa, aggravated by the predisposing causes of heat and den-

tion, together with the provoking or exciting causes of improper ingesta in the form of acid and unripe fruits, sour milk, etc., to which children are so apt to have access during the early hot weather of Summer. These writers regard it also as confined — with exceptionable cases — to the cities, and some of them claim that it is indigenous to this country! I suspect there are few general practitioners, especially in the provincial towns of the Southern States, who will concede the former dogma. In reference to the latter, I confess I have never been able to see why the same predisposing causes of heat, close confined air, redundant population and teething should not produce similar irritating effects upon the intestinal mucous membrane of children on the other as on this side of the Atlantic. It is possible that the disease may be less violent and more amenable to treatment in some portions of Europe, owing to the perfection of the sanitary police in many of the large cities of the old world, and the consequent removal or mitigation of some of the influences predisposing to it; or it may be that the digestive system of the European infant is more healthful and complete than in the heir of the dyspeptic and choleric American; but I had not thought with Dr. Wood that the disease had escaped the especial notice of most of the writers on that continent. They do not call it cholera infantum, it is true, but under the names of choleric form gastro-intestinal catarrh, choleric form diarrhœa, teething diarrhœa, febrile diarrhœa, weaning brashes, etc. M. M. Rilliet and Barthez, Gendrin, Cheyne, West, Copland, Billiard and others have treated of bowel complaint in children whose specific characters are certainly not remotely different from all I have recognized in the American disease. Even in the pathology of the disease there is a striking unity in the opinions of Dr. Smith, the latest writer in this country upon Cholera Infantum, and the opinions of Dr. West, and of Rilliet and Barthez, in discussing febrile diarrhœa. I believe I do none of those emin-

ent gentlemen injustice when I say that they have found themselves unable to refer the symptoms attendant upon the different varieties of diarrhœa to any distinct and unvarying anatomical appearances.

In reference to the pathology of the disease, having had few opportunities of making post mortem examinations, I have had to avail myself of the experience and labors of others as a basis of my own opinions. In one of the cases — Case XXXIX and the most violent that I have reported — there was great enlargement of the liver, evident through the parities of the abdomen. Following Wood, Dewees, Horner, Jas. Jackson, Page, Lindsley and others, I had supposed there was always more or less engorgement and enlargement of this organ. But, according to Hollowell, Bell and Meigs, this is not so often the case; whilst the recent investigations of Dr. Smith (see report of thirty-two cases in his work on *Diseases of Infancy and Childhood*, Appendix B,) go very far to show that not only is there generally no organic change in the structure of that viscus, but its *function is not even perverted*. He says there is no evidence from the post mortem appearances of the liver of any congestion, or torpidity, or hypertrophy, or perverted secretion, and that the prevalent belief that the liver is generally affected in the Summer epidemics of ilio-colitis receives no corroboration from the inspection of that organ. This has been the “prevalent belief,” indeed, of many skillful and astute physicians and pathologists — and under this “prevalent belief” and another equally “prevalent belief,” that Calomel unloads the liver and promotes and corrects the secretions therefrom, this drug has for a long time been the main reliance of many eminent men in the treatment of the disease. But if our pathology has heretofore been all wrong — if there be no hepatic derangement in cholera infantum — if there be no evidence of perverted biliary secretion in the dejecta — above all, if the report of Dr. Hugh Bennett’s Committee be received, that mer-

curials in no form promote or increase the biliary secretion, then our therapeutics, to say the least of them, have been very irrational. But have they been *practically wrong*? On this subject Dr. Smith very justly remarks, (*Op. Cit.*,) "whether Calomel is useful must be determined, not by theory, but by observation." And Dr. Jas. Jackson (*Letters to a Young Physician*,) writes, "whatever objections theoretical men may make to the use of so potent a drug for a tender infant, few practical men, after having once tried it, are willing to treat the disease without this article." And, without any disrespect for the pathologists of to-day, but with the highest admiration for their zeal, and wonder at their curious research, I am not sure that their scalpel is keener or their reagents more subtle than those of the men of twenty years ago. But I do feel sure that there are yet many things in medicine which neither the knife, nor the retort, nor the test tube, nor the microscope have revealed; "things not dreamt of in our philosophy;" things which our material knowledge may take no account of; but which we may see in their causes and results, and to which we may apply the tests of observation and experience.

And for myself, in the pathology of cholera infantum I confess I still have a lurking regard, in spite of latter day revelations, for the old cutaneo-hepatic theory, viz.: that the heat of Summer — especially the first unwonted heat — acting upon the cutaneous and portal capillaries, simultaneously or consecutively, produces, first erythism, then debility, with the consequent effect primarily of increasing, then perverting, then suppressing the normal secretions. That, in addition and under the same influences, there is, first excessive and then diminished supply of nervous force to the muco-intestinal tract, with all its secerning glands — inducing corresponding changes, first in in function and then in organic structure. Thus are developed the various follicular changes observed in the stomach and in the small and large intestines; softening and disorganization of

mucous membrane, and ulceration of solitary and of aggregate glands, which is sometimes seen in the latter stages of the disease.

The additional irritability of the system consequent upon the period of dentition constitutes that other prime predisposing influence which only awaits to be called into activity by some exciting cause — as a meal of indigestible food, or some sudden suppression of the cutaneous transpiration by a change of weather, or the exposure of the child while very warm to a draught of cold air. The most violent case of cholera infantum I have reported or have ever seen was brought about by allowing an infant nine months of age to drink very freely of ice water after coming in from a ride on a very hot and sultry day.

I believe cholera infantum occurs wherever the predisposing causes of high temperature, impure air and period of dentition exist, and wherever the exciting causes are permitted to be brought to bear upon the class of persons susceptible of the disease. It occurs, therefore, not only and not always in cities, and, by no means, only in the cities of America. It is, of course, more prevalent in cities under the combined influences of greater heat and vitiated air. It is more prevalent, of course, amongst the children of those classes which are illy fed, badly nourished, imperfectly clothed, and generally neglectful or ignorant of the rules of sanitary regimen. It is more common, of course, amongst those who transmit to their children the impoverished inheritance of feeble and imperfect digestion, and of devitalized and unhealthy blood corpuscles, who hand down to their offspring, scrofula, or phthisis, or syphilis.

The treatment of cholera infantum is, in my estimation, ordinarily very simple. What can be done towards arresting and curing the disease can usually be done with a few remedies and without complicated medication. In the primary stage —

indeed, in the secondary or inflammatory stage or in any stage, in fact, prior to those last scenes where the washed meat dejecta, the excessive emaciation and the red glazed tongue proclaim the ulcerated gland, and the utter inability of absorbent, or exhalent to fulfill their respective functions—Mercury is with me the main reliance and the rarely failing resource. And by Mercury I mean, in this place, Calomel. It is easier of administration and acts more rapidly in these cases than any other preparation of Mercury I have ever used. In those sudden and violent attacks, such as we have often seen, (Case XXXIX.,) where there is great irritability of the stomach, continuous vomiting, and excessive purging of profuse, light-colored, watery passages— with great prostration of the child, which is often pale, having cold extremities and hot head; when the thirst and restlessness is extreme, I usually give one-fourth of a grain of Calomel every hour, in teaspoonful of finely powdered ice, until the vomiting and purging is checked, or until the passages assume a thick, greenish character. If the prostration is very great, I give twenty drops of pale brandy every hour in a teaspoonful of milk and water or mint water until the child is revived. The adjuvant treatment consists in the application to the stomach of freshly bruised mint, if accessible, or of clothes dipped in an extemporaneous tincture prepared by pouring a teacupful of hot brandy on a tablespoonful of pounded cloves—in the use of hot mustard baths to the feet and hands, and of cold cloths to the head. The child is, by no means, to be put to the breast or to have the bottle, if reared by hand, but to have the breast milk, if practicable—if not, milk and water, half and half, in teaspoonful doses, ice cold, every half hour, or oftener. In my experience, the patient seldom fails to rally in twenty-four hours under this treatment, and the operations become thick and dark, or green, or are entirely checked. The use of the Calomel is then suspended. If the operations show disposition to continue now too copious or too thin, I give a

teaspoonful of the Creta Mistura, with or without ten drops of Paregoric Elixir, or of Tinct. Catechu, after every operation, or according to the urgency of the symptoms. But if the fever be quite decided and the restlessness great, I continue the Calomel in half grain doses; but only every six or eight hours, with or without a half grain or a grain of Dover's Powder, according to the age of the child, and according to the pain and discomfort which the child seems to suffer. Sometimes it becomes necessary to substitute half a drop or drop of Laudanum for the Dover's Powder, on account of the continued irritability of the stomach — or the pain which the child suffers may require the exhibition of the opiate in fuller doses. But, as a rule, I think nothing justifies the use of Opium in any form in telling doses but the evidence of severe pain and the impossibility of otherwise soothing it. The use of Hyoscyamus, or of some other article of the class of the solanaceæ, is sometimes recommended as a substitute for Opium; but their great uncertainty, and the consequent impracticability of regulating the dose constitutes an objection so serious that I suspect few practical men resort to them at all when they desire to produce an immediate and decided effect. Opium — and preferably in the form of Dover's Powder, when the stomach will bear it — I always use when it becomes necessary to resort to an anodyne. And yet I cannot write how earnestly I repudiate its use in the early stages, or in any stage of cholera infantum, except when absolutely required as anodyne. For mere restlessness, or as a soporific, or astringent, its use is only to be tolerated in exceptionable cases. I believe that most of the cases of meningitis, or of effusion on the brain, complicating this disease, are the result of the unwise exhibition of Opium by physicians, or of the use by parents and nurses of nostrums which contain Opium in some of its forms. Friends and officious advisers think that the bowels must be checked up — and if the doctor, in their opinion, is not making sufficient haste in

that direction, they either importune him to the bias of his judgment or surreptitiously administer the drug themselves. I have seen an infant which was slowly but surely improving under the Mercurial treatment, continued for two days — taking half a grain of Calomel every five or six hours, with nothing else, succumb to a few doses of Paregoric, given during one night by over anxious friends, and go off in the morning with convulsions and in coma. Dr. Smith (*Op. Cit.*) says that “Opium in some form is the main reliance in cholera infantum;” that “the operations must be checked.” With my present experience I cannot at all endorse the opinion; but I do most heartily coincide in that which he adds in the same connection, “that its (Opium) effects must be watched, as there is danger of the supervention of stupor, even amounting to coma and ending fatally. He further most pertinently remarks: “there are cases I can recall to mind where death occurred in this way, and the friends believed that the melancholy result was due more to the medicine than to the disease.” I regret to differ with an author so learned, and with a physician of such enlarged opportunities for observation, and who has so well and so faithfully recorded the results; but I am forced to believe that his experience will not be any happier as long as he makes “Opium his main reliance” in the treatment of the disease. I concede that in the sudden and violent attacks the bowels must be checked, and checked promptly. But I rely upon Calomel to do this. I do not give it as a purgative, or to remove any real or supposed offending ingesta. Such offending matter has usually gone off in the general scouring before the doctor has seen the patient. I give it confidently, feeling that it will do what any medication will do toward allaying the vomiting and checking the bowels. It acts, perhaps, by some specific influence upon the muciparous glands of the stomach and primæ viæ, lessening their irritability, correcting those acrid perverted secretions which had aggravated them into

abnormal action. And though modern pathologists can find no evidence, either that the liver is at fault or that Calomel has any effect upon its functions, I still must believe that some part of the good office of the Mercurial is in some way to modify or correct the secretions from that highly important viscus. I record my experience the more freely, and record it more confidently, when I look back and find myself sustained by such men as Dewes, Eberle, Hallowel, Jackson, Dickson, Wood, Bell and others. Dr. Bell says: "There is no one remedy which displays such strikingly curative powers in either arresting the disease or mitigating its violence."

But we have referred only to the more violent attacks of cholera infantum — those simulating, in many respects, cholera morbus or even cholera Asiatica. Oftener, as the result of one or more attacks of this character — or less urgent in its inception, especially in children between twelve and twenty-four months of age — the disease presents itself in different phase. The physician will be summoned to a child during, perhaps, the first hot spell of weather in Summer — my note book for many years past shows that my first case occurs within five days of the first of June — the mother will say, "Doctor, my child has been very well until within the last few days — now he has from four to five, sometimes more operations a day — and often he vomits after nursing or eating — and he is restless and fretful as he can be — there is scarcely any living in the house with him — and see how he has fallen off. I think he must be getting a tooth. I have sent for you to see if his gums do not want lancing, etc." On asking to see the operations, they will be found yellowish or whitish, semi-consistent or watery — and if the child has been taking solid food there are often undigested portions of this present in the stools. In such cases the odour is often very offensive; owing not only to the presence of decomposed matter, but to the absence of bile — the natural disinfectant and deodorizer of the intestinal con-

tents. If the disease has gone on a for a week or more there is, in addition, often a stringy mucous, sometimes stained with blood; occasionally clear mucous discharges like the white of an egg, without any appearance of fecal matter. There is almost always some fever, too, and the breath is offensive, and there is a dirty, close, whitish fur on the tongue towards the roots. That organ is often narrowed and disposed to be pointed at the end, and the tip and edges are reddish. There is often, too, a swollen and tender gum over some molar or cuspid which is pressing against it. And I wish to record just here that my invariable habit has been to cut down upon such a tooth and relieve the pressure, and I have heretofore thought that I was sustained in such practice not only by results in my own cases, but by the experience and teachings of the combined Faculty; but Dr. Lewis, in his book, (*Op.Cit.*) page 383, says: "*Some physicians believe that teething is a cause of infantile ilio-colitis, and advocate lancing the gums if they are found swollen. In my opinion, this treatment in genuine inflammation is opposed both by reason and experience.*" The doctor, no doubt, has good grounds for this opinion, and I am sure I should respect them very highly if I knew what they were. But I must maintain that I do not think he has been sufficiently explicit upon that point. I regret to say I do not understand him. *Mea culpa* — possibly.

But to proceed — after lancing the gums, if they should require lancing, my almost invariable prescription is

R	Hyd. Mit. Chlor.,	grs. iij.
	Sach. Alb.,	grs. xij. M.

Ft. pulv. no. vj. One every three or four hours until the operations assume a thickish green or dark appearance. If the discharges are watery and greenish, I substitute chalk for the sugar. By the time the six powders have been taken, or before, — certainly before the prescription renewed has been exhausted — the bowels are ordinarily relieved; the fever has subsided,

and the child has become playful and cheerful. If the bowels show a tendency to remain too lax, I give the chalk mixture, with 10 drops of Tincture Catechu, three or four times a day; or the following, which is with me a very favorite prescription :

℞	Syrup Rhei Alk.,	℥ iss.
	Tinct. Columbo,	
	Tinct. Catechu,	āā 3 ij. M.

Dos. one half teaspoonful ter die, which, with proper dietetic regimen, usually completes the cure in a reasonable time. In obstinate cases resisting this treatment, especially where the discharges are somewhat dysenteric in their character, I give West's Castor Oil mixture.

℞	Ol. Ricini,	3 j to 3 ij.
	Tinct. Opii.,	gtts. xij.
	Pulv. G. Acac.	
	Sach. Alb.,	āā 3 j.
	Ag. Cinnamom.,	℥ iss. M.

Dos. teaspoonful every three or four hours, pro re nata. And, unless there is great debility, a grain of Calomel and a grain of Dover's Powder every night or every other night. Where the vital powers, either from protracted disease or original constitutional defection, are too feeble for the judicious use of Mercury, my main reliance is on Bismuth and Nitrate Silver. Of the former I give from five to ten grains three or four times a day, in a drachm of Cinnamon water — and the latter I always prefer to administer by injection — throwing into the bowels every night the following :

℞	Argenti Nitras,	grs. ij to iv.
	Tinct. Opii,	gtts. v to x.
	Aq. Puræ,	℥ j. M.

I have rarely seen any good result from the use of Nitrate of Silver administered by mouth, as recommended by Trousseau. I have often used Bismuth, too, by enema — ten to thirty grains at a time — suspended in a little gum water, with fine effect.

Dr. E. H. Parker (*American Medical Journal*, May, 1857,) recommends very highly, where a milder and less depressing agent than Calomel, and yet a Mercurial, is desired, Blue Mass in the following prescription :

R	Hyd. Pil. Mass,	grs. x.
	Syrup Rhei A,	3 ij.
	Paregoric,	3 ss.
	Cret. Mist.,	$\frac{7}{8}$ iv. M.

Dos. teaspoonful every three or four hours.

I have never used this particular prescription; but, in my experience, Blue Mass is generally unreliable in its action on children and indeed on grown persons in this climate. I have often prescribed Sugar of Lead — and in all sorts of cases of cholera infantum, and in all stages of it; but never with satisfactory results. Of the pure astringents, when it becomes proper to employ them, in protracted cases, accompanied with great debility and little fever, and no evidence of any anatomical change in the muco-intestinal tract beyond general relaxation, I prefer Gallic Acid. With some Aromatic water and a little syrup it is not unpleasant, and is easy of administration. I have seen the decoctions of Red Oak bark and of Logwood also beneficial when children could be induced to drink enough of either to have any effect. The water of the Rockbridge Alum Springs in this State has been esteemed an excellent astringent and alterative in protracted cases, especially where there is suspected ulceration — and also the water of the Yellow Sulphur Springs in Montgomery county, Virginia, on the line of the Virginia and Tennessee Railroad. This latter is an acid Chalybeate water, of peculiar power in chronic diarrhœa and dysentery, and one that has been most effectually tried for more than half a century. An old physician of that county, many years ago, informed me that he had never seen a child taken to the springs, and which could be induced to drink the water, that was not relieved. I myself have witnessed some most remark-

able instances of recovery in children taken to that place with ilio-colitis. But, in addition to the water, it is due to observe that this watering place is within a quarter of a mile of the summit of the Alleghany Mountains, two thousand feet above the level of the sea, and in an atmosphere singularly rare and bracing.

In repeatedly recurring cases, or in protracted cases of cholera infantum which have not so much to be *treated* as to be *conducted* through a Summer's campaign, the dietetic and hygienic measures to be adopted and pursued are by no means secondary to the therapeutic.

And first of the diet. Where the child has not been weaned, *breast milk* is the one, natural, sufficient food and drink, to be replaced by nothing else. Not mother's milk always. The mother may be a feeble, overtaxed, anxious, irritable woman, whose milk will sour before the udder is emptied. Or scrofula, or phthisis, or syphilis may lurk in its globules and poison the blood of the infant in the first ways of life. When this is the case, substitute for the mother a strong, healthy even-tempered, well nourished *wet nurse*. Her milk will be worth not only all the doctor's stuff, but all the ingenious and cunning contrivances that chemistry suggests to supply nature's nutriment. When this is impracticable, asses' milk, or cow's milk — one-third water and a little white sugar should be substituted for it. Let the water be added scalding hot, and the tea thus made be cooled down to the temperature at which the infant gets its suck from the mother's breast. Many nurses are in the habit of boiling the milk before using it, which I think exceedingly objectionable; not only on account of the fact that so much care is necessary to prevent the souring or curdling of milk in the process of heating, but also in the keeping and cleansing of the vessels used for the purpose. Neglect or carelessness in this respect may generate and perpetuate a ferment which shall unfit for purposes of healthy digestion every par-

ticle of nourishment which the infant gets. Many persons seem to labor under the impression that the richer, by which they mean the thicker the milk, the more nutriment it will furnish, and hence the thriftier will be the child. Objections are made, therefore, not only to diluting it with water, but various farinaceous articles are added, for the purpose of thickening it, as corn starch, arrow root, wheaten flour, etc. Such practice, in the nursing infant, before the presence of teeth indicates the propriety of allowing solid food, seems to be unreasonable and, in my experience, is not sustained by results. Breast milk — thin and light — a little above the specific gravity of water — is at once taken up by the absorbents of the stomach and intestinal tract, without process of digestion; and I am sure no one ever saw those firm, cheesy clots, so fruitful of colic and all digestive ills, rejected from the stomach of a child nursing a healthy mother, which are sometimes rejected from the stomach of one reared by the bottle. The starchy ingredients added by way of “thickening poor milk,” as the mother says, while they do not contribute to the formation of the same tough clots, require an amount of salivary fluid to perfect their solution and appropriation that few infants furnish, and soon give rise, therefore, to fermentation and the generation of acrid and irritating elements. I have often heard a mother of my acquaintance say, who has raised eight healthy, robust children by the bottle, that she always diluted their milk with one-half the quantity of water until they were old enough to take solid food.

In chronic or protracted cases of cholera infantum in children from eighteen months to two years of age, who have gotten all or most of their deciduous teeth, and who have been either weaned entirely or have been in the habit of taking solid food daily as a part of their diet, a different system of alimentation, of course, must be adopted. To these cases the undiluted or thickened milk is better adapted. And bread, leav-

ened or unleavened, if light and stale, with perfectly sweet and fresh butter, is especially appropriate. Few articles are easier and quicker of digestion, and few afford more healthful nutriment. In some instances I have seen a craving for meats manifested, which was so great that it could only be regarded as an imperative demand of nature. In such cases I have always allowed them in small quantities—either tender mutton or fowl—sometimes old ham, finely cut or picked to pieces—and though portions or filaments of such articles are often seen in the dejecta, I have rarely known harm result from the indulgence. Of vegetables, I am in the habit of allowing tomatoes, raw and sliced in vinegar, when the child will take them, and sweet potatoes. I think that both are not only innocuous and serve to afford that variety which is so essential to proper nutrition in the human subject, but that both are especially adapted, by their astringent and alterative effects, to the nature of the disease. The sweet potato is regarded in many sections of the South as almost specific in chronic Summer complaints, and in the cities the time is anxiously looked for when the first of this edible shall appear in the markets. I have known some physicians who were in the habit of allowing the most of the Summer fruits, if perfectly ripe and fresh. But, with the exception of the dewberry and the peach, I think the most of them unsafe. From neither of these have I ever known any bad effects. On the contrary, I have often allowed them, especially the peach, with decided benefit.

In those cases of extreme emaciation, sometimes witnessed in repeatedly recurring attacks or very protracted cases of Summer complaint; where literally but little is left of the patient but skin and bones, and the integument seems hanging as a loose garment, which might be slipped off at pleasure, I know of but one remedy which really promises much good: Cod Liver Oil, when the stomach will bear it. And, if made into an emulsion with Cinnamon water and Gum Arabic, most of children will

take it as readily as any other medicine. If it shows a tendency to increase the laxity of the bowels, a few drops of Tinct. Opii may be added to each dose. I have also used it with the happiest results by inunction. In one case, the notes of which I have unfortunately mislaid, and to which I was called in the latter part of Summer, after repeated and protracted attacks of cholera infantum, and when the child, an infant of twelve months of age, which, at the commencement of the hot season, was fat and vigorous, had become so emaciated that the convolutions of the intestines could be seen through the abdominal walls, and its general appearance was more of that of a superannuated half starved monkey than a human being, the persistent and patient use of Cod Liver Oil, internally and externally, for about six months produced the most incredible results. I think it is not too much to say that the weight of the child increased by 100 per cent., and that its appearance was as fresh and healthful as at any time of its life. In this instance I kept the patient literally saturated with the oil, directing the mother to pour it several times daily down the bosom and back of the child, between the skin and the clothes. The best substitute for the Cod Liver Oil is fresh butter — butter taken just from the churn before it has been beaten or salted. Most of children take this with relish — some with avidity. As an article of inunction it is also more pleasant, but not so effective. Chopped raw meat as a diet has been highly recommended by Weisse, Trousseau and others. I have had little or no experience in its use of late years. I have been deterred from recommending it for fear of trichinosis.

CANCER OF THE WOMB.

CASE XLV.—Cancer of the Womb. December 24, 18—. Mrs. T. Was called to-day to see this lady in consultation with Dr. L. She is 70 years of age, pale, emaciate and feeble. Has been suffering for six months with a disagreeable burning “in the lower part of her stomach;” but not so bad as to require any especial treatment, or to interfere with her rest at night. Has had some little vaginal discharge for two or three months — sometimes mucous, sometimes yellow water — occasionally a mere show of blood — discharges never had any unpleasant odor until the last few days — not very disagreeable now. She is the mother of four children, all of whom lived to be married, and two of whom are living now. She has always been a healthy, active woman — ceased to menstruate at 40, and never had any uterine disease in her life. Her appetite and digestion are good now, and she suffers more from debility than from any actual pain. Is a good deal annoyed with an obstinate constipation that she has had for a long time, and with some little vesical irritation.

Examination.—The uterus is very much enlarged, indurated and nodulated — filling, as a hard, immovable mass, the whole of the superior strait. The os is patulous — the lips

thickened, ragged and stony hard. The neck is undistinguishable. The urethra is elongated and swollen—is as long and large as the forefinger of the hand. The rectum is pushed aside and compressed, and feels under the touch as if filled with indurated hemorrhoidal tumours. There is very little sensitiveness of uterus, rectum or urethra, and the examination gives no pain. Prognosis unfavorable.

Take as a tonic and alterative :

℞	Ferri et Quiniæ Citras.,	3 ij.
	Liq. Potass. Arsenit.,	3 j.
	Syrup. Limonis,	3 j.
	Aq. font.,	3 iij. M.

Dos. teaspoonful ter die after meals.

As a laxative pill :

℞	Aloes Socot.,	grs. xii.
	Ext. Nux. Vomi.,	grs. iij.
	Ext. Hyoscyam.,	grs. iij. M.

Pil. no. vj. One every night, pro re nata.

The vagina to be syringed daily with the following :

℞	Infus. Sem. Lini,	3 xvj.
	Bisulphite Sodæ,	3 j. M.

January 31.—Mrs. T. has been very comfortable, she says, for the past month; but she is evidently more emaciated and more feeble. Her bowels are still very much confined, and she is tired of the pills. Ordered prunes preserved in Infusion of Senna as a laxative, and the alterative and wash to be continued. In addition, Ol. Jecoris Aselli, half ounce ter die. Diet liberal.

April 1.—Mrs. L. has been growing gradually worse from the time of my first visit, and to-day passed peaceably away. Death from asthenia. During the whole sickness she had remarkable comfort—suffering none of that lancinating, harrowing pain, and experiencing none of those alarming hemorrhages which usually render uterine cancer so distressing and

terrific a malady. Her chief inconvenience toward the last of her sickness resulted from incontinence of urine, the result of the encroachment of the disease upon the urethra and bladder. The disease must have existed, I imagine, from the extent to which it had attained when I first saw her, for some time before it was suspected. Indeed, there was but little reason to suspect scirrhus when I was called into consultation.

And this leads us to enquire into the diagnosis of scirrroid diseases of the uterus, and whether there be any symptom so persistently present and patent in cancer uteri as to justify us in giving it the appellation of pathognomonic. The symptom which mostly attracted my attention in this case, and lead me to ask for a vaginal examination, was the slight show of blood after thirty years of cessation of menstrual flow! This was what first attracted the attention of the patient to the pelvic organs, what first excited her concern and aroused her fears. The slight mucous flux from the vagina, the yellow water, the disagreeable odor, were not remarked especially—so many women of all ages and conditions have such weaknesses; but blood! Even one drop! The first drop for so many years! The years since she turned the hill of life and began the downward journey, which every woman feels she is walking as soon as her courses cease! This never fails to arrest attention or to create alarm. It is as if some dead companion already passed beyond the grave should rise up in her path and with silent signal motion her away. Hemorrhage, therefore, however slight, in a woman who has ceased for some several years to menstruate, especially if repeated at short, irregular intervals, is a symptom of most serious import, and, if unaccounted for by the presence of fibroid tumour or polypus uteri, is one that will rarely fail to indicate malignant disease. But the majority of cases of cancer of the uterus occur either before the cessation of the menstrual flow, or during those years of female life when that function is apt to be irregular and inconstant. Out

of 426 cases collated by Dr. West from Lebert, Kiwisch, Scanzoni and his own practice nearly one-half occurred during this trying period.

There are three symptoms, some one of which is never wanting and all of which are generally present in any case of uterine cancer. *Hemorrhage, pain and vaginal discharge.* In 116 cases noted by Dr. West, hemorrhage with or without pain was the first symptom that attracted attention. Fifty-four per cent. of the whole number. Pain without hemorrhage in 20 per cent. Vaginal discharge, or at least that vaginal discharge so different from ordinary leucorrhœa in its peculiar and indescribable fetor as to occasion remark, rarely occurs in the early stage of cancer or before ulcerative action has set up other more striking symptoms. Indeed, when the hard, ragged, eating ulcer is detected, brittle under the finger and breaking down, on examination, with hemorrhage, the disease has advanced to that stage when but little diagnostic acumen is needed to say what is the matter. But it is in the incipency of the disease that the accuracy of our diagnosis is so important, if we would be able to discriminate between the indurated, nodulated, patulous os and cervix, the result of protracted, chronic inflammation; the superficial abrasion; the menorrhagic flow; the offensive leucorrhœa, and between all of these symptoms as the exaggerated results of genuine malignant disorder. In the former case we may with certainty promise our patient a cure, and relieve her apprehensions of a disease so loathsome in its effects, so intolerable in the pain which it inflicts, so utterly intractable and so hopeless in its results. Unfortunately, we rarely see a case of cancer uteri in its incipency, and help is rarely called for, while help is in human hands. If the disease be seen before ulceration have occurred and where there is only the stony hardness of the neck and uterine tumor, even though there be fixedness of the tumor, hemorrhage and pain, and offensive leucorrhœa, it may be well to remember that scirrhus of the

uterus is exceedingly rare, and that almost all cases of cancer of that organ are classed as carcinomatous or epithelial. Rokitauský and Paget agree in the statement that "fibrous cancer of the womb is of great rarity." Dr. West, at the date of his last edition of *Diseases of Women*, had not seen a case of it. Nor Dr. J. H. Bennet at the date of his last treatise on the uterus, though he thought it possible that the reason he had not seen it was because of the absence of symptoms attracting attention to the disease in the scirrroid or non ulcerative stage. Dr. Ashwell—third edition of *Diseases of Women*—and Dr. Montgomery, Regius Professor of Midwifery, Dublin, recognise the early or curative stage, and the former reports many cases of recovery in patients whom he believed had certainly cancer of the womb. They all had the *three symptoms*, pain, hemorrhage and the fetid discharge, with other objective and subjective signs that go to make out a pretty strong case against the patient. Dr. Bennet considers them all, however, *that ended in cure* to have been simply instances of inflammatory engorgement and induration, and expresses surprise that a man of Dr. Ashwell's experience and character should have published them as cancer. The case of Mrs. T, which I have recorded as simulated cancer of the womb, would evidently come under the same category with those of Dr. Ashwell's. In her case there was scarcely a symptom wanting to make out cancer of the womb, and carcinoma at that, but the appearance of the ulcer, which was not corroding or filled with brittle granulations. But I gave a guarded prognosis, and confess that the results of the treatment exceeded my expectations. A fellow practitioner pronounced it a case which, but for the treatment, would have terminated in cancer. I must confess I do not now think that it was; or that it would have been cancer under any circumstances. I accept Muller's definition of cancer as a disease which is constitutional from its inception, and which, even "if extirpated invariably returns,

conducting the person affected to inevitable destruction." But Case XLV., which I have selected to report, and the many reported by men so sagacious and distinguished as Drs. Ashwell, Montgomery and others should cause us to remark that if cancer cannot be cured; cases so nearly resembling cancer that the most astute observers have confounded them are amenable to treatment, and we should ponder well before we make a fatal prognosis and carelessly uncover the grave which benignant Providence has veiled from a shrinking mortal. I think the patient should ever have the benefit of the doctor's doubts, and all the treatment which science and experience can suggest be brought up to combat the disease. Case XLV., of Mrs. T., was one of those rare, indolent, insidious cases of scirrhus of the womb, which, without ulceration, without marked pain, without dangerous hemorrhage, gradually grew into a stony mass of fibroid structure, filling the pelvis and giving rise to more inconvenience, by mechanical pressure upon the bladder and rectum, than to any suffering in itself. Indeed, the patient finally succumbed rather to asthenia, the result of general cancerous infection, than to debility, the consequence of local irritation and pain, as is so often the case. Obviously no treatment in her case could have been of any avail. But where any reasonable prospect of success offers, or where the case is so obscure that the physician is uncertain in his diagnosis, treatment, even curative treatment, should always be attempted. This, of course, would be both local and general, and would have to be adapted in its details to the conditions of each particular case.

Where chronic inflammatory engorgement of the cervix or body of the womb existed, either with or without ulceration, the local application of the caustics, of Iodine, of Glycerine on the cotton pellet as recommended by Dr. Marion Sims, with counter irritation by blisters or the Nitric Acid issue to the sacrum, would constitute the line of local treatment; while Iodine, Arsenic, Mercury and Cod Liver Oil might either or all be

patiently and persistently administered, according to indications in individual cases. Iodine, locally and generally, is with me a favorite remedy in chronic uterine disorders. Combined with Iron where there is anemia and debility; with Mercury where there is general plethora or active hyperæmia of the pelvic organs, it has rarely failed me in curable cases. Of the surgical treatment of diseases of the womb, by way of extirpation of the organ or amputation of the neck, I have no experience. I do not know that either is now recommended or pursued by any modern surgeon. Lisfrance's ninety-nine cases of amputation of the cervix, eighty-four permanently successful, published more than thirty years ago by that distinguished surgeon, attracted great attention for some years, and excited the emulation, no doubt, of many of his contemporaries. But, fortunately for humanity, though not very gracious or grateful to the master, Pauly, one of his pupils, kept a record of these cases, followed them up, found the facts not sustained by final results, and gave quite a different *version to the world. The report of the pupil was never successfully impeached, as far as I am aware, and is certainly sustained by the opinions and practice of the surgeons of to-day.

The cure of cancer of the womb, as of cancer of any structure — if cure be ever found — will consist in some great constitutional alterative — possibly in Cundurango. Dr. Bliss endorses this remedy as specific. I think the profession is not yet ready to sustain him.

**Moladus de l'Uterus*, Paris, 1836.

NOTE.—Since writing the above, Cundurango has had a fair and full trial at the hands of the profession, both in this country and in Europe. As a cancer cure the verdict is decidedly against it. Indeed, in spite of stale endorsement on this side of the sea, it may be safely pronounced an unmitigated humbug.

CANCER OF THE WOMB.

CASE XLVI.—Cancer of the Womb. January 8, 185—. Mrs. L. T., aged 52. Says she “stopped” two years ago, by which she means that she ceased to menstruate at that time. A fortnight ago, and for the first time since then, she “saw something”—has been more or less unwell every day since—to-day has had sudden gushes of hemorrhage, alarming her very much and putting her to bed—is not weakened by the discharge, though it is not inconsiderable, and demands arrest—complains of some pain and has some soreness about the lower part of the abdomen and over both ovaries. Has applied cold cloths, taken rose leaf tea, etc., on domestic prescription, but with no relief.

℞ To remain in bed—on a mattress—and
to take one of the following pills every
six hours until the flow is
arrested:

℞	Argenti Oxidi,	grs. vj.
	Ext. Cannobis Ind.,	grs. vj.
	Pulv. Opii,	grs. iij. M.

Ft. pil. no. xij. To avoid all hot drinks. Diet plain and

unstimulating. This lady is of good color and embonpoint, and exhibits no evidence of any cachexy.

After the first twenty-four hours the flow was so much less that she took the medicine quite irregularly until the 14th, when the uterine pains and griping of the bowels, which sometimes follows the administration of Oxide of Silver, became quite severe and the flow entirely ceased. After an opiate she was well enough to get up and attend to her domestic duties until the 20th, when the hemorrhage returned and was worse. Renewed the treatment. In a few days she was up again.

On the 30th another recurrence of hemorrhage. Treatment the same.

January 31.—Hemorrhage worse. The pills do not control it. Omit them. Put her on the following powders:

R	Pulv. Alum,	grs. xlvij.
	Pulv. Myristici,	grs. xxiv.
	Pulv. Opii,	grs. iv. M.

Ft. pulv. no. xij. One every two hours, unless the flow ceases sooner.

February 1.—The flow has ceased, but the lady is quite feeble—is considerably bleached, and is becoming anemic. Put her on Alum and Iodine water from the Bedford Springs in Virginia.

February 4.—Insisted on examination. The os patulous—lips ragged and indurated—posterior lip very large and hard. No especial pain or sensitiveness. Prognosis unfavorable. Put her on Arseniat. Ferri, one-sixteenth of a grain ter die. Continue Alum water. Remain as quiet as circumstances will permit.

February 5.—Hemorrhage returned. For the first time, considerable pain; referred entirely to the uterus. Renew the powders. Was relieved in a day.

February 7.—Dr. J. J. Thweatt was called in consultation. Discontinued the Alum water and Arseniate of Iron, and

directed Muriate Ammonia, three grains, Extract Cicuta, one grain ter die. The hepatic and the hypogastric region to be rubbed daily with compound Iodine Ointment.

This treatment was continued for some two weeks without benefit. She was then becoming very anemic, feeble and dispirited. I directed

℞	Subcarb. Ferri,	grs. x.
	Pulv. Aromat.,	grs. x.

ter die. She persevered in this for three months—thinking it of more benefit to her than any other treatment. The hemorrhages were frequent and sometimes were excessive. The application of cold and the solution of Gallic Acid in Cinnamon water were the remedies most relied upon to control it and became the routine practice. The pain was only occasionally severe enough to require Opium, though she usually got an anodyne every night to secure rest.

The condition of the os and cervix had not greatly changed since my first examination; but the disease was evidently increasing, nevertheless, and her constitution was giving away. At the same time I was requested to give way to a homœopathic practitioner, who promised her what I could not, a cure. In six weeks I understood that he too surrendered at discretion to some one else. On the 30th September—about nine months after I saw her for the first time—she died. No post mortem was permitted.

INFLAMMATION
AND INDURATION OF CERVIX UTERI,
SIMULATING CANCER.

CASE XLVII.—Inflammation and Induration of Cervix Uteri, Simulating Scirrhus. Mrs. L. T., aged 60, sent for me to-day, August 21, 186—, to consult me in reference to her courses, which, she says, returned some six months ago, *after having left her for fifteen years*. She says that just six months ago, during a long and fatiguing journey by rail, she noticed for several days a “little show” every day. On her return home it did not cease; but has appeared at irregular intervals, not a week apart, alternating sometimes with a discharge of a yellow, watery, offensive character. She has never felt any pain until three days ago, and never had any difficulty in passing water until last night. She now complains of burning pain which she refers to the lower part of the abdomen, the vulva and “stem of the bladder.” She is ruddy and in good flesh; is remarkably active in the discharge of her domestic duties, and until a few days ago she has had good appetite and good spirits.

On examination, I find the womb of normal size, but slightly retroverted and prolapsed. The os is indurated, irregular, patulous and fissured. It is exceedingly sensitive to the

touch. The urethra is swollen in its whole length as large as the forefinger and very much inflamed. The external genitals are also swollen and red.

Ordered rest in the recumbent posture, frequent bathing of the outward organs with tepid flaxseed tea and an injection of the same infusion to be thrown up the vagina carefully twice a day. For medicine one of the following pills ter die :

℞	Hyd. Protiodi,	grs. xij.
	Ext. Opii,	grs. vj.
	Ext. Conii,	grs. vj. M.

Ft. pil. no. xij. Diet plain and abstemious.

August 25.—Medicine has not disturbed the bowels. She has had one consistent operation every day — expresses herself as greatly relieved — has none of the burning in the lower part of the abdomen.

On examination, the urethra and vulva are now but little inflamed. The os is still engorged and patulous, and the mucous membrane seems as if completely torn off from one-half of its circumference. There is a sanguineous mucous issuing from the os and covering the cervix. I removed all the discharges with a piece of sponge cleanly, and cauterized the os freely with the Nitrate of Silver.

Continue general treatment.

August 30.—Pain and dysury relieved — no further show of blood, but a good deal of yellow sanious discharge — no constitutional effect of the Mercury. The os shows, on examination, a number of angry looking fungoid granulations shooting up from the greater part of its circumference and from within it, and disagreeably suggesting fungus hæmatodes. They bleed on the slightest touch. Cauterize freely with Nitrate of Silver and apply a large pledget of cotton saturated with Glycerine. No constitutional effect of Mercury apparent. Put the patient on Donovan's Solution, five drops ter die.

September 8.—The general and local symptoms are very

much improved. No discharge now except of healthy pus, and ulcerations reduced to mere abrasions.

Continue treatment, general and local.

September 21.—This lady was dismissed—to all intents and purposes well.

CANCER OF THE WOMB.

CASE XLVIII.—Cancer of the Womb — Carcinoma. Mrs. T., aged 40. Seen for the first time to-day, September 15, 18—. The symptoms which have attracted attention and call for interference are pains in the pelvis, hips and thighs, and menorrhagia. This only during monthly molimen. No pain and no hemorrhage at other times. Has been regular all her life, but has usually suffered some pain in menstruating. Has never had any children. She is now pale, anemic and feeble. Appetite poor. Bowels constipated. Resisted examination.

Prescribed an aperient pill and twenty drops of Liquor Ferri Iodidi ter die. To take at the monthly molimen, when the flow is excessive, a pill containing half a grain of the Oxide of Silver, quarter of a grain of Opium and half a grain of Cannabis Indicæ every four hours until the hemorrhage is controlled.

November 1.—Appetite and color improved — bowels more regular. She is not stronger, however, and has exacerbation of pain in uterine region every evening, requiring a suppository of Opium to secure rest. The courses appear now bimonthly — very profuse, but are controlled by the Oxide of Silver in twenty-four hours. She now concedes an examination necessary, and submits to it.

The uterus is in normal position, but is enlarged and indurated — the neck is nodulated and stony hard — the os open and ragged — the posterior lip, about half destroyed by an ulcer, filled with unhealthy granulations, crumbling and bleeding under the touch.

Prognosis bad --- but cauterize with Nitrate of Silver and dress with pledgets of cotton soaked in Glycerate of Tannin. Continue constitutional treatment.

The progress of the case after this time was from bad to worse. The hemorrhage was never again excessive and always readily controlled; but the pains — especially in the evenings — became very harrowing, requiring large doses of opiates, which were usually exhibited by suppository, to afford relief. The carcinomatous odour became very marked, but was generally corrected by a vaginal wash of Sulphite of Soda, one drachm to the pint of water; used once or twice daily. The bladder and rectum both became finally implicated, and there was no control over the urine and fæces for many weeks before her death, which, to her infinite relief, occurred on the 16th February, six months after I first saw her.

The first symptoms in this case were *pain* and *hemorrhage*; but as they occurred for some time only at her periods, they were well calculated to mislead.

CANCER OF THE WOMB.

CASE XLIX.—Cancer of the Womb — Cauliflower. March 26, 18—. Mrs. S., aged 29, applied for some remedy for a discharge from the vagina, which she had had for four months, and which has been increasing very much lately, and is affecting her general health. She has no pain or fever — has never had any — but her appetite has been failing for a month past, and she is notably emaciating and weakening. She has been married about seven years — has one child six years old — has never had any other or any miscarriage — and has never known a day's sickness in her life. The courses are regular and normal in every particular. The discharge she complains of is a yellowish water, sometimes slightly stained with blood, occasionally so profuse in the twenty-four hours as to be exceedingly inconvenient — sometimes has a slightly disagreeable odour, but not very striking in that respect. As she positively objected to a vaginal examination, I was constrained to prescribe only an astringent wash and a mild tonic pill of Quinine and Iron — telling her that the prescription was empirical and promising her nothing.

April 15.—The local symptoms are no better, and the constitution is evidently sympathizing with some very serious

uterine disorder or is itself infected. She is emaciating and losing strength daily — can no longer take her usual walk and is becoming uneasy about herself. Insisting on examination as absolutely necessary for the further conduct of the case, it was granted.

In the os and cervix uteri was developed all the trouble. The former was open, and the lips — indeed, almost half the cervix seemed everted — presenting more nearly the appearance of a cauliflower, of about an inch and a half across, than anything else to which I can compare it. It was literally a cauliflower excrescence, without exaggeration or figure of speech. The body of the womb and about one-half of the cervix next to the womb were soft and normal, and the mucous membrane and other tissues of the vagina and rectum were unaffected.

The prognosis was unfavorable ; but on account of the age of the patient — she was not yet thirty — and her former health and good constitution, I entertained some little hopes that perhaps something might be accomplished by treatment. The granulations of the excrescence were tolerably firm — not brittle or breaking down under the touch, and not bleeding unless roughly handled. I determined to apply the solid crystals of Chromic Acid, which I did thoroughly, after getting the growth in the mouth of a large sized glass speculum — and put the patient on a pill of Arsenic, Iron and Quinine. In a week the slough had cleaned off the and the excrescence was reduced in size about one-half, and presented a more hopeful and healthful appearance. I repeated the operation and continued the treatment. After the second or third application the fungoid growths shot up, however, more rapidly than ever, and in a few days were as large as a large sized half blown rose — the stomach became exceedingly irritable, rejecting food and tonics, and the strength was failing most rapidly. As the disease had not yet invaded the body of the womb, I thought possibly

some relief might be afforded by amputating the cervix, and consulted by letter an eminent gynæcologist of New York city. He replied that if the disease were really cauliflower he had no confidence in the result of an operation; but suggested that in view of the youth of the patient and the rareness of that peculiar form of cancer that my diagnosis was at fault, and that perhaps it was only eversion of the lips of the os, the result of chronic inflammation. I then advised a trip to New York and a personal consultation with the doctor, and accompanied my patient about the last of May to that city. My diagnosis was, unfortunately, confirmed, and nothing advised but palliation.

About the middle of July following the sad scene closed. There was, happily, never much pain — occasionally it was necessary to give an opiate by anema to sooth a dragging, disagreeable sensation about the pelvis and loins, but none of that agonizing torture which renders the disease one so terribly to be dreaded.

One of the most distressing concomitants of the disease was the development of successive attacks of erythema nodosum during the last two months of the life of the patient, and which invariably came on with chill, pains in back, head and limbs, and subsequent fever and sweat. I have witnessed the same phenomenon in one other similar case, but do not remember to have seen it referred to as one of the complications of the cancerous cachexy in any work on the subject.

In this case, the *first* symptom attracting the attention of patient and friends was the *yellowish, watery, sometimes slightly sanious discharge*. The pain — notable — and hemorrhage were wanting to the last.

CANCER OF THE WOMB.

CASE L.—Cancer of the Womb — Carcinoma. August 1, 18—. Mrs. A. R. S., aged 50, married — mother of seven children — has generally had good health — has never ceased to menstruate, she says, but for five years has been so irregular that she could never tell when to expect it. Is rarely ever quite clear of some hemorrhage — sometimes it is so excessive that her physician has to give her Sugar of Lead and Opium — and she uses vaginal astringent washes. Latterly — for a month or two — she has been having pain — cutting and stinging pain, she says — in the bottom of her stomach, and especially over the region of the sacrum. This comes on in the evening generally, and she has to take Laudanum to induce sleep. There is often a watery discharge from the vagina, but no odour.

Examination.—Uterus normal size — a little retroverted stony hard and immovably fixed in position. Neither os nor cervix recognizable. In their place, but not jutting into the vagina, is an irregular, angry, foul looking ulcer, about an inch and a half in diameter, filled with profuse brittle granulations; breaking down and bleeding under the slightest touch. No odour.

Prognosis — fatal. Advised an Opiate suppository at night as might be necessary to secure immunity from pain — and a wash or injection of Monsel's solution of the Subsulphurate of Iron — one drachm to the pint of water — to restrain the hemorrhage when excessive. In addition, a mild course of tonics and alteratives. As she was from some distance in the country, advised her to return home — and sent a letter to her family physician.

June 1, 18—, eleven months after I last saw her, my patient returned to me. Her family physician had not agreed with me in my diagnosis, and she had visited Dr. S., of Baltimore, who pronounced her case cancer and hopeless, and sent her home — recommending palliatives. She has emaciated a good deal since I saw her, but gets about yet pretty well, and has a fair appetite and digestion. She still has the hemorrhages, but controls them by the Iron injections. I made no examination of the local disease, as she did not desire it. Her most distressing symptom now is *pain*. Without morphine she says life would be unendurable. At this hour, 10 A. M., she has already taken since sunrise seven grains. Says she has to take about fifteen grains a day to secure any rest.

The first symptom in her case which arrested attention and called for interference was *hemorrhage*. Having lost sight of the patient since her last visit, I cannot record the denouement of the case.

NOTE — This patient lived three years, attending to her domestic duties the most of that time — but finally succumbed, dying, I believe, by asthenia.

AN OBSCURE CASE OF PARALYSIS AND
PROBABLY EPILEPSY CURED BY
BROMIDE POTASH.

CASE LI.—An Obscure Case of Paralysis and Probably Epilepsy Cured by Bromide Potash. M. O., a healthy, well grown boy, 6 years of age, who has never known a day's sickness. Not sick now — is sprightly and playful. But about two week since it was noticed by his aunt, with whom he lives, that he would cease from play occasionally during the day and saying "I am falling, Auntie," would come down on the floor, make some slight spasmodic movements of the right arm and leg, and then in a minute recover himself and go at his toys again. She first thought that he was pranking; but the attacks increasing in frequency and gravity, she asked me to see him to-day, the 6th November, 18—. He manifests unusual intelligence for his age, but he is evidently partially paralyzed in the right arm and leg, dragging the latter after him when walking and catching hold of the right hand with the left for the purpose of putting it on the table to get a toy which I have put beyond his reach. His aunt says he has as many as ten or fifteen "spasms" and sometimes as many at night. Says he never loses his consciousness or foams at the mouth, or seems to suffer at all dur-

ing an attack which last only a minute or two minutes; but that he does not seem to remember the attack when it is over, and cannot be gotten to speak about it. He has no brothers or sisters — his mother is dead — and his father, an eminent public man, is out of the country. She does not know whether any of his family on either side have been so affected. There is some serious irritation at work about the nervous system. Is it centric or eccentric in its source? His pupil is natural — his head not hot — there is no general pyrexia or local. His tongue is somewhat furred — his bowels are distended and constipated, and his appetite voracious. He has no swelling of the upper lip, however, and no picking at the nose — still his aunt suggests worms. Let us try purgatives and anthelmintics.

℞ Hyd. Mit. Chlor., grs. xij.
Santonine, grs. viij. M.

Ft. pulv. no. iij. One every other night — followed in the morning by

℞ Ol. Ricini, 3 j.
Spts. Terebinth, gtts. xx.

Diet — bread and milk.

November 12.—Patient worse — spasms have increased in force and frequency. Medicine has operated thoroughly, but no evidence of worms. Biliary secretion seems defective.

℞ Hyd. Mit. Chlor., grs. viij.
Sod. Bicarb, grs. viij.
Pulv. Dover, grs. iij. M.

Ft. pulv. no. iij. One every other night, followed in the morning by Oil and Turpentine as before. Emplast. Vesecat, 6x2, apply along spine from the nucha down.

November 16.—Saw my patient for the first time in one of his attacks. I was talking with his aunt — he playing on the floor — when suddenly he laid down on his right side — his right arm and leg became flexed and immovable, and his right eye was turned inwards. He remained in this state of chronic

spasm for about one-half minute. Then smart convulsions of the flexed limbs and of the muscles of the right side of the face occurred, and in a minute it was all over and he was at play again. The left eye was unaffected, and his countenance did not lose its natural, intelligent expression—even during the convulsions. He evidently suffered nothing, though seemingly conscious—yet would evince no interest in the subject and no remembrance of the attack. His paralysis has so much increased that he cannot get about without assistance, and the attacks are more frequent.

Discontinue purgatives.

R	Potass. Bromide,	3 ij.
	Syrup Aurantii,	$\frac{3}{4}$ iss.
	Aq. font.,	$\frac{3}{4}$ iss. M.

Dos. teaspoonful ter die. Dress blister with Basilicon Ointment.

November 24.—The boy has had no spasm since the second day of the exhibition of the remedy. Paralysis also improving. Continue.

December 5.—Dismissed—well. No more spasms, and paralysis scarcely notable.

Some six months after this time the little fellow had a return of his disease, but was relieved by the Bromide Potash in a week without any other remedy.

The cause of these attacks I have not been able to discover. I believe their pathology to have been simply irritation of the cerebro-spinal system—most probably centric. Any peripheral source of irritation I think I should have traced somewhere. The prompt and specific effect of the Bromide of Potassium confirms me in this opinion. The case might be recorded as probably one of incipient epilepsy. Its tendency to return adds strength to this view. Its cure furnishes a striking instance of the wonderful power of the Bromide of Potassium in allaying nervous irritation. That the cure was a *prop-*

ter and not a *post-hoc* is established by the fact that a relapse of the disease was relieved at once by a repetition of the remedy. Just one month after this time the following case, equally as interesting and fully as obscure in nature, was brought to the city to be placed under my care, and, as will appear, was as effectively treated by a course of medication in which the Bromide of Potassium played the prominent part.

AN OBSCURE CASE OF PARALYSIS CURED BY BROMIDE POTASH.

CASE LII.—An Obscure Case of Paralysis Cured by Bromide Potash. December 5, 18—. Mrs. R. S.—brought to the city on her bed, to which she has been confined almost continuously for three months—is not able to walk or sit up—has no pain, and has had none except an occasional neuralgia of the face, to which she is subject—complains of great weakness, and of a numbness of the right side of the whole body—of tremors and palpitations in the limbs of that side—of anorexia and general malaise, and misery. There is no difference in the circulation or temperature of the two sides, but a very evident difference in the sensibility. There is paralysis of the levator palpebræ of the right eye, causing

ptosis, but there is contraction of the muscle just above the brow, causing its elevation to a remarkable degree, and imparting a most grotesque expression to the countenance. The tongue, on being protruded, is unaffected in its muscular movements, but is somewhat furred, and the bowels constipated. The pulse is 100, quick and firm—the skin dry and hot. Other functions in normal condition. Her last child is 2 years old—has two older. She herself is about 26 years of age, and, until the past few months, has had ordinary health.

℞ Hyd. Mit. Chlor., grs. viij.
Sod. Bicarb., grs. viij. M.

Ft. pulv. no. ij. At bed time. To be followed in the morning by a teacupful of the infusion Species St. Jermain.

December 6.—Medicine has operated freely—patient has no fever—is languid, pale and feeble.

℞ Potass. Bromide, ℥ j.
Aq. Destillat., ℥ iv. M.

Dos. teaspoonful in half tumbler of sweetened water an hour before meals. Immediately after meals:

℞ Ferri Subcarbonas, ʒ ss.

ter die. The bowels to be well opened twice a week with infusion of Species St. Jermain. Diet liberal.

This lady had been subjected to tonic and alterative treatment for some months without benefit—and yet within two days after commencing the above she began to feel better—to take fresh courage to resist her terrible feelings—in one week was sitting up—in a fortnight was at her meals—and in a month had recovered her usual strength, and was able to return to her home. The numbness and paralysis had passed off entirely with the exception of the ptosis, which still remained to a slight degree, and which, she informed me, she had had, to some extent, from a girl. She attributed her attack to over-exertion and to the excessive annoyances incident to the changes which occurred about this time in the domestic

economy of the Southern homes. In other words, to exhaustion and nervous irritation. I advised the Iron as a tonic and exhibited the Bromide of Potassium in view of its power of sedation. I believe her recovery was a sequence of the medication. I am strengthened in this opinion by having recently heard from her that she keeps a supply of the Bromide always on hand, and that she does not fail to obtain relief from it when nervous and distressed and threatened with a return of her symptoms. How the Bromide of Potassium acts in allaying nervous irritation is *questio vexata*. That it does so act I think most clearly established.

Though known to the profession for forty years, yet, until within the last decade, it was only used as an indifferent substitute for Iodide of Potassium in syphilitic and rheumatic disorders, or as an unreliable antaphrodisiac. Now it is recommended in hysteria, chorea, epilepsy, asthma, dysphagia, whooping cough, spermatorrhœa, meningitis, uterine diseases, urethritis, coryza, convulsions, etc., etc. The most patient and persistent and ingenious experiments have been made, both in this country and in Europe, to determine its physiological and therapeutic effects, and an interest has been awakened in its favor which betokens unusual appreciation of its worth as a medicine. *M. M. Martin, Damourette and Pelvet, after a series of well ordered and exhaustive experiments, conclude that its action on the human organization is a general one—that it acts on centro and periphery—on spinal cord, brain, muscle, mucous and tegumentary surface. That it has general anæsthetic and amyosthenic power! If so, then a most valuable weapon has been added to our armamentaria. Dr. Bill, United States army, and Director of the United States Laboratory at Philadelphia, publishes an article in the July Number (1868) of the *American Journal of Medicine*, in which he takes exceptions to certain conclusions of Laborde, Guttman and Eulen-

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burg in reference to the action of Bromide of Potassium, on the ground that their experiments were made on the lower animals, and, therefore, notoriously valueless in therapeutics — each tribe of animals having its own therapeutics. The same objection holds, to some extent, to the experiments of Damourette and Pelvet. Dr. Bill, who experimented with great patience and most exhaustively upon the human subject, came to the conclusion that the Bromide was limited in its action to the nerves of mucous membranes, and to them it was anæsthetic and sedative. That when it “cured fits,” as in epilepsy, it was because the origin of the disease was eccentric, viz., in the mucous membrane of the alimentary canal or genito-urinary cavities. That it owed its hypnotic power to the same effect — the preventing of the transmission of irritating impressions to the brain. But certainly in some cases of insomnia the irritating impressions must originate in the brain, and in but few originate in the mucous membrane solely. It seems to us that this view of the case is as limited as the doctor’s subjects for experiment. He only tested the effects of the remedy on one man. In the cases in which we have exhibited the Bromide with most benefit the origin of the malady was not peripheral, and though we have formed an opinion exclusively upon the action of the drug in disease, we incline to the belief that the conclusions of Damourette and Pelvet were more nearly correct.

NOTE — As the mind of the medical world is somewhat excited at this date on the subject of certain supposed promiscuous effects of the protracted use of Bromide Potassium, I wish to record that I have a patient who has taken it, alternating with Bromide of Ammonia, for more than three years. The only unpleasant effect ever noted is the occurrence of an extensive cutaneous eruption on the face and chest, and more nearly resembling acne than anything else, but which the patient considers a fair exchange for epileptic symptoms, which had made his life a burden before the commencement of the use of that remedy. The cause of the disease in his case was an unusual and excessive venereal appetite and consequent erethism of the genital organs. This is always kept in abeyance by the Bromide; but no emasculation or impotency has been the result of its protracted use.

CHOREA, HEMIPLEGIA AND PARALYSIS AGITANS—SEQUELÆ OF SCARLET FEVER, RELIEVED BY BROMIDE OF POTASH.

CASE LIII.—Chorea, Hemiplegia and Paralysis agitans — Sequelæ of Scarlet Fever.—September 15, 18—. Miss D. L., aged 10 — light hair — blue eyes — fair complexion — well grown and of good muscle — but is nervous, restless and agitated — walks with uncertain step — drags right right foot and gets right arm to her head with great difficulty, and not without assistance — cannot hold a cup of tea or coffee in her right hand at all, and the left trembles so that she feeds herself with much trouble. She has some puffiness about the face and considerable enlargement of the cervical glands on both sides, which are indurated, and several of them adherent to the skin, the result of a higher degree of inflammation than now exists. She carries her head inclined forward, and complains of stiffness of muscles of the back of the neck and of pain on motion of the head in any direction. She had an attack of scarlet fever about six months since, followed by dropsy and subsequently by rheumatism — to the latter of which I attribute the present pain and stiffness of cervical muscles and tissues. Her tongue is foul, bowels confined, appetite capricious, pulse quick and irritable, and she sleeps badly.

Ordered a purgative of Calomel and Rhubarb. After the bowels have been well opened, to take

℞ Ext. Cimicifuga fl., 3 ss.

ter die. Glands of neck, where swollen and indurated, to be painted with equal parts of Tinct. Iodine and water morning and night. Diet—milk and bread, eggs, mutton chops, potatoes, etc.,—no tea or coffee.

September 22.—General feverishness less, but still very uncomfortable. No appreciable effect of Cimicifuga on nervous system, and no improvement in that direction.

℞ Pulv. Rhei Opt.

Sod. Bicarb, āā grs. x. M.

Ft. pulv. no. j. Every third morning before breakfast.

℞ Potass Bromide, grs. x.

in wineglass of water ter die.

September 29.—General appearance improved. Nervous symptoms also better. Glands on side of neck have suppurated under use of Iodine. Opened abscess—pulse healthy and laudable.

Continue treatment.

October 15.—Greatly improved. Walks where she pleases feeds herself without difficulty, and plays with other children without inconvenience. Appetite good, and she has fattened and grown ruddy.

November 1.—Still improving.

Discontinued treatment and dismissed patient.

INFANTILE CONVULSIONS.

CASE LIV.—Infantile Convulsions. A. E., aged 22 months, been well and hearty for months with the exception of some eczematous eruption, an accompaniment of teething. She has been weaned — was fed heartily yesterday at dinner, October 16, 186—, with pig and corn pudding — became restless and uneasy at night, but had three or four passages, loose and of undigested food mostly, when she became more quiet, fell asleep and awakened this morning as bright as ever. About 12 M., however, she again commenced to fret, complained of cold; fever arose, and just now, 1 P. M., she had a convulsion. On being put into a hot bath the convulsions ceased; but she is totally unconscious, her pupils dilated and irresponsive, head moderately warm, feet cold, cannot be aroused, but swallows ravenously whatever is placed in her mouth. Has eaten no solid food to-day — has taken her tea.

℞	Hyd. Mit. Chlor.,	grs. iv.
	Pulv. Ipecac,	grs. ij. M.

Ft. pulv. no. iv. One every hour until the bowels are acted on freely or consciousness returns. Feet to be frequently bathed in hot mustard and water — but child not to be otherwise disturbed. Perfect rest and quiet enjoined — no calling to the

child, or endeavors to attract its notice and win signs of recognition.

6 P. M.—Medicine has not operated on bowels, but on the skin profusely — fever has subsided. On awakening her now the eye is natural — she recognizes the persons about her and asks for water. Has had a chill undoubtedly, and this is the intermission. On enquiry, is from a malarious district — from South Carolina.

Begin to-night at 12 o'clock and give every three hours, until three doses are taken, a teaspoonful of the following :

R	Quiniæ Sulphas,	grs. iv.
	Syrup Rhei A,	$\frac{7}{3}$ ss.
	Paregoric,	gtts. xx. M.

October 18.—10 A. M.—Medicine has operated three times, bringing away dark, thickish, green stools and more undigested matter. Child is bright and disposed to play. No fever. No medicine to-day. To-morrow morning at 4 and 8 o'clock — each — a teaspoonful of the same mixture. Diet of tea, (milk and water,) and stale bread.

October 19.—Dismissed — well.

In this case the hearty meal of food, improper for an infant, complicated and aggravated the disorder, without doubt, but the disease was intermittent fever and the curative remedy Quinine. In our experience an attack of intermittent fever in a child from 1 to 5 years old is very often ushered in with convulsions. The second chill, provided the disease is not checked in the beginning, is still more apt to be thus introduced, and the case now is one of great gravity. The muscular twitchings in the infant seem at first to be but an exaggeration of the shivering and shaking seen in the older subject when the chill first takes him; but the sensorium soon sympathises with the primary irritation induced by the miasmatic poison, and the child is thrown into general convulsions. In some cases the effect of the zymotic irritant is so overwhelming that the child

never reacts, and dies in a state of congestion — pallid and comatose. In other cases the reaction is perfect, and the brain then is further endangered by the active engorgement ensuing on high fever — especially in the plethoric subject. In all cases the treatment, whatever else be done, is the Great Antiperiodic. Whatever else be given, Quinine must not be omitted. Warm baths, emetics, purgatives, depletion from the temples, all or several may be indicated or required. But give Quinine certainly, and early. I am not in the habit of waiting for an intermission in bad cases, or in any case of a child with intermittent fever where the diagnosis is indisputable. When the medicine is rejected by the stomach, which is not often the case, Quinine not being as repulsive to the taste or as obnoxious to the stomach of children as of grown people, it should be given by enema. I find, given in the syrup of Rhubarb, it acts especially well — two grains for a child 1 year old — three grains for 2 years old — four grains for 3 years old, etc., exhibited in about three doses so regulated that the last dose shall be taken about two hours before the time for the anticipated recurrence of the chill. I have no confidence in any other remedy in acute intermittent fever in children. In chronic intermittent I have found Arsenic sometimes to act well — given in the form of the tasteless ague drops — Fowler's Solution, or the solution combined with Citrate of Iron and Quinine, as in the following prescription :

R	Solution Arsenit. Potass.,	gtts. xlvij.
	Citras, Ferri and Quiniæ,	grs. xxiv.
	Syrup Zingberi,	℥ j.
	Aq. font.,	℥ ij. M.

Dos. teaspoonful ter die on full stomach in child of 1 year's age — increasing the dose rateably with the age of the patient. Preferable, however, to this, and next to Quinine, and often preferable to Quinine in chronic intermittents with anemia, is the Subcarbonate of Iron. In doses of five, ten, twenty, even

thirty grains ter die, I often administer it for months at a time, and with the happiest results. In cases of intermittent fever in young and chlorotic females approaching puberty I know no one remedy which equals it. It has the effect, too, in my experience, of proving a laxative in many instances, when given in large doses, a property rendering it especially suited to a disease which is often complicated with torpor of the chylo-poietic viscera. A favorite prescription is:

℞	Ferri Subcarbon.,	$\frac{7}{3}$ iss.
	Pulv. Carb. Ligni,	$\frac{7}{3}$ ss. M.

Dos. half teaspoonful ter die.

SCIATICA.

CASE LV.—Sciatica — the result of a fall upon the buttock and right hip. October 7, 18—. H. C., aged 40 — a farmer — spare and lightly made, but has had uninterrupted health for ten years. A week ago he fell from the top of a loaded wagon, striking on his right hip and buttock; since which time he has had pain over the sacrum, through the right hip and down the right leg. It has grown worse day by day, until now it is very severe and unintermitting; but worse at night. He does not sleep at all scarcely, and gets up from bed with the greatest difficulty. He can walk a few steps at a time, but not without assistance and not without greatly aggravating his sufferings.

There is some heat and a good deal of tenderness, but no swelling about the hip — no evidence of displacement of the joint, and no crepitation. He has been cupped over the sacrum and been purged pretty freely, but has found no relief. He has no fever — his pulse is about 80, small and hard, and evidently depressed by the pain. Secretion from the kidneys normal. He has had no chills for years, he says, but he lives in an intensely miasmatic district.

R	Quiniæ Sulph.,	grs. xxiv.
	Morph. Sulph.,	grs. ij.
	Ext. Aconit.,	grs. vj. M.

Ft. pil. no. xij. Una quaque sexta hora. His back and hip to be rubbed with the following liniment :

R	Tinct. Opii.	
	Tinct. Aconit.	
	Tinct. Sapo.	
	Chloroform,	āā ʒ j.

A piece of flannel moistened with the same to be laid over the parts at night when the pain increases.

October 9.—Says he is no better, though under the influence of the general and local anodyne he has managed to sleep some at night. Cannot use himself any better. His bowels are confined and he has anorexia, but no fever and no thirst. Tongue natural.

Ordered three compound Cathartic pills and, after they ceased to operate, a teaspoonful of the following ter die :

R	Potass. Iodidi,	ʒ iij.
	Aq. font.,	ʒ ij.
	Syrup Aurantii,	ʒ j. M.

Continue the use of the liniment.

October 15.—Has improved very much — sleeps right well, and can hobble about the room with but little pain.

Continue the Potass and the liniment.

October 25.—Dismissed — well.

SORE THROAT.

CASE LVI.—Sore Throat — Angina Simplex. Miss E. A., aged 16 — well grown — of fine embonpoint — good color — has never been sick since a child — was taken this morning, September 24, 18—, with a chill, pains in the limbs and back, etc., followed by fever — her pulse is now 120, full and hard — tongue foul — anorexia complete and thirst distressing — complains greatly of her throat.

Upon examination, the whole faucial region is very red and the mucous membrane of the palate and arches injected with serum — deglutition is very painful. The indications call for both general and local treatment. The general treatment, of course, must be active and antiphlogistic. We will exhibit a Mercurial cathartic, and, by way of rendering it more efficient, will combine with it Ipecac, which will tend, in addition, to soften the skin and quiet the heart's action. As a gargle, we prescribe a mild and soothing astringent. Prescription :

R	Hyd. Mit. Chlor.,	grs. vj.
	Pulv. Ipecac,	grs. iij. M.

Ft. pil. no. iij. Una tertia hora.

R	Alum,	3 j.
	Acid, Sulphurous,	3 ss.
	Mel. Opt.,	3 j.
	Aq. font.,	3 viss. M.

Sig. gargle — use once in four hours. It is now 6 o'clock P. M.

September 25.—5 P. M.—The medicine has operated well four times. There is now no fever—the pulse is 80, soft and regular. The injection of the throat is also relieved, and there is no pain on deglutition—complains of sick stomach and griping from the medicine.

Ordered one-sixth of a grain of Sulph. Morphia in half an ounce of Peppermint water. Continue gargle occasionally.

September 27.—Dismissed—well.

MEASLES.

CASE LVII.—Measles—eruption delayed. October 7, 18—. M. D., aged 20 months—has had fever—hoarse cough—running eyes and coryza for more than a week. His mother says she knows he is going to have the measles because other children in the family have it—which, with the symptoms, incline me to think so, too. There are some slight indistinct signs of an eruption on the forehead and face, which, she says, have been there three or four days, but which will not “turn out anything,” in spite of emetics, hot baths, teas, etc., that the child has had on domestic prescription. Bronchial rales—coarse and fine—moist and dry—are heard throughout the chest, and the little patient is exceedingly nervous, restless and

irritable. No derangement about the bowels and no teething troubling him.

Ordered a teaspoonful of the following every three or four hours unless the eruption sooner appeared :

℞ Liq. Ammon., Acetas, $\frac{3}{4}$ j.
 Vin. Antimon. Paregoric, āā $\frac{3}{4}$ ij. M.

October 8.—After four doses the child became quite sick at the stomach, vomited, and the eruption came out fully. It is now well developed in crescentric outlines, irregularly distributed over the face and chest, and of the characteristic raspberry hue. Fever still very high, though the child is more quiet.

Medicine disposed to act on the bowels. Discontinue.

Ordered the following :

℞ Syrup Ipecac.
 Paregoric.
 Spt. Nitr. Dulc., āā $\frac{7}{8}$ ss. M.

Dos. half a teaspoonful in a little gum water whenever the cough is harrassing. Restrict the child to the mother's milk, and keep it in one room of equable temperature.

In a few days he was well.

JAUNDICE — WITH ENLARGEMENT OF THE LIVER.

CASE LVIII.—Jaundice — with Enlargement of the Liver. November 26, 18—. T. J., aged 16, usually enjoys good health, but, his mother says, he has been languid and worthless for two weeks. Two days ago the jaundice made its appearance. Took ten grains of Calomel — followed in eight hours by Salts and Quinine — home prescription — operated four or five times — light watery stools. After that says his stomach commenced swelling suddenly — suffered great pain last night, and felt as if he should burst. This morning he has no pain, but his abdomen is very much distended with something. On examination I find it to be the liver. The lobes have met across the epigastrium, and the organ literally fills the abdominal cavity as low down as the umbilicus. It is quite hard and somewhat tender on percussion. The patient has no fever — the tongue is clean — bowels costive since the operation of the medicine — anorexia, but no thirst — skin dry and yellow — urine and saliva of the color of saffron. Has a distressing, symptomatic cough.

℞	Hyd. Mit. Chlor.,	grs. xvj.
	Aloes Socotr.,	grs. viij.
	Ext. Hyoscyam.,	grs. ij. M.

Ft. pil. no. iv. One every four hours. Blister, 6x8, to right hypochondrium.

November 27.—Medicine operated five times after taking all the pills. Operations dark and thick. Liver somewhat reduced in size and less tender. Urine very thick and yellow, and deficient in quantity. Skin still dry.

℞ Bicarb. Soda, ℥j.
Spt. Nitr. Dulc., f. ℥ij.

in half a tumbler of water every four hours. Four grains of Calomel, two grains of Aloes, half a grain of Ext. Hyoscyamus to-night.

November 28.—Liver almost reduced to natural size, but very hard. Has had several bilious discharges from bowels—but secretions from skin and kidneys deficient and deeply stained.

Continue Soda and Nitre. Appetite improved—allow rice and milk.

November 30. Hepatic symptoms much better, but secretions from skin and kidneys still deficient.

Continue Soda, etc. In addition:

℞ Argenti Nitras, grs. vj.
Ext. Gentian, grs. xij. M.

Ft. pil. no. xij. One pill every six hours.

December 2.—Liver returned within bounds. Skin and urine cleared up—appetite good—bowels natural.

Dismissed.

The above was one of those cases of jaundice the pathology of which was not uncertain. It was clearly a case of suppression of biliary secretion on account of acute inflammatory engorgement of the liver. It was complicated, too, with irritation—possibly inflammation of the duodenal mucous membrane. Hence, after the symptoms of hepatic engorgement were relieved the jaundice still continued, until after the exhibition of the Nitrate of Silver; when it at once begun to yield. But it is not always easy to say what is the specific condition of the system giving rise to the symptom jaundice. For jaundice,

after all, like dropsy, is but a symptom and not a disease. Sometimes, especially in epidemic jaundice, which I have twice seen in the course of my practice, I have thought the liver scarcely at fault at all. There were often no indications of organic or functional disorder of that viscus. Sometimes no disorder beyond general malaise, and no symptom but discoloration of the skin and conjunctiva was apparent in the patient during the course of an attack of a week's duration. The liver, however, is generally the sinning organ. Doctors and common people agree in this. And agreeing in the varied, contradictory and empirical practice for jaundice, do not differ much, I suspect, in their uncertain pathology. In other cases of jaundice appearing in these reports we may have occasion to illustrate our remarks.

ENGORGEMENT AND ULCERATION OF THE NECK OF THE UTERUS.

CASE LIX.—Engorgement and Ulceration of the Neck of the Uterus. October 7, 18—. Mrs. G. W., aged 30 — mother of five children — youngest two years of age — complains that for six months past she has had dragging pains in the lower part of the back, in the hips, pelvis and thighs, and a constant discharge of pus, or pus mingled with blood, from the vagina; no regularity about the monthlies, but nothing abnormal about them when they do come on — no irritation of bladder — bowels regular. This lady is high spirited, genial and social — no hysteria or nervousness about her. She is active and sprightly — but a good deal fagged by this constant drain upon her system, and the accumulated and harrassing duties incident to the disordered and disorganized condition of domestic economy in the present state of revolution, and is emaciating and giving away physically.

Examination.—The uterus is enlarged and engorged — slightly displaced to the right — no induration, and but little sensitiveness. The neck is about four times its normal size — and posteriorly presents a large, ragged, dirty ulcer, extending

into the os tincae. I cauterize the ulcer freely with the Nitrate of Silver, passing the stick into the cervical canal for an inch — apply a full pledget of cotton saturated with Glycerine, and ordered recumbent posture and light diet for twenty-four hours.

October 8.—Had a great deal of pain after I left her yesterday, and last night a hard chill. To-day has quite a fever — pulse full — tongue foul — skin dry — complains of some pain in the lower portion of the abdomen and thirst.

R	Hyd. Mit. Chlor.,	grs. viij.
	Pulv. Dover,	grs. viij.
	Pulv. Jacobi,	grs. viij. M.

Ft. pil. no. iv. Una quaque sexta hora — until she begins to perspire freely — then, as she is subject to intermittent fever, give twenty grains of Quinine by enema.

October 9.—Took the Quinine last night at bed time. Medicine has operated several times. She took only two pills — and to-day the fever has subsided. No pain — no thirst — appetite returning. To commence to-morrow and take Liq. Ferri Iodidi, gtts. xx, ter die after eating. Diet nutritious, but unstimulating. Wash out vagina daily with tepid soapsuds. To retain the recumbent posture.

October 14.—Engorgement of womb greatly relieved. Ulcer clean and filled to surface, but not reduced in size.

Cauterize again and continue general treatment.

October 21.—Last cauterization was followed by no pain and no unpleasant results. To-day the engorgement of the uterus and os is entirely relieved — both are normal in size and appearance. The ulcer is reduced to a very small surface, resembling a slight abrasion of the mucous membrane.

Renew treatment of Caustic and Glycerine.

October 28.—Local disease relieved — no signs left. Nor has there been any flow or discharge of any sort since last cauterization. Patient feels well and bright.

Continue the Iron. Dismissed.

DYSMENORRHŒA.

CASE LX.—Dysmenorrhœa. A Chronic Case Relieved by Suppositories Bromide Potassium. Mrs. L., aged 36 — mother of two children, though she has had none for six years. For that length of time she has been occasionally subject to attacks of ovaritis, metritis and pelvic cellulitis — more than once has had abscesses to form and break through the womb, and had several narrow escapes with her life. She is now a chronic invalid — rarely goes out — and suffers almost all the time with pains in back, hips and pelvis. At her monthly periods she suffers intensely from dysmenorrhœa, congestive and, to some extent, mechanical. The womb is partially retroverted — permanently and immovably so from the result of adhesions — but is soft and natural to the touch, though hypersensitive. She is blanched and anemic from long confinement — but in good spirits — never has hysterics and never gives up. She does not expect her courses for several days, but is suffering some of the antecedent pains. She complains of a severe and unusual pain over the left ovary, and which runs down the leg in the course of the great sciatic nerve, and which she has not

felt before in her many attacks. Her bowels are open and secretions in good condition — no fever.

R	Potass. Bromide,	3 j.
	Ext. Belladon.	
	Ext. Opii,	āā grs. vj.
	Buttyr. Caco. q. s. Suppost. no. vj.	

One every night. To take ter die after meals twenty drops of Liq. Ferri Iodidi in wineglassful of Iodine water. This was on the 1st September, 18—.

On the 3d October I again saw her. She had had two monthly periods since I saw her—in which the discharge was more plentiful and less painful than at any time for several years past. She had not been able to pass a monthly molimen before for some years without taking a teaspoonful or two of Laudanum by enema to secure relief from the pain. The suppositories had been used at those times with entire success, and she had gained in flesh, had improved in color and strength, and felt able to go out. She says she has not felt so well for years.

Continue treatment. The alterative during the interval and the suppositories during the paroxysms.

Dismissed.

HEMORRHAGE FROM THE WOMB.

CASE LXI.—Hemorrhage from the Womb. Mrs. T., aged 29—mother of two children—twins, in their third year—was taken to-night, September 26, 18—, at 10 o'clock with sudden and profuse bleeding from the womb. She has saturated a dozen large towels in an hour—has no pain, but is nervous and alarmed. She has missed her courses three times; but being very irregular always, thought nothing of it. She has had some little show since yesterday after having been very much excited by some domestic annoyance—has had two miscarriages, she says, in two years—generally about the third month.

Examination.—The mouth of the womb is open, soft and filled with clots. Nothing developed from result of examination.

℞ Vin. Ergot.

two teaspoonfuls every fifteen minutes until pain sets in.

In one hour several large clots had been expelled from the pelvis, and though not much pain had been developed, the hemorrhage ceased, or became little more than the natural drain. Pulse and color returned, and nervousness relieved.

Confident that something remained in the womb which had

yet to be expelled to insure the safety of the patient, I left with directions to continue the ecbolic every hour or two until pain was set up.

September 27.—10 A. M.—Condition unchanged.

September 28.—10 A. M.—No change. She has continued the Ergot every three or four hours. No pain of consequence.

September 29.—There has passed to-day a small portion of placental mass, and the unmistakable odour is set up.

September 30.—I have succeeded in detecting through the open os and cervix the presence of something in the womb, and with the aid of a pair of long handled, delicate intro-uterine forceps have detached and brought away a mole or mass about two inches long, one and a half inches broad, and an inch in thickness, moulded to the shape of the inner surface of the womb. It is firm and fibro-cellular in its structure — semi-organized, and answering to the products sometimes described as a false conception.

No subsequent treatment was found necessary.

FOLLICULAR DIPHTHERITIC SORE THROAT.

CASE LXII.—Follicular Diphtheritic Sore Throat. G. S., aged 3 years — boy — bright little fellow, but in poor condition, having had chills all this Fall — is brought to the office to-day, November 1, 18 —, for prescription. His mother says he has had no chills for some days, but has a fever every day — no intermission — has fever this morning — complains of his throat hurting him, and evidently swallows with difficulty. Indeed, his mother says he has taken no solid food for three days, and drinks milk and tea but one swallow at a time. His skin is hot and dry, and his face flushed and dusky — respiration hurried, and general appearance dull and drowsy. On looking into his throat the tonsils are seen swollen and in close apposition, rendering it difficult to see the fauces beyond them. They are thickly studded with white diphtheritic follicular deposit. Child's bowels natural.

Ordered the following :

℞	Quiniæ Sulphat,	grs. vj.
	Syrup Rhei,	℥ ss. M.

One-half to-night and one-half in the morning at sunrise. In addition :

℞	Potass. Chloros.,	℥j.
	Aq. Puræ,	℥j.
	Acid, Muriatic,	gtts. viij. M.

Dos. Teaspoonful in one ounce of sweetened water every three hours.

November 2.—A. M.—The tonsils are very much reduced in size — fauces can be seen without any trouble — red and angry looking. Diphtheritic deposit unchanged. But child has no fever, and is eating some bread and butter without difficulty and with relish.

No more Quinine, but continue Chlorate of Potash.

November 3.—Deposit gone — child well and cheerful.

Dismissed — after putting him on a course of Iron.

CHRONIC INTERMITTENT FEVER WITH GENERAL CACHEXY.

CASE LXIII.—Chronic Intermittent Fever with General Cachexy. E. W., aged three years — boy — anemic and pumpkin colored — abdomen distended and drum like — liver and spleen both enlarged, but not tender — bowels natural, though his mother says he “has had dysentery off and on for two months.” He has had intermittent fever for two months certainly. He has no fever to-day, November 17, 18—. His tongue is clean, pale, large and indented. Appetite capricious — generally too good.

Ordered the following:

R	Citras, Ferri and Quiniæ,	grs. xlvij.
	Liq. Potass. Arsenit.,	gtts. xxx.
	Syrup Zingib.,	℥ j.
	Aq. font.,	℥ iij. M.

Dos. teaspoonful ter die after eating.

November 22.—No change in patient — except that he has had no more chills.

Continue medicine — adding three grains of Calomel and one grain of Dover's Powder twice a week at bed time.

November 30.—Begins to show the effect of Arsenic — the

eyelids quite puffy — his color is much improved and general condition evidently better.

Discontinue the tonic and substitute the following:

℞ Subcarbonas Ferri, $\frac{7}{8}$ ss.

Ft. pulv. no. xxiv. One ter die. Discontinue Mercurial.

December 30.—Dismissed — well.

DYSMENORRHŒA — NEURALGIC AND CONGESTIVE.

CASE LXIV.—Dysmenorrhœa — Neuralgic and Congestive. September 1, 18—. Miss S. J., aged 25 — pale — emaciate and nervous. Has had dysmenorrhœa for years — no treatment has been of any service — suffers agony once a month — is then only “unwell” for a day, and but “slightly so.” There is great tenderness over both ovaries and over the whole hypochondrium. This becomes worse, she says, as her monthly period approaches, when the breasts also become tender and swollen. Her appetite is capricious, tongue foul and constipation most obstinate. She expects to be unwell within two days, and has taken her bed to “be ready for it,” as she always does.

Ordered :

℞ Hyd. Mit. Chlor., grs. x.
Pulv. Dover, grs. v. M.

at bed time—with hot sitz-bath. To-morrow morning one dozen American leeches to inner side of the thighs, and, in case the Calomel fail to operate, one-half ounce of Castor Oil.

September 2.—The medicine only operated after second dose of oil. She has become slightly “unwell,” but more so than usual—is suffering intensely, and is hysterical and flighty. Her mother says “she is nothing like as bad as usual.”

Ordered bag of hops wrung out of hot vinegar to be applied to mammæ and to the pubis and vulva—and twenty drops of Black Drop by enema every hour or two, until the pain was more bearable.

September 3.—Took only two enemas—was quite comfortable afterwards, and is now.

Directed the same treatment to be pursued at each monthly molimen, and in the interim twenty drops of Liquor Ferri Iodidi ter die for sixty days. In addition: as long as the constipation required it, to take the following pills twice a week:

℞	Hyd. Pil. Mass,	grs. v.
	Ext. Colocynth C.,	grs. v. M.

Ft. pil. no. ij. To be followed in the morning by one-half ounce of Castor Oil. Directed the spine to be rubbed daily with Ointment of Veratria.

October 20.—Has persistently pursued the course prescribed. She has on her now her second monthly sickness since I have seen her, and says she is suffering less than she has at such times for years—has had to take no anodyne of any sort. She has been “unwell” for three days—the discharge about natural in color and quantity. Her own color and her spirits have very much improved—her bowels are opened daily and her appetite is good.

Continue Iron. Omit other treatment.

Dismissed.

BRONCHITIS—CHRONIC.

CASE LXV.—Chronic Bronchitis. October 3, 18—. Mrs. M., aged 64—had bronchitis for twenty years—been greatly aggravated recently by “fresh cold.” The secretions are muco-purulent and incredible in amount. The cough is constant and at night very distressing. She cannot take any form of Opium, and hence all the ordinary cough mixtures disagree with her. She is feeble and emaciate—can hardly walk, but appetite and digestion are fair. Bowels unaffected. All the physical signs of chronic bronchitis. Rales moist at top of the chest, but a dry ronchus heard occasionally at lower and posterior part of lungs. Respiration not hurried except on exertion—no febrile disturbance—though she says she sometimes has fever at night and sweats.

Ordered :

℞ Syrup Senegæ.

℞ Syrup Tolu., āā ʒj.

Tinct. Benzoin C., ʒvj. M.

Dos. teaspoonful when cough is troublesome. To have sub-clavicular regions painted with tincture of Iodine every night and to take one teaspoonful of Iodized Cod Liver Oil ter die.

October 10.—She thinks she has improved somewhat; but

secretions from the bronchial mucous membrane are still very profuse.

Continue treatment—adding one of the following pills before every meal :

℞	Sulph. Zinci,	℥j.
	Ext. Hyoscyam.,	℥ss. M.

Ft. pil. no. xx.

October 15.—Had evidently improved when she was taken with a chill to-day at 10 A. M., followed by fever and sweat.

As it is in a malarious district, ordered eight grains of Quinine and five of Blue Mass to-night, and eight of Quinine in the morning at sunrise.

October 16.—She has had no chill to-day, but has exacerbation of fever this afternoon.

Ordered five grains of Quinine to-night at bed time and five in the morning at sunrise. The symptoms being more acute, substitute the last expectorant with the following :

℞	Syrup Scill.	
	Syrup Senegæ.	
	Syrup Tolu.	
	G. Acac.	āā $\frac{z}{3}$ ss.
	Tinct. Hyoscyam.,	$\frac{z}{3}$ ss. M.

Dos. teaspoonful every three or four hours.

October 17.—No chill to-day and no fever.

Resume the pills of Sulphate of Zinc.

October 19.—Had return of chill to-day.

To take ten grains of Quinine to-night and ten in the morning. Complains of the expectorant making her sick, substitute it by the following :

℞	Syrup Senegæ.	
	Syrup Tolu.	
	Tinct. Cinchon. C.,	āā $\frac{z}{3}$ j. M.

Dos. teaspoonful pro re nata. To take every morning five grains of Quinine till further notice, and discontinue Zinc pills.

October 26.—Has had neither chill nor exacerbation for for several days.

To reduce dose of Quinine to two and a half grains every morning. Continue expectorant and Iodized Cod Liver Oil.

November 10.—Has improved in strength and flesh — has no fever or sweats — cough is about as it has been for years — expectoration moderate.

Continue Cod Liver Oil.

Dismissed.

BRONCHITIS.

CASE LXVI.—Bronchitis — *Confined to One Lung.* November 23, 18—. Miss L. Y., aged 40 — has had cough for two months, with profuse muco-purulent expectoration — has fever sometimes in the evening, but never had night sweats. Appetite poor — bowels irregular — monthlies all right — tongue foul. She is dispirited and dejected, and says she has emaciated greatly in the last few weeks. No phthisis in the family; but she has a sister older than herself whom I have attended with rheumatic bronchitis for years, and who is rarely able to leave her room. She has never had hemorrhage or expectorated any blood.

Physical Signs.—In the left lung there is nothing morbid

developed under auscultation or percussion. In the right lung there is a notable lack of resonance from summit to base, and most extensive mucous and submucous rales. There is feeble respiratory murmur—but no prolonged expiration—no blowing sound—no metallic tinkling or any evidence of cavity.

℞ Hyd. Mit. Chlor., grs. vj.
Pulv. Ipecac, grs. ij. M.

Ft. pil. no. iv. One every other night. In addition—pro re nata—when the cough is very distressing, or expectoration difficult, to take occasionally a teaspoonful of the following:

℞ Vin. Antimon., $\frac{2}{3}$ ss.
Syrup Pr. Va., $\frac{2}{3}$ iiss.
Morp. Acetas, grs. ss. M.

Diet to be plain and unstimulating, but nutritious. Counter irritation to right side of chest with Croton Oil.

December 7.—The tongue has cleaned—the bowels are less torpid, and the appetite has improved. The expectoration, probably, is less profuse, and she rests better at night; but the physical signs show little change.

Discontinue mercurial. Use the cough mixture only when necessary to secure rest, and take Sulph. Quiniæ, one grain ter die, before eating—Cod Liver Oil, one teaspoonful ter die, after eating.

January 15, 18—. The general health is almost entirely restored—the cough annoys her hardly at all and physical signs of bronchitis are rapidly disappearing.

Dismissed.

Having never before met with a case of bronchitis confined to one lung, I found it difficult to convince myself for some time that this was not a case of phthisis, and I confidently looked for the development of that disease for some weeks of the treatment. The denouement was not in conformity with my prognosis.

SUFFOCATIVE BRONCHITIS.

CASE LXVII.—Suffocative Bronchitis. November 9. Mrs. S., aged 40—widow—active and sprightly—encumbered with large estate, which she manages herself—has generally had fine health—does not remember to have had a doctor to her since she was five years old—has had a cough and difficulty of breathing for two weeks, with inability to lie down—has to sleep in a semi-recumbent posture—expectorates, but not freely, a glairy, sticky mucous—no hæmoptysis and no hereditary tendency to phthisis; but lost her husband with that disease two years ago, and is evidently uneasy on that score. She has no fever at this hour, 11 A. M., but says she does have fever occasionally at night, followed by sweat. She has poor appetite, and has emaciated considerably—bowels confined and tongue thickly furred. Had no treatment except that she has pustulated the upper part of her chest with Croton Oil.

Physical Signs.—Throughout both lungs, *cantus omnium avium*, rales small and large, dry and moist, from clavicles to base of the chest. The symptoms are rather worse in the left lung, which is dull, on percussion, below the clavicle for three inches. Sounds of the heart normal.

Directed the following — one pill to be taken every third night :

R	Hyd. Mit. Chlor.,	grs. xij.
	Pulv. Jacobi,	grs. vj. M.

Ft. pil. no. iij. In addition : to begin every afternoon at 4 o'clock and take a tablespoonful of the following every three hours till expectoration is established or the patient sleeps :

R	Vin. Antimon.	
	Syrup Prun. Va.,	āā $\frac{7}{3}$ ss.
	Aq. font.,	$\frac{7}{3}$ v.
	G. Acac.,	3 j. M.

Diet light, but nutritious.

November 14.—She expectorates now freely — of mucopurulent matter — can lie down at night — has had no fever or night sweat for two nights — tongue cleaning — appetite better — has to take three or four doses of the expectorant every night before she can sleep.

Physical Signs.—Right lung very much relieved — left lung still a good deal obstructed, rales mostly moist. Re-apply Croton Oil.

Discontinue mercurial but continue expectorant.

November 21.—General and local symptoms all improved. Right lung entirely relieved. Left lung greatly better — but mucous and subcrepitant rales still heard pretty generally throughout it.

To take the expectorant only in case of tightness about the chest at night. To take ter die one of the following :

R	Sulph. Zinci,	grs. xx.
	Ext. Gentian,	grs. xx. M.

Ft. pil. no. xx.

November 30.—Entirely relieved.

Dismissed.

JAUNDICE.

CASE LXVIII.—Jaundice—in a Baby Two Years of Age. November 15, 18—. H. B., aged 2 years—has had disordered bowels for a fortnight—has eight or ten operations daily—white, watery and offensive—has not had fever or symptoms of jaundice till yesterday. Is feverish and dull to-day—has thirst, anorexia and vomiting. The urine is thick and orange colored, staining the diapers. The child has had an occasional attack of intermittent fever during the Fall.

℞	Hyd. Mit. Chlor.,	grs. iv.
	Sach. Albæ,	grs. xvj. M.

Ft. pulv. no. viij. One every six hours. In addition: to take a teaspoonful of the following every morning:

℞	Quiniæ Sulph.,	grs. vj.
	Syrup Rhei A.	$\frac{7}{8}$ ss. M.

November 19.—The child has had only two passages to-day—thicker and darker—no fever—is bright and cheerful—appetite returning. The urine is still thick and yellow, but the conjunctiva and skin are assuming a natural appearance.

℞	Sod. Bicarbonas,	3 ij.
	Spt. Nitr. Dulc.,	3 ij.
	Syrup Aurantii,	3 ss.
	Aq. font.,	$\frac{7}{8}$ iij. M.

To take teaspoonful ter die. Omit other medicine.

November 22.—Well. Dismissed.

CAMP ITCH.

CASE LXIX.—Camp Itch. November 12, 18—. Miss M., aged 8 years — has had an eruption on her person and limbs for six weeks. Complains of the *itching* — especially at night in bed — but is not otherwise affected.

Examination.—On the arms and person the disease shows papulæ — lichen and prurigo — on the bend of the elbows, vesiculæ — eczema — on the hands, vesiculæ — scabies. Her mother says she contracted the disease about six weeks ago while playing with some children who were similarly affected. There is no redness or burning, and no inflammatory symptoms.

Directed the whole person to be bathed thoroughly twice a week in an alkaline bath — one ounce of Carbonate of Potass. to four gallons of water. The eruption to be anointed daily with the following :

℞	Hyd. Oxidi Rubri.,	grs. xv.
	Venet. Terebinth,	3 ij.
	Cetacei Unguent,	℥ ij. M.

In addition : to take ter die while eating a teaspoonful of the following :

℞	Liquor Potass. Arsenit.	
	Liquor Potassæ,	āā 3 ij.
	Aq. font.,	℥ iv. M.

Diet simple, but nutritious.

December 1.— All signs of the eruption have disappeared.

Dismissed.

VOMITING.

CASE LXX.—Vomiting — from Pregnancy. November 10, 18—. Mrs. T. J., aged 34 — missed her courses two months ago and been sick ever since. Says “she vomits regularly three times a day about an hour after meals, throwing up everything she eats and more besides.” The matters vomited are as sour as vitriol. Appetite capricious, bowels costive. She is pale, emaciate, feeble and dispirited — is generally full of habit and very cheerful. She has had two living children and six abortions in eight years — and says she has always suffered in this way from the first day of her pregnancy to her last, whether she miscarried or went her full term.

Directed her to take one hour before each meal the following powder — one ter die :

R Bismuth Carbonas.
Magnes. Carbonas, āā 3 ij. M.

Ft. pulv. no. xij.. The bowels to be regulated by the following confection :

R Fol. Senna, ʒ iss.
Pulv. Zingib., 3 j.
Aq. Bullient, ʒ xvj.

Infus per horas tertias — cole et adde

Prun., Domestic, ℥j.
Sach. Alb., ℥j.

Preserve. Let the patient eat a spoonful or two morning and night pro re nata.

This lady went to her seventh month with much more comfort than usual, and was confined of a living child. The treatment with some little variation was kept up almost continuously.

DEBILITY—THE RESULT OF INCIPIENT PREGNANCY.

CASE LXXI.—Debility—the Result of Incipient Pregnancy. November 14, 18—. Mrs. L. B., aged 25—had excellent health generally; but was married two months ago, and never seen her courses since the week after. She does not vomit, but complains all the time of nausea, vertigo, anorexia and general malaise. She is very feeble—can set up only an hour at a time, and is irritable and hysterical. Tongue clean—no fever—but bowels constipated. Total anorexia—says “she is undone.”

℞	Quiniæ Sulph.,	grs. xx.
	Pulv. Rhei,	grs. xx. M.

Ft. pil. no. xx. Una ter die. Diet to be unrestricted and to get up only when she feels like it.

November 23.—Has so much improved as to lay aside physic. Dismissed.

ACUTE ORCHITIS.

CASE LXXII.—Acute Orchitis. November 10, 18—, J. E., aged 22. Is in general good health, but has had Gonorrhœa mildly for six weeks. Had empirical treatment—chiefly injections. Two days ago was taken with pain and swelling of right testicle. It is now three or four times its natural size—tender and hot—no general constitutional disturbance. He has taken a dose of oil to-day on his own notion, and is poulticing the scrotum with hops.

Ordered the testicle to be strapped with strips of adhesive plaster as tightly as he can bear them—the injections to be discontinued, and diet restricted to tea and toast. To take a teaspoonful of the following ter die :

R	Hyd. Corrosiv. Chlorid.	grs. ij.
	Aq. font.,	℥ iiss.
	Syrup Aurantii,	℥ ss. M.

November 12.—Discharge from penis increased, but testicle very much reduced in size and painless.

Re-apply straps and continue the treatment.

November 14. Removed straps—testicle well—discharge inconsiderable.

Discontinue treatment.

GOUT, ACUTE.

CASE LXXIII.—Gout, Acute. November 25, 18—. J. H., aged 50 — good liver — has had an attack before, two years ago — knows what it means. He has had epidemic catarrh for several days, and being feverish and of full habit has been treated with Calomel and Antimony. This morning about 4 o'clock was taken with acute pain in the great toe of the right foot. It is swollen, hot, red and glistening. He has no fever and his tongue is clean, and since the appearance of the gout the catarrhal symptoms are almost entirely relieved. His urine is highly colored, strongly acid, and throws down deposits of the urates.

Directed

R	Potass. Bicarb.,	3 j.
	Vin. Colchici.,	3 iij.
	Aq. font.,	$\frac{3}{4}$ vss. M.

Dos. tablespoonful every three hours. The toe to be wrapped in cotton saturated with Tinct. Aconit. Rad. and covered with oil silk. Diet — milk toast.

No change of treatment was found necessary, and on the 30th November, five days after the attack, he was well.

URTICARIA, ACUTE.

CASE LXXIV.—Urticaria, Acute. Mrs. D. S., May 24, 18—, 10 A. M., sent for me, she says, about an hour ago — had then “an eruption all over her”—even in “the mouth and eyes”—“the tongue was so large and stiff she could not speak.” It has disappeared now from the mouth, eyes and face, but it is literally everywhere else—in all of its forms and forces, and the burning and itching is so intense and distracting that the patient is unable to sit still for a minute. The prominent wheal-like elevations of the skin, irregular shaped and accompanied in many places with diffuse, erythematous blush, are seen on the arms, legs, neck, body, sometimes almost fading from one locality as you look on them and as rapidly reappearing in another. Her appearance is so changed by the anxious, harrassed look which she has, that her infant of six months of age does not recognize her. Her general health is fair except that she suffers from constipation, the result of torpor of the hepatic function. She has eaten nothing unusual for several days except salt beef to which the attack may possibly be attributed.

Directed her to be sponged with tepid vinegar and water,

and to have one of the following pills every hour if not sooner relieved :

℞ Hyd. Mit. Chlor.
 Sod. Bicarb.
 Pulv. Dover, āā grs. x. M.

Ft. pil. no. iv.

May 25.—She took two of the pills yesterday, and finding the disagreeable symptoms relieved, took no more. They have operated several times, and this morning she is feeling as well as usual. She says she is liable to have a return of the eruption, though — has often had it return.

Ordered the following :

℞ Pulv. Rhei, grs. xij.
 Pulv. Ipecac, grs. vj.
 Quiniæ Sulph., grs. xxiv. M.

Ft. pil. no. xxiv. One before every meal.

June 5.—She has had no return of the disease and is well.
 Discontinue remedy.

Dismissed.

INDIGESTION — CHRONIC GASTRITIS.

CASE LXXV.—Indigestion — Chronic Gastritis. Mrs. C. H., aged 32 — mother of two children — youngest 12 years old — having suffered greatly for several years with neuralgia of face and wandering pains in back, uterus, etc., was advised to try “Rosadalis,” an empirical remedy for everything. She has taken four bottles — pints — and to-day, October 16, 18—, says she has a dull, gnawing pain all the time at the pit of her stomach, which she has never felt before. This is aggravated by eating, even lightly, of the most digestible food. She has to resort to the use of anodynes daily. Suspecting that the Rosadalis had something to do with her sickness, she left it off a week ago, but has gotten no better. Her appetite is capricious, bowels torpid, and she suffers very much from accumulation of wind on the bowels and stomach. This latter organ is quite distended with flatus, and very tender on pressure. The tongue and mucous membrane of the mouth and fauces is red — bare of epithelium in places, and disposed to be dry and glazed. She has never had anything the matter with her digestion before, though always in poor health, and is greatly concerned about her condition.

Ordered one of the following powders ter die before eating:

R	Bismuth Subnit.	3 ij.
	Argenti Nitras.,	grs. ij.
	Pulv. Opii,	grs. j. M.

Ft. pulv. no. xij. In addition: to take an Aloetic pill daily after dinner, and to have applied to the epigastrium every night a sinapism four inches square. Diet: milk toast and black tea for breakfast and supper. For dinner: broiled mutton chops or a bird.

October 21.—Has felt considerable improvement. Bowels opened daily by pill — no distension now of stomach — tongue still reddish and disposed to be dry — pain not so troublesome.

Continue diet and pill. For the powders to substitute the following prescription:

R	Bismuth Carbonas,	3 ss.
	Morph. Sulph.,	grs. ss. M.

Ft. pulv. no. xxiv. One before every meal.

October 27.—Feels no distress now or distension after eating — no tenderness of epigastrium — appetite and digestion good — tongue soft, clean and moist. She complains, however, of a tired aching in the back and limbs, to which she had been subject for a long time. Her complexion has cleared a good deal since this attack; but she is pale and anemic.

Ordered fifteen drops of Liq. Ferri Iodidi after every meal and Aloetic pill pro re nata.

Dismissed.

DIPHTHERIA — FOLLOWED BY TRUE CROUP, IN WHICH THE MEMBRANE WAS EXFOLIATED ENTIRE AND SEMI-ORGANIZED.

CASE LXXVI.—Diphtheria — Followed by True Croup, in which the Membrane was Exfoliated Entire and Semi-organized. Was summoned to-day, October 5, 18—, to see S. A., a farmer aged 30 — healthy and robust — who was taken with “sore throat,” he says, four days ago. He has had no treatment except two teaspoonfuls of Epsom Salts and a blister, 4x6, to the anterior surface of the neck — applied yesterday, on his own prescription.

General Condition.—Skin warm and moist — pulse 90 — respiration somewhat hurried — countenance anxious — complexion livid.

Local Symptoms.—Uvula, tonsils and whole faucial region thickly coated with ragged, dirty looking and *offensive* membrane, presenting the appearance of disorganized and sloughing cellular tissue — almost filling the throat as far as could be seen, and interfering very seriously both with the functions of respiration and deglutition.

Being eight miles away in the country, and without instru-

ments, I made use of a dull case knife and a pair of scissors, and soon detached a good portion of the deposit, which the patient hawked up and spat out, much to his relief. I then ordered twenty-five drops of Muriated Tincture of Iron every three hours, and a gargle, to be used as often, composed of brandy and water, equal parts, saturated with table salt. Complaining of insomnia, I directed a quarter of a grain of Morphine at bed time. The patient had appetite enough, but said he "could not swallow solids." Allowed soup and milk, with brandy toddy ad libitum.

October 6.—Patient slept well last night. General condition better. Appearance of membrane firmer and less ragged. With a pair of bullet forceps I again detached as much as practicable from the uvula and fauces, and with marked relief.

Continue treatment—alternating the Brandy gargle with one made of the decoction of Red Oak bark.

October 7.—General condition still improving. Patches of mucous membrane to be seen through the deposit cleaning off from the fauces—uvula nearly free from deposit. Some dyspnoea and some little exacerbation—possibly from constipation of bowels.

Ordered two drachms of Epsom Salts. Continue other treatment.

October 8.—Could not see my patient.

October 9.—Was summoned in haste to see Mr. A.—his wife writing that "he was taken with cough and hoarseness last night and now (12 M.) is suffocating to death." When I reached him (in about two hours) he had just brought up, after a violent fit of coughing, in which his family said he had nearly expired, a complete lining of the larynx and epiglottis—a semi-organized fibrous membrane, three and a half inches in length, minute blood vessels ramifying through it; the striæ which had been occupied by the rings of the trachea distinctly

marked, and the whole capped by a perfect slipper-like sheath which had covered the epiglottis.

He has now no fever — but some little excitement of pulse, of course. Says he is “relieved and well.” There are some small patches of membrane still apparent upon the tonsils, but of firmer texture and buff color. Auscultation reveals no obstruction in larynx or trachea but the dry rales of bronchitis in the larger tubes at the summit of both lungs.

Continue the iron at the intervals of six hours. Omit gargle of Brandy. Continue decoction of bark. Diet generous. As he “believes in blisters” and requests, *allow* one, 3x4, to the upper part of the sternum.

Saw my patient no more until October 14, when I was again summoned to see him by an urgent note from his wife. After twenty-four hours of most harrassing and incessant coughing, he had again brought up, in another paroxysm of suffocation, a few minutes before I reached him, another portion of membrane, as large and well organized as the first, only more of the lining of the trachea on this occasion. He expressed the same sense of relief, and was taking some soup with evident relish. He has now decided fever — pulse 80, full and firm — mucous rales in upper lobes of both lungs. No sign of deposit in throat — mucous membrane assuming a healthier appearance.

Discontinue Iron, and give, instead, thirty drops of Syrup Squills every three hours. Diet liberal.

October 16.—Cough most distressing, and patient expectorating a pinkish pus. Considerable febrile movement. Appetite failing — bowels constipated. Constitution sympathising — emaciation — hectic.

Continue the squills and give, in addition, two grains of Quinine every six hours, and Morphia sufficient to secure rest at night. Open the bowels daily, if necessary, with one drachm Epsom Salts. Diet as generous as he will take.

This case continued under my care for many months. During the whole winter the bronchitis was not only very intractable and extensive — but the sequelæ of diphtheria — debility — paralysis of the muscles of deglutition and of locomotion — then loss of speech — ensued; and the patient had a hard fight for his life. By the help of tonics, Iron, Quinine, Strichnia, Cod Liver Oil, etc., aided by a good constitution and a most indomitable courage, he finally recovered — one of those marvels which occasionally brings into disrepute the prognosis of science.

DIPHThERIA.

CASE LXXVII.—Diphtheria. September 10, 18—. A. B. S., aged 2 years. This little boy had intermittent fever two weeks ago, for which he was physicked pretty actively, but has been quite well since that time up to this instant. He has been complaining of being "*tired*" all day—has eaten but little—and looks pale and haggard. He has some fever and his respiration is quick and seems oppressed. His bowels were opened this morning by a dose of oil, on domestic prescription. The diphtheria is prevailing in the neighborhood, of a very fatal type, and his parents are very anxious about him.

Examination.—The mucous membrane of the fauces is red and dusky—uvula injected and elongated, and tonsils covered with diphtheritic deposit.

Ordered

R	Potass. Chloros.,	℥ iss.
	Tinct. Ferri Chlor.,	gtts. xij.
	Quiniæ, Sulph.,	grs. ij.
	Syrup Limonis,	℥ iss.
	Aq. font.,	℥ ivss. M.

To take a tablespoonful every four hours. To be encouraged to eat of everything he wishes, that is reasonable and wholesome.

September 11.—Little boy no better — more fever and more deposit — uvula and tonsils both covered with it — respiration hurried and appearance anxious. The breathing seems to be obstructed by the accumulation of mucous in the throat and trachea. There is no stridulousness — and the difficulty is in *expiration* and not *inspiration*, which I consider a favorable sign.

Give emetic of powdered Alum — teaspoonful every few minutes, until he vomits freely, and then continue medicine. Diet unrestricted.

September 12.—No fever. Local symptoms same.

Continue treatment.

September 15.—The mucous membrane of the fauces is clear of deposit, and the breathing is natural. Appetite returning.

Continue medicine for a few days — but dismissed. No unpleasant sequelæ followed.

DIPHTHERIA.

CASE LXXVIII.—Diphtheria. J. A. S., aged 8 months. September 12, 18—. This baby — pale and lymphatic, though in good order — has had whooping cough for a month, which it has stood pretty well. It was taken last night, its mother says, with a “fresh cold” — and has had ever since a hoarse, tight, stridulous cough — constant and distressing. The fauces are bright red and the tonsils covered with diphtheritic deposit.

Ordered one teaspoonful of powdered Alum every six or eight hours pro re nata and one tablespoonful of the following every four hours :

R	Potass. Chloros.,	℥ iss.
	Tint. Ferri Chlor.,	gtts. xij.
	Quiniæ, Sulph.,	grs. ij.
	Syrup Limonis,	℥ j.
	Aq. font.,	℥ v. M.

The child seems listless and indifferent, but nurses heartily.

September 13.—The emetic, (taken twice) the mother says, has relieved the respiratory difficulty. The respiration is not hurried now unless the child is disturbed, and, though the cough and cry is still stridulous, there is great improvement in its appearance.

Continue medicine and repeat emetic pro re nata.

September 15.—The child is so well that we shall see it no more.

Continue the emetic and medicine if occasion arise.

No unpleasant sequelæ.

DIPHTHERIA.

CASE LXXIX.—Diphtheria. September 25, 18—. Maggie S., aged 6 years — a pale, sallow, ill-conditioned child, who had had intermittent fever for several days before I saw her, and had gotten one and a half grains of Calomel, one grain of Dover's Powder and three grains of Quinine the night of the 24th, and the same dose this morning. At 10 A. M. to-day she has no fever; but her pulse is quick, and her respiration thick and troubled.

On examination, both tonsils are enlarged and thoroughly coated with thick, buff colored membrane, the glands meeting behind the uvula, which is also enlarged and elongated to twice its natural proportions, injected and livid, but having no diphtheritic coat.

I at once ordered four grains of Quinine and the same dose to be repeated on the following morning at sunrise; in the meantime directing a tablespoonful of the following to be taken every three hours:

R	Potass. Chloros.,	3 j.
	Acid, Muriatic,	3 ss.
	Tinct. Ferri Chl.,	3 ij.
	Syrup Simp.,	3 j.
	Aq. font.,	3 v. M.

Diet: Soup, milk, eggs, cider, ale, etc., ad libitum.

This prescription was continued unceasingly — the intervals between the doses being lengthened for six or eight hours for two weeks, before the child's throat was at all free from the membrane. At the expiration of that time she was placed on the Elixir of Quinine, Iron and Strychnia, and had a tedious and protracted convalescence. Sequelæ. Had paralysis of the lower extremities for three months.

DIPHThERIA.

CASE LXXX.—Diphtheria. September 26, 18—. Bettie S., aged 10 — sister of case just reported — is also pale and sallow — an old intermittent fever patient. Complained for the first time this morning of sore throat, and on both tonsils has a small patch of diphtheritic membrane — no redness or injection of mucous membrane or fauces or uvula — child up and cheerful — no fever — put on the same treatment that was pursued in the case of her sister. In one week she was well. No sequelæ.

A third sister in this family — twelve years of age — and the father were also attacked with diphtheria; but under similar constitutional treatment both recovered without sequelæ. There was no diphtheria, as far as I could learn, within a mile of the house in which these occurred, nor had the children or father visited any locality in which it was prevalent. No further cases occurred in their neighborhood.

DIPHThERIA.

CASE LXXXI.—Diphtheria. October 1, 18—. W. A., aged 5 years. This is a brother of Case LXXVII, dismissed on the 15th of last month. The disease had been prevailing in a very virulent type for a month before the occurrence of these cases in the neighborhood in which the patients lived. This little boy has considerable fever—his face and eyes are red—his skin is hot—his pulse quick and 120—and he has thirst and anorexia. He had gotten a dose of Castor Oil and Spirits of Turpentine on domestic prescription before I saw him, which had operated twice.

On examination, his tonsils and the whole faucial mucous membrane are covered thickly with dirty, buff looking deposit.

He was ordered a tablespoonful of the following every four hours :

℞	Potass. Chloros.,	3 ss.
	Tinct. Ferri Chl.,	gtts. xxx.
	Acid, Muriat.,	gtts. vj.
	Syrup Simp.,	℥ ij.
	Aq. font.,	℥ ij. M.

In addition, as he positively refused to eat or drink except on compulsion, he was required to take two tablespoonfuls of a

boiled custard made of milk and eggs and one teaspoonful of French Brandy every six hours.

The throat of this little patient cleaned off on the eighth day of the treatment, and he walked about up to that time. He exhibited great debility, however, from the first, though a well grown, stout boy for his age; and died on the sixteenth day of the treatment of asthenia, in spite of Iron, Quinine, Brandy, butter, eggs, etc., etc., which were most patiently and persistently forced upon him.

DIPHTHERIA.

CASE LXXXII.—Diphtheria. October 5, 18—. C. D., aged 13. This case occurred on the opposite side of the street from the one just reported. The patient was a remarkably well grown girl—a bright blonde—and was taken at school the day before with a chill and sore throat—came home crying with pain in the head, back and limbs. At this hour, 10 A. M., she has high fever—pulse 120—hot skin—red face—throat swollen externally—tonsils enlarged and meeting, and thoroughly coated with diphtheritic deposit. The portions of faucial mucous membrane not coated, are of a livid red—uvula elongated and injected. Bowels confined.

Ordered ten grains of Quinine and ten of Rhubarb to be

taken at once, and the following to be used as a gargle every four hours — a tablespoonful of it to be swallowed at the same time :

R	Potass. Chloras.,	3 j.
	Ferri Tinct. Mur.,	3 j.
	Acid, Muriatic,	3 j.
	Aq. font.,	$\frac{2}{3}$ vij. M.

To have a full and liberal diet.

October 8.—After three days of treatment, the throat has cleaned — nor is there fever or pain. Appetite returned. Girl up and well. No sequelæ.

DIPHTHERIA.

CASE LXXXIII.—Diphtheria. October 28, 18—. F. J., aged 14. This was a remarkably well grown and healthy school girl, of brilliant complexion and fine embonpoint. She had had the disease three days before I saw her — had drunk Chlorate of Potash water — strength unknown — and also used it as a gargle. The diphtheritic deposit covered thoroughly one tonsil, but was nowhere else to be seen. The other portions of the faucial mucous membrane were injected, livid and extremely sensitive. On that account she had positively refused to eat anything or drink anything except the medicine for two days. The throat was very much swollen externally on the side of the affected tonsil.

Ordered the throat to be thoroughly painted with Tincture of Iodine as far as the swelling extended, and a gargle every three hours of Infusion of Sage, with an ounce of honey and a drachm of Alum to the pint. As the bowels were very much confined and the constitutional reaction high — pulse 100, full and hard — to have one drachm of Epsom Salts and five grains of Quinine every four hours, until the bowels were well acted on.

October 29.—Four doses of the medicine have been given,

and operated well. No fever to-day. The swelling of the throat has subsided and the tonsil is cleaning. No further extension of the deposit. The throat, however, is still very sensitive and the anorexia complete.

Continue gargle. No medicine.

October 31.—Can swallow well to-day without pain. Appetite returning.

No sequelæ except partial aphonia of protracted duration.

DIPHTHERIA — FOLLOWED BY TRUE CROUP — TRACHEOTOMY.

CASE LXXXIV.—Diphtheria — Followed by True Croup — Tracheotomy. October 29, 18—. E. M., aged 11. This is a delicate, pale, little girl, of feeble digestion — has complained of sore throat for several days. To-day has fever — pulse small, quick and 100 — bowels confined. On examination, the whole faucial mucous membrane is red and injected, and one tonsil covered with diphtheritic deposit. As she has been eating very heartily of nuts, raisins and trash generally for the last two days, ordered Magnes. Henri, 3 ss — to be eaten dry, and repeated every three hours, until free operation from the bowels. This was at 9 A. M. At 7 P. M. the medicine (two doses) had operated five or six times very freely — but the fever

had increased — the skin was hot and dry, and the deposit on the tonsil had enlarged.

Ordered a teaspoonful of Paregoric Elixir and one of the following pills every four hours :

R	Quiniæ Sulph.,	grs. x.
	Pulv. Dover,	grs. iv. M.

Ft. pil. no. iv. The throat to be gargled every three or four hours with the following :

R	Potoss. Chloras.,	3 j.
	Acid, Muriatic,	gtts. xxx.
	Mel. Spt.,	3 j.
	Aq. font.,	3 vij. M.

October 30.—9 A. M.—Fever decidedly less. The original tonsil clear of deposit — the other covered thickly.

Continue gargle. In addition :

R	Quiniæ Sulph.,	grs. xij.
	Tinct. Chlor., Ferri,	gtts. lx.
	Acid, Nitr. Mur.,	gtts. v.
	Syrup Limonis,	3 ij.
	Aq. font.,	3 vj. M.

Tablespoonful every four hours.

October 31.—There is no fever this morning, and the child is up and cheerful. Has eaten a good breakfast. The throat is clear of all signs of diphtheritic membrane. But there is a hoarseness about the voice, and she complains of tightness across the chest.

Suspended the use of the Quinine and Iron, and ordered Syrup Scil. C, fifteen drops every three hours.

November 1.—No fever and no diphtheritic membrane visible — child up and playing, but voice very hoarse, and a shrill, ringing cough, boding ill. Complains, too, of difficulty of respiration, though she slept well last night.

Ordered : Calomel, half a grain ; Ipecac, one-sixth of a

grain, every three hours, and child to be confined to one room, of warm, equable temperature.

November 2.—I was called out of the city for twenty-four hours, and as the medicine produced vomiting, it was discontinued after two doses.

November 3.—6 A. M.—Child decidedly worse — has fever — hoarse, stridulous cough — and hurried, difficult respiration — has slept badly. There is a free deposit of a firm, diphtheritic membrane, white and close on one tonsil, and on the pharyngeal mucous surface behind the uvula, and as far down as can be seen. True or diphtheritic croup has evidently developed.

Ordered one-half grain of Calomel every thirty minutes. Discontinue other treatment.

After taking twelve doses, the Mercury began to irritate the stomach and bowels, so that it was discontinued. Dr. H. G. L. was called in, and we concluded to give three grains of Iodide of Potash every three hours and to touch the pharynx and upper part of the larynx with saturated solution of Nitrate of Silver.

November 4.—The stomach has borne the Potash very well, but the croup is by no means relieved. Symptoms are all steadily growing worse.

Continue the internal treatment. In addition: apply every hour to the membrane in the fauces and in the larynx, as far as it reached, without attempting to pass the vocal cords, Lactic Acid in Liquid Pepsin — thirty drops of the former to half an ounce of the latter. To inhale every half hour vapor of Lactic Acid.

November 5.—The child has steadily grown worse under all treatment. As suffocation is imminent, and the necessity for relief instant and urgent, I propose tracheotomy. The parents, who had already lost a son with croup, and little girl herself willingly consenting, I opened the trachea just below

the laryngeal space, dividing two rings and cutting into that space, and introduced the double sheathed tube. Not two tablespoonfuls of blood were lost—the operation was a complete success, and the relief instant and infinite. The little girl made signs for her slate, and laughing, wrote she “was well.”

November 6.—7 A. M.—After a comfortable night, the child was taken with fever and dyspnœa an hour ago. There is capillary bronchitis and engorgement of the lungs.

11 A. M.—The little patient has just passed quietly away. No post mortem permitted.

DIPHTHERIA.

CASE LXXXV.—Diphtheria. November 1, 18—. A. P., aged 7—a bright, lively little girl, in fine condition. Diphtheritic membrane covering tonsils and back of fauces. No fever.

Ordered the usual prescription of Quinine, Iron and Chlorate of Potash, both a gargle and a medicine. Diet liberal.

This little girl never took her bed—but for fifteen days the deposit did not disappear from the throat, and she came out of her sickness worsted and emaciate. No sequelæ. One remarkable fact in reference to this case was, that, although it occurred in a large family of children—eight of them under twelve years of age, and in a neighborhood where the endemic influence was strong and malignant, no other child had the disease. No segregation or prophylaxis was resorted to. Certainly strong evidence against contagion.

DIPHTHERIA.

CASE LXXXVI.—Diphtheria. November 16, 18—.J. W., aged 10 years — a well grown, strong looking girl — her mother says she has been complaining several days — and has had fever and sore throat — has no fever now, and is walking about — has anorexia — total — says she has no pain — pulse quick and feeble. The throat behind the angle of the lower jaw and all in the right tonsillary region is swollen out even with the face — no hardness and no tenderness on touch. Internally the whole faucial mucous membrane — including that covering the uvula — seems substituted by a wet, dirty looking chamois skin.

Ordered the throat to be painted externally morning and night, over the swelling, with Tincture of Iodine, and the child to take a tablespoonful of the following every four hours :

℞	Potass. Chlor.,	3 j.
	Ferri Chlor. Tinct.,	3 j.
	Quiniæ, Sulph.	grs. x.
	Syrup Simp.,	℥ j.
	Aq. font.,	℥ v. M.

In addition : to have eight ounces of egg nog in twenty-four hours regularly and the richest and most nutritious diet. A gargle of decoction of Red Oak, alternated with gargle of

Creasote, to be thoroughly used three or four times a day.

The throat cleaned on the fifth day of the treatment — the ninth of the disease; but the patient succumbed on the tenth day of the treatment and fifteenth of the disease from asthenia.

DIPHTHERIA.

CASE LXXXVII.—Diphtheria. A. W.—older sister of the girl whose case has just been recorded. She is 12 years of age — has had some malaise and feverishness for several days — but no attention was attracted to her case until to-day, November 20. There is no diphtheritic deposit on her tonsils or uvula, but behind the arches and on the back of the fauces, as low down as can be seen, is the same dirty chamois skin looking membrane that was seen in her sister's case. Her throat is swollen externally, in front, on the sides and behind. Indeed, the whole neck is almost twice its natural size — the swelling extending down to the sternum in front and below the seventh cervical vertebræ behind. It is tense and sensitive — no heat. There is but little constitutional disturbance.

Ordered a tablespoonful of the following every four hours :

R	Potass. Chloras,	3 j.
	Quiniæ, Sulph.,	grs. xij.
	Tint. Ferri Chlor.,	$\frac{2}{3}$ ss.
	Aq. font.,	$\frac{2}{3}$ vss. M.

The whole neck to be painted with Tincture of Iodine morning and night, and eggnog, milk toddy, beef tea, and the richest viands and most nutritious to be given her regularly and persistently. The throat to be gargled with decoction of Red Oak bark.

This girl had a hard struggle for life, but recovered in twenty days. No sequelæ.

Two other members of this family — a boy of five years of age and a girl of two — were successively attacked, and both recovered without notable sequelæ, except a protracted asthenia.

The cases just recited, culled from notes kept during several epidemics of diphtheria, give a fair illustration of the history, symptoms, treatment and sequelæ of the disease as it appeared in this locality during the last decade. The growing frequency of its visits; its impartiality — “knocking as often at the palace as the cottage gate”; its specific pathology; its gravity — all conspire to render it a matter of earnest interest to the practitioner of medicine, and warrant us in discussing certain points at least in its character with a fullness not otherwise allowable in a record of clinical notes.

It does not accord with the object of this paper to look further back into the history of the disease than the reading of two memorable essays before the Academie Royale de Medicin

in the year 1821 by M. Brettonneau, a physician of Tours, who recounts in them the invasion and ravages of a species of sore throat, which he designated as diphtherite. It had prevailed for two years in Tours and its vicinity, and was characterized by him as diphtherite on account of a peculiar exudation which appeared in throats of the persons attacked and which presented the appearance, according to him, of diphthera, (a Greek word — skin, or hide). This membranous exudation formed the distinctive pathological feature of the disease, and no case of sore throat was considered diphtherite or diphtheria from which it was absent.

He held that the disease was communicable only by contagion, and that the virus of inoculation consisted of the diphtheritic secretion in a liquid or purulent form. This was to be brought in contact with denuded epidermis or softened mucous membrane — by immediate application. Thus only could true diphtheria be contracted. (See *Memoirs on Diphtheria*, published by Sydenham Society, London. Pages 166-7.)

This was the first appearance of the disease during the present century, as far as I am apprised, and though it prevailed for several consecutive years both on the continent and in Great Britain, even to the extent of calling forth certain publications from the physicians of Glasgow; (*Med. Chirurg. Review*, vol. vi.) yet it did not seem to attract general interest until the outbreak of the memorable epidemic at Bologne early in the year 1855. From that place and period it commenced its career, and has continued its course, until it has made a nidus and a name in every land, throttling its victims without mercy and without remorse, and only pausing in its ruin before the red horrors of the relentless wars which have cursed the earth during the same decade.

The first case on my note book dates June 1, 1869. Since then it has been a subject of much and melancholy interest. In reviewing the cases reported we propose to discuss points only of most practical interest, and

FIRST.—Of the *contagiousness* of diphtheria. We have noticed the fact that Brettonneau, in his fifth memoir—loc. cit.—not only announced diphtheria to be contagious, but affirmed that, like syphilis and vaccinia, it was only communicable by inoculation or by actual contact of the matter of exudation with soft or softened mucous membrane or abraded epidermis. I do not know of any case in my own experience in which the disease was so communicated. Professor Trousseau and Dr. Harley both failed to communicate it to themselves or to their pupils by inoculation. So did Dr. Peter. M. Isambert, in the *Archives Generales de Medicin*, 1850, says that the opinion of Brettonneau, that diphtheria is not transmitted by the atmosphere, but is always the result of inoculation, is altogether too exclusive; but he, too, with most of continental writers, inclines to the opinion of its contagiousness. In an able and exhaustive paper on diphtheria—a prize essay—by Prof. E. S. Gaillard, of Louisville, Ky.,—published in the *Richmond Medical Journal* of 1866—the author holds the disease to be contagious. Dr. Austin Flint—*Principles and Practice of Medicine*, 1867—regards the question as still sub judice. Dr. Neemeyer—*Practice of Medicine*, ed., 1869, vol. II, page 607—says that the disease is contagious, and that the contagion resides in the false membrane and shreds of tissue detached from the fauces, etc. *I must confess that I have never seen a case in which I thought the disease was communicated by contagion. I have not often had any reason to believe that it was communicated by infection.* In open, well ventilated apartments I have never taken other pains to segregate the sick from the well than the simplest rules of health suggested and the requirements of comfort demanded, and have never had cause to regret my course. Even in a crowded military hospital of 250 beds which I had charge of at one time during the late civil war, and into which a case would occasionally be brought and sometimes of great malignity, no measures of isolation

were adopted, and yet in no instance was the disease known to spread from the patient to any other soldier, or to surgeon, or nurse or hospital attache. Such surely could never be recorded of any disease which was undoubtedly contagious.

Dr. Rankin, in a lecture on diphtheria in the London *Lancet*, 1857, expresses so much better than I can and so entirely my views of that subject, that I cannot refrain from giving them in full. He says: "My own conviction is that it (diphtheria) *is infectious to a limited degree*; by which I mean, that when patients are accumulated in small, badly ventilated apartments the disease is likely to be communicated; but I do not fear that like scarlatina or erysipelas, it may be propagated in spite of all sanitary precautions, still less that the infection can be conveyed by the clothes or persons of those who visit or superintend the sick. That it commonly spreads through the family once invaded is to be attributed to the persistence of the same cause that originated the first case."

I cannot recall any instance during any epidemic of diphtheria that I have seen where the disease spread entirely through the family. Cases LXXIX and LXXX occurred in a family of five persons, in which all were attacked but one—but in all the other cases reported the exemptions have been about equal to the number of those attacked. Case LXXXV was the only one in a family of ten children under fourteen years of age. No effort was made to separate the patient from the other children, and though the case was quite a bad one, and the endemic influence in that locality of the city very decided, no other case occurred.

In Case LXXVI the patient attended, about two weeks before his attack, the funeral of a child in a family which had lost several members from diphtheria in a very few weeks. Per contra, if he contracted it there, it was singular that no one else did—and more singular, that no one of his own family, consisting of several children and two adults—and that no

visitor or nurse contracted it from him. In fine, the epidemics of diphtheria which have prevailed in this city and its vicinity have rather partaken of the character of endemics, lurking with especial malignity about certain localities — and those not invariably the most crowded, ill appointed, or otherwise unhealthy. In such neighborhoods, no care, prudence or forethought, no sanitary police or hygienic regulations have ever been able to hedge the grim garroter or to fence the people from his noisome presence.

I have contented myself in such instances with assuring the friends of the sick that there was no danger at least in personal contact, and have thus secured to my patients the comfort and help of nursing and ministrations for which they might otherwise have suffered.

SECONDLY.—In reference to diagnosis. I think no disease should be called diphtheria unless it presents that one pathognomonic sign, which may be known and read by the veriest tyro, viz.: a plastic membranous exudation. This almost invariably appears originally on the faucial mucous membrane; but it is sometimes seen in the nares, on the lips, in the vagina, or on any portion of the body where there is mucous membrane exposed to the action of the air, or where there is any abrasion of epidermis. I have seen a dozen different sores on the face of a child, made by its own nails, and each one covered with diphtheritic exudation. But whenever it is seen on mucous membrane anywhere it may safely be premised that it has been present on the fauces. I have only seen two cases in which there was deviation from this rule. In one, the disease was limited to the anterior nares, and in the other to the roof of the mouth. The faucial membrane was not affected during the attack in either patient — though in one of the patients the disease was very grave and protracted.

I am not familiar with any species of sore throat for which, it seems to me, diphtheria could well be mistaken, and I see no

more reason for confounding it with scarlet fever, which has occasionally been done than with variola. Both of these diseases are attended, it is true, with sore throat; but the eruption which marks one and the other is not more specific or characteristic to my eye than the membranous exudation in diphtheria. The differential diagnosis between the latter disease and the pseudo-membranous croup of Home is sometimes not unattended with difficulty, and is at the same time most earnestly and practically important. Many writers, both in this country and abroad, and perhaps the majority of continental authorities, from Brettonneau to Duche, regard diphtheria and diphtheritic or true croup as essentially the same. Even Prof. Flint—*loc. cit.*—regards the diphtheritic exudation and the membrane in true croup “as essentially identical as regards gross and microscopic characters”—though he remarks that “other circumstances show the non-identity of the two diseases.” Microscopists have had the membrane of croup, as well as the membrane of diphtheria, under their lenses for twenty years, of course; but I do not think that any man can claim that they are sufficiently agreed in their opinions as to justify the announcement that the anatomical character of the diseases are the same. I have doubted whether the soft, pulpy, aplastic membrane of epidemic diphtheria is ever seen as such in the larynx or trachea. I have not seen a sufficient number of cases in which I have had opportunity of examination to verify this opinion, and give it without qualification. But in all cases which I have seen the membrane has assumed in the air passages gross anatomical characters so different from those apparent in the fauces as to lead me to believe that the inflammation set up in the larynx partook not at all of the specific nature of the malady.

Dr. Felix Von Neemeyer, Professor of Pathology and Therapeutics in the University of Tubingen, says: “Of these two forms of inflammation, the croupous and the diphtheritic, (the

essential duality of which has of late been in much dispute,) it is almost exclusively the croupous form which appears on the mucous membrane of the air passages; and it is in rare and solitary instances of secondary croup, when that malady forms part of some general, acute, infectious disorder, as measles, small pox, scarlatina or epidemic diphtheria, that a transition from croupous to diphtheritic inflammation is observable. Even here, too, though the pharynx may be the seat of most exquisite diphtheria, it is far more common, and is, in fact, the rule for the laryngeal inflammation to retain the characteristics of true croup." (*Text Book of Practical Medicine, etc.*, by Dr. Felix Von Neumeyer. Translated by Geo. H. Humphreys, M. D., and Charles E. Hackley, M. D. Vol. I, page 15, Edition D. Appleton & Co., 1869). In Volume II, Art. Diphtheria, page 603, he more clearly teaches the duality of the membranous, or the exudation in diphtheria and croup. This was very evident in Case LXXVI. In the fauces, covering the soft palate and tonsils, and pharyngeal space as far as seen, the membrane was a soft, thick, puffy, pulpy exudation. In the air passages it was a firm, whitish, plastic membrane, brought off in cast of the larynx, showing its rings, and showing minute vessels, as if the structure was in process of true organization.

But, however this question may be, the dynamic characters of the two diseases are certainly and unequivocally different. Croup is an open, sthenic phlegmasia—diphtheria is asthenic and evidently dependent on some low form of blood infection—a toxæmia. And the facts of their history and the circumstances of their occurrence are all different. Croup commences in the larynx, and though it may extend downwards, never extends upwards. Diphtheria commences in the fauces, and though it may extend downwards, yet very often extends upwards. The first symptoms of the latter occur in the parts subservient to deglutition, the first symptoms of the former in the respiratory tract. One is always idiopathic—

the other secondary — one is affected by temperature and season, and is never epidemic or infectious — the other is capable of wide-spread epidemic influence at any season, and is sometimes infectious. Both are diseases peculiar to childhood; but diphtheria is often seen in the adult, croup rarely. In the latter disease no unpleasant sequelæ ever follow recovery — as paralysis, loss of vision, etc. In the former such sequelæ quite often ensue. In one the antiphlogistic treatment is generally indicated — in the other it is productive of harm, unless used with great discretion. In the one the prognosis is generally favorable, except in some epidemics — in the other it is exceedingly grave. The duration of one is rarely beyond ten days — the other often continues twenty. Convalescence from the one prompt and speedy — from the other tedious and uncertain.

TREATMENT.—It will be observed that in Case LXXVI, the first of the series reported in this paper, the disease had lost to some extent its original character when I saw the patient for the first time. The diphtheritic membrane was falling off and filling the throat and fauces with semi-detached shreds of thoroughly disorganized and amorphous products. The amount of this mass and the extent to which it interfered with respiration and deglutition made it necessary to remove as much as could be gotten off. Thus I resorted to the only rude contrivance at hand to effect this purpose. The deposit was also putrid and offensive. I used, therefore, a detergent and antiseptic gargle, the best that could be procured from the limited supplies to which I then had access; and an astringent wash, as a support and stimulant, to the relaxed and congested capillaries of the portions of the mucous membrane exposed by the detachment and partial separation of the deposit.

Internally I exhibited the Muriated Tincture of Iron for its specific action upon the blood, foreseeing the effects on the crisis of that fluid, not only of the original virus of the disease, but of matters re-absorbed from the mucous tracts. To this, of

course, I added generous diet and the free use of spirits. And even when acute laryngitis supervened I laid no restraint on my former treatment. I resorted to no antiphlogistic regimen. I said: "Let us sustain the strength of the patient; let us do what we can to send a thoroughly vitalized fluid to the great nerve centres — may be, a biotic force will be generated there, which will seek and subdue the enemy that is assaulting an outer citidel." The result filled my most sanguine expectations. Nature threw off and cast out that which any medication could hardly have prevented the formation of — the firm, semi-organized membrane that so nearly produced strangulation and death.

But what shall I say of the treatment of diphtheria generally?

FIRST.—I will premise that, locally and constitutionally, *I believe it has often been treated too much*. There are few diseases for which we have found a specific. The medical man is fortunate who discerns the course that nature points out for the elimination of *materies morbi*, and who conducts the treatment along that way without contravening any of nature's efforts. He undoubtedly attains to the highest excellency in the healing art who becomes the most efficient colaborer with the *vis medicatrix naturæ*. The scalpel, the lens and the retort have dissipated much error, and flooded with the light of exact science some of the darkest paths in which the fathers of our profession groped; but the material of disease is often so subtle that no delicacy of manipulation can detect it and no re-agent determine it. It is, therefore, that specifics and antidotes are mostly popular with the empiric and the presumptuous; whilst the honest, scientific physician, humbly willing to embrace the true significance of *curare*, only undertakes to conduct, and thus to cure.

Thus of diphtheria. What is its etiology? What is that morbid force which determines to the faucial region such con-

dition of nerve and capillary, and cell, that an excrementitious membrane is generated there, whose presence is a clog in the ways of life, and whose reaction and infection is felt and shown in an hundred protean forms of functional innervation or organic disorder? Why follows as a sequence upon that speck of amorphous matter not larger than a dime, deposited on the tonsil, amaurosis, aphonia, paraplegia, amentia? Who can tell? We know nothing of its nature. We must meet the occasion as it comes, and combining our own experience with that of our fellow laborers and with that of the honest and sagacious observers who have gone before us, deal with each epidemic according to the dynamic power which it develops.

The treatment divides itself naturally into local and constitutional.

And of the local treatment we would remark. When the disease first makes its appearance, or just before the membrane is formed, there is sometimes great hyperæsthesia of the faucial region, and the act of swallowing even the blandest fluids is accompanied with great pain. This sensitiveness is even extended occasionally to the external tissues. The mucous membrane of the throat is red or livid, injected, and sometimes glazed and deficient in the usual viscosities. The most soothing and efficient remedy in such cases is the domestic gargle and which is familiar to every country housewife in this portion of Virginia, made of Sage tea, Alum and honey. I am in the habit of prescribing in the city, as its substitute, the following, a little more elegant, but not more useful:

R	Alum,	3 j.
	Mel. Borax,	3 j.
	Aq. Rosæ,	3 vij. M.

At the same time I direct the throat to be well rubbed externally every few hours with an embrocation, consisting of equal parts of Tincture Soap, Tincture Aconit root and Chloroform — unless there is swelling of the glands at the angle of

the inferior maxillary and of the cervical tissues generally, as in Cases LXXXVII and LXXXVIII. Under such circumstances nothing is so efficient as the painting of the parts with Tincture of Iodine every six hours as long as the patient can bear it. When, as is generally the case, however, the patient is not seen until the deposit is thoroughly formed, and such portions of the faucial mucous membrane as are visible present a livid and dusky hue, I substitute for this gargle a stimulating wash, as brandy saturated with table salt and diluted with water or not, according to the strength of the spirits — or I use Chlorate of Potash, Iron and Muriatic Acid in something like the following proportions:

R	Potass., Chlor.,	℥ ij.
	Tinct. Ferri Chl.,	℥ ss.
	Acid, Muriat.,	℥ iss.
	Mel. Opt.,	℥ iss.
	Aq. font.,	℥ x. M.

If there be fetor of breath from the presence of the amorphous and separating mass in the throat, I add to either of these gargles a few grains of Carbolic Acid to the ounce. For the relaxed, debilitated condition in which the mucous membrane is often left after the throat has cleaned of all deposit there are few local remedies as efficacious as the simple decoction of the Red Oak bark, used thoroughly as a gargle three or four times a day. For adults and for children old enough to be taught how to use the gargle effectively I rarely have occasion to resort to any other local medication than that just detailed. And for infants who cannot use the gargle what shall I say? I am inclined to write that unless the diphtheritic deposit is so great as to interfere by its actual presence with the respiratory function, or with deglutition, *no local treatment of any sort should be adopted*. I have seen so much unnecessary pain inflicted on the young child; I have seen so much suffering and so much damage ensue from ramming a sponge or mop down the

sensitive throat of a struggling baby, that I am sure I should throw my influence in the scale of humanity by counselling entire abstinence from local application in the case of the infant. I even doubt whether the mild application of powdered borax and sugar to the fauces on a soft camel's hair pencil is not more than counteracted in its good effects by the struggles and screams and excitement that follows on the effort to reach the throat. Who has not observed the piteous and hopeless gaze of horror which the young child fixes on the relentless knight of the probang as he approaches to repeat the suffocation of mopping. If the persecuted children could only speak what a cry would often go up to the merciless doctor, "let us die in peace." I know this is taking a strong view of the case—some may think an exaggerated one—but I write in earnest protest for those who have not a voice to make their own complaint. I gratefully recall the fact that for years I have used no local treatment to the throat of a patient who was not old enough to be taught the use of the gargle or the soft brush, and I cannot recall one instance in which I have reason to wish that I had acted otherwise. If the accumulations in a child's throat are so great, or are so offensive that it must be cleansed, let there be used a large camel's hair pencil or soft linen mop, and let us not push a rude probang down the throat, and, may be, into the larynx and through the vocal cords, in the vain hope of punching off and ramming home, I suppose, the pseudo-membrane which is obstructing the ways of deglutition or of respiration.

And this leads us to the inevitable Caustic. For, of course, no doctor would think of ramming a sponge down a child's throat, whether into pharynx or larynx, (and who can tell which he enters?) without dipping it first into a saturated solution of Nitrate of Silver.

As I had not intended to write a monograph on diphtheria, but only wished to give a cursory view of some practical points,

especially in the treatment, I thought to be content to give my own crude notions without reference to the opinions of other practitioners. But the matter of local medication is too important, and the use of Caustic, especially, too general, to permit me to pass the subject by without citing some most creditable authorities to sustain me.

I have used Caustic wash at the commencement, at the middle, and at the end of cases of diphtheria; and I have used the solution of all degrees of strength, and I have used the solid stick; but if any good result has ever followed the application in any case of the disease which has fallen under my care I have not been able to see it—and I suspect I have used it with as much empiricism and with as little ability to give a rational explanation of its therapy as any of my professional brethren.

And even now, I ask, what results follow its application? Unless used of sufficient strength of solution to substitute an inflammation of its own for the diphtheritic inflammation, it can do no more good than any other stimulant, and will only have the effect to discolor the deposit, and by so much mask the real condition of the throat. This, of course, in those parts of the throat which can be brought into view. And if used of sufficient strength to create an inflammation of its own, how long before this becomes merged in the morbid inflammation, and aggravates and increases it? Any surgeon who may have applied in the days of his early experience Lunar Caustic to an acutely inflamed specific sore on the glans penis and witnessed the phagedenic result which ensued can readily appreciate the facts and answer the question. Let us hear the evidence of some others.

Dr. Edward Headlam Greenhow, F. R. C. P., etc., etc., in a monograph on diphtheria, London, November, 1860, says: "Local treatment applied to the throat internally has been almost universally adopted in diphtheria, and though I by no

means deny its efficacy when judiciously employed, I am sure much mischief has resulted from its indiscriminate use, especially by the tearing away of the exudation by probangs, or similar contrivances for the application of Nitrate of Silver or other strong Caustics. Observing that removal of the exudation and the application of remedies to the subjacent surface neither shortened the duration nor modified the progress of the disease, but that the false membrane rarely failed to be reproduced in a few hours, I very soon discontinued this rough local medication to the tender and already enfeebled mucous membrane."

In an excellent paper on the treatment of diphtheria by Brettonneau himself in the *Medical Times and Gazette*, September, 1859, the following reasons are given for discarding heroic applications to the fauces:

"FIRST.—That the throat affection is but a local evidence of a constitutional disorder, which is unlikely to be arrested in its progress by any treatment directed to secondary manifestations.

"SECOND.—That the throat affection rarely kills except by involving organs such as the trachea or deep tissues of the neck, which are beyond the reach of the possible influence of such agents.

"THIRD.—That if the theoretical correctness of such treatment even be admitted, the application of remedies to the surface of a thick, false membrane with the hope that they may affect the subjacent mucous tissue is not only valueless, but as regards the object intended, practically useless; and that the prior forcible removal of the membrane from the entire surface, in order to their efficient employment, is unjustifiable in the early stage, even if possible, and is likely to be followed by increased inflammation and reproduction of false membrane."

Mr. Wade says, *London Lancet*, August, 1862: "Interference with the false membrane will not prevent its reproduction, nor will it prevent laryngeal complication. We are only justi-

fied in interfering with the throat exudation when there is excessive fetor, or when it is so copious as to interfere with respiration or deglutition."

Mr. F. A. Bulley, F. R. C. S., etc.—*Medical Times and Gazette*, April, 1859—speaking of the mopping of the fauces, says: "In coughing a portion of it (*i. e.*, the solution) has been expelled or passed through the nose, corroding the susceptible surface of its mucous membrane; and again, other portions of it have passed downward, into the pharynx and œsophagus; and I am not sure but that, during the convulsive strugglings of the patient in resistance, some of it may possibly enter the larynx and induce those inflammatory changes in the mucous membrane of the air passages, which are too frequently the harbingers of death in this disease."

Dr. Flint—op. cit.—says—page 914, ed., 1867: "A large proportion, if not a majority, of the practitioners of this country have been led to discontinue the cauterizing and irritating topical applications which have heretofore been in vogue, and to content themselves with soothing and antiseptic local remedies."

When it becomes absolutely necessary, as it does in some instances, to remove from the fauces of a child the accumulated secretions which occasionally seriously interfere with respiration, or to get rid of the putrid and partially detached portions of false membrane which fill the throat, an Alum emetic, repeated several times during the twenty-four hours, is often more efficacious and more reliable than the mop or probang.

But *local treatment* of any sort can, after all, only be regarded as appropriate to fill local indications, and scarcely adjuvant, even, to that more important medication whose object must be to fortify the system against the assaults of an enemy that strikes deeper than mucous or submucous tissue. In watching the local manifestations of the disease, we must not forget that general toxæmia which is infecting the innermost fountains of

life — nor neglect those constitutional measures which afford the safest resource and the surest hope of success.

It is on the general treatment and the general management of the disease that most depends. In mild cases of diphtheria, if in a patient or in a family sufficiently intelligent to appreciate the expectant treatment, I prescribe nothing — disturb the economy with no medicine, and distract it with no changes in dietetics or hygiene. I suffer the patient to be well, and go about his usual business or indulge in his usual sports. If there be febrile excitement with injection of the conjunctiva or flush about the face, I give a mild laxative of Rhubarb and Soda, or of Rhubarb and Quinine, or of Calomel and Rhubarb — especially if there be foul tongue or other evidence of biliary derangement, or of remora of the excretions; or I precede this treatment with a mild emetic if I suspect the presence of unusual ingesta in the stomach. In sporadic diphtheria this is often the sum of the treatment, conjoined with the daily use, for a few days, of Chlorate of Potash water — one drachm to the pint — taken in place of the ordinary drink.

But in epidemic diphtheria; in which the symptoms are grave from the beginning; in which, with or without fever, there is more or less complete anorexia and great debility, when the face is pale or dusky and the appearance anxious; I begin, after gently opening the bowels with Rhubarb and Quinine, the use of Tincture of Iron, Chlorate of Potassa and Hydrochloric Acid — combining gargle and medicine in one solution. In the case of an adult I sometimes give, uncombined, twenty or twenty-five drops of Tincture of Iron every three hours — or three grains of Quinine as often, until the patient is pretty well cinchonised.

I not only allow but urge a liberal and nutritious diet — eggs, oysters, soup, beef essence, and, if there is much debility, wine or brandy in some form, early and freely. But the character of the general treatment must, of course, be regulated, to

some extent, by circumstances—by the constitution of the epidemic, and the condition and surroundings of the patient. I have sometimes had to resort to antiphlogistic treatment, even to the application of leeches to the angle of the lower jaw, and to restricted diet and regimen. Whilst, therefore, in cases of diphtheria requiring medical interference at all, the tonic and stimulant plan is usually most eminently proper, yet there must be, in some instances, judicious discrimination.

But, amongst the phenomena attracting our attention during medical service rendered patients with diphtheria, I know of none more difficult of explanation or of management than the disorders of the motary and sensory nerves, which sometimes follow attacks of that disease, and which are characterized as *sequelæ*. Paralysis of the muscles of locomotion and deglutition, strabismus, amaurosis, aphasia, deafness, senility, impotence, tinglings and prickings of the skin, wandering pains and weaknesses, etc.. etc., are observed, one and severally, after many cases, the severity or mildness of the local or general symptoms bearing no relation, in our experience, to the occurrence of such sequences. I have seen a sprightly, handsome boy of nine years of age who had suffered from an attack of diphtheria scarcely sufficient in its gravity to confine him to his room for a day or two or to require any medication, sitting six weeks afterwards, totally incapable of locomotion or prehension, his chin resting on his breast, his lower jaw pendent, saliva dribbling from the open mouth, whilst the vacant eye proclaimed the condition of the sensorium, consonant with the state of the motor system. This boy finally and perfectly recovered after several months of treatment—the basis of which was Iron and Nux Vomica, with cold baths, etc.

I have seen a lady of sixty years of age, the only one in a family of six, who suffered from diphtheria, during an epidemic of that disease, and who had the local symptoms so mildly developed that the family physician doubted whether

it existed at all, yet unable to swallow a drop of liquid without danger of suffocation for weeks after recovery.

I have seen two instances in a recent epidemic, one in a child of four years of age and one in a girl of ten, in which the dyspnœa from paralysis of the respiratory muscles was most distressing and alarming. The younger child finally died from the combined results of dyspnœa and asthenia—the older recovered eventually.

Where in these instances is the seat of the disordered innervation? At centre or periphery? The scalpel, as far as I am aware, has proven no organic change in any nervous structure. We can only look upon such phenomena as other manifestation of that blood infection which, in an earlier period of the disease, exhibits itself in the formation and excretion upon the mucous surfaces of the diphtheritic deposit. Upon such supposition we prescribe Iron, Quinine, Strichnine, cold baths, etc., etc., in hope of so modifying the vital fluid and so stimulating the great centres as to cause to be evolved a more healthful nerve force. And I am glad to record that the most of such cases, even the worst of them, have ordinarily recovered in from one to three months. In the the absence of any specific remedy for the specific disease we can only pursue a general tonic and alterative course, medical and hygienic, and trust to nature to eliminate the morbid material in her own time and way.

Some reference remains to be made to one of the cases reported in this paper, in which I performed the operation of tracheotomy. As a rule, I think that in cases of pseudo-membranous laryngitis following diphtheria or incident with it, but little hope of success is promised in any operation. It is sufficiently difficult for the patient to rally from the prostrating *effects of so grave a toxæmia as diphtheria without

* M. P. Guersaut, surgeon of the Hospital des Enfants Malades, Paris, in his recent *Treatise on the Surgical Diseases of Children*, page 48, enumerates first amongst the conditions contra-indicating the operation of tracheotomy "General Diphtheria."

superadding the shock of severe surgical interference. The operation is greatly better adapted to cases of sthenic membranous croup, and, even in such patients, is always regarded as the *ultima ratio*. It is true it is growing in popularity, and recent statistics show a better success than formerly; but the statistics are confined to cases of true croup, or are so confounded in the operations for croup and diphtheritic or secondary laryngitis that they are scarcely yet reliable for reference or guidance.

As the diseases are unquestionably two — at least in their dynamic character — I hope the results of tracheotomy or laryngotomy will hereafter be recorded in reference to that difference, and will be more accurate and satisfactory.

I supposed success was promised in Case LXXXIV, if ever promised to operation in secondary or diphtheritic laryngitis. The original disease had been extremely mild, and had yielded very readily to treatment — the epidemic influence was benignant, and the patient a girl of the greatest courage and fortitude. She was the daughter of a most eminent citizen of Virginia, who had already lost a son from croup, and in which case every resource but the knife had been tried — and I was urgently anxious that nothing should be left undone in this instance. The denouement was unfortunate and mortifying, but I am sure that the practice was correct, and under similar circumstances I should again give such a patient the chances afforded by an operation.

DIPHTHERIA.

CASE LXXXVIII.—Diphtheria. September 26, 18—. A. E. This is a pale, delicate looking child of 3 years of age. She is subject to intermittent fever, and had a chill yesterday—to-day she has fever, and her skin is hot and moist. There is a patch of diphtheria covering the whole of the right tonsil, none elsewhere—the mucous membrane of the palate and fauces brilliant red. The bowels are natural and the child's appetite good. This family lost several children some few years ago with diphtheria, and, of course, are very uneasy.

℞ Tinct. Chloridi Ferri, ʒj.
Potass. Chloras, ʒj. M.

Dos. four drops every two hours in a little water. In addition: to be given to-night at bed time and repeated to-morrow morning at sunrise two grains of Quinine in teaspoonful of Aromatic Syrup of Rhubarb. To have the throat gently mopped with a soft mop of linen every six hours with the following:

℞ Potass. Chloras, ʒj.
Acid, Muriatic, ʒj.
Mel. Opt., ʒj.
Aq. font., ʒv. M.

This treatment, except the Quinine, which was not repeated after the two doses ordered, was continued for three days, and the patient dismissed well. No sequelæ.

DIPHTHERIA.

CASE LXXXIX.—Diphtheria. September 9, 18—, 11 A. M. A. R., aged 8—a well grown girl—generally in good health—has had epidemic catarrh for several days—last night was taken with symptoms of croup, and got, on domestic prescription, several doses of Syrup of Ipecac, which produced emesis and relieved the more urgent symptoms—this morning she has a flushed, swollen face—there is considerable redness of the conjunctiva—eyes watering—breathing heavy—dry and moist ronchi throughout both lungs—tonsils and posterior part of fauces covered with a scanty diphtheritic deposit, and the part of the faucial mucous membrane not covered with this presenting the dark red appearance of venous congestion. Pulse and respiration quick and hurried—tongue clean.

℞	Syrup Scil. C,	3 j
	Syrup Limonis,	3 vj.
	Aq. font.,	3 iij. M.

Dos. tablespoonful every hour and a half. For a gargle the following—to be used every three or four hours:

℞	Chlor. Potass.,	3 iv.
	Acid, Muriat.,	gtts. xxx.
	Mel. Opt.,	3 j.
	Aq. font.,	3 vij. M.

No other local treatment.

September 11.—11 A. M.—Fever has subsided — breathes easily — bronchial secretion free — mucous membrane of fauces looking less livid — patches of diphtheria cleaning off — has some appetite this morning — she complains greatly of weakness though, and is pale and disposed to perspire profusely.

Discontinue the compound syrup squills, unless there be tendency to croup again to-night, and give every three or four hours a teaspoonful of the following:

R	Quiniæ Sulph.,	grs. xxiv.
	Syrup Zingib.,	℥ iij.
	Acid, Sulph., q. s. solut.	

Each dose to be taken in wineglassful of water. Continue gargle.

September 12.—The diphtheritic deposit has disappeared — the cough is better — there was no necessity for the expectorant last night, and this morning the patient is bright and cheerful.

Continue Quinine for to-day.

Dismissed. No unpleasant sequelæ.

PERIODIC VS. TYPHOID FEVER.

During the latter part of Summer and throughout the Autumnal months of the year there occurs in some sections of this city, in its suburbs and surrounding country, an endemic fever, identical, we believe, with the fever prevalent at the same season in various localities in the whole of Tide-water, if not in Piedmont Virginia, and which is designated by different practitioners of medicine as typhoid fever, slow fever, nervous fever, continued fever, remittent fever, and, perhaps, one or two other expletives, indicating a want of agreement and accuracy in nomenclature that is sometimes, we fear, an exponent of uncertainty as to the true character of the disease. Following* Dr. Bartlett, we propose to call it periodic fever—a name which, while it is sufficiently comprehensive, does not suggest an erroneous pathology; a charge that might well be fixed on several of the prefixes before mentioned. We desire to draw an especial distinction between it and typhoid fever proper, confident that, though typhoid fever is sometimes found in our midst, it is not the fever in question, and persuaded that any uncertainty with regard to this fact in the mind of the physician attendant may lead to results in practice not only inconvenient but fatal.

* *Fevers of the United States.*

We believe this endemic fever to be undoubtedly the analogue of the old fashioned bilious remittent fever of this latitude familiar to our fathers in medicine fifty years ago, but so changed withal with the times that we suspect it would not add to their posthumous fame could they revisit these scenes that once knew them so well, and attempt to make a diagnosis or to conduct a treatment.

It is, indeed, so unlike bilious remittent fever of even ten years past, not only in the absence of severe constitutional symptoms attendant on its inception, but in the general absence of any special bilious disorder, that unprofessional people, who have seen much of "bilious fever" in its unmistakable type, soon lose confidence in a physician who asserts that this is their old enemy. He must have some new name for them, and *typhoid* fever is the most fashionable and the most imposing. This title we regard particularly unfortunate, if the practitioner honestly apply it as indicative of the nature of the disease, and one that must inculcate erroneous pathology. Any fever or any disease may assume a *typhoid* type, speaking etymologically, but remittent fever cannot become typhoid fever considered as a special disease, originating in a specific poison, and, according to Louis and his school, establishing its entity in a peculiar form of intestinal lesion.

The cases of Summer and Autumnal fever which we append to these notes we regard as periodic fever of remittent type — nothing more. The first cases of the season are usually mild, both as regards intensity and duration of abnormal action. These occur generally about the last of July or the first of August. The physician will be summoned to a gentleman, who will tell him "that he is not sick much, but that he believes he has taken cold from sleeping under an open window." He will complain of pain and soreness in his limbs and loins, of a want of appetite and spirits, and of a general feeling of malaise. He has been attending to his business, though

with some discomfort for several days, and has at length been compelled to remain at home, and is probably in bed. He will remark that he is very weak — unaccountably so. His bowels are in good condition, unless he has disturbed them with cathartics. His tongue is moist and clean, except at its root, where it is slightly furred, and it is large and often indented by the teeth. His skin is warm, sometimes hot — not unpleasantly so — and dry or moist, as he is seen at the period of exacerbation or remission. His pulse is rarely as rapid as 100, and is not full but quick. His countenance is natural, except on exertion, when it exhibits great languor. In the exacerbation his face is a little flushed and his eyes are a little injected. He has had a slight pain in the head occasionally for a day or two — and his nose has several times bled a few drops, and there is some cough, but unimportant. Sometimes there will be more disturbance in the sanguiferous system than is noted above, and the face will be more flushed and the pulse fuller and bounding, and the cephalalgia will be more marked and distressing, and there will be some quickness of reply and, maybe, some incoherency. But in such cases we have found some other source of irritation besides the prime cause of the disease, as a meal of indigestible food, or improper tampering with drastic medicine, or some moral cause. And these are generally the cases which are apt to be prolonged and troublesome.

Now, what pathological condition do these symptoms which we have detailed indicate? There is no important capillary congestion anywhere. There is no anatomical lesion attracting attention. There is no digestive, or hepatic or other visceral disorder. It is the nervous system which is at fault. There is perversion of innervation. And this is confessedly the primary action of malarious poison.

And if the disease be taken now in hand there is no occasion for secondary, functional or organic derangements. We

have an antidote for the poison in Cinchona. Peruvian Bark has scarcely ever disappointed us in any case. In the language of an attractive author, quoted from memory, "amidst the manifold uncertainties of medical science it is gratifying to know that there is at least one important therapeutical relationship established, which defies alike the assaults of quackery and the machinations of skepticism." A full dose of Sulphate of Quinia, exhibited at the first appearance of remission will generally prevent or materially modify the succeeding exacerbation. We say given at the remission, because we think it acts more happily given at this period; but we are not averse to giving it any time when it is necessary that it should be administered. We do not believe that it will act as an excitant in any dose, except in peculiar idiosyncrasies. No do we give it as a sedative, as we would give Digitalis, but we give it as an *antiperiodic*. With this view alone we use it. It is sedative only in view of this property. It neutralizes that poison the irritation of which is manifested in the reaction of fever. A few doses of Quinine, combined or not with a Mercurial, or an opiate, as special cases may indicate, usually cut short the disease. It never "runs into typhoid fever."

In cases occurring later in the season the symptoms are apt to be graver and more serious from the beginning. The exciting cause seems now to have acquired concentration and malignancy. With not so much of premonition as manifested in malaise, languor, debility, etc., the patient will be taken usually about noon or early in the afternoon with a marked chill, lasting some fifteen or twenty minutes, with pains in the head, back and limbs, and attended with a good deal of thirst. To this there will succeed a fever lasting five or six hours, then subsiding into a distinct remission. In this stage there is often considerable diaphoresis and a much more comfortable condition for a few hours, after this, spontaneously, or consequent upon another period of vital depression, there will

occur another exacerbation, followed by another period of remission, only less marked than the first; and the same phenomena will be repeated if the disease be unchecked, until, in a few days, it becomes difficult to perceive, without close observation, any period of remission in the twenty-four hours. It is such cases par excellence, the idea prevails that the disease is typhoid fever.

In almost all of this latter class of cases there are evidences of no little visceral disorder — sometimes of the liver — sometimes of the spleen, or of the whole portal circulation, evinced by fullness and tenderness of the bowels, constipation, nausea, etc., etc. The tongue is smaller and less moist, coated more or less with fur, and disposed to be red at the point and edges. The patient complains, too, of that almost *pathognomonic symptom of bilious remittent fever, an annoying tenacious mucous in the fauces*. The pulse is usually more frequent — as high as 120, and fuller and harder. The face is flushed — sometimes dusky — and there are oftener symptoms of cerebral congestion, as evinced by dullness or delirium. There is the same tendency to epistaxis, and oftener more cephalalgia.

It is in these cases the “triple base” of Maillot so accurately expresses the indications to be filled, viz.: “To combat the visceral lesions; to oppose the return of the paroxysms; to prevent the occurrence of relapses.” To carry out the first it may only be necessary, if the patient be seen in the paroxysm, to administer six or eight grains of the mild Chloride of Mercury, with as many of Dover’s Powder, and one or two of Ipecac, applying one or two dozen leeches to the head or bowels according to the dynamic forces of the patient, the degree of the reaction and the point of concentration of the disease. The early occurrence of the remission will afford opportunity to exhibit the antiperiodic which will effectually meet the two latter. Fifteen or twenty grains of Quinine given

at one dose at this time, or in two doses of a few hours interval between them, will usually jugulate or very materially shorten the attack. Indeed, I have seen it succeed in summarily affecting this, even after the disease had continued unabated for more than a week, and when a dry tongue, nervous tremors and incoherent language had apparently ushered in the typhoid stage. After two or three days of treatment, if the fever still continued, which is sometimes the case, we have found smaller doses of Quinine, five or six grains administered during the remission, to have a very good effect, gradually, as it were, neutralising the poison of the fever, and hastening convalescence without inducing any of the disagreeable symptoms of cinchonism. We sometimes combine the Quinine with Calomel, Ipecac and Opium at its first administration; and where there is much visceral engorgement the antiperiodic is in this way often rendered more effectual. A favorite prescription, and one that I have used so often that it has become a routine practice with me, is to give at bed time two of the following pills, and to repeat the dose at sunrise of the next morning:

R	Hyd. Mit. Chlor.,	grs. iv.
	Pulv. Dover,	grs. iv.
	Quiniæ, Sulph.,	grs. xvj. M.

Ft. pil. no. iv. siq. Pills — antiperiodic. This is usually my first prescription in quotidian intermittent and remittent fever — unless some condition of the patient or complication of the disease forbid it — and it rarely fails to act as diaphoretic, cholagogue and antiperiodic. An assistant surgeon, during the late war, who was transferred from my staff to service in Mobile, Alabama, wrote me that he found it an invaluable prescription in the periodic fevers of that post.

Cases subjected to this treatment in their early stages have not, in our experience, “run into typhoid fever.” Of nineteen cases transcribed from our note book for last September, and some of which we shall reproduce in this article, the average

duration of treatment was six days. Six days more would cover the average period of convalescence. And this large average was owing to the inclusion of two cases which were sick a month, and which finally assumed so much of the typhoid form as to lead us at one time seriously to doubt the accuracy of our original diagnosis. These were two young men, aged nineteen and twenty-one respectively, occupying the same room, and living in a section of the city where periodic and, by some, "typhoid" fever prevails every Summer. They both had been treated very actively with purgatives and without Quinine before I saw them. During their convalescence two other young men, who lived on the opposite side of the same street, and who had nursed them during their sickness, were taken with fever in a similar manner precisely as the two former, and recovered under the treatment I have detailed—the one in three days, the other in a week. Now, I am sure that my four patients had the same malady, and I am reduced to the alternative of deciding that Quinine cured the typhoid fever in the two latter cases, or that the two former were sick with a different disease, viz.: periodic remittent fever. And this last I believe to be the proper conclusion.

When the fever has persisted for two weeks, and the tongue begins to be dry and brown and fissured, and the bowels irritable, we usually recommend about once in twenty-four hours, generally at bed time, four or five grains of Dover's Powder and as much Hydr. C. Creta, if there should seem necessity for the latter in the condition of the secretions, and apply at the same time a mild vesicatory over the abdomen. We continue the use of the antiperiodic, however, exhibiting three grains of Quinine or one ounce of the infusion of Cinchona and *Serpentaria* every six or eight hours.

With regard to the use of purgatives. We have found them generally not only unnecessary, but positively prejudicial at any stage of the disease, and evincing, even the mildest of

them, aptness to induce irritation of the bowels. If the first dose of Calomel which we administer does not operate in twelve hours, we then, not sooner, follow it with half an ounce of cold pressed Castor Oil, or a Seidlitz Powder, and rely upon the simplest laxatives or enemas to open the bowels during the remainder of the attack. Occasionally, in a case sick for a week or ten days, we have not used more than one gentle purgative. The farinaceous articles of diet which are allowed, together with the cold acidulous drinks so grateful to the patient, are generally sufficiently laxative.

The *prognosis* of this fever is favorable. Few cases prove fatal. Perhaps not one in thirty. Its *cause* and *nature* are shrouded in the same obscurity that marks our knowledge with regard to the essential character of all other idiopathic fevers. When we shall have certainly determined and accurately analysed the essence of one, we shall probably be able to elucidate the nature of all others. We attribute its exciting cause to the influence of malaria, whatever this subtle agent may be. We assign to the disease this origin because it prevails exclusively in those portions of the city and surrounding country where the sole or main conditions for the generation of this poison abound, viz.: *A porous, earthly surface capable of absorbing moisture, occasionally soaked with water, and subsequently exposed to a drying process under a certain degree of heat. The fever when endemic within the precincts of this city almost invariably occurs upon unpaved streets and large and illy drained lots. We know certain localities of which we can certainly predict that they will be visited with it at some time during Summer or Autumn. Unless in the instances of persons who have been infected elsewhere, we have never seen a case of it in the paved and populous portions of the city.

We think it sufficiently well established that the fever in question originates in malaria. Of this malaria — of its nature,

* *Martin on Climate. Watson's Lectures.*

constitution or essence we confess we know nothing. Dr. Salisbury, Professor of Physiology, Histology, Pathology, etc., in Cincinnati Hospital Medical College, has satisfied himself, after a series of experiments—certainly most interesting and ingenious—that it consists in microscopic cells of an algoid type, resembling palmellæ—and he transports it at will from place to place, and begets an attack of ague and fever, with its crupto-gamic spores, at will.* He has not satisfied Dr. Wood, however, even with this seeming experimentum crucis—who avers that he has lived with palmellæ, slept with them, swallowed them—by thousands—by accident and design, without detriment or damage—that he has found them in Arctic snow—in frost—on mountain and plain—in city and hamlet where malaria could never be, and periodic fevers were unknown.

We suppose this malaria to be a poison of organic origin, in some way connected with or derived from vegetable decay; that it is disseminated in the atmosphere about the localities of its birth; that it is inhaled into the lungs; that it operates primarily upon the nerves, secondarily upon the capillaries, and that the fever is but a reaction of the system in its efforts to reject or eliminate it. And in briefly saying this, which of itself is mere conjecture, we say all, as far as we are apprised, that is known of the nature of periodic fever.

The *diagnosis* is a practical question—one involving most important issues in the treatment, and one, therefore, which cannot be too critically examined. Remittent periodic fever we regard as *curable*—it may be jugulated—it may be cut short in its course. Whatever may be our uncertainty with regard to the essential nature of the malady, Heaven has not left us ignorant of the remedy. We have this in its most convenient form in the Sulphate of Quiniæ. We may be incompetent to determine the mode of action of this medicine; but its benefits are a matter of observation and experience, and are

* *N. A. Journal of Medical Science.* July and October, 1868.

constantly subjected to the test of the senses. They are unmistakable. Dr. Headland, even, not often at a loss to render a reason for the action of a remedy, confesses that the precise mode of action of Quinine "is enveloped in no small degree of doubt and obscurity."*

He considers, however, the action of Quinine to be primarily on the blood. Whilst it is no doubt true that Quinine does act through the blood in the cure of general debility and the prevention of returns of periodic diseases — in which cases we prescribe it in small and repeated doses, with a view to its thorough assimilation and absorption — yet, in the breaking up of a paroxysm of intermittent or remittent fever we have always considered that its primary action was on the nerves. In these cases we administer it in full doses at a certain time before the return of the ague or the period of an exacerbation, and feel secure of its good offices only when we have developed its peculiar effects on the nervous system, as manifested by deafness, singing in the ears, etc. But all this, of course, is theory — its *curative* effects are facts. Typhoid fever, on the other hand, is *incurable*, at least by any remedy which we record in our armentaria. A distinguished lecturer and physician,† speaking of typhus fever, remarks: "We cannot cure fever. No man has ever cured it." So of typhoid fever, which, if not identical in nature with typhus, has a similar origin and many things in common. There is no specific which will cut it short. The antidote for its poison has not yet been discovered. An effort to jugulate it may be productive of the worst consequences. It is proper that certain symptoms arising during its progress should be combated, and that obstructions in the way of recovery should be removed when practicable; but nature must finally conduct the treatment and effect a cure, if at all effected.

* *Essay on Action of Remedies*, to which was awarded the Fothergilian gold medal for 1852. 3d. edition, 1869, page 356. Article Quinine.

† William Stokes, M. D. Clinical lectures at Meath Hospital.

Hence the importance to the physician of an early and accurate diagnosis. Since the minute researches of Louis, Gerhard, Chomel, I. B. S. Jackson and others into the pathology and symptoms of typhoid fever, it has not been thought generally a very difficult matter to diagnose this disease. But there are very many cases of the endemic fever of which we speak that are not at all dissimilar in some important features from typhoid fever; and we have seen some very good observers evidently mistake the one for the other. The diseases are often alike in the mode of attack—in lurking each about a neighborhood or vicinity—in the frequent succession of cases in a family, or in going through a family, as it is called. Both, too, oftener attack the young, and to both new residents are most susceptible. Both are sometimes attended in the early stages with epistaxis—and in both there is, if often slight, bronchial disorder. In both the bowels are very susceptible to the action of purgative physic. In both, if prolonged, there is often the same dusky hue of countenance, and dullness of intellect and low delirium. They are unlike, however, in their relative gravity or mortality. I do not think the deaths from periodic fever in this city or vicinity would average one in forty. In typhoid fever, however, wherever occurring, the average rate is always much higher. In the Massachusetts General Hospital in 1829 the average mortality was one in twenty-five—but in the same institution in 1830 it was one in three and a half. Of 140 cases observed by Louis more than a third died. According to M. Piedagnel the mortality is about one in seven. Chomel states that the mortality varies very much with season, age, acclimation, etc., but in all cases his average is much higher than in any endemic of periodic fever I have ever seen.

But again. The two diseases differ in this respect. The endemic fever of which we treat is a disease of Summer and Autumn, and never prevails as such at any other season; whilst typhoid fever, according to some of the best observers, is by

preference a disease of winter; or at least, according to Dr. Bartlett, does not prevail at one season more than at another.

The diseases differ, moreover, in the absence in periodic fever of the rose colored spots, one of the most striking phenomenon of typhoid fever, occurring generally on the fourteenth day upon the abdomen of the patient, and wanting only in sixteen out of seventy cases noted by Chomel and Genest. We regard this as a very essential difference, not only elucidating the diagnosis of periodic fever, but defining its specific nature and establishing the fact of its malarious origin. There is no similar eruption in remittent fever, in intermittent fever, in malignant or pernicious fever, in yellow fever or in any other fever, that we are aware of, attributed to malarious or organic poison. Whilst in every other form of fever or disease having its supposed origin in the poison or infection of animal effluvia there is either some disorder of the subcutaneous glands, or some eruption upon the dermoid tissue, partaking more or less of the character of the petechiæ in typhoid fever. We instance, in proof of our assertion, typhus, plague, glanders, syphilis, small pox, measles, etc., etc. We consider, therefore, the absence of any eruption in periodic fever a very important point in its differential diagnosis.*

With regard to the abdominal lesions. Our opportunities for post mortem examinations have been so limited as to render their results of but little worth. We have made a few necropsies in view of this especial question, and one of them was on a patient of one of the most distinguished medical men of this State, who diagnosed the disease to be certainly typhoid fever, and which was sick four weeks. In that case we found no ulceration, engorgement or other affection of the glands of peyer. Dr. Bartlett, in his work before quoted, says, page 152, that lesions of the elliptical plates "*invariably occurs in fatal*

* The introduction of the thermometer into the sick room further facilitates the diagnosis of typhoid fever.

cases of typhoid fever." Could this fact be undoubtedly established, and would physicians be a little more diligent in the post mortem investigations, the diagnosis of the disease *after death* would be definitely fixed. Apart, however, from the inconvenience accruing to the patient and to the doctor, from information so tardily obtained, we must confess that we are not entirely converted to the doctrine of the duality of typhoid and typhus fevers, and do not recognize the lesions of the aggregate glands as pathognomonic of the one more than of another of these diseases. We know this is rank heresy, and hope it will never meet the eye of our old French master in medicine, who drilled us in a very different doctrine. We think, however, we have said enough to prove the duality of periodic endemic fever and typhoid fever. We append a few cases taken from our note book as illustrating the views which we have endeavored to enforce.

REMITTENT FEVER.

CASE XC.—Remittent Fever. July 31, 18—. W., aged 22 — merchant — generally in fine health, but subject to occasional attacks of intermittent fever — thinks he had a chill yesterday noon — had an aching of the back and limbs, and some febrile exacerbation following it — to-day is sure he had one — has quite a fever this afternoon — headache, nausea and restlessness are the prominent symptoms; tongue foul; skin hot, but moist; thirst and anorexia. Bowels constipated.

℞	Hyd. Mit. Chlor.,	grs. iv.
	Pulv. Dover,	grs. iv.
	Quiniæ, Sulph.,	grs. xvj. M.

Ft. pil. no. iv. Two at bed time and two in the morning at 6 o'clock.

August 2.—Had no fever yesterday morning, he says, when he awoke — medicine operated several times by 10 o'clock, and he felt so much better that he got up, took some breakfast and went to the counting room. Felt a little more uncomfortable in the evening, but had no fever, he thinks; and got up again this morning, and went to business after a light breakfast. Says he has not felt as well as yesterday — has had no chill that he is aware of — but took no dinner — feels thirsty and flushed

this afternoon. There is now decided exacerbation, with throbbing of the the temporals, dusky face, and excited, confused manner—pulse 100, strong—skin dry and warm—thirst—more pain in head.

℞	Hyd. Mit. Chlor.,	grs. xij.
	Pulv. Dover,	grs. xij.
	Pulv. Jacobi,	grs. vj. M.

Ft. pil. no. iv. One every four hours if awake. Ten grains of Quinine in morning, five grains at 4 o'clock and five at 8 o'clock. Hands and face to be sponged with tepid vinegar and water.

August 3.—10 A. M.—Is better again this morning—pulse 90—skin natural. His voice is tremulous, however, and his hand nervous and unsteady. Considerable disposition to talk. Is very quiet when he is well. Anorexia and thirst. Had one or two operations from bowels, small watery, and no biliary action.

℞	Liq. Ammon. Acetas,	℥ ijss.
	Tinct. Digitalis,	3 j. M.

Dos. tablespoonful every three hours—to-day. Allow tea, or milk and water and ice ad libitum.

Evening.—Exacerbation very decided—pulse 120, quick—very nervous and loquacious—restless and slightly delirious.

Continue Spirit Mindererus and Digitalis—unless he is quiet. Renew Mercurial of last night, and give four grains of Quinine in the morning at 4 o'clock.

August 4.—8 A. M.—Slept some last night, and is more composed this morning—medicine has produced several dark, thick biliary operations—tongue is disposed to clean at point—skin natural—pulse 100, softer. Patient still a little quick and uncertain in his movements.

Continue Quinine—four grains every four hours.

6 P. M.—Has taken sixteen grains of Quinine to-day. Less fever to-night than for three nights. Thirst less—pulse as in the morning.

Five grains of Calomel and four of Dover's at bed time. Begin Quinine at 4 o'clock in the morning four grains.

August 5.—Has just taken another dose of Quinine at this hour, 8 A. M. Pulse 90, smaller and softer. Patient had good night. Full biliary operation from bowels. Patient quiet—no delirium—some nervousness.

Continue the Spirit Mindererus and Digitalis at intervals of three hours, as on yesterday. Discontinue Quinine.

8 P. M.—No change from morning. No exacerbation.

Omit Spirit Mindererus, unless restless. Give Quinine in the morning at 4 and 8 o'clock as on yesterday.

August 6.—9 A. M.—Patient better. Pulse 85—skin cool—tongue cleaning. Complains of being very weak—muscular tremor very great on attempting to get up or take anything in the hand.

No more medicine to-day. Allow claret punch—two ounces every two hours. He has no appetite.

8 P. M.—Condition same.

Continue punch to-night if awake.

August 7.—8 A. M.—Says he is tired of punch. Asks for a cup of coffee and a cracker. Allow it. Symptoms all gradually improving—tongue cleaning rapidly and disposed to be bare.

R	Cinchon. Cort. Flav.,	$\frac{7}{8}$ j.
	Serpentariæ,	3 j.
	Aq. Bulliat.,	$\frac{7}{8}$ xvj. M.

Infus. per horas tertias col. Dos. wineglassful ter die.

August 8.—Patient fully convalescent.

Continue infusion.

In a week he was well.

Duration of treatment ten days.

REMITTENT FEVER.

CASE XCI.—Remittent Fever. J. L. T., aged 37, active merchant—doing outdoor business for a large commission house—is well made—in good plight, and not “used to sickness.” Has not felt well enough to get up this morning, September 1, 18—, and wants a prescription. He has had an aching of the limbs—especially of the elbows and knees—for three days, and his head feels heavy and dull, as if he had taken cold—his eyes are red and watery—his skin warm and dry—tongue natural, a little large and indented—bowels undisturbed—poor appetite—some thirst—sleeps badly—is unaccountably weak and languid, and wants to be cured at once. His pulse is about 80, quick, small and irritable—says it is much more rapid every afternoon. Has constant tendency to hawk and clear the throat.

℞	Hyd. Pil. Mass,	grs. xij.
	Quiniæ, Sulph.,	grs. xvj. M.

Ft. pil. no. viij. Two every four hours. Diet: tea and toast.

September 2.—9 A. M.—Slept badly again last night. Had some fever; but took warm bath, and skin soon cooled off. The pains in limbs are relieved. The face is a little dusky, the eyes still red, the pulse 80, quick and hard. Complete anor-

exia — discomfort thorough. Stomach nauseated. No action of medicine.

℞ Rochelle Salts, 3 ij.

at once. To have for diet and drink: buttermilk and water, half and half.

Afternoon, 6 o'clock.—Medicine has operated several times — feels more comfortable about the head and stomach — skin a little warm, though, and patient disposed to be restless. Pulse 85, fuller. Has had more thirst to-day, and has relished the milk and water.

Discontinue this for the night and give at bed time:

℞ Pulv. Dover, grs. iv.
Morph., Sulph., grs. $\frac{1}{8}$ M.

To have ice, if thirsty during the night. At sunrise in the morning to take 10 grains of Quinine in pills.

September 3.—12 M.—Says he had a good night last night. Slept more than he has for a week — felt refreshed this morning, but is feeling languid again. Is thirsty, and asks for a cup of cold tea — pulse 88, quick — tongue tremulous and clean — complains of great weakness.

℞ Infus. Cinchon. Flora, $\frac{7}{8}$ xvj.

Wineglassful every four hours. To have his Morphine and Dover's Powder at bed time to-night.

September 4.—P. M.—Has been more comfortable for the last twenty-four hours — no heat of head or skin this afternoon — thirst less — has taken buttermilk to-day with relish, however. No appetite for anything else. Bowels not moved for forty-eight hours. Open with enema of soapsuds.

Continue infusion of Cinchona.

September 5.—Says he begins to feel all right. The phlegm in his throat does not annoy him now, and he thinks he would relish some chicken water. The pulse is yet 88 and quick — no heat of skin. Still complains of great debility.

Allow the chicken water. Upper bowels have not been moved for several days.

℞	Pulv. Rhei Opt.,	℥ss.
	Sod. Bicarb.,	℥ss. M.

Ft. pulv. To be taken at once. Continue the tonic.

September 6.—Is clearly convalescent. Appetite returning. Sat up in bed, and took a cup of tea and some toast for breakfast. Bowels well moved from Rhubarb and Soda yesterday. Slept well last night — no dreams.

℞	Quiniæ, Sulph.,	grs. xij.
	Ext. Gentian,	grs. xij. M.

Ft. pil. no. xij. One ter die.

September 10.—Is up and feels able to look after some business about the office.

Duration of fever and convalescence twelve days. Duration of treatment ten days.

PERIODIC OR REMITTENT FEVER.

CASE XCII.—Periodic or Remittent Fever. J. B., aged 17 — healthy, robust youth — living in malarious district — sent for me this morning, August 25, 18—, at 9 o'clock. Was taken day before yesterday in the afternoon with a marked chill — has had chills several times in his life, and knows what a chill is — had sweat the same night, but fever did not go off — was worse last night than night before, though he had no chill. This morning he is flushed and restless — skin hot and dry — tongue foul — breath offensive — headache — thirst and anorexia — pulse 100, hard. He took last night, by domestic prescription, eight grains of Calomel and five grains of Dover's Powder, which has not yet operated.

℞	Sulphas Quiniæ,	grs. xij.
	Sulphas Magnes.	3 ij. M.

Take at once in half tumbler of water. Diet absolute.

6 P. M.—Medicine has operated three times. Skin softer and moist — pulse 90, quick — is less restless and more comfortable than at the same hour for two evenings past. No medicine to-night. Warm bath at bed time and twelve grains of Quinine at sunrise in the morning.

August 26.—Afternoon.—Has still some febrile exacerbation — pulse 85, quick — skin warm — tongue disposed to clean. Has taken some buttermilk and water this forenoon with a better relish.

R	Hyd. Mit. Chlor.,	grs. iv.
	Quiniæ, Sulph.,	grs. xij. M.

Ft. pil. no. iv. Two at bed time and two at sunrise to-morrow.

August 27.—Afternoon.—Says he was a great deal better all the morning, but ate some watermelon about noon, which has made him feel uncomfortable. Has had several dark passages. Has more fever than on yesterday — headache.

No medicine. Hot bath at bed-time. Six grains of Quinine to-morrow morning at sunrise.

August 28.—Afternoon.—Has no exacerbation this afternoon — has had no fever. Has some appetite.

Ordered four grains of Quinine every morning for three days, and light diet.

Duration of fever four days. Sickness and convalescence one week.

PERIODIC OR REMITTENT FEVER.

CASE XCIII.—Periodic or Remittent Fever. E. J., aged 18. August 20, 18—. This is a delicate girl—not a subject of ague and fever—though living in the malarious district. She has had fever for three days that her mother has noticed. Has been languid, spiritless and feeble. Has complained of dull headache and flying pains in the limbs and back—has no appetite, but no thirst—tongue furred—skin hot, dry and sallow—bowels full, uneasy, and confined. Expects her monthlies soon—is not irregular.

℞	Hyd. Mit. Chlor.,	grs. viij.
	Pulv. Dover,	grs. viij. M.

Ft. pil. no. iv. One now and one in six hours. Hot sitz-bath at bed-time.

August 21.—11 A. M.—Slept some last night—courses have appeared, affording relief to pain in head and back—no operation from medicine. Skin still hot and very dry—pulse 100, full.

℞	Quiniæ, Sulph.,	grs. x.
	Magnes, Sulph.,	3 ij. M.

at once in half tumbler of water. Allow Tamarind water if thirst be troublesome.

Afternoon.—Medicine has produced two or three light colored operations, but without relief to patient. Skin still hot and dry — pulse 110, quick.

℞ Hyd. Mit. Chlor., grs. v.
Pulv. Dover, grs. v. M.

Ft. pulv. At bed-time. Repeat dose of Salts and Quinine in the morning.

August 22.—Had a more comfortable night and some perspiration — medicine has operated up to this time, 11 A. M., thrice — stools dark and thick — pulse 90 — tongue cleaning — expresses herself as better.

℞ Quiniæ, Sulph., grs. xij.

Ft. pil. no. iv. Begin to-night at 8 o'clock and take one every four hours.

August 23.—Afternoon.—Has no exacerbation. Skin cool and moist — pulse 80 — appetite returning.

No medicine.

She took five grains of Quinine for two or three mornings, and was well.

Duration of fever six days. Convalescence four days.

PERIODIC OR REMITTENT FEVER.

CASE XCIV.—Periodic or Remittent Fever. August 18, 18—. B. S., aged 30 — stout, robust and vigorous man — was riding three days ago on the top of a stage coach in the country, when he was taken, after some hours exposure to the sun, with nausea, headache and vertigo. Has had fever ever since — worse at night — his tongue is thickly coated with yellowish white fur — eyes red — face dusky — pulse 100, full and hard — complains of fullness about the stomach — has total anorexia — but little thirst — bowels loose — has several thin, light operations every day. Has had no treatment.

℞	Hyd. Mit. Chlor.,	grs. vj.
	Pulv. Dover,	grs. vj.

at once. Repeat in six hours.

August 19.—Has had some half dozen operations of same nature as yesterday, and two or three dark and thick. Was made very sick under operation of medicine. Feels better now. Has less fever — skin moist — pulse 90.

No medicine to-day. To have to-night two of the following pills, and two in the morning at sunrise :

℞	Hyd. Mit. Chlor.,	grs. iv.
	Pulv. Dover,	grs. iv.
	Quiniæ, Sulph.,	grs. xvj. M.

Ft. pil. no. iv.

August 21.—No fever. Skin cool and moist—tongue cleaning—appetite returning—complains of weakness.

Allow chicken water. No medicine.

August 23.—Has some fever again to-day.—is drowsy and dull—skin hot, but not dry—complains of pain in region of liver, and has a dry, symptomatic cough. Bowels not moved to-day.

To take to-night: Calomel, five grains; Dover's, three grains. To-morrow morning at sunrise: twelve grains of Quinins and two drachms of Epsom Salts. Diet absolute.

August 24.—Still a little heat of skin—pulse 85, quick—pain in side relieved—says he is much more comfortable. Medicine has produced three or four large, dark, thick stools.

No medicine to-night—warm bath. To take to-morrow morning at sunrise ten grains of Quinine in solution.

August 25.—Noon.—No fever. Feels able to sit up a little.

Order nothing. Convalescent.

August 29.—Dismissed.

Duration of fever seven days. Convalescence four days.

PERIODIC OR REMITTENT FEVER.

CASE XCV.—Periodic or Remittent Fever. June 1, 18—. W. F., aged 15 — a healthy, well grown lad — had intermittent fever last fall, but been well since — until yesterday — was taken with a chill at 12 o'clock, followed by high fever, which has not gone off this evening. He has headache, flushed face and sick stomach — pulse 125, hard — anorexia and thirst — complains of pain about the navel — bowels natural.

℞	Hyd. Mit. Chlor.,	grs. ij.
	Pulv. Dover,	grs. ij.
	Pulv. Ipecac,	grs. j. M.

at once. Hot, pediluvia. Diet absolute.

June 2.—Rested tolerably well last night. To-day, 12 M., has still fever, but not so high — pulse 100, quick. Medicine has operated twice. Complains greatly of thirst and phlegm in the throat.

℞ Neutral Mixture.

Tablespoonful every two hours — cold. To-night the same treatment as last night, and to-morrow morning at sunrise ten grains of Quinine in one dose.

June 3.—Slept but little last night. His skin is cooled, and his pulse 90 and softer. Medicine has operated once —

dark stool. He still has thirst—some redness of tongue, and complains of more pain in the bowels, which are hot and tender to the touch.

No medicine. Poultice of Flaxseed meal to bowels and warm bath to-night. To-morrow morning at sunrise ten grains of Quinine.

June 4.—Afternoon.—Has had no exacerbation to-day. Skin cool—pulse 80—tongue better—no thirst and no pain in bowels. Asks for something to eat.

Allow milk and mush.

June 5.—Dismissed.

Duration of treatment five days.

PERIODIC OR REMITTENT FEVER.

CASE XCVI.—Periodic or Remittent Fever. September 28, 18—, 6 P. M. R. F., aged 18 — school boy — been spending the vacation on the Nansemond River in a highly malarious district — has just returned to-day — has headache, thirst and anorexia — eyes red, and face flushed and dusky. He has been “feeling badly,” he says, for several days, but has had no chill and no fever until to-day. His tongue is foul and secretions torpid.

R Hyd. Mit. Chlor., grs. vj.
Pulv. Dover, grs. iij.. M.

To be taken at bed-time and followed in the morning by Seidlitz Powder.

September 29.—Young F. felt so much better this morning that he left his bed and went out. He felt so badly about noon, though, that he was glad to return. Has been able to eat nothing to-day. Medicine has only operated once. Now — at 6 P. M.— he is complaining of pains in head and limbs, but says he has had no chill. His skin is hot and moist, and his pulse 100 and full. Still thirsty.

Ordered

R Hyd. Mit. Chlor.
Pulv. Dover, ãã grs. iv.
Quiniæ, Sulph., grs. xvj. M.

Ft. pil. no. iv. Two to be taken at bed-time and two in the morning at sunrise. Diet absolute.

September 30.—1 P. M.—His medicine has had no effect. He has more fever—pulse 120, hard and full—face dusky and splotched—thirst great—skin dry—no pain anywhere.

Ordered

℞	Ol. Ricini,	3 vj.
	Aq. Menth. Pip.,	℥ iss.
	Potass. Cart. q. s. emulsio.	

One-half at once and one-half in three hours. To have pounded ice—as much as he will eat—and hot pediluvia at bed-time. To take to-morrow morning at sunrise eight grains of Quinine and eight grains at 8 o'clock.

October 1.—3 P. M.—Has had no fever to-day—pulse 80, soft. Skin cool and moist. Medicine operated four times yesterday—appetite returning.

Dismissed.

PERIODIC OR REMITTENT FEVER.

CASE XCVII.—Periodic or Remittent Fever. September 23, 186—, 6 P. M. B. K., aged 14—a well grown and healthy boy. Had a chill the day before yesterday at 11 A. M., since which time his “fever has never gone off;” though he felt better yesterday morning and again this morning; but to-day at 11 A. M., had a very severe chill, and has had violent pain in the head and back ever since. The reaction is now complete; but he lost a brother a few weeks ago with congestive chill, and is very much alarmed. His skin is hot and moist—pulse 120, full and soft—tongue partially covered with yellow fur at the base—bowels natural—anorexia and great thirst.

Allow him ice ad libitum, and for to-night :

R	Hyd. Mit. Chlor.,	grs. iv.
	Pulv. Dover,	grs. iv.
	Quiniæ, Sulph.,	grs. xv. M.

Ft. pil. no. iv. Two to-night at bed-time and two in the morning at sunrise.

September 24.—6 P. M.—Fever broken—pulse 80—skin pleasant—no headache—bowels been moved freely—appetite and no thirst.

Ordered eight grains of Quinine in the morning at sunrise.

September 25.—P. M.—No exacerbation since the day before. Says he is well.

Dismissed.

ACUTE INDIGESTION.

CASE XCVIII.—Acute Indigestion. April 28, 186—, 12 M. L. P., aged 4 years. Ate heartily yesterday of cocoa-nut pudding --- was taken last night with vomiting and purging — had a great many passages — has had only two to-day, small, light colored and semiconsistent — no indigested food — had gotten rid of that before, possibly. She vomits and retches incessantly — has intolerable thirst — face flushed, but pale around the lips and nares — skin hot — pulse 120, small and feeble — bowels swollen and tender, and child exceedingly irritable and restless.

℞ Hyd. Mit. Chlor., grs. iij.
Sach. Alb., grs. xij. M.

Ft. pulv. no. vj. One every three hours. In addition: warm bath all over, ice to be eaten ad libitum and mustard poultice to be applied to the abdomen.

April 29.—12 M. Took four doses of medicine. Had one operation, but no vomiting since — pulse 90 — skin soft and pleasant — thirst gone — appetite returning.

As the child is subject to intermittent fever, ordered five grains of Quinine per rectum. No other medicine.

April 30.—Dismissed.

INCONTINENCE OF URINE.

CASE XCIX.—Incontinence of Urine. December 3d, 185—. P. H., aged 21 months—healthy male infant. Passes his water every five minutes in the day, and, of course, soils his bed every night; but is not as much troubled, as one would expect, from the irritability of the bladder shown during the day. The child evidently suffers no pain—does not pull at the penis, or show any sign of vesical irritation except the constant stooping down to pass his water. The urine is natural in color, and the child is well except that he is constipated. He has passed several worms—lumbricoides—recently.

Upon the supposition that these may be the cause of the disease, ordered:

R	Calomel,	grs. v.
	Santoni.,	grs. v. M.

Ft. pulv. no. ij. One to be taken to-night and one day after to-morrow night—to be followed the succeeding morning by a teaspoonful of Castor Oil and ten drops of Oil of Turpentine.

December 7.—After a pretty thorough cleaning out and getting rid of some half dozen worms, the child is no longer annoyed with his urine.

Dismissed.

INTERMITTENT FEVER IN A CHILD THREE MONTHS OF AGE.

CASE C.—Intermittent Fever in a Child Three Months of Age. R. W., aged 3 months. Had a chill the day before yesterday and again to-day, September 3, 18—. Both parents have been having chills and the district is malarious. She had her last chill about three hours ago. Reaction is now perfect, and the skin is very hot, but disposed to be moist. She is asleep, but restless and very nervous, starting at every sound. She has been very hearty until taken with chills. Is disposed to be costive.

Prescription.—Do not disturb her now or while she sleeps. If she awakes and frets, put her in warm bath, and if symptoms of convulsions ensue, have an American leech on each temple. Give one of the following powders every six hours, beginning as soon as she awakes :

℞	Quiniæ, Sulph.,	grs. iss.
	Hyd. Mit. Chlor.,	grs. iss.
	Sach. Alb.,	grs. xij. M.

Ft. pulv. no. vj.

September 5.—P. M.—Has had no chill. Medicine has operated two or three times — is lively and bright.

Dismissed.

Intermittent fever in the infant is a very serious disease. It is very often ushered in with convulsions — the direct result of the irritation of the malarious poison on the cerebro-spinal centres — or the convulsions may ensue on the stage of reaction from hyperæmia of the blood vessels of the brain.

In my experience, the return of paroxysm in young children is marked with great irregularity. The quotidian is, perhaps, the most common variety; but I always feel so uncertain as to the time when the chill may be looked for again, and so insecure as to the result of its recurrence, that I usually begin the exhibition of Quinine as soon as I am called to the child, if it be awake, without regard to the stage. I am sure it often facilitates reaction, and that it never aggravates the coming fever. Fortunately, most of young children take it very readily, having but little appreciation, I believe, of its intensely bitter taste, and their stomachs are usually quite retentive of it. When it is persistently rejected by emesis, I order it per rectum in one telling dose, in order that the cinchonism may be certainly set up as soon after the occurrence of the chill as practicable. And when administered by enema the dose, of course, must be increased — at least fifty per cent. The dose of Quinine for the child from one to six years of age is not always easy of regulation. Something will depend upon the susceptibility of the patient to the influence of the medicine, but more upon the constitution of the atmosphere about him and the intensity of the malarious infection. As a rule, I rarely give less than one grain of the antiperiodic to a child of any age;

and from the sixth month to the sixth year administer it in the ratio of one and a half grains to the year—so that a child two years old would take three grains; one four years old would take six grains. I think this is about the dose of Quinine required, even in the malarious districts of worst reputation in this vicinity; but I can readily understand that larger doses might be required in other localities. I have rarely seen any unpleasant effects of the exhibition of Quinine in children, though at certain seasons I am giving it daily—rarely hear even those old enough to be annoyed by it complain of tinnitus aurium, and do not remember a case of deafness which I thought attributed to it. Indeed, in the intermittents of young children it is simply invaluable. In acute cases, intensified in their action and disposed to excessive and fatal congestions, nothing will take its place. In chronic and recurring intermittents—the Subcarbonate of Iron, in doses of from ten to fifteen grains *ter die*, has proven more efficient in my hands in preventing the return of the chills than Quinine.

NERVOUS PROSTRATION.

CASE CI.—Nervous Prostration. September 22, 186—.

Mrs. W., aged 33 — married — has never had any children — but had ordinarily good health until recently. About five weeks ago she heard of the death of an only brother in a distant city, when she was taken, she says, with a “sinking spell,” and has never left her bed since. She has no pain — no fever, and has had none — her bowels are open naturally daily — her tongue is clean, though a little disposed to be red — and there is some tenderness over the pit of the stomach. Has some appetite, though this is capricious and uncertain. She sleeps badly — is very nervous and hysterical, and greatly troubled, she says, “with her water,” which means that she has to get up some dozen times a day and night to pass her urine. This is very profuse — of a light straw color and low specific gravity. She is regular in her monthly functions. Her courses are attended with some pain, but not more than for several years. Nothing abnormal about heart or lungs. There is some tenderness along the spine, and pressure on the spinous processes of the vertebræ just opposite the stomach causes acute pain.

R Argenti Nitras, grs. vj.
 G. Acac., q. s. pil. no. xxiv.

Una ter die. The spine to be rubbed along the whole course morning and night with the following ointment :

R	Veratriæ,	℥j.
	Adipis,	℥j. M.

Diet : mutton chop, bread and butter, milk toast, black tea.

October 9.—Improved in appearance, strength and flesh, but still retains her bed — says she would get up, but that it “hurts her back so.” Her spirits are better, but variable, and she is still disposed to be melancholy. Passes her water now only five or six times in the twenty-four hours — the quantity reduced one-half — not far from normal standard as to color and specific gravity. Appetite good.

Continue application to spine and substitute for the Nitrate of Silver pills the following :

R	Sulph., Zinci.,	℥j.
	Ext. Gentian,	℥j. M.

Ft. pil. no. xx. Una ter die.

October 15.—Improving slowly — complains greatly of the local application.

Discontinue the ointment, but renew the pills.

October 26.—Is able to be up about the house — but still complains of great weakness and of pain in her back. Is greatly better in every respect.

R	Quiniæ, Sulph.,	grs. lx.
	Ext. Gent. q. s.	

Pil. no. xl. Una ter die. The spine to be rubbed every night with the following :

R	Tinct. Aconit.	
	Tinct. Sapo.	
	Tinct. Opii.	
	Chloroform,	āā ℥j. M.

Sig. Linament.

November 15.—Dismissed.

MENORRHAGIA.

CASE CII.—Menorrhagia. April 15, 186—. Mrs. Blank, aged 32 — married for ten years — sterile — had menorrhagia for several years — been very ill occasionally from loss of blood has not been out of bed now except for a few days at a time for twelve months — is pale, anemic and emaciated, but has fair appetite and digestion, and spirits surprisingly good. She has been treated with all sorts of astringents, ecbolics and alteratives, and by vaginal injections of various kinds. Sometimes it has been necessary to resort to the use of the tampon.

On examination, the womb is in situ and normal in all respects, as far as I can judge. The os is open, ragged and indurated, but not ulcerated. In view of the obstinacy and persistence of this case, I determined to enlarge the canal of the neck by the use of the sponge tent and to explore the inner surface of the womb.

April 16.—The canal dilated to the size of a man's thumb. No hemorrhage following the withdrawal of the tent, but the interior surface of the uterus is healthy as far as exploration by finger and sound develops. The neck has lost its hardness under the use of the tent, and now feels soft and velvety.

Determined, in consultation with Dr. L., who saw this patient with me, to resort to no further local treatment, but to order Muriated Tincture of Iron — twenty drops ter die.

May 16.—No further hemorrhage. The lady has gained color, strength and flesh very rapidly, and is up and attending to her usual domestic business.

October 16.—For six months past Mrs. Blank has had her courses irregularly — but never more loss of blood than natural, and has suffered no pain and no inconvenience. Says she has been “about as regular as she ever was” until a month ago. Since then she has had some flow almost all the time — and though it is not excessive and does not debilitate her at all, she applies for treatment, “lest she should become bad again.”

Again introduced the sponge tent and dilated the uterine neck, but without any further development as to the nature of the disease. Determined on this occasion, though, to swab out the womb with solution of Chromic Acid, twenty grains to the ounce. No pain or fever ensued — the hemorrhage at once ceased, and the lady returned to the country and assumed the active duties of a farmer's wife.

July 20, 1870.—Mrs. Blank sent for me again to-day — has been bleeding for two weeks — supposed at first it was only a return of her courses, and did not interfere. The loss is sufficiently great now to require her to remain in bed, and she is pale and exsanguine. General health good.

Examination.—The os and neck are soft and patulous. The index finger can be passed readily to the internal os. And now appears plainly, I think, the cause of her menorrhagia, both past and present. In the anterior surface of the neck, and extending within the womb half an inch, embedded in the submucous tissue, is a firm sesamoid tumor, about the size and shape of the kernel of a large sized sweet almond. I see no way of extirpating this without cutting out a V shaped piece

from the neck, the angle of the V extending into the uterus itself; and not wishing to perform so serious an operation if avoidable I resorted to the sponge tent again — not for the purpose of exploration now, but to produce absorption of the tumor by pressure. Introducing on successive days large sized sponge tents, until the os and neck would almost admit an instrument half the size of a man's wrist, I had the satisfaction of finding the tumor gone. The menorrhagia did not cease as promptly as on other occasions. A considerable and exhaustive leakage continued from the mucous membrane of the uterus, and on the 26th I injected that organ with Monsil's Solution, diluted one-third with water. The hemorrhage ceased at once, and in a fortnight the lady returned home again. To this date, November 15, 1870, she is regular, well and cheerful.

NOTE.—July 30, 1871.—My patient returned with her old complaint, which the sponge tent and uterine injection again relieved in two weeks. The tumor had appeared, and was of larger size than before — but was mostly absorbed again under the pressure of the sponge tent.

QUERY.—Should this tumor, now embodied in the whole thickness of the uterine wall, be removed? The menorrhagia will certainly recur while the cause remains.

June 29, 1872.—This patient again returned for treatment. The tumor now as large as an ordinary prostate gland, and not unlike it, involving whole thickness of uterine wall. Sponge tent again diminished its size, by absorption, one half, and one or two swabbings out with dilute solution of Persulphate Iron relieved her. At this date, April 8, 1873, she is well.

MENORRHAGIA.

CASE CIII.—Menorrhagia. December 1, 186—. Summoned to see Miss H. R. She is a large, well developed girl of about 20 — of good color and ordinarily in good health. Says her courses are on her too much — generally loses a good deal of blood once a month, but never suffers from it or feels inconvenience. On this occasion, however, she has been unwell for two weeks, and is getting weak and indisposed to sit up. She is changing cloths every few hours, and is becoming alarmed. Her pulse is 100, quick and moderately firm. No pain.

Ordered recumbent posture and cold cloths to hypogastrium and vulva. For medicine one of the following every three hours :

R	Argenti Oxidi,	grs. vj.
	Pulv. Opii,	grs. iiij. M.

Ft. pil. no. xij. One every three hours, unless the flow sooner ceases.

December 3.—The flow has not all abated.

R	Acid, Gallic,	grs. xxxvj.
	Pulv. Opii,	grs. vj. M.

Ft. pil. no. vj. One every four hours. Continue cold cloths.

December 4.—Not at all improved. Case becoming quite serious. Girl very faint—pulse feeble and face exsanguine.

R Vin. Ergot, ζ ij.

Dos. teaspoonful every two hours. Apply ice to pelvis in bladders. Inject into vagina saturated solution of Alum.

December 5.—Not improved. Much weaker—pulse very rapid—cannot raise her head from the pillow without fainting. Has taken food freely until to-day, but now has anorexia—the stomach loathes and rejects whatever she attempts to eat.

Insisted on examination. Rupturing the hymen, I found the uterus low down in the pelvis—the os not two inches from the vaginal outlet. It was hard and uneven, but not patulous. I at once tamponed her and gave five drops of Monsel's Solution of Subsulphate of Iron every hour. Iced Julep ad libitum.

December 6.—The blood has soaked through the tampon. It is so thin now that it scarcely stains—no clot forms. Patient very faint—has violent headache—pulse gaseous and very rapid. In imminent danger. I removed the tampon, and applying pledgets of lint dipped in Monsel's Solution, diluted with water one-third, to the os and that portion of the uterus pushing down in the pelvis, tamponed firmly over these. She complained greatly of the tampon; but I ordered her to be quieted with teaspoonful doses of Laudanum by enema, and did not remove it.

December 7.—No hemorrhage since last tampon—complains greatly of it and of her head. Removed tampon. No bleeding evidently since the application of the Iron. Rectum loaded with excrement.

Ordered enema of salt and water, which relieved her.

R Tinct. Ferri Chloridi, ζ j.

Dos. twenty drops every three hours in wineglassful of water. Soup, eggnog and julep, as her stomach will take it.

To be summoned in case of return of hemorrhage.

December 8.—Has had no passage from upper bowels for nearly a fortnight—is nervous on the subject, and thinks she would have more appetite if her bowels were open. There has been no return of the hemorrhage; but she is very faint and cannot raise her head in bed. Complains greatly of headache.

R	Ol. Ricini,	$\bar{5}$ ss.
	Spts. Terebinth,	$\bar{3}$ ss.
	Aq. Menth. Pip.,	$\bar{5}$ j. M.

Potass., Carb. q. s. emulsio. Dos. the whole. To be followed after one free operation with Morphia, one-fourth of a grain.

December 9.—No return of hemorrhage, and, with the exception of great debility and nervousness, patient is evidently better. Medicine operated once.

Continue Iron and such diet as she will take. Opium pro re nata, to control nervousness and allay headache—usually takes about half a grain of Morphine a day and night.

December 15.—Improving, but very tired of Tincture of Iron, which she has been taking at longer intervals. Substitute for it the following:

R	Citras, Ferri and Quiniæ,	$\bar{3}$ ij.
	Liq. Potass. Arsenit.,	$\bar{3}$ ij.
	Syrup Zingib.,	$\bar{5}$ j.
	Aq. font.,	$\bar{5}$ ijss. M.

Dos. teaspoonful ter die whilst eating.

December 20.—Continues to improve. Has left off Opium. Cannot sit up yet.

Examined her womb. Found it had ascended to near its normal position in the pelvis. Engorgement was relieved—size but little above natural—sensitiveness gone—os still a little hard and uneven. Continue treatment.

January 1.—The young lady is now up—is regaining her color and strength—her regular monthly flow has returned—about natural in quantity—and she is well enough to dismiss.

The menorrhagia in this Case was the result of acute inflammatory congestion of the uterus -- the result of overexertion and excitement. Had I visited the patient in the earlier days of its occurrence the treatment to which I should have resorted would have been rest, Mercurials, Antimony and depletion. Had this course been adopted boldly and in the commencement of the flow, I think, without doubt, that Opium, astringents and the tampon would never have been necessary. The solution of the subsulphate, which was applied as a dernier resort, but which was most effective in its operation, did not pass into the uterus and come into immediate contact with the bleeding vessels, I suppose; but, constringing the capillaries of the os and neck, acted by contiguous sympathy upon the whole organ. The case was one of great delicacy, and the reasons for delaying the use of the tampon so late are patent to every physician. I trust it will be long before I record a similar one, and I am sure no professional gentleman envies me my experience.

MENORRHAGIA—INJECTION OF UTERUS WITH SUBSULPHATE OF IRON.

CASE CIV.—Menorrhagia — Injection of Uterus with Subsulphate of Iron. Mrs. T. R., aged 30 — sent for me to-day. August 1, 186—, on account of immoderate flow of her menses. She is the mother of five children — the youngest six years of age — has had no uterine disease that she is aware of — been in fair health for some time — is of good embonpoint and good color — is generally too much unwell at her monthly periods, but is now alarmed at the flow. Was very much unwell one month ago — after having missed six weeks — and supposes it possible she may have had something of a miscarriage. Has seen some show every day till now, the time for the regular return, when the discharge is so great as to demand interference. Has no pain and has never any at such times.

℞	Argenti Oxidi,	grs. vj.
	Pulv. Opii,	grs. ij. M.

Ft. pil. no. xij. One every four hours until the flow is controlled. To retain the recumbent posture, and have iced tea and crackers for her diet.

August 14.—The discharge was controlled by the treatment and regimen — but has never ceased entirely. She has

some friends about to visit the coast for the purpose of sea bathing — advised her to join them.

September 1.—Has returned — having improved in color and gained in flesh. She says the flow has not ceased entirely during her absence, and has now appeared at her regular period very profusely.

Ordered the same treatment.

September 20.—Oxide of Silver, Meigs' powders of Alum, Opium and Nutmeg, Gallic Acid, Tannin, Sugar of Lead and Ergot have all failed to make any permanent impression on the case. The flow has not only continued, but evidently grows worse, gradually, but surely — no sudden gushings and aggravated attacks, and then a cessation of the discharge, as is usual in case of polypus, schirrhous, etc.— but a steady, persistent leaking. The patient is becoming anemic and more alarmed, and finally consents to an examination, which I have heretofore vainly insisted upon. The womb is in normal position, the lips soft and velvety, and the os patulous. I find no sort of difficulty in passing my index finger to the os internum. I feel a soft mass, rather firm for a clot, yet breaking up easily. Possibly it may be retained secundines from the miscarriage which she supposes she had.

Ordered a teaspoonful of wine of Ergot every two hours and cold cloths to the hypogastrium and vagina.

September 21.—Ergot has had no effect except to induce a little pain, and apparently to aggravate the flow. Vaginal examination reveals the same condition of things as on yesterday. The patient's condition is now really critical.

I ordered cloths wrung out in iced vinegar to be constantly applied, and asked for a consultation, determining to explore the interior of the womb.

September 22.—Forenoon.—Drs. L. and S. saw the patient with me — made examination and convinced themselves of the presence of some soft mass in the cavity of the uterus — could

give no opinion as to its character. The question was whether to tampon and trust further to nature, or to explore with instruments. Believing that the latter course would finally have to be resorted to, we determined to do so at once.

First putting the patient under the influence of Chloroform, and then bringing her to the edge of the bed in proper position—one of the physicians pressed steadily upon the hypogastrium, whilst the other forced back the perineum with a duck bill speculum and pulling the uterus down with a tenaculum, I passed the long, narrow forceps belonging to a lithotomy case into the womb and brought away the mass which we had felt. It was very soft and friable, breaking up under the instrument, which had to be introduced several times before it was all removed—and seemed to be composed of clotted blood and a semi-cellular and semi-gelatinous matter, which I regret I was unable to have examined under the microscope. The hemorrhage became so great that we were compelled to desist from the operation before we had completed the exploration, and to tampon the patient as quickly as possible. After placing her again in bed, and allowing her to get from under the influence of Chloroform, she became very sick, pulseless and deadly pale, and we had to resort to iced champagne, iced julep, etc., for some hours before she thoroughly reacted.

Afternoon.—Reaction is complete and patient more comfortable, though very feeble. Cannot raise her head from the pillow without fainting. Tampon is saturated with blood, which is oozing from the vagina. Determined to remove it and inject cavity of womb. Injected a solution of the Subsulphate of Iron, one drachm to the pint, and reapplied the tampon. Patient is now sufficiently recovered to take some soup, which we allow her freely.

September 23.—Patient slept quietly last night, and is considerably improved this morning, though a little exsanguine.

Removed tampon—but little oozing had occurred.
Repeat injection and leave off tampon.

R	Citras, Ferri and Quiniæ,	3 ij.
	Liq. Potass. Arsenit.,	3 ij.
	Syrup Simp.,	3 vj.
	Aq. font.,	3 ij. M.

Dos. teaspoonful once in six hours whilst eating. Diet: rare beefsteak and champagne.

September 30.—No hemorrhage has occurred up to this time—patient had a little fever once or twice, but no pain or tenderness over the womb. She is rapidly recovering.

October 30.—The Arsenic and Iron have been continued, being omitted occasionally when a puffing of the eyelids or burning of the stomach indicated that the specific effects of the former were accumulating. The secretions have been regulated with Rhubarb and Soda—rich and nutritious diet has been allowed, and the patient has gained a color and weight that she has not had for years—no hemorrhage has occurred, and I dismissed her, desiring to be sent for when her courses reappeared.

November 8.—Mrs. R. sent for me to-day. Her monthlies have returned—freely—but not more than natural for her.

Advised her to lie down for a day or two, and to resume the Arsenic and Iron whilst they are on her.

Thirteen months from this date Mrs. R. was confined—with a son. Had a comparatively good labor and no complications.

In reviewing this report to-day, some seven years after the occurrence of the facts which it records, I observe:

FIRST.—That I persisted too long in the empirical treatment of the case, and should have more firmly and earlier demanded a vaginal examination. Had this lady lost her life from hemorrhage I should have been highly culpable if not responsible for her death. My apology for not making an examination sooner is in the earnestness of her refusal to

permit it, and in that unwillingness which every right minded and conscientious physician feels to subject a lady to the touch unnecessarily. And whilst every sensitive and truly modest woman resists such examination at all times when it can possibly be avoided, she especially does so when her flowers are upon her. At such times even the most unblushing courtesan seeks to veil her condition, and is never so low or so lewd as not to shrink from this exposure of her womanhood. And whilst I know that menorrhagia can never be treated *secundem artem* without a correct knowledge of the true condition of the uterus, and that this knowledge can never be obtained without vaginal examination, who of my professional brethren is not in the habit of prescribing often, indeed generally, without such examination? Who is not in the habit of prescribing rest, Antimony, depletion in hyperæmic cases, or Opium, astringents and ecbolics in anemic patients? and without knowledge of or reference to the exact condition of the womb? And how often does such treatment succeed, uncertain and empirical as it may seem? We have only to be careful not to pursue such treatment too far—not to endanger human life by false delicacy and *mauvaise honte*—and I dare say we shall succeed in the future as well as our fathers did in the past—before the days of the specula and the specialists. Not that I would under-rate those most useful and indispensable aids of diagnosis and instruments of treatment, or underrate the praiseworthy labors of those honest and faithful physicians who are devoting their lives to the elucidation and relief of female diseases; not that I endorse the sentiment of Lee, “that it is a pity that the speculum was ever brought out of the syphilitic wards of the hospitals of Paris, where it originated,” but simply to record my opinion that there are barriers to female delicacy and modesty which cannot be broken down without endangering virtue. How far the general and growing habit of digital and specular examination, and of local treatment in the diseases of women,

tends to destroy those barriers is a question of grave consideration for a profession whose followers wield so potent an influence in the homes of the people. Is the fact that uterine complaints have wonderfully increased in frequency of late years suggestive of any moral question?

SECONDLY.—Of all the remedies prescribed for menorrhagia, the remedies, I mean, usually given, and based upon no intelligence of the pathological condition of the womb, I have found none to equal the Oxide of Silver. Except in menorrhagia, the result of active engorgement and in the hyperæmic patient, I almost invariably prescribe it. And at one time of my life I was so often and so generally successful in its use that I supposed I had a specific, and I was in the habit of giving it with as much confidence as I gave Quinine in intermittent fever. Twenty years of practice, of course, shakes the faith in most specifics; but even now, when I prescribe the Oxide of Silver in menorrhagia and the patient is not relieved, I recognize the importance of looking further into the case at once, and almost invariably find some local cause for the failure of my hemastatic, as in the case of Mrs. R. I have several times found it to fail on account of the presence of a fibrous tumor protruding from the os, and attached by a pedicle to the inner surface of the neck, the removal of which, of course, would cure the menorrhagia. Some instances of this I expect to transcribe into these reports. Of the exact pathological character of the obstruction in the case just reported I am in great doubt. I rather think that the mass which we removed from the womb was clotted blood, in which were intimately blended products of granular disease of the mucous membrane lining the cavity of the uterus. The injection of the salt of Iron acted not only as hemastatic, checking the hemorrhage, but also by destroying the granulations and preventing their reformation.

THIRDLY.—We remark, this case teaches us the perfect impunity with which we may inject the cavity of the uterus, provided there be free exit, whereby the fluid may return which we throw up. Not the slightest inflammation ensued under this treatment, and no pain and no unpleasant results of any sort.

NOTE.—Since the date of Case CIV. I suppose I have injected the cavity of the uterus more than a dozen times with solution of Iron, (Subsulphate), with Tinct. Iodine, with solution of Chromic Acid, with water, etc., etc., and never, except on one occasion, have any disagreeable results ensued. In that case I directed the womb to be washed out with a weak solution of Bisulphite of Soda, *lukewarm*, and the assistant allowed it to become quite cold. A uterine colic was developed, which gave a great deal of pain to the patient for some days and great anxiety to me ; but no inflammation followed, and no serious results of any sort.

MENORRHAGIA.

CASE CV.—Menorrhagia. April 27, 18—. Mrs. M., aged 32—nursing her sixth child in its eighth month. She is a delicate, feeble-looking woman ; but is very cheerful and active generally, and attends to her domestic affairs very assiduously and successfully. She was taken “unwell” three weeks ago at her regular time—for she is regular, though nursing—and since then has been constantly losing blood. She is a good deal weakened, and the discharge is so profuse to-day as to bring her to bed. She has no pain, and no tenderness or

engorgement of womb. Her tongue is clean, bowels regular and circulation quiet.

R	Argenti Oxidi,	grs. vj.
	Pulv. Opii,	grs. ij. M.

Ft. pil. no. xij. One every four hours.

April 29.—The “flow” has ceased; but the pills gripe her very much, and have operated on the bowels several times to day.

Discontinue. Put her on Elixir Vitriol and dismissed.

MENORRHAGIA.

CASE CVI.—Menorrhagia. April 18, 18—. Mrs. A. T., aged 45 — married for many years — no children — had almost uninterrupted health until the last four months, for which length of time she has been confined to her bed with her “courses.” These are occasionally very profuse, and she is greatly debilitated. There is no pain — no tenderness about the uterus — no fever — her appetite and digestion are good, and, with exception of anemia from loss of blood, she is well enough. The usual remedies for such a state of things have been all tried and been found of no avail.

R	Argenti Oxidi,	grs. vj.
	Ext. Rhei,	grs. vj. M.

Ft. pil. no. xij. One ter die. Diet generous, but unstimulating.

April 24.—The pills had only to be repeated once. After taking eighteen of them the flow ceased entirely. No relapse.

MENORRHAGIA.

CASE CVII.—Menorrhagia. February 18, 18—. Mrs. R., a Jewess, aged 35—the mother of four children, the youngest six weeks old—had a good “getting up”—but two days ago her courses returned, and she has been “flooding profusely”—says she saturated a bed blanket yesterday—cannot raise herself in the bed to-day—tongue clean—appetite good—no pain.

℞	Argenti Oxidi,	grs. vj.
	Ext. Gentian,	grs. xij. M.

Ft. pil. no. xij. One ter die.

February 21.—This lady is entirely relieved.

MENORRHAGIA.

CASE CVIII.—Menorrhagia. October 9, 18—. E. D.—an active, stout woman of 35 — married — no child for several years — is usually “too much so” at her monthlies — but has been bleeding now for a month, and has become weak and anemic — no pain — tongue pallid and clean — bowels open — appetite good.

R	Oxidi Argenti,	grs. vj.
	Ext. Gentian,	grs. xij. M.

Ft. pil. no. xij. One ter die. Diet liberal. She has to retain her bed of necessity, as she cannot sit up.

October 19.—Says she began to improve immediately on beginning the pills — did not have to repeat them, and to-day is well.

MENORRHAGIA.

CASE CIX.—Menorrhagia. Mary — a slave — aged 50 — house servant and well preserved — has never ceased to menstruate, but been regular in every respect up to her last period. This was ten days ago — since which time her courses have been on her all the time, and she has become quite feeble and anemic — can no longer look after her business — no pain and no symptoms calling for attention, except the menorrhagia and constipation.

R	Oxidi Argenti,	grs. vj.
	Ext. Rhei,	grs. vj. M.

Ft. pil. no. xij. One three times a day.

In three days the hemorrhage had ceased, and she was able to resume her duties without relapse.

MENORRHAGIA.

CASE CX.—Menorrhagia. September 20, 18—. Ellen J., aged 14. This girl began to menstruate six months ago — was regular for three periods — has been irregular since, and for two weeks has had her courses on her all the time profusely. She is pale, feeble and anemic — has no appetite, and is spiritless and depressed — pulse quick and irritable, but fever and no pain anywhere — bowels natural — tongue clean.

R	Argenti Oxidi,	grs. vj.
	Ext. Gentian,	grs. xij. M.

Ft. pil. no. xij. One ter die. Diet liberal.

September 25.—The discharge has entirely ceased. The child looks like a new person.

Discontinue the Silver pills, and put her on a course of Iron, the subcarbonate.

Dismissed.

MENORRHAGIA.

CASE CXI.—Menorrhagia. Maria — slave — bright mulatto — aged 22 — in good condition as far as appearances go — but says she has had her courses on her for more than a month — complains of pain in lumbar and hypogastric regions — pulse accelerated — skin hot — bowels torpid — constant disposition to bear down, as if in labor — is hysterical and tremulous — says she has miscarried twice in two years — has had no reason to believe herself pregnant, as she has never missed her courses in many months. She is the servant woman of a prosperous and well-to-do milliner, and is well cared for. This on March 15, 18—.

Ordered:

℞	Hyd. Pil. Mass,	grs. xij.
	Pulv. Opii,	grs. ij.
	Pulv. Ipecac.	grs. ij.
	Pulv. Camphor,	grs. viij. M.

Ft. pil. no. iv. One every four hours.

March 16.—Pains relieved, and is more comfortable every way. Courses continue as before. No action on bowels.

℞	Ol. Ricini,	℥ j.
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To remain in bed.

March 17.—Says she is so much better in every respect that she must get up — only a slight show now.

Dismissed.

April 1.—Summoned to Maria again. Says her courses have never entirely ceased, and for the few last days have been growing gradually worse. Complains a good deal of pain and weight about the hypogastrium, especially at night. She has begun to show the effects of her sickness, and has lost some embonpoint.

Examination.—Os and lips puffed and patulous — neck and body of womb enlarged and tender.

℞	Hyd. Pil. Mass,	grs. iv.
	Pulv. Dover,	grs. iv.

Every night for a week. One dozen American leeches to hypogastrium twice a week.

April 15.—Suffers no pain now. The congestion of the womb seems entirely relieved. The flow has increased, if anything, and she is weaker.

Ordered ten drops of Liq. Persesquinitrate of Iron every three or four hours and a liberal diet. Rest in recumbent posture.

May 1.—General health and appearance better, but discharge as profuse as ever.

Continue Chalybeate and tonic treatment.

May 15.—Not at all improved. Complains of some pain again about the pelvis.

Discontinue Iron and order :

℞	Oxidi Argenti,	grs. ss.
	Ext. Rhei,	grs. $\frac{1}{4}$.

Every six hours.

May 22 —Is entirely relieved — says she is better than she has been for months.

Dismissed.

The last six Cases, taken from notes at large, attest the value of Oxide of Silver in certain forms of menorrhagia. Its use in such cases was first recommended, I believe, by Dr. Butler Lane some thirty years ago — since then it has been frequently given and approved by various physicians. My friend and former partner in the practice of medicine, Dr. J. J. Thweate, of this city, had the greatest confidence in the remedy, and published a brief report and cases in the *Virginia Medical Journal*, 1852. He regarded its action as specific on the capillaries of the uterus. I have never witnessed any unpleasant effects from its administration — such as salivation, discoloration of skin, etc. It has occasionally produced griping and painful operations on the bowels, and has sometimes to be exhibited with Opium, on account of that tendency in certain individuals. I have often combined it with Extract of *Cannabis Indicæ*, and, I have thought, with good effect.

COLICA BACCHINALIUM.

We believe there is no disease described under this name in any treatise on practice of medicine; but we are confident that the title will attract attention among Southern practitioners, and that more than one will be enabled to recall to mind cases of colic which could be properly designated by none of the distinguishing cognomens of the books.

We read of *colica biliosa*, *c. crapulosa*, *c. flatulenta*, *c. idiopathica*, *c. madridensis*, *c. pictonum*, *c. uterina*, *c. verminosa*, *c. nephritica*, etc., etc.—to which list we wish to append still another, *c. bacchinalium*.

The term itself, colic, usually considered a derivative from the word colon, is not unapt to mislead the critical student, who naturally looks for the disease in that organ from which he supposes it to derive its nomenclature.

Clinical experience, however, soon makes him aware that other portions of the intestinal canal frequently take on this colon disease, and he learns to assign to it a special character disconnected with any idea of the origin of its name. In the colic of drunkards we think the colon is not often much affected, and are confidently persuaded that it is never primarily the seat of the malady. The duodenum, the jejunum and the ilium are

each, and often successively, the seats or points of attack of the disease, until the whole of the small intestine seems to be writhing under its torture.

The disease sometimes occurs during the course or in the finale of a drinking bout; but oftener in the person of a regular free drinker, who is generally steamed up pretty high, though never, may be, sufficiently far to lose character for propriety. The patient is not usually attacked suddenly, but will complain some days of anorexia, lassitude, constipation, accompanied by a dull, oppressive pain about the duodinal region; gradually becoming more marked and distressing, until its intensity, as well as the concomitant constitutional disturbance, calls imperatively for interference and relief. It is never entirely intermittent; but sometimes remits under the action of remedies, recurring, however, repeatedly, until it succumbs to treatment, and convalescence begins. The pain is sometimes described as being intolerably severe, and the most patient and the most stoical will cry out with the agony endured during the paroxysms. Occasionally it is attended with spasms of the whole muscular system, and the patient will be thrown into frequent and fearful convulsions. The pain is first referred to the right hepatic region, though it gradually extends until it reaches the umbilicus, and finally is referred to the whole abdomen.

We have seen several cases in which, towards the issue of the disease, the patient would complain of a severe, sometimes a lancinating, pain just over the bladder, and even behind the symphysis pubis.

There is constipation of the bowels, with tenderness on pressure, especially over the upper portion of them; but no swelling or distension. The constipation is only occasionally obstinate. It may generally be quite easily overcome by the ordinary remedies for such affections. The dejections, when procured, are dark, thin and offensive. The tongue is thickly coated with white fur, and rarely, and in the latter stages only,

red and dry. There is thirst also, and considerable constitutional disturbance. The pulse is hard, quick and fretful — not often very rapid, but varying with the intensity and duration of the case.

The urine is scarce and ruddy — and, owing to some vesical complication, almost always present, the patient will complain of inability to pass it.

The secretions from the skin are often profuse — but I have rarely seen it jaundiced.

The duration of the disease is from three to ten days. The pain when subsiding, as in most spasmodic affections, usually departs suddenly and entirely.

The season of the year in which the disease oftener appears is the early hot months of Summer. I have never known a case to occur in winter or after the first frost of Autumn. One attack seems to predispose a person to another, and unless very prudent he may have several during one Summer. The only surety against its invasion in one who has been subject to its attacks is to eschew all alcoholic drinks during the Summer months. I know a person who, until last Summer, rarely failed of having several attacks during the season. By my advice, and in remembrance of some severe lessons of his own experience, he entirely refrained from drinking during that time, and escaped.

It confines itself to the followers of no especial profession or calling, attacking indiscriminately those who fill its two essential requirements — persistent free drinking and exposure to a hot climate. A night passed in the open air or some irritating article of ingesta appears occasionally to act as exciting cause of attack; but it must be in a *subject*, as the mesmerisers say.

After one has had several attacks of drunkard's colic, paralysis is apt to supervene — not confined to the forearms, as in lead colic; but of the lower extremities also, sometimes in

these alone, and, after repeated attacks, I have seen a patient almost utterly helpless for months.

This leads us to the diagnosis. The spasmodic nature of the affection, the seat and violence of the pain, with the accompanying constipation, mark the disease at once as a colic. No one can mistake it. But what are the features of the case entitling it to especial consideration as distinguished from other varieties of colic? Of the several varieties of that disease, it bears most resemblance to lead colic — some resemblance to bilious colic. From the latter it may be distinguished by the insidiousness of its approach; by the absence of the high arterial excitement which usually attends that disease; by the want of the symptoms of primary biliary derangement; by occurring invariably in intemperate persons, and by the consequent paralysis.

From lead colic it may be distinguished by the absence of that inveterate constipation which usually attends that disease; by the failure of the appearance of the lead line upon the gums; frequently by the impossibility of there having been metallic poisoning; by its occurring invariably in inebriates or hard drinkers, and in the Summer season; whilst lead colic is not peculiar to any class, or partial to any season.

We believe the disease to be essentially the same as the “dry belly-ache” of the West Indies — which has usually been regarded as lead colic — and attributed to the free use of rum supposed to be some way adulterated with lead. Dr. Chisholm, however, remarks of it, (*Manual of the Climate and Diseases of Tropical Countries*,) that, though doubtless induced by the free use of alcoholic liquors — alternations of heat and cold contributing also as excitants — yet “the poison of lead has no part in its production.”

Colica madridensis — indeed, the colic of the tropics generally — the disease so graphically described by Dr. Firmin, (*Traete des Maladies a Surenam*,) and whose horrors have got-

ten it the significant title of "Beillac, or Devil's Work," and which he distinctly attributes to the free use of ardent spirits and exposure to night air—are all, we believe, instances of colica bacchinalium — originating in the same pathological conditions, and alike independent of the introduction of any lead into the system. The nature of the disease it is not difficult to define without the aid of the scalpel.

The behavior of any material containing so large an amount of hydrogen and carbon as alcoholic drink, when introduced into the circulation and subjected to the influence of the heats of a tropical climate, can be very readily predicted. It would be equally anomalous in animal chemistry and inconsistent with practical experience to meet with an attack of drunkard's colic in the high latitude of Nova Zembla; but it would be none the less incredulous to hear that a man could supply his blood with ardent spirits ad libitum at the foot of the Antilles and feel no qualms of physical conscience. In the extreme North he might find home consumption for almost any amount of alcohol that he might introduce into the circulation; for in the deep and rapid inspiration necessitated in that climate he would carry in oxygen enough to burn it off rapidly at the lungs. The Greenlander is instinctively aware of the necessity of his keeping up steam, and he constantly renews the fires of his animal furnace—not with alcohol, perhaps—but with blubber and train oil, similar in chemical composition to alcohol—which Providence furnishes him in the walrus, the seal and the sea lion, and which he is compelled to exert his energies to capture. Under the equator, on the contrary, listless, enervate, half torpid, as one of the native reptiles, he has but to put forth his hand and gather the luscious fruits that Heaven has hung within his reach, and which nature teaches him are the proper and refrigerant food for his body. A change of habit or of aliment would be equally fatal to both parties.

Any one who will take the trouble to compare the chemical formula for animal oil and alcoholic drinks generally, will see how nearly the latter approach in composition to the calorific articles of food of the people of the Arctic regions. And when it is remembered that ardent spirits possess the additional property of stimulating the heart's action, and thus driving in hot haste through the relaxed capillaries the poisoned blood, which only full, oxygenated inspirations can purge of its bane, it is not wonderful that such noxious results should ensue on its use during the heats of Summer.

When taken under these circumstances it must either remain in the system or be inefficiently and imperfectly eliminated by other emunctories than the lungs. Upon the liver next chiefly devolves this supplemental labor. It, sufficiently occupied at this season with its own appropriate work, soon succumbs under the discharge of the double function, and congestion and obstruction ensue. The blood becomes pent up in the capillaries of the portal vein; the nerve centres of organic life are implicated; the secretions are suspended; peristaltic action impeded; the innervation of all the *primæ viæ* disturbed, and colic is one manifestation of the general disorder.

The presence of some irritating ingesta in the alimentary canal or a night of debauched shivering in the open air may be considered as exciting causes of an attack, giving rise to irritation and to painful sensations in the mucous and fibrous coat of the bowels; but the peculiar pathological condition must have been primarily present.

We have never had an opportunity for necropsy in a case of drunkard's colic — never knew a fatal case — and therefore cannot say to what changes the paralysis is due which often follows repeated attacks of the disease. It may be that in a succession of attacks structural changes occur in the frequently congested centres of organic and reflex action. We have seen two cases in which the paralysis of the lower extremities was

so perfect and so persistent, and in which the bowels responded so feebly for a long time to all efforts at catharsis as to leave no room for doubt of the existence of more than functional disorder of the spinal marrow. But there have been others in which there were probably no good reasons to suspect any organic change, and for which we could no more account than for those cases of paraplegia (see *Stokes' Clinical Lectures*,) which we witness sometimes occurring after intestinal irritation, or supervening in nephritic disease, and in which the scalpel reveals no spinal lesion after death. We must, probably, dispose of them for the present under the convenient and comprehensive head of *sympathetic irritation*.

The intellect has been entirely unaffected in all the cases we have observed, except where there was a complication with delirium tremens, which sometimes happens.

The treatment presents three prominent indications. We must allay the pain—remove the spasm, and correct the constipation.

Opium is peremptorily demanded. The patient is aware that you hold a remedy which will at least blunt his sensibility to suffering, and he will take no denial. Frequently it will require large and repeated doses to afford him any relief. Uncombined with other remedies it may be pushed almost to narcotism without his acknowledging any respite. Combined with Calomel and Ipecac, or James' Powder, it is much more effective. Indeed, Mercury is almost as urgently indicated as Opium. There is no remedy which so readily and speedily reaches and relieves the engorged capillaries of the portal system. Ipecac is an admirable adjuvant, both for establishing the secretions and allaying the spasm of the bowels.

Antimony—except in the form of James' Powder—is too irritating and depressing for most cases, but in young plethoric subjects comes in very well. Some old staggers, who have had several attacks of the disease, are very susceptible to the action

of Mercury, and occasionally are badly ptyalised with the exhibition of comparatively little. In such cases we have tried to do without the Mercury in more than one instance, and have substituted all sorts of remedies for it without affording relief, until the patient has begged for Calomel, and even for salivation — so thoroughly convinced himself of its efficacy.

Generally the constipation is not very obstinate — not as much so as in lead colic. When it has been so, we have not found it judicious to administer drastic cathartics. In operating they afford but little relief, and sometimes excite an enteritis more unmanageable than colic. When febrile action is high, and the patient strong and plethoric, we have found venesection admirably adapted — not only to allay the spasm of the bowels, but to remove local congestion and to promote the operation of medicine. Leeches, hot fomentations, and hot baths are also excellent remedies; but we have not found the same benefit result from the use of extensive sinapisms and fly plasters which sometimes accrues from the use of them in ordinary or in bilious colic. We have seen the disease unabated with the whole abdomen under vesication; and yet yield in a few hours to the slightest Mercurial impression. Indeed, Mercury pushed to constitutional action is almost specific. I have not known it fail to give relief in a single instance. The subsequent paralysis, like that resulting from diphtheria, time rather than treatment, seems eventually and effectually to cure. — In cases in which this occurs the system is generally so reduced and so cachectic that Mercury is injudicious, and to be discarded when once convalescence has begun. I have seen Strichnia given, and given it myself, with but little benefit. Iron, Iodide of Potash, Sulphuric Acid, the Vegetable Bitters, Quinine, Gentian, etc., promise more, especially if conjoined with generous, but unstimulating diet.

NOTE.—The record of the cases upon which these notes have been based have, unfortunately, been lost. The article was published in the *Virginia Medical and Surgical Journal* originally, from which, with some alterations, I have transcribed it.

DELIRIUM TREMENS.

The views usually entertained of the nature of delirium tremens, and the pathology inculcated by most of medical authors upon this subject, have a tendency to induce the general practitioner to adopt a course of treatment which we believe erroneous if pursued in the majority of cases occurring in private practice, and one that cannot fail to endanger the life of the patient or to protract the period of cure. The error into which many teachers of medicine have fallen when treating of this subject has originated, perhaps, in the fact that they have gained their experience in that disease from the wards of the hospitals of the large cities.

We are aware of the advantages afforded by hospital practice for the extended observation of disease, and for the accurate accounting of the action of remedies; but, at the same time we do not think that the general practitioner will find himself sustained by results in administering, without some modification in dose or concentration, the same class of remedies in private practice which he was in the habit of exhibiting in the wards.

The patients usually presented for treatment in hospital practice display few evidences of plethora. The most of them

can scarcely originate an active phlogism. They are generally of the order adynamia. After laboring under accumulated causes of both moral and physical depression sufficient to annihilate every atom of nerve power and to stagnate the fluid of life in its very sources, they need stimulation — need repletion. In private practice, on the contrary, the opposite condition usually prevails, and a totally different class of remedies is indicated. Here we are apt to find a rich, stimulating blood driven forward under febrile irritation, choking and fretting the organisms, firing the brain, phrensying the heart; and to give further stimulation is but adding fuel to a flame which already threatens to consume the structure.

It is true that exceptions exist in some cases, and in the constitution of certain epidemics; but we think we have stated the rule correctly.

In no disease will the rule hold better as a generality than in the one under consideration.

In referring to a note book kept for many years past we cannot find a single case of delirium tremens marked by symptoms of adynamia; nor can we recur to one in our memory. We do not find one in which the stimulating treatment seemed to be indicated. They have all been of the phlogistic variety — full of blood, full of nerve power — many exhibiting every form and feature of active madness.

We are aware that this experience is widely discordant from the more extended observation of a popular teacher and distinguished medical author, (Geo. B. Wood, M. D., etc. *Practice*. Vol. II. Art. Delirium Tremens.) who finds in all cases of delirium tremens a *diminution* of the *excitation* necessary for the support of the brain in its healthy functions; who recognizes it entirely as a state of *depression* and *debility*, and who deduces therefrom the rational treatment to “*stimulate* the brain up to the point essential to its correct action.” This gentleman, however, acknowledges — apparently to us with

some inconsistency—that this disease, one of *debility* and *depression*, may co-exist with the complication of *excitement* and *power*, induced by the immediate stimulus of alcohol or by inflammation of the brain. This is a complication which we cannot appreciate. The disease is not, indeed, ordinarily one of debility, or even depression. As we have observed it, it has generally been one of excitement and power. It has not been the strong man bound—but the strong man free and tumultuous, and who required cords or restraints.

We will endeavor further to elucidate our views of the disease by transcribing a few cases from our note book.

CASE CXII.—Delirium Tremens. This occurred in the person of a physician, a stranger in the city, to whom we were called July 20, 12 o'clock, M., 18—. He is a small, delicately made man—aged 26—usually enjoys good health, though occasionally addicted to intemperate habits. He has been drinking for more than a week—largely—every day—has been confined to his room for a day or two—has never discontinued his drams until this hour, when his stomach positively refuses to take more. He retches and vomits almost incessantly, bringing up a little mucous, and occasionally a small quantity of dark, coffee-ground looking matter—evidently altered blood. His eyes are injected—face purple—skin bathed in profuse sweat—tongue white and thickly coated, and tremulous on protrusion—muscular tremors of whole body—pulse rapid and irregular, yielding readily to pressure—his mind wandering—sometimes he is for a few minutes totally unconscious, as if going into a state of coma—when

himself he is very much alarmed, thinks he is pursued by a fiend, and endeavors strenuously to escape by a window. His condition is perilous evidently, and calls for urgent and immediate relief.

Prescription.—Ordered his whole abdomen to be covered with a sinapism. Ice to be continuously applied to his head and administered as long as he would eat it, and one of the following powders every two hours, unless asleep.

R	Hyd. Mit. Chlor.,	grs. xxx.
	Murias. Morph.,	grs. iss. M.

Ft. pulv. no. iij.

6 o'clock P. M.—He has taken only two powders. He was so much relieved and so much more quiet after the second, that the nurse did not administer the third. His vomiting is relieved and his mind more composed. He says he feels no disposition to sleep, though he has slept none for several days and nights past. Medicine has had no effect upon his bowels.

Ordered an enema of emulsion of Spirits of Turpentine—and in case of restlessness, one-sixth of a grain of Morphine every two hours, until quiet, not sleep, is induced.

July 21.—9 A. M.—The patient had several large, dark, tarry operations during the night, to his great relief. Says he passed a tolerably comfortable night, though he slept none. Does not complain of any hallucination now. He took no anodyne during the night. Feels very weak this morning and shaky—but his nerves are steady.

Ordered no medicine. Diet: chicken broth in small quantities—rich and nutritious.

6 o'clock.—Still feels quite comfortable. Has dozed a little.

Ordered one-third of a grain of Morphine at bed-time.

July 22.—Says he slept well last night, and is all right this morning. Desires to go home.

Dismissed. Duration of treatment two and a half days.

CASE CXIII.—Delirium Tremens. November 15, 10 o'clock A. M., 18—. Called to see T. J., aged 30—small, lithe man—dark complexion—bilious temperament. He has *delirium tremens* emphatically—trembles from head to foot—is bathed in profuse cold sweat—pulse rapid—tongue whitely furred—bowels constipated—no appetite—no nausea. Says he feels wild and strange—looks so decidedly—countenance anxious. He is extremely restless, and, though entirely conscious, cannot be restrained, except by force, from walking his room incessantly. He is in the habit of drinking freely every day, and has not been at all interrupted in his habits. Has been drinking freely this morning.

We ordered his grog to be stopped peremptorily and one of the following pills every two hours:

R	Hyd. Mit. Chlor.,	grs. x.
	Pulv. Camphor,	grs. vj.
	Pulv. Ipecac,	grs. j.
	Murias Morph.,	grs. ss. M.

Ft. mass. In pil. no iij.—divid.

5 o'clock P. M.—The patient is more composed now, and will lie down without constraint. He has had several attacks of vomiting during the night and labors under the delusion that he has been poisoned. He is steadier in his movements. No operation from medicine.

Ordered a stimulative enema and half an ounce each of lime water and milk every hour. In case he is restless to-night to have one-fourth of a grain of Morphine every two hours until he is *quiet—not until he sleeps*.

November 15.—9 o'clock A. M.—Mr. J. had a profuse bilious purging last night; but not being restless, the nurse gave him no anodyne. He says he slept some *mauvais*. Feels very weak this morning, but otherwise well. He has no muscular tremors, no delirium or hallucination, and no excitement of pulse.

We ordered oyster soup — and as he was much depleted from the purging, a little London porter during the day.

Dismissed.

Duration of treatment twenty-four hours.

CASE CXIV.—August 10, 9 o'clock A. M.—J. B., aged 30 — a large, muscular man — usually enjoys fine health — is unaccustomed to drink regularly, but sometimes indulges to excess. He has been on a frolic for several days — has not omitted the stimulus at all — drank half a tumbler of raw spirits just as we entered the room. His pulse is full, rapid and bounding — his eyes suffused — face flushed — veins turbid — tongue furred — bowels constipated, and skin bathed in sweat. His actions are quick, uncertain and tremulous, and he expresses a good deal of alarm at one moment, though at another he will laugh and say he “doesn't know what he is afraid off.”

He was ordered to be confined in his room with trusty attendants — to have no more liquor — to take one ounce of Sulphate of Magnesia at once and cold applications to the head continuously.

12 o'clock M.—Symptoms aggravated. He is furious in his efforts to escape, and thinks his attendants are conspiring against him. He is comparatively rational while talking to me, and complains of pain in the head and intense burning at the stomach. He vomits and retches incessantly.

Directed one dozen of wet cups to the epigastrium—a dozen foreign leeches to the temples, and a stimulating enema. Lime water and milk, with ice, as much as he will take.

6 P. M.—The salts have produced one slight action—no biliary secretion—nausea and vomiting relieved and delirium not so violent. The arterial action has been a good deal reduced. His enemy now is a large black snake, which occasionally invades his bed, and to escape from which he makes the most ludicrous attempts.

Ordered for the night one of the following pills every three hours, unless he is quiet:

R	Hyd. Mit. Chlor.,	grs. xij.
	Ext. Colocynth. C.,	grs. vj.
.	Morph. Murias,	grs. j. M.

Ft. pil. no. iij.

August 11.—9 A. M.—Took only two pills during the night, which produced several large, dark operations, giving great relief to his head and stomach, and composing him to a great degree, though he got no sleep. There are no hallucinations this morning, and but little excitement. Complete anorexia and some nausea.

No medicine. Lime water and milk.

At night he took one-third of a grain of Morphine—had a comfortable sleep, and no return of the symptoms of delirium tremens, though considerable gastric irritation called for treatment for some days.

I have on hand now a patient with delirium tremens—a chronic case, or rather a recurrent case—one to which I have been called about four times a year—perhaps not quite so

often — for the last two years — who rarely loses more than four or five days from business during any attack. And yet this man, when he first came under my care, some ten years ago, was in the habit of laying up two and three weeks at every visit of his malady, and suffered from horrors and hallucinations to an extent that was fearful to witness. The routine treatment in his case consists of twenty grains of Calomel and four grains of Opium in twelve hours, followed by Salts and Magnesia — with leeches to the epigastrium or extensive sinapisms, according to condition — and a few doses of Liquor Opium sedations after the bowels have been thoroughly opened. He is then usually in condition to take nourishment, and rallies very rapidly from attacks which promise in the inception the most serious results. He makes most grateful recognition of the virtues of the changed practice in his case. Indeed I have seen it fail in only one instance in which it has been adopted, and in that the patient had been already one week in delirium tremens when I saw him in consultation. It was withal one of the most peculiar and remarkable cases which has ever fallen under my observation.

It occurred in the person of a citizen — of one weakness and of an hundred virtues — justly eminent for private worth and for public service — and one whom the people had honored with high office and responsible station. He had been using ardent spirits to great excess for a year or two — drinking deeply — yet never intoxicated — and never unfitted for duty. Suddenly, whilst going about and attending to his ordinary business, I think, he found himself pursued by hallucinations, which he could not set aside, and his physical system succumbing to muscular tremors and weakness, that in a few days brought him to his room and bed. When I first saw him he was tolerably comfortable in bed and in the recumbent posture; but on attempting to rise his condition of muscular debility would most painfully manifest itself in tremors and every

variety of irregular action. His mind was clear on most subjects, and he would discuss the political issues of the day, not only with interest, but with the strong sense and marked sagacity which characterized him in health — and that, whilst with his hands he would be occupied in throwing off from the coverlid imaginary vermin, reptiles and beasts — creatures painted only upon his disordered retina — and however loathsome or venomous these might be, he was, singularly enough, entirely fearless of them — often stopping in conversation to describe or discuss them — and greatly annoyed at the slightest suggestion of their unreality. His appetite was fair — his sleep not much disturbed — his secretions in tolerable condition, and his prospect of final recovery seemed not at all improbable.

On my suggesting the withdrawal of alcoholic drinks of all sorts, and substituting nutritious and concentrated food, he remarked: "It mattered not much. It was too late. If he ceased to drink he would die. If he drank he would die." The treatment was not thoroughly tested. I did not urge it. His prophecy proved true. His appetite and digestion failed him rapidly. The hallucinations became indescribable and numberless — but always harmless to him — his mind became enfeebled, almost fatuous — and he died apparently of asthenia in a few weeks.

No *post-mortem* was permitted.

These, we believe, are fair specimens of the cases of delirium tremens which have come under our observation. The most of cases we have attended would probably find their type in Case CXIV. We have seen cases in which active general depletion by venesection had to be resorted to in order to stave off cerebretis; and are confident of having seen one person perish from effusion on the brain, whom we had attended in several previous attacks, but to whom several of his nonprofessional friends had ministered in his last illness, treating him with small and repeated doses of spirits, under the popular

idea, rendered still more popular by eminent professional endorsement, that the "hair of the dog is good for the bite."

Now, what is the *cause* of delirium tremens? An accurate determination of this will contribute no little to facilitate our investigation into the *nature* of the disease, and to giving point and efficacy to our treatment. The predisposing cause in the cases cited was certainly the free and protracted indulgence in alcoholic drink. The existence of this cause is always necessary for the occurrence of the disease. It is true we read of the disease occurring from the immoderate use of tobacco or of Opium, and as one of the sequences of Bright's disease. But the very extreme rarity with which such instances have appeared, even amongst those using such articles in the most immoderate degree—and amongst all the cases of Bright's disease on record—leads us to throw them aside as not possessing claims enough to genuineness to affect our opinion, in endeavoring to arrive at a just conclusion of what it is which produces the peculiar phenomena of the disease.

There is no madness, whatever "method" it may assume, which is not entirely distinct from the delirium of drunkards. It is useless to enumerate the differential symptoms. There is no practitioner accustomed to meet with the disease who is not persuaded of this fact. For the production of these peculiar symptoms it is absolutely necessary that the patient should have indulged in alcoholic drinks. The peculiar optical illusions which may be said to occur in every case of delirium tremens, and which are more numerous and varied the longer the period of indulgence, may possibly be owing to the absorption of alcoholic globules in the blood, and their consequent presence in the refractory media of the visual apparatus. This, of course, can be merely conjectural; but we think we shall be sustained by all the facts and effects observable, in contending that the mental hallucinations, as distinguished from the delusions referred to, can only exist from the direct presence of

alcohol in the brain, or from its peculiar reflected impress upon the great nervous centre of all intelligent life.

The immediate or exciting cause of the attack in *none* of the cases reported was the *abstraction* of the accustomed stimulus. This accident did not prevail. The patients were seized in the freest and fullest employment of the accustomed stimulus. We doubt the existence of any case in which such abstraction was *ever* the exciting cause. Dr. Flint says this is a mooted point, and inclines to *both sides* of the question, (*Flint's Practice*. 2d edition, page 710).

The strongest instances in support of the views that the withdrawal of the accustomed stimulus sometimes induces an attack occur in cases of surgical accidents, where a man is thrown down on his back, say by a fractured thigh, and his allowance of grog cut off or diminished. He is attacked with what his attendant calls delirium tremens, and his allowance is increased and he is taken through a regular course up to a certain point, and then down again on the other side, until he is made to taper off from all spirituous drinks. We have never seen a case of this character which we considered an unequivocal case of the disease in question. One of the strongest advocates of the doctrine that delirium tremens is produced by withdrawal of accustomed stimulus makes the same confession, (*Encyclopedia Practice of Medicine*. Article, Delirium Tremens). We believe the immediate as well as the predisposing cause to be the direct presence of alcohol in the blood, and that the point of commencement of the disease is when the system has become surcharged with that fluid.

The brain becomes flooded with the noxious potion absorbed by the stomach and hurried through the circulation by an excited heart. The nature of the disease consists in irritation of the brain. An irritation excited by the direct presence of alcohol in its own capillary system — and an irritation reflected by other overloaded, vexed and overworked organs.

This irritation cannot exist for any length of time, however, without becoming something more than a pure nervous irritation. Brain matter, when macerated in alcohol, after being removed from the calvarium, soon becomes indurated. There is no reason to doubt that this one change, at least, often occurs in the brain of the chronic inebriate, which is almost constantly saturated with such poison. The excited and often congested condition of this organ in habitual hard drinkers would very naturally induce other organic changes, also, and thus lead to other complications of the disease. (See *Essay on Alcoholic Drinks*. Carpenter.) Primarily, however, delirium tremens may be said to originate in *irritation of the brain*—immediate and reflected.

It may be recognized in two stages. The *first* may be designated as the acute stage. In this there is irritation, *with power* to give active manifestation of the symptoms. Such is the disease as seen in healthy or robust young persons unaccustomed to regular drinking, but who are apt to be attacked after some days of excessive indulgence. With proper treatment the disease may be cut short in this stage. It is the one usually seen in most cases of private practice.

If the disease be neglected until exhaustion begin to ensue, or if it primarily occur in weakly debilitated subjects, or in those having had many previous attacks, then we have an example of chronic delirium tremens. In this case there is irritation *without power* to give active manifestation of the symptoms. The condition is one of irritability with exhaustion. Such are the cases, *par excellence*, I think, that have been considered to originate from *deprivation* of accustomed stimulus. More truly, these cases have been exhausted under excessive stimulation. Nature can be plied with excitants until she is worn down under the activity which they create, and will sink in the end under futile attempts to respond to their impression, and perish with symptoms of exhaustion. We

say symptoms of *exhaustion*; but the condition is better described, perhaps, by calling it one of *oppression*. Remove the weight under which the system has been goaded by unnatural stimulation, and if it be not too far exhausted by its attempts to relieve itself, it will soon regain its healthy condition. Sure it is that further supply of the same stimulus cannot impart *strength*. It were equally futile to bind a strong man with irrefragible cords, and to worry him with torture to make him attempt to break them.

But of the treatment.

There are two chief indications to be kept in view.

FIRST.—The depuration of the blood; the elimination of the immense amount of hydro-carbonaceous material circulating in that fluid and pervading the organism.

SECOND.—The soothing of nervous irritation; the quieting of nervous excitement.

With these indications in view, it will become necessary in active delirium tremens, which we have termed the acute stage, to resort to sedatives, sometimes the most efficient and immediate which we can command. Occasionally it becomes necessary to resort to venesection in large quantity to relieve a brain on fire with alcoholic stimulus, and to which a maddened heart is driving with every pulsation fresh supplies of the noxious poison. Generally, however, with the use of local depletion, saline cathartics, Tartar Emetic, Calomel, Digitalis, the tepid bath, etc., the case may either be relieved or reduced to the *second or chronic stage*. In many instances the physician is not called in until the supervention of this stage. Especially is this so in those who have had many attacks of this disease, and who are apt to pass through the first stage unconsciously, as it were, to themselves, and without giving any evidences of violent conduct or even of impropriety which would excite the suspicion of their friends.

We know a person, in all else than his misfortune a gentleman, whose first intimation of an attack of delirium tremens is the occurrence of some optical delusion. This he is aware of, and calls it his "point of endurance." Experience has taught him a better therapeutics than that inculcated in the books. He, himself, discovered that by "stopping his grog" at this point he cuts short the attack. A depression ensues and a "fit of horrors," consequent upon a want of accustomed stimulus; but he has discovered that this does not constitute the disease which he dreads — and that it is brief in its stay, and will yield to a little courage and patience, and is infinitely to be preferred to the condition of things which will occur if he maintains a continuous supply of the "stimulus." It is in this stage that the blood becomes surcharged and the brain loaded with the accumulated supplies of daily debauch.

We afford the relief so strongly called for, and meet the main indications, *first*, by withholding all further use of alcohol. Reason and decision, not the dogmas of the schools, nor the importunity of the patient; not his cold, shivering grasp, nor his maudlin imprecations, must control the practitioner. Liquor has been his bane—it will not prove his antidote. *Secondly*, by stimulating and restoring those suspended secretions whose office it is to depurate the blood and to equalize the obstructed circulation. The liver is unquestionably the first organ to which we should look to effect the cleansing of the circulating fluid. The lungs, whose special office it is to burn off the excess of hydro-carbon in the blood, become entirely unable to accomplish this object, even in the tolerably moderate drinkers of this climate, and in the case of drunkards cannot be at all relied on. In all such persons the seriousness of the hepatic distress and derangement attracts the attention of even the careless observer. In the cases of delirium tremens which we have recorded there might have been noted enlargement and tenderness of the liver, fulness of the hypogastrium,

congestion of the portal vessels, and either suppression or great perversion of all the intestinal secretions. What pathological condition so plainly indicates the exhibition of Mercury? What remedy so well fills the indication? A sedative and tranquilizing agent in its primary action upon the stomach and bowels, it, in addition, early restores and corrects the suspended and perverted secretions. Under its influence the liver pours out a tarry, viscid bile; (Mr. Hughes Bennett and his dog committee to the contrary, notwithstanding,) the intestinal capillaries exude the nauseous poison they have been forced to imbibe; the kidneys hasten their distilling process, and the work of depuration is begun. The blood is purged of *materies morbi*; the nervous centres are freed from their unnatural potion; the viscera are relieved of their engorgement; the circulation is equalized, and the system, if not restored to a healthy tone, is at least fitted for the action of the only remedy required to complete the cure. The nervous system, as in the case of a person rallying from the shock of some sudden, depressing power, now needs steadying and support. But we cannot conceive that this should be furnished by alcoholic drinks. They can create only a false support, and while they proffer strength will undermine the frame. It must be done by recruiting the blood with healthy pabulum, thus sending wholesome nutrition to the originating sources of nerve power, and by the exhibition of such drugs as are known to exert a soothing and composing influence.

As soon as the condition of the patient will warrant it, or his stomach will receive food, furnish him with rich, nutritious broths and teas, with soft boiled eggs, and with milk; gradually allowing him the most digestible and easily assimilated of the solid, nutritive aliments. Quiet his nervous agitation with *Opium*. This drug and its preparations — the salts of Morphia — hold a deservedly high position in the treatment of all conditions of nervous excitement and irritation. We see no

reason to substitute it for the uncertain extracts of any other of the solanaceæ — nor even by Liebitzn's wonderful sedative and soporific — the redoubtable Chloral. It is difficult to stem the tide on which this latest candidate for fame rides on to fortune — and one must use Chloral, of course, even if he has to combine Morphia to do the work of tranquilization.

But Chloral — uncombined — bulky and offensive to the irritable stomach, never can take the place of Opium, I think. Besides, I have thought, or, may be, imagined, in my distrust of this new king, that there is more tendency to stupor and congestion of the brain after its administration than after the use of Opium. Bromide of Potash I regard much more highly. In mild cases — in cases of horrors and of that indescribable malaise which pursues the inebriate at the point of saturation I have found it of very great value. An opiate at night and Bromide of Potash in twenty grain doses, repeated occasionally during the day, is a happy combination. But when the case requires active interference, and won't be put off with temporizing when something sure enough has to be done and done soon, Opium, of course, is the one unquestionable remedy. A grain of the gum or the fourth of a grain of a salt of Morphia administered after the cerebral congestion has been relieved in acute cases or in combination with Calomel, and, if preferred, with Camphor in chronic cases, and repeated at intervals *pro re nata*, exerts a power which we cannot certainly predict of any other remedy.

We do not resort to Opium as an excitant, nor does it operate as such. It proves essentially a sedative. It soothes, composes and quiets irregular and excited nervous action. We do not resort to it as a narcotic — that is, with the immediate view of inducing sleep. Nor do we leave directions for the anodyne to be repeated *ad infinitum* until the patient sleeps. We have not, therefore, on our record, perhaps, any cases of the marvellous power of resistance to narcotism exhibited by

those suffering under delirium tremens. We fear many a patient under this injudicious course has fallen into a slumber which has known no waking. We should be satisfied with inducing quiet, with composing nervous agitation, and trust to better remedies to complete the cure. Purge the life fluid of its poison, restore the action of the emunctories, equalize the circulation, obstinately oppose all further cause of the disease, and under a very moderate exhibition of opiates the patient will often fall into a gentle sleep, from which he will awake, as it were, "clothed and in his right mind."

We do not wish to be understood as contending that the pure sedatives, as blood-letting, Digitalis, etc., with or without mercurial cathartics, will *always* prevent the supervention of the second stage of delirium tremens, however early they may be administered in the first stage; nor that Calomel uncombined will cure the disease if administered in any stage; but simply to impress upon the profession the extreme importance which we attach to these remedies as the precedents of Opium in all acute cases, and as its essential concomitants in chronic cases. We are sustained in these views by the acknowledged fact of the impropriety of too suddenly checking an attack of cholera morbus when occurring during a drinking bout. In such a case check suddenly and without preparation the inordinate secretions pouring out from the intestinal mucous membrane, lock up the liver with Opium, and how heroically so-ever you exhibit the narcotizing drug you give your patient delirium tremens. Here we have the remedy producing the disease, not in its own peculiar action, but by interfering with the efforts of nature — the wisest of all physicians — to relieve herself.

Another indication for the exhibition of mercurials, especially in chronic cases, is the probability of the complication of the disease with organic changes in the brain. No physician can have attended many cases of old drunkards without

becoming apprised of the fact that such were always imminent—their manifestations not infrequent. Paralysis, tremors, aphonia, amnesic or ataxic—fatuity—if life last sufficiently long—will precede an acute attack of head disease—terminating in convulsions, coma and death. The scalpel will confirm the diagnosis.

Of the impropriety of the treatment of cases of delirium tremens by the exclusive use of Opium where organic changes are feared or suspected there cannot, of course, be two opinions. The danger of inducing such changes, when not actually existant, by such a course of treatment we think sufficiently great to influence a careful practitioner to avoid it. Especially when a “more excellent way” can be shown.

The exclusive treatment, as recommended by some physicians, of the continued administration of smaller and smaller portions of alcoholic drink, must, of course, be altogether wrong if our estimate of the nature of the disease be right. We can understand how patients may recover under this course as under the expectant method. Its efficacy consists not in the continued *exhibition* of the brandy, but in its sure though gradual *withdrawal*. Nature is thus allowed opportunity to recover her strength, and she works the cure by elimination.

We can also understand how a patient may become so thoroughly impregnated with the infection of typhus—and many of the entrees into the eleemosynary institutions of the large cities are so infected—as to labor under the combined effects of two blood poisons—liquor and typhus. And of those poisons we should prefer the liquor poison to the typhus poison, and should not hesitate to attempt to drive out the one with the other. But few cases of this sort occur in private practice.

The morale of the treatment of delirium tremens by the determined abstraction of alcoholic drinks we cannot discuss in this connexion. We will only say that whilst no intelligent

physician would sacrifice human life to his personal scruples, no conscientious one would be unaffected by such considerations.

OSTITIS, POSSIBLY ABSCESS OF TIBIA, RELIEVED BY CONSTITUTIONAL TREATMENT.

CASE CXV.—Ostitis, Possibly Abscess of Tibia, Relieved by Constitutional Treatment. November 2, 18—. A. G., aged 40 — widow — usually had good health, with exception of one or two attacks of rheumatism, during her life — but for two years past has had a dull aching pain over a space 2x3 inches situate about the juncture of the middle and upper third of the tibia. For the last two months this pain has become aggravated, and is now very severe and lancinating, especially at night — has to put her leg outside of the cover to get any rest. She attends to her usual domestic duties during the day; but her constitution is evidently sympathizing with the local disorder, as she is emaciate and enfeebled. Has had no specific disease that she is aware of — had a suspicious eruption some four years ago, which the doctor told her was camp itch, and for which he ptyalized her. There is no periostial tumor or even thickening, and no tenderness on pressure — but some heat of the parts and throbbing. The chronic character of this case, the persistence of pain in one limited spot, and the absence of all symptoms of periostial inflammation, led me strongly to sus-

pect the presence of an abscess in the bone, and my first inclination was to trephine. Indeed, I think perhaps an unusual press of professional business somewhat determined the postponement of the operation, and had no little influence in causing the trial of the following prescription :

R	Potass., Iodidi,	\bar{z} ss.
	Syrup Aurantii,	\bar{z} j.
	Aq. font.,	\bar{z} ij. M.

Dos. teaspoonful ter die. To have at night one-third of a grain of Morphine, if necessary, to secure sleep, followed in the morning by five grains of Quinine and one drachm of Sulphate of Magnesia in half tumbler of hot water.

November 16.—Is greatly improved in appearance and in spirits — says she sleeps well now without the Morphine — has no pain at all, nor is there heat or throbbing of the painful portion of the tibia. The bone presents now, though, a very evident enlargement in its whole contour at that point.

Omit the Morphine and Quinine. Continue the hydriodate of Potash, and apply locally every morning and night the compound Iodine ointment.

December 2.—Patient says she is well.

Dismissed.

SUBACUTE RHEUMATISM WITH PERIOSTITIS.

CASE CXVI.—Subacute Rheumatism with Periostitis. October 27, 18—. Thos. S., aged 30 — muscular and well-made — usually enjoys fine health — but been feeling badly and suffering pains in his limbs for two months — been gradually growing worse, and is now unable to attend to any business. He has no fever, but suspects he may have at night, as he has night sweats. Complains chiefly of pain in the right lumbar region — never intermitting, but always much worse at night — and of a most singular and annoying sensation, as if “something alive was clawing and working under the right colon.” On placing the hand on the right lumbar muscles there is a most unusual, irregular, spasmodic action of the muscular fibres, occurring every few minutes — so decided and so strong as to produce the conviction that it is a phenomena of much more curious interest to the doctor than to the patient. The same is noticeable in the muscles on the posterior portion of the right thigh — and must give inconceivable annoyance. There is, in addition, periostial inflammation of two-thirds of the anterior portion of the right tibia, which is hot, swollen and very sensitive to the touch. He says as soon as he gets warm in bed the pain in

this is almost insupportable. His expression is haggard and careworn, and his constitution is evidently sympathizing with the local disorders. But his appetite is good, his tongue is clean and bowels regular. His urine is normal in quantity and in specific gravity — rather acid. He says he has never had syphilis. Has had rheumatism — was sick for sometime with it in a hospital at Staunton, Virginia, during the late war.

R	Potass., Iodidi,	3 ijss.
	Vin. Cochici,	℥ ss.
	Morph. Acetas,	grs. j.
	Aq. font.,	℥ ijss. M.

Dos. teaspoonful ter die. To have applied over the right lumbar region a plaster, 6x8 — composed of equal parts of Emplastum Belladonnæ and Emplastum Opii. Diet: for breakfast and tea, milk toast; for dinner, mutton chops and potatoes

November 7.—Dismissed. Well.

EXAGGERATED CASE OF GLOBUS HY- STERICUS.

CASE CXVII.—Exaggerated Case of Globus Hystericus. April 28, 18—. Miss A., aged 30. Has not often been sick — but has not been well for two months — sends for me now “because she believes if something is not done for her she will choke to death.” She can swallow very well — both liquids and solids — but still there is and has been for several days the sensation “as if some large body were sticking in the upper part of her throat.” It not only annoys her all day, and “will not be swallowed,” but disturbs her rest at night. She has no fever, and has not had any. She is sallow, emaciate, nervous and hysterical — has total anorexia — and complains greatly of the accumulation of wind on the stomach and bowels. She is very constipated, and for several months has not averaged one operation a week. No menstrual derangement of any sort.

℞	Hyd. Mit. Chlor.,	grs. x.
	Asafœtida,	grs. v. M.

Ft. pil. no. ij. To be followed in twelve hours by

℞	Ol. Ricini,	℥ ss.
	Spts. Terebinth,	gtts. xxx.

May 1.—It seems that this young lady had just taken before I made my prescription a drastic cathartic, but without letting me into the secret, and in spite of it took my dose likewise, not omitting the oil. For the past two days she has been purged profusely, and is suffering no little now with pain and irritation of the bowels. Is greatly debilitated, moreover. Says the “lump” is just as bad as ever, though — and she still feels like she is choking.

℞	Hyd. pil. Mass,	grs. viij.
	Pulv. Camphor,	grs. viij.
	Pulv. Opii,	grs. ij. M.

Ft. pil. no. iv. One every three hours until the bowels are quiet. Diet of milk toast. Allow wine and water if desired.

May 2.—Bowels disposed to be lax, but no pain or griping. No appetite. “Still choking.”

℞ Hope's Mixture.

Dos. tablespoonful ter die.

May 4.—Has only one operation a day now — no pain — lump in the throat gone — bright and cheerful — appetite keen.

May 6.—Placed on course of Quinine and Iron and dismissed.

STOMATITIS.

CASE CXVIII.—Stomatitis. June 16, 186—. C. B., male infant, aged 22 months—raised from the breast, but latterly been eating anything it wants—mother says nothing seems to make it sick—had fine health. But for some days has been feverish and fretful—mucous membrane of mouth and lips red and hot—tongue and buccal membrane studded with a number of small round ulcers—some showing disposition to spread—bowels normal.

Diet: bread and milk, as the child has been weaned now, and for medicine the following:

℞ Syrup Rhei Alkaline, ℥ j.

Teaspoonful every morning. Ter die to have teaspoonful of the following:

℞ Potass., Chloras, 3 ij.
Aq. font., ℥ iss.
Syrup Limonis, ℥ ss. M.

June 20.—The patient has not improved. The medicine seems to constipate. The operations are light and clayey.

Continue the Potash. Omit the rhubarb and give alternate nights:

℞ Hyd. Mit. Chlor., grs. ij.
Sod. Bicarb., grs. ij. M.

Diet same.

June 26.—Child well. Dismissed.

SYNOVITIS.

CASE CXIX.—Synovitis. October 28, 186—. J. V., aged 30 — spare, but trim, lithe and well-made — very fair — and nervo-sanguine temperament. With the exception of a slight cough and an occasional attack of hæmoptysis — the causes of which the physical signs fail to develop — he enjoys excellent health; but was taken last night at bed-time with a violent pain in the right knee joint, which kept him awake all night and induces him to send for me this morning. The knee is exceedingly sensitive to the touch, but is neither red nor hot — the joint, however, is very much enlarged — certainly to twice its natural size — and bulging largely with fluid above and below the patella. The pain is greatly aggravated by motion, and the patient cannot stand on his leg at all. He says the joint has gradually been enlarging since the Autumn of 1863, but nothing like to the extent of what has occurred in the past twelve hours.

This young gentleman was an exceedingly active staff officer, attached to the cavalry arm of the Confederate service during the late war, and whilst endeavoring to get off some horse artillery which was being closely pressed on one occasion, he dismounted and strained his right knee badly in pushing at the

wheel of a gun carriage. He suffered very much at the time, but did not leave the field, and in a few days, getting better of the pain, thought no more of the accident, in spite of the swelling which continued.

His situation now calls loudly for relief.

Ordered absolute rest, and the knee to be enveloped in a flannel bandage saturated with the Tincture of Aconite root — the whole to be surrounded with oil silk, to prevent evaporation.

November 2.—The pain, even on motion, has disappeared, and all the acute symptoms have subsided. The joint is still enormously distended; but the patient walks without difficulty, and insists on going to his business. He is a merchant and actively engaged.

I could not withhold my permission, but directed the knee to be painted daily with Tincture of Iodine — the patient to take *ter die* one ounce of Iodine water.

In a few weeks the effusion was very much reduced, though not entirely removed, by this treatment; but the patient, up to this time, three years after date, has had no recurrence of acute attack, and no trouble or inconvenience from his knee. A termination of the case fortuitous beyond my expectation, I confess.

DEAFNESS.

CASE CXX.—Deafness. October 30, 186—. Mrs. N. This lady — married — aged 36 — ordinarily in good health — the mother of one child, sixteen years old — was taken with catarrh about three weeks ago, she says, since which time she has been suffering from deafness to an extent that she cannot hear ordinary conversation at all — and has a “roaring, singing and popping in her ears which confuses and makes her feel utterly foolish” in company. These symptoms are all aggravated by her talking, or walking, or eating, or by any motion. Her cold is entirely well now, and she feels, of course, naturally anxious lest her deafness should be permanent, not having passed off with the cold. She hears better, and is less troubled with the noises in the ears if she ties a handkerchief over them and excludes the air.

She has taken Calomel, followed by Castor Oil, on domestic prescription, and the bowels are open and secretions established. I directed no medicine, therefore, but the skin behind each ear to be rubbed with equal parts of Croton Oil and Oil of Sassafras until a good crop of pustules was broken out.

November 2.—The noises in her head and the ringing in her ears have almost ceased. She is still quite deaf though

and cannot hear ordinary conversation at all. She says on blowing her nose she becomes for a little while entirely deaf. She is quite hoarse, and, on inspecting the fauces, I find the mucous membrane congested and relaxed.

Ordered the following gargle — three or four times a day :

R	Acid, Sulphurous,	$\overline{\text{z}}$ ij.
	Syrup Rosa Gallicæ,	$\overline{\text{z}}$ ij.
	Aq. font.,	$\overline{\text{z}}$ iv. M.

In addition, to take a teaspoonful ter die of the following alterative :

R	Hyd. Corrosiv. Sublimate,	grs. j.
	Syrup Aurantii,	$\overline{\text{z}}$ j.
	Aq. font.,	$\overline{\text{z}}$ ij. M.

November 8.—The catarrhal symptoms and deafness, and all the unpleasant head symptoms have disappeared, and the patient is well and cheerful. She believes now that deafness can be cured, for “wer’nt she stone deaf?”

DEAFNESS OF THREE MONTHS STAND-
ING CURED BY THE USE OF COR-
ROSIVE SUBLIMATE.

CASE CXXI.—Deafness of Three Months Standing Cured by Corrosive Sublimate. October 15, 186—. Mrs. J. R., aged 45 — married — no children — never had any — is quite fleshy — generally and now in excellent health. She applies for relief from deafness — cannot hear ordinary conversation at all — can scarcely hear a watch placed right at the ear — no difference in the hearing of the two ears — one as bad as the other. She, too, as in the last case, is greatly troubled with noises in the ears, and with confusion of ideas. She is the more concerned because deafness is hereditary, and she fears it will be permanent. She was never troubled with it until about three months ago, when she took violent cold — had sore throat, cough, etc. She has now no cold and no results of cold apparent, except some thickening and engorgement of the faucial mucous membrane. She has fair appetite and digestion. The speculum shows nothing abnormal in the auditory canal; but she finds it difficult to inflate the eustachian tubes.

Ordered low diet and one twelfth of a grain of Corrosive Sublimate with half an ounce of the decoction of Sarsaparilla

ter die — a blister behind each ear — and the use of Politzer's syringe daily for the injection of air into the eustachian tubes.

November 1.—The gums are slightly touched with Mercury, and the patient, under its influence and the restrictions of diet, has depreciated, physically, no little. Says she "feels weak and badly." The hearing, however, is greatly improved, and I do not find it necessary to raise my voice in speaking to make her hear me. She still complains of confusion, though, in company, and cannot join in general conversation. Says the noises in her ears are still exceedingly troublesome.

Discontinue Mercury — and in its place ordered one teaspoonful of Tincture of Arnica ter die. Persist in the use of the Politzer syringe and maintain counter-irritation behind the ears. No restrictions on her diet.

December 1.—Hearing entirely restored. No longer troubled with ringings and poppings in the ears, and general condition improved.

Dismissed.

DEAFNESS OF FOUR MONTHS DURATION CURED BY THE USE OF MERCURY.

CASE CXXII.—Deafness of Four Months Duration Cured by the Use of Mercury. October 5, 186—. Mrs. A. T., aged 30—mother of five children—youngest at the breast—is a feeble, delicate, overworked woman—is cheerful, though, and uncomplaining, except of deafness, accompanied by “poppings and whizzings” in the ears, which, she says, “sometimes almost drive her crazy.” It totally unfits her for society, and renders her duties, always a drag, almost insupportable. Begs especially to be relieved from the noises in the ear—says she has been deaf so long, and it has so grown on her, that she thinks nothing can be done for that. No evidences of disease shown by speculum. No hereditary deafness. Attributes it to a cold, with cough, etc., which she had several months ago. It commenced then and has been growing worse ever since.

This lady was so pale and in such poor condition that I disliked to exhibit Mercury, and placed her on Tincture of Arnica three times a day, with counter-irritation behind the ears.

October 15.—Not at all improved. "Hears no better, except the noises in her own ears," which are intolerable.

Directed the continuation of the former prescription and five grains of Blue Pill and two of Dover's Powder every night—until the gums are touched.

October 25.—She has continued the treatment to this day, though quite badly salivated several days ago. On remonstrating with her for continuing the remedy after she found her mouth getting sore, she replied that she was "but too willing to endure that annoyance to be saved from her deafness and the noises in the ears." That she had "never felt anything of either since her mouth became sore."

Discontinued treatment, of course, and placed her on Iodide of Iron with full diet.

She had no relapse.

DEAFNESS CURED BY THE USE OF MERCURY.

CASE CXXIII.—Deafness Cured by the Use of Mercury. Mary — a cook in the family of a gentleman — applies to-day at the office, December 15, 186—, for a remedy for deafness. In her own vernacular she is “perfectly deaf.” She is apparently so from the difficulty I have in making her understand anything I say. She cannot hear the ticking of a watch placed immediately against her ear — nor an omnibus passing over the stone pavement just in front of the office door. Says her mistress will not retain her unless her hearing can be restored, and is very anxious on the subject. Her own statement is that her “deafness” came on her suddenly about six weeks or two months ago, after getting very much heated in the kitchen and going out into the cold air. She says “she took some cold, but was not troubled much by it at the time, and got no medicine.” She is now perfectly well as far as her general health is concerned, and is a strong masculine woman of 40 years of age — married, but without children. Speculum indicates no disease of the auditory canal, and none of the faucial mucous membrane.

Ordered one-tenth of a grain of Corrosive Sublimate ter die and blisters behind the ears. Diet light.

December 25.—Returns to say that she has suffered a good deal from pain in the bowels whilst taking the medicine, but that her hearing is somewhat improved. Gums not affected.

Continue the medicine, adding to each dose ten drops of Tincture of Opium if necessary to prevent griping. Re-apply the blisters.

January 10.—Has returned for further advice. Mouth quite sore. Hearing greatly improved. I have to raise my voice very little to make her hear my questions. Can hear the singing in church now, she says, and “hear preaching.” That to her is a “great gain.”

Discontinue medicine, but re-apply blisters.

January 20.—Returns to say she is well, and “can hear as well as anybody.”

In the cases of deafness reported above it will be observed that they were all recent in their origin, or comparatively so. Case CXXI, Mrs. J. R., the one who had been troubled longest with difficulty of hearing, not having been affected more than four months. It will be observed, further, that each one had clearly traced their deafness to an attack of cold of more or less severity. In none, moreover, was there observable any notable change in the parts of the auditory apparatus which could be subjected to examination. We may safely conclude, therefore, I think, that the trouble was located chiefly in the

auditory nerve—congestion or, perhaps, thickening of the neurilemma—the result of inflammation from cold. It was clearly not nervous deafness, in spite of the poppings and crackings which patients affected with that form of deafness so often complain. Nervous deafness is more insidious in its attacks—more often hereditary—oftener attacks the debilitated or the nervous and dyspeptic, and certainly is greatly less amenable to treatment. The good effects of Mercury as a remedy is perhaps confirmatory of the opinion. We have never seen it fail to afford relief in cases of inflammatory or congestive origin.

In cases of nervous deafness—especially if hereditary and of long standing—or in cases of organic loss or destruction of portions of the auditory apparatus, of course, but little or nothing can be expected from any course of treatment. In those cases of noises in the ears, tinnitus aurium, exaggerated and distressing, which some patients are so annoyed with and clamor so naturally to be relieved from—whether the result of inflammatory engorgement of the auditory nerve or those more obscure and less appreciable changes which, conveniently and in ignorance, we term nervous—the Tincture of Arnica—one teaspoonful ter die—sometimes, when the Mercurial is not especially contra-indicated—combined with small doses of Corrosive Sublimate, say from one-sixteenth to one-twenty-fourth of a grain, and the use of Ointment of Veratria behind the ears, seldom fails, in my experience, to afford relief. And to me such persons—those just becoming deaf, and morbidly conscious of an infirmity growing upon them, and which threatens to cut them off from the pleasures of social life—pleasures the more keenly appreciated as they glide away from their grasp—are objects of great sympathy and of never failing interest. Indeed, I think them objects of greater sympathy than the confirmed and outrageously deaf, who stump along accepting the situation as a resigned fact—catching a word with trumpet here and there,

or caring nothing for the rebuff and negligence with which the world is disposed to visit them. Greater objects of sympathy than the blind, whose darkened faces Heaven seems somehow ever to light up with resignation, and whose quickened senses supplement so soon and so successfully the loss of sight. The physician little realizes the solace which he often affords by "lending an ear" for a minute daily to one of those unfortunates just about to lose his own—and I rarely have the heart to turn away from one until I have struck for him some key note in an octave which he can hear.

STOMATITIS.

CASE CXXIV.—Stomatitis. D. S., aged 15 months. November 1, 186—. This baby had measles one month ago—has been delicate and feeble since, but comparatively well until a week ago. For that time the mother has been feeding it with "mashed potatoes and gravy"—"with meat of any sort," "chopped up fine"—with view of "strengthening it." It will not eat anything to-day—will scarcely nurse—and screams whenever it takes hold of the nipple. It has two or three operations a day—white, foamy and offensive. Whatever it eats passes undigested. The gums are spongy, scarlet and ulcerated around the teeth, the most of which have been cut.

There is also ulceration of the buccal mucous membrane in many places — small, round, superficial ulcers — some as large as a split pea. No fever. But child exceedingly fretful and nervous.

Ordered breast milk — no more feeding — and the following:

℞	Hyd. Mit. Chlor.,	grs. iij.
	Sach. Alb.,	grs. xij. M.

Ft. pulv. no. iij. One every night. In addition:

℞	Chloras Potass.,	℥ij.
	Aq. font.,	℥ xvj.

To be drunk in two days pro re nata.

November 4.—The child is much better. Only two ulcers left—one large, and involving the mucous membrane to the extent of half an inch, covering the gums over the two molars of the right side, one of which is barely through. The operations are less frequent, darker in color and more consistent; but the secretions are not well established.

℞	Hyd. Cum Creta,	grs. iv.
	Sod. Bicarb.,	grs. iv.
	Pulv. Dover,	grs. j. M.

Ft. pulv. no. iv. One every night. Continue the Chlorate of Potash, and touch the ulcers once a day with a solution of Nitrate of Silver—ten grains to the ounce. Diet: breast milk.

November 8.—Child well. Dismissed.

IRREGULAR INTERMITTENT WITH PROTRACTED PAROXYSM.

CASE CXXV.—Irregular Intermittent with Protracted Paroxysm. October 19, 187—, Mrs. M. This lady is 44 years of age—the mother of eight children—the youngest of whom is eight years of age. She is regular and normal in her monthly functions, and ordinarily in good health. She has had neuralgia of the face and head for several days on account of sitting by an open window in church; but last night about bedtime was taken with high fever. No chill, she says—but aching in the back and limbs, which she supposed was neuralgia.

At this hour, 10 A. M., her face is flushed—her eyes red and suffused—pulse 100, moderately full and soft; tongue clean and moist—thirst, anorexia, nausea and constipation. The skin is hot, dry and husky.

℞ Sulph. Magnesia.
 Henri Magnesia, āā 3 ij.
 Aq. Flor. Aurantii, ℥ vj. M.

Dos. wineglassful every two hours until it operates. To sip a little lemon juice.

10 P. M.—The medicine has operated twice freely—says her head feels somewhat relieved, but her fever is undimin-

ished. She complains greatly of pain in the back, head and knees. Skin still very dry. This lady cannot take Opium by mouth.

Ordered ten grains of Dover's Powder by enema — and as soon as perspiration comes on, fifteen grains of Quinine at one dose.

October 20.—11 A. M.—Fever broke this morning at 9 o'clock — took the Quinine at 10. She is quite comfortable, but weak. No medicine. Rest in bed to-day. Diet hot chicken soup.

The paroxysm of fever in this case, it will be observed, lasted thirty-six hours — quite an unusual length of time. In such cases — not common, but observed in all malarious districts, I presume — the physician has to be on the *qui vive*, or he may be mistaken in his diagnosis — a mistake which is apt to involve fatal consequences in treating malarious or periodic fever. The time for literally *treating* such cases is in their beginning. One neglected paroxysm runs into another very easily, and then, with visceral engorgement and congestion, we have a protracted and troublesome fever. In this case I knew my patient for an old intermittent fever subject, and having, attended her for many years, I knew that she was never sick by halves, always seriously and often sick not as other people were. Hence the direction — as soon as the skin becomes moist to use the Quinine in one, full, telling dose. The intermission or remission is generally very brief and unreliable in such cases, and must be known and utilized as soon as it appears.

CHRONIC MUCOUS DIARRHŒA.

CASE CXXVI.—Chronic Mucous Diarrhœa. June 1, 187-. Mrs. C. W., aged 35—mother of four children—youngest fifteen months old, nursing. She has had “bowel complaint” ever since the birth of this child. Has from three to a dozen passages daily—small, slimy, sabulous—occasionally bloody—then more copious, and more of the nature of diarrhœa, with lientery—has almost always some pain in the bowels at some time of the day—and though she has generally kept up and about her domestic matters, she has latterly grown weaker and begun to emaciate. There is no thirst—no fever—no red tongue—but good appetite and refreshing sleep. She has tried dieting, bitters, etc., but had no improvement.

℞	Hyd. Mit. Chlor.,	grs. xij.
	Pulv. Dover,	grs. xij.

Ft. pil. no. xij. One every night. Diet of toasted bread, fresh butter and boiled milk.

June 15.—Has had for several days past an average of only two stools—no blood, or mucous, or straining. No lientery now—the operations consist of light colored, semi-consistent fecal matter. No constitutional effect of Mercury.

Continue the pills—one every third night. In addition, to take a champagne glass of Alum water (Rockbridge Alum Springs, Virginia,) *ter die*. Diet same, enlarged by allowance of two soft boiled eggs.

July 1.—Dismissed. Well.

RHEUMATIC GOUT.

CASE CXXVII.—Rheumatic Gout. J. S., aged 50—a high liver and an old subject—has had his present attack for a week, but been treated on domestic prescription with purgatives and Opium, and seen no doctor before to-day, November 21, 187—. The disease commenced a week ago to-day in the *little toe* of the right foot, which he says was fiery red and exquisitely painful as usual; but now both feet and ankles and the right knee are tensely swollen, white, shining and elastic. There is no pain, except on motion or at night—but he is perfectly helpless, and can neither move his limbs nor suffer them to be touched. Has some exacerbation of fever at night, but no sweat. Tongue clean—appetite fair—bowels normal—urine scanty, red and loaded with lithates. He has one or two attacks every winter—usually lasting several weeks.

Ordered full doses of Dover's Powder and Nitrate Potash — ten grains each — at bed-time every night and a tablespoonful of the following every six or eight hours :

R	Potass, Bicarb.,	3 ij.
	Vin. Colchici Rad.,	3 iij.
	Aq. font.,	5 vj.

Diet of oyster soup, eggs, etc., as he is feeble and his general condition poor.

Dismissed in seven days, after a much shorter attack than usual.

IRRITATIVE, VERMINOSE, OR INFANTILE REMITTENT FEVER.

CASE CXXVIII.—Irritative, Verminose, or Infantile Remittent Fever. April 14, 186—, 5 P. M. Mary S., aged 5. This little girl has had fever, her mother says, for a fortnight, though she has continued to get up and to be interested in her play to some extent until yesterday. She is quite intelligent, and complains of pain in the region of the navel and of sick stomach. Her tongue is narrow, pointed and coated toward the base with a close, dirty looking fur — she has a hacking cough, dry — no expectoration and no physical signs of bronchial or pulmonary disease. Her bowels are open once or twice daily — the operations are pale, yellow, semi-consistent and foamy — very offensive, and so light as to specific gravity that they float upon the urine. Her cheek is slightly flushed and dusky — skin harsh and dry — appetite poor — but little thirst — pulse quick and irritable, about 120. She has had no regular medication — but gotten some simples on domestic treatment.

Ordered warm bath and one of the following powders every three hours :

℞	Hyd. Mit. Chlor.,	grs. vj.
	Pulv. Jacobi,	grs. iss.
	Pulv. Dover,	grs. iij. M.

Ft. pulv. no. iij.

Diet: panada—if she ask for anything. If she does not wish it—no food.

April 15.—P. M.—The medicine has operated three times. The passages are small, green and clotted—no longer offensive. She complains of great soreness over the bowels when touched or moved. Pulse 100, quick and soft. Anorexia complete—no thirst.

R Pulv. Dover, grs. ijss.

At bed-time—preceded with warm bath, and followed by hot poultice to the bowels.

April 16.—The symptoms generally are all better this P. M. Repeat prescription of last night.

April 17.—No fever to-day. Appetite returning. No medicine.

In two days more she was rapidly convalescent.

Duration of treatment four days—of disease nineteen days.

The duration of irritative fever is not generally so long. When an attack of the disease is protracted beyond the second week, it is generally safe to suppose that some inflammatory change has occurred in the mucous membrane of the intestinal canal. Indeed, modern writers, or writers within the last decade, do not recognize, as far as I am aware, the existence of irritative or infantile remittent fever apart from colitis, duodenitis, ileitis, or some phlegmasia. Yet, it seems to me that the classification adopted by Eberle and Dickson, and Wood and others, of a fever which they term irritative infantile remittent, or Gastric, indifferently, and dependent on irritation which has never developed into inflammation, is an eminently proper one. I am sure that I have met with such a fever many, many times during the last twenty years—of which the case just recorded is a pretty fair instance, or was in its incipency. Had opportunity been offered to observe its phenomena, we should have found the child for some days—two or three, may be—

listless and indisposed to play — restless and feverish in the evenings — with hot head and cool extremities — sleeping badly at night — with capricious or poor appetite — disposed to pick the nose and mouth — sometimes nauseated or disposed to retch — though not vomiting — breath offensive — bowels hot and tumid — urine scant and high-colored — finally taking its bed of its own notion, and then presenting two symptoms — to me pathognomonic and conclusive — viz.: The small, narrow-pointed tongue, with the close, dirty fur, and whiteness around the mouth and end of the nose, with pinched and contracted alæ. When I see these two last symptoms in a child from two to twelve years of age with fever, I look no further for my diagnosis. I know it is a case of irritative fever, and that the irritation, eight times out of ten, is in the intestinal canal. Sometimes cold and sometimes teething induce a fever of a similar sort; but an inflammatory action of some kind is soon set up, and the disease changes its character. The intestinal irritation is almost invariably the result of errors in diet — a full stomach of undigested food to begin with, or some indigestible and crude matter in the *primæ viæ* of the small intestine. Chestnuts, chinquapins, hard apples, raw sweet potatoes, or turnips are oftenest the offending material. Occasionally worms — and *always* worms, in the opinion of the knowing amongst the unprofessional — are the cause of the irritation. Hence one of the synonyms, worm fever. If they fail to find worms in the dejecta of the patient, it is coolly averred that they have been “cut up by the medicine,” and they will point to every shred of mucous as confirmatory of their theory. And if but one entozoa be found — monad though it be — and months after recovery, it will be secured and exhibited as proof of the power of “worm physic,” (often surreptitiously administered,) and as evidence of the ignorance and prejudice of the doctor. It is safer, therefore, for the patient, and wiser for the doctor, to call the disease “worm fever” when he speaks aside. If he

does not find the worms, the nurse will, and the nurse's physic will get the credit of their expulsion and cure. This fever differs from true remittent fever in its nature and causation, as well as in many of the symptoms peculiar to the latter disease. Indeed, it is only in its periodic feature that it can be said to resemble remittent fever especially. There is a decided remission usually and most generally in the afternoon or evening. But infantile remittent fever proper is never primarily the result of malarious influence, though that cause may be superinduced upon the original intestinal trouble; whereas, genuine remittent fever only occurs in those who have been exposed to specific miasmata. There is in both, it is true, symptoms of disorder of the liver and of the chylopoietic viscera, as evinced by sallow skin, constipation and light-colored, chalky evacuations; but the pain and heat of the bowels, which is very occasional, and only incidental to the genuine remittent, is never absent from the infantile remittent. The former certainly never presents in its incipency as the latter does invariably the tense, tumid abdomen—the dirty, narrow, closely furred tongue—the whiteness around the mouth and the pinched nostrils. Nor does the latter present its victims only, as the former does invariably, from the denizens of malarious districts; nor confine its visits to seasons when miasmatic exhalations are prevalent.

We rarely have typhoid fever in this section of country, I mean the true enteric fever of Louis, and especially do we rarely have it in children, or that might sometimes be confounded with irritative fever. In the former, however, especially in its commencement, there would be noted the absence of the intestinal irritation, the absence of the hepatic derangement and of the pathognomonic symptoms before spoken of, which are never wanting in the latter. It is, perhaps, more apt to be blended with those fevers incident to childhood and youth, which are the result of inflammatory changes in the

muco-intestinal tract, and amongst which it is evidently embraced by most modern writers, who do not ignore it entirely as a separate disease. And, as we have intimated, irritative fever, neglected, improperly treated, or aggravated by intensity of cause, or any other untoward accident, may and does sometimes run into inflammatory fever, in which, of course, would be found the various pathological changes ordinarily seen in enteric inflammation. But the fever then would have blended its type as it blends it sometimes with true remittent fever. It begins as an irritative fever — it runs its course as an irritative fever, and it ends — generally in convalescence — as an irritative fever. Fatal results do sometimes ensue, and that before time is afforded for the occurrence of inflammation, or at least before any evidence of inflammation is noted. But in such instances there is reflected irritation to other organs, and tetanus or eclampsia is induced. Such instances are, fortunately, rare. I have seen one or two cases in which the whole nervous system of the little patients seemed oppressed by the shock of irritation, and in which the vascular action was irregular and feeble to an extent threatening fatal results, and from which recovery was doubtful; but convalescence was finally established without the occurrence of inflammation. I have in mind especially one case, a bright little girl of six summers, who was taken, after the usual prodromic symptoms of malaise, etc., for several days, suddenly with pain about the region of the navel — not severe enough to make her cry out — but which threw her on her back at once, with knees drawn up — causing her to moan most piteously — and attended with such prostration, that for two days her life was in most imminent danger. Not a symptom was wanting to diagnose irritative fever, which I did at once, and giving my opinion that some indigestible matter was lodged in the bowels, proceeded with Calomel and Camphor, followed by emulsion of Turpentine and Castor Oil to attempt to dislodge it.

The family accepted my theory at once of obstruction and intestinal irritation, but attributed the trouble to worms — a conclusion which I was indiscreet enough to reject with contempt. On the third day there appeared in the dejecta the largest lumbricoid I think I ever saw, knotted and massed with mucous until it was as big as a walnut or a small apple — and immediately on the passage of which reaction occurred, the little patient revived, and convalescence was at once and without further treatment established. I attempted some feeble defence on the *post hoc* line, but was met with such force of incredulous rejoinder, that I was glad to escape from the contest. It was a very fortunate result that my patient got well. That, at least, could not be gainsaid.

The treatment of irritative fever is very simple, and ordinarily very successful. As the pathology of the disease consists of irritation somewhere within the intestinal canal, the result of indulgence in crude and indigestible articles of diet, or of perverted secretion, the result of such imprudence, the one simple indication is to rid the patient of the offending matter, and to correct the disordered secretions. We give a purgative — the mildest yet most efficient we can secure — and follow with fomentations to the abdomen, warm bath, if there is much fever and hot skin, and Dover's Powder in doses sufficient to soothe irritation and secure sleep at night. Calomel — if there be evidence of hepatic disorder in sallow complexion, harsh skin and offensive breath — followed or not, as may be necessary, by Castor Oil — is incomparably preferable to any other article we have ever tried. If the stools be light-colored and offensive, indicating absence of biliary secretion, we give the great alterative in broken doses, combined with Dover's Powder if there be much pain, until the secretions assume a more healthy character. As soon as that effect is obtained — if the patient be not immediately convalescent, which is sometimes the case — a few days treatment by warm baths, warm

fomentations, dieting, etc., completes the cure. And we believe this to be the universal experience of physicians who have recognized and treated the disease. Dr. Wood (*Practice of Medicine*. Vol. 1., page 238,) says he has used this treatment (Calomel) for more than thirty years, and has never found anything comparable to it in irritative fever. He has never seen it do harm; but often seen it cut short an attack immediately, and that after other purgatives had failed. He says it is a matter of conjecture how it acts — “perhaps by its powerful influence upon the liver, promoting a free secretion of bile and unloading the portal circulation.” But that was written before the days of Dr. Bennett and the dog committee. We don’t know how it acts *now*, only that *it don’t act on the liver (of dogs) and don’t produce any bile*. Fortunately, the fact that it does good rests on experience and not on theory. We shall scarcely lay it aside yet, though it is very humiliating to say that we don’t know why we give it, except that it cures. It has, of course, to be exhibited with care and discretion; but, in our experience, it is very rare that ptyalism is induced in children under ten years of age by its use. I have never known a case in my own practice, and in children it is my *vade mecum* for many pathological states.

When in the course of irritative fever symptoms of inflammation of the bowels occur, of course the treatment must be changed to meet the new indications as they arise. The disease has then parted from its specific character, and must be dealt with differently.

OVARITIS.

CASE CXXIX.—Ovaritis. September 27, 187-. Mrs. L., aged 26 — childless — generally enjoys good health. Has had for several days a pain in the right groin, but this forenoon it became much worse and compelled her to take her bed. The pain extends from the right ovary down to the vulva and inside of the right thigh — movement of the leg greatly aggravates it. Pressure over the ovary develops great tenderness. There is also some heat of the parts. The patient has quite a fever — pulse 100, full, quick and hard — tongue foul — skin hot and dry — urine scanty, red and loaded. Thirst considerable and anorexia complete.

Ordered fifteen American leeches to be applied over the ovary, followed by a bag of hops wrung out in hot water, and

℞	Hyd. Pil. Mass,	grs. ijss.
	Pulv. Dover,	grs. iiij.
	Quiniæ,	grs. j.

every three hours until six doses are taken.

September 28.—The fever has subsided, but the patient complains of great soreness in the right hypochondrial region — increased especially by movement of the right leg. Bowels have not been moved.

Ordered four ounces of infusion of species St. Germain at once, and to-night at bed-time five grains of Dover's Powder in full.

September 29.—Medicine operated well twice. Patient still complains of great soreness and languor. Pulse 68, full — tongue still foul, and no appetite.

Ordered two grains of Quinine every eight hours, and to-night at bed-time three grains each of Calomel and Dover's Powder.

September 30.—She has had two operations on her bowels since I saw her. Less soreness about the abdomen — tongue cleaning and appetite returning. She still complains, however, of a good deal of pain in the right groin and hip, running down the right leg.

℞ Chloroform.
Tinct. Aconit. R.
Tinct. Sapo.
Tinct. Opii, āā $\frac{2}{3}$ j.

Apply as a liniment. To take in addition to this prescription two grains of Sulphate of Quinine ter die.

October 3.—Dismissed. Well.

INTERMITTENT FEVER.

CASE CXXX.—Intermittent Fever. September 29, 187—. P. H., aged 21 months. This child has now, at 5 P. M., though well this morning, a high fever—hot, dry skin—hot, tumid abdomen—foul tongue, and is exceeding nervous and restive. Bowels costive.

Ordered warm bath and one of the following every three hours until the bowels are open or the fever breaks:

R	Hyd. Mit. Chlor.,	grs. vj.
	Sach. Alb.,	grs. xij. M.

Ft. pulv. no. iv.

September 30.—11 A. M.—The medicine has operated four times—dark green stools—fever subsided—but the child has no appetite, and is thirsty and fretful. He has been on a visit to the country into a chill and fever district, and I suspect his sickness yesterday was the inauguration of an attack of intermittent fever.

Ordered two and a half grains of Quinine in one teaspoonful of Syrup of Rhubarb—to be taken at once.

October 1.—Pelham had a chill yesterday afternoon in spite of the Quinine, but modified by it. The fever was not so great, and passed off sooner

To take to-night at bed-time one and a half grains of Quinine and to-morrow morning at sunrise the same dose.

October 2.—P. M.—Has missed his chill, and is quite bright and playful.

Dismissed.

IRRITABLE BLADDER—RESULT OF ENGORGEMENT OF THE UTERUS AND ULCERATION OF THE OS.

CASE CXXXI.—Irritable Bladder—Result of Engorgement of the Uterus and Ulceration of the Os. May 20, 186—. Mrs. W., aged 35—mother of five children—the youngest five years old—been well generally until during the past twelve months—has had for that length of time irritable bladder, growing steadily worse in spite of treatment. She states that she passes her water from ten to twenty times in the twenty-four hours—never more than a few spoonfuls at a time and with the greatest *ardor urinæ*. She suffers a little less during the forenoons than at other times of the day. The symptoms are not aggravated by the occurrence of the monthly molimen, and her courses are entirely regular and in every way natural. Her bowels are regular—appetite poor and spirits depressed.

She says that she has emaciated very much during the last two months; but, though looking a little haggard, her complexion is good. The urine is deficient in quantity — of a pale amber color, acid reaction, and loaded with mucous. Bladder and urethra unnaturally sensitive on the introduction of sound. Rectum healthy — no hemorrhoids or fissure. Womb slightly prolapsed, enlarged and tender to the touch. Os looking downwards and forwards, patulous, indurated — abraded of mucous membrane in one-half of its circumference, and presenting a dirty, livid and unhealthy looking ulcer. There is a profuse discharge of whitish, tenacious-looking mucous from the mouth; but no pus.

Cauterized the os freely with Nitrate of Silver and dressed with cotton saturated with Glycerine.

Ordered thirty grains of Acetate of Potash ter die in half a tumbler of lemonade and every night one of the following suppositories:

℞	Pulv. Opii,	grs. vj.
	Ext. Belladon.,	grs. iij.
	Butty. Caco. q. s.	suppostor. no. vj.

May 25.—The patient has been much more comfortable, and has not been disturbed at night at all since taking the suppositories. There is still some pain on passing water, though, and the secretion is still deficient in quantity and loaded with mucous. Her courses are on her and no examination practicable.

Discontinue Acetate of Potash and substitute the following:

℞	Decoct. Uvæ Ursi,	$\frac{z}{3}$ xvj.
	Sod. Bicarb.,	3 j. M.

Dos. wineglassful ter die. Continue the use of suppositories and patient directed to keep her bed.

June 1.—Has had an attack of acute dysentery, which is endemic, and vesical symptoms all aggravated.

Ordinary treatment instituted.

June 4.—Has had no dysenteric stools for two days. Irritation of bladder very slight now. She still passes too little urine, though — not a pint in twenty-four hours.

℞	Tinct. Scill.	
	Tinct. Digitalis.	
	Spt. Nitr. Dulc.,	āā 3 ij.
	Nitras Potass.,	3 ij.
	Aq. font.,	℥ v. M.

To take a tablespoonful every six hours in half a tumblerful of Gum Arabic water.

June 14.—Secretion of urine normal. No vesical irritation. The os shows some little abrasion, and there is still some congestion of the cervix.

Apply Tincture of Iodine and dress with Glycerine and cotton. As she complains very much of debility, ordered one of the following pills before every meal :

℞	Sulphas Zinci.	
	Ext. Gentian,	āā ʒj. M.

Ft. pil. no. xx.

June 20.—Dismissed. Well.

HYSTERIA MANIFESTING ITSELF IN MORBID HUNGER.

CASE CXXXII.—Hysteria Manifesting Itself in Morbid Hunger. May 13, 187—. Miss C., aged 30—nervous and debilitated. Has had chronic indigestion for several years. Her skin is sallow and dry—tongue foul—bowels torpid—courses normal. She consults me for a gnawing at the stomach and an irrepressible longing for food. Says she is “so hungry that she is almost deranged,” and yet when food is brought before her she loathes it—can only swallow a few mouthfuls, which satisfies her for a little time, and then the hunger returns, apparently aggravated by the indulgence in eating. She has no fever—no thirst—no redness of tongue—no tenderness of epigastrium. She begs with tears for relief, and yet begs that nothing may be given her to increase her appetite. She has suffered great reverses of fortune, and is discouraged and dispirited.

Ordered ten grains of Blue Pill every fourth night, followed by one drachm of Rochelle Salts in the morning, and before every meal a tablespoonful of the following :

℞	Infusion Gentian Co.,	℥ viij.
	Sod. Bicarb.,	3 jss. M.

Diet unrestricted.

May 16.—Not at all improved. Bowels are open now and secretions apparently right; but she says “this craving for food will kill her.” Loathes it as much as ever when she gets it, and eats only a little, but returns constantly for more. She “is in despair.”

Discontinue Infusion of Gentian and substitute one of the following pills every six or eight hours:

R	Argenti Nitras,	grs. iv.
	Ext. Nux. Vom.,	grs. viij.
	Pulv. Opii,	grs. viij. M.

Ft. pil. no. xvj.

June 1.—Says she is somewhat improved by this prescription, but has difficulty in swallowing solid food. Recommended milk, and to take Cod Liver Oil, half ounce ter die.

September 1.—My patient returned again to consult me. Says the medicine has lost its effect and that her sufferings are as great as ever—almost intolerable. Her hunger is so great that she cannot sleep for it unless she keeps a bowl of milk by her bed, which she resorts to as often as she wakes—taking from a quart to half a gallon a night. In spite of the Opium, she rather suffers from laxity of the bowels now. The milk and Cod Liver Oil have evidently been digested and appropriated, for she has fattened some twenty pounds.

Advised a discontinuance of the oil and of the milk at night. To take milk during the day when her hunger is irrepressible and the loathing for solid food so great that she cannot take it, and to take a grain of solid Opium at bed-time every night.

October 1.—Says she gets along at night very well as long as she takes Opium enough to dull her senses; but says it affects her badly in the day, and is unwilling to take any more.

November 1.—Has discontinued the use of all medicine for a month; but has gotten as bad—she says worse than ever.

Advised Bromide of Potash — twenty grains ter die — on the principle that it is supposed to produce some anæsthetic effect on the mucous membrane.

December 1.—Says her life has been more tolerable since the use of the Bromide, but suffers a good deal all the time yet — and is unable to discontinue the medicine without the return of the old symptoms in all their force. Complains of the Potash keeping her drowsy all the time.

Advised to reduce the dose.

NOTE.—After the persistent use of Bromide of Potash for six months, my patient, *post vel propter hoc*, recovered. The disorder was purely functional.

INDIGESTION — WITH EGG-BELCH.

CASE CXXXIII.—Indigestion — with Egg-belch. May 13, 187—. Mrs. W., aged 50. Mrs. W. is a corpulent, florid-looking woman — a good liver, and leads a very inactive life. She generally has very good health, however, and rarely takes medicine. For several weeks past she has had oppression after eating, and for a week past eructations of an “acid, yeasty stuff and bits of undigested food, tasting of bad eggs.” She is never comfortable at the stomach except early in the morning, when it is quite empty. Her tongue is large, clean and indented, bowels constipated and appetite bad. Says she

often suffers from palpitation at the heart, especially at night, and that her sleep is disturbed and unrefreshing. Night before last she took, on her own prescription, ten grains of Blue Pill, which operated several times.

Ordered to-day :

R	Acid, Nitro Muriat.,	3 jss.
	Tinct. Columbo,	$\frac{z}{3}$ ss.
	Syrup Simp.,	$\frac{z}{3}$ iij. M.

Of this, one teaspoonful in a wineglass of water to be taken before each meal. To avoid coffee or tea, and take hot water, and milk and sugar, with milk toast and soda crackers for breakfast, and for dinner, boiled chicken, mutton chops, mealy potatoes, etc. No wine or spirits.

May 20.—Says she is well. Can dispense with the physic.

Advised to continue it and the dieting for a week or two, and dismissed.

CONGESTION OF THE KIDNEYS.

CASE CXXXIV.—Congestion of the Kidneys. May 1, 186—. Miss J., aged 25. This young lady has suffered from dysmenorrhœa for years, and has been feeble, delicate, dyspeptic and hysterical, even to chronic invalidism, until within the last six months. Since that time, under the use of Quinine, Strychnine, Iron, Cod Liver Oil, with counter-irritation by Nitric Acid issue over the sacrum, she has greatly improved, and has been going about the city visiting and attending to some little shopping. One week ago she was taken with pain in the loins while standing up and walking around more than usual, and begun to pass an unusual quantity of light-colored urine, "as clear as water." Having occasionally had attacks somewhat similar after an attack of hysteria, she thought nothing of it at first; but the pain has increased so much in the last three days, that she is unable to leave her bed now, and the calls to the urinal are almost incessant. To-day the urine is a bright cherry red, and contains both blood and albumen. There is also, for the first time, considerable vesical irritation, and the passage of water is accompanied with burning, tenesmus and pains in the hips and thighs. There is great tenderness over the loins, but no heat and no fever, no thirst and no appetite.

The bowels have been opened by some light medicine taken on her mother's prescription. She complains of great debility.

Ordered half a dozen dry cups to the loins — two grains of Quinine *ter die*, and a suppository containing half a grain of Opium, every three hours, until the vesical irritation, at least, was relieved. A glass of ale or porter at every meal, if she can take it, and diet of beefsteak and bread and butter.

May 4.—The quantity of urine passed is reduced from one hundred and twenty-eight to thirty-two ounces in twenty-four hours. There is now no blood or albumen in it. Her sleep is undisturbed, and the calls to the urinal not more than eight or ten times a day. The pain in the loins, too, is "entirely well." She is very feeble, though — can scarcely help herself in bed, and has complete anorexia. Finds it impossible to take mutton chops or beefsteak and ale. The stomach will not take it.

Allow such diet as she can fancy. Continue the Quinine and omit the Opium, unless irritation of the bladder return.

May 10.—Steadily convalescing — but is very feeble.

Return to Quinine, Iron and Strychnine.

Dismissed.

GASTRALGIA.

CASE CXXXV.—Gastralgia. March 14, 186—. Mrs. M., aged 30 — widow — sewing woman — pale and anxious-looking, but in good condition otherwise. Is mother of one child, four years old. Applies at the office for relief for “pain in the stomach.” “Has it all the time, but worse in the evening and at night.” It is never bad enough to cause her to stop her work, but “makes her life miserable.” There is also great accumulation of wind on the stomach and bowels, and the latter are very much constipated. No thirst and poor appetite. The sleep is bad and unrefreshing.

R	Ferri Subcarbonas,	$\frac{z}{3}$ jss.
	Carbr. Ligni,	$\frac{z}{3}$ ss.
	Bismuth Carbonas,	$\frac{z}{3}$ ss. M.

To take half a teaspoonful ter die in a wineglass of water. To sit up straighter when sewing, so as to take off the pressure from the stomach, and to eat what she can get.

March 25.—She says she is no better, but her appearance has improved very much. She has lost to some extent that haggard look which characterized her when I last saw her. She complains more now of constipation and of “bad feelings” than of pain in the stomach.

Continue the powder, and, in addition, to take every morning before breakfast a tablespoonful of the following in half a tumbler of water until the constipation is relieved :

℞	Sulph. Magnes.,	$\frac{7}{8}$ jss.
	Syrup Zingib.,	$\frac{7}{8}$ jss.
	Aq. font.,	$\frac{7}{8}$ viss. M.

To have the epigastrium painted daily with Tincture of Iodine.

RETROVERSION OF THE WOMB, WITH METRITIS—CAUSE OR EFFECT?

CASE CXXXVI.—Retroversion of the Womb, with Metritis—Cause or Effect? March 21, 187-. Mrs. G., aged 22 years—mother of one child, aged twenty-two months. She nurses her child; but her courses are regular, and have been so for five months. She has generally had good health, and is in good condition and has good embonpoint now. She was taken two weeks ago with “pain in the bottom of her stomach and in her bladder”—sometimes very bad—has been passing her urine many times in the twenty-four hours—character of urine not much changed. Yesterday she was taken so bad that she had to go to bed, which she has not left since. She has now high fever—skin hot and moist, and pulse 120, small and hard.

There is constipation — foul tongue — anorexia — not much thirst.

Examination.—There is retroversion of the womb — the os patulous and looking to the os pubis — the cervix and body enlarged, hard, and so sensitive as to render any attempt at reduction impracticable. She can scarcely bear the touch.

Ordered half a dozen American leeches to the os. To take one of the following pills at once and one in six hours :

℞	Hyd. Mit. Chlor.,	grs. x.
	Pulv. Dover,	grs. x.
	Pulv. Jacobi,	grs. iv. M.

Ft. pil. no. ij.

March 22.—11 A. M.—She had some rest last night. The medicine has operated twice freely — pulse 100, fuller and softer — tongue cleaning — no pain whilst still, but cannot move or set up in bed without its recurring :

℞	Pulv. Dover,	grs. xxv.
	Pulv. Jacobi,	grs. xij. M.

Six pills. One every four hours.

March 24.—Complains of the pills keeping her nauseated. No fever and no pain — but has a great deal of soreness, and is unable to set up. She is a good deal reduced.

Ordered :

℞	Quiniæ Sulph.,	grs. xvj.
	Pulv. Opii,	grs. j.
	Ext. Aconit.,	grs. iij. M.

Ft. pil. no. vj. One every six hours. For diet: allow a bird, soft boiled egg, etc.

March 27.—Has no fever and no pain now except over the left ovary. That is very tender, and on motion gives a great deal of pain.

Ordered a blister over the left ovary, 3x4. Continue pills.

April 1.—No pain. Appetite good. Her courses came on to-day without any inconvenience or discomfort, for the first

time in twelve months. She is a little pale and disposed to be anemic.

℞ Liq. Ferri Iodidi, gtts. xv.

ter die.

April 8.—She is up and attending to her domestic matters.

Examination.—The uterus is righted — a little hard and tender, but otherwise normal.

Continue Iron and dismissed.

PROTRACTED LABOR—DELIVERY WITH FORCEPS—DEATH FROM EXHAUSTION. PATIENT NOT 14 YEARS OLD.

CASE CXXXVII.—Protracted Labor — Delivery with Forceps — Death from Exhaustion. March 27, 187-. Henrietta — freed woman. Her mother says she is only 13 years old; but she is well developed and pretty well grown, and seems older. She has been in labor, the midwife who is with her says, for five days. I was only summoned this morning at 9 o'clock — found the head engaged well in the superior strait — vertex to the right. It is a pretty close fit — but there is no impaction, and birth is entirely possible from the natural forces. The mid-

wife — a very ignorant person, however — says this has been the condition of things for two days, and that there has been no pain for that length of time. The patient has slept some every day and every night, and has eaten moderately at different times; but she looks wearied and anxious. Complains of no pain, but great soreness about the lower abdomen and the thighs. Pulse 140, quick but firm — no exhaustion, and patient cheerful and brave. No thirst.

Believing that a little rest, assurance and the use of Ergot, to bring about a return of the natural pains, would insure the delivery of the child *per vias naturales*, I ordered one-eighth of a grain of Morphine and two drachms of wine Ergot every thirty minutes, until four doses of each had been taken. Directed the patient to have at the same time a cup of hot soup.

3 o'clock P. M.—Having been unexpectedly detained longer than I anticipated, the nurse has continued the use of the prescription, until one grain of Morphine and two ounces of Ergot have been taken. The patient has not slept, however — nor has there been a return of pain. She says she feels “sleepy;” but is quite alive and intelligent. The pulse is 160, smaller. Symptoms of exhaustion apparent.

Gave one ounce of brandy, chloroformed, and delivered with forceps in five minutes. The child was still-born — had evidently been dead for some days. The mother rallied from the shock of the operation, but died the next day — from asthenia. The liquor amnii, which exceeded in quantity anything I ever saw, flooding the floor when the child was delivered, was of the most offensive and disgusting odor, rendering it almost impossible to remain in the room, and leaving upon the hands of the accoucheur a fetor as intolerable as that of carcinoma uteri. It was the distension of the uterus, no doubt, by this immense amount of fluid, which paralyzed the muscular coats of that organ, and prevented the natural accomplish-

ment of labor. Had I been aware of the true condition of things, I should, of course, have delivered the woman when I first saw her. I noticed that the abdomen was unusually large, but I thought, and so did Dr. N. S. Lewis, who saw the patient with me, that it was a case of twins or possibly triplets. Each of us came to this conclusion after a careful examination and without consultation with each other.

I am not aware that the use of Morphia in combination with Ergot is recommended by any medical authority, but it is one to which I often resort and one which almost never fails me. In tedious and protracted labors — at any stage — when the patient begins to show symptoms of weakness and exhaustion, and grows restless and despondent, especially if the true pains become feeble and irregular, a full dose of Morphine and wine of Ergot, or two drachms of the latter and one-eighth of a grain of the former, repeated every twenty or thirty minutes, until four doses are taken, produces a most wonderful reaction — the patient takes courage — the pains return, and several times I have seen delivery occur whilst the messenger had gone only a short distance for the inevitable forceps. I have found in many cases the Opiate a much more desirable and more manageable remedy than Chloroform, for which almost all obstetrical patients now have learned so persistently to clamor. Nor is the act of labor, in so far as it is organic and reflect in its nature, interfered with or hindered by the anodyne more than by the anæsthetic. And, except in cases of operative midwifery, or when for any purpose it becomes necessary to bring about total unconsciousness, the former is, in my experience, a happy substitute for the latter, and gives rise to fewer unpleasant and irregular nervous manifestations. The use of the Opiate has another effect, happy in its influence and judicious in its operation, in that, by the quiet and patience which it induces in the chamber, both the woman and her friends bear the ordeal of torture and delay with more fortitude, and are less insistent on the “termination

of the labor by instruments," which has become so customary of late years. I suppose there are few physicians who do not feel that, under the pressure of this demand for relief, both from patients and friends, they use instruments for the termination of labor *six times* now where they used them *once* fifteen years ago. And there are fewer, I believe, who really, in their judgment, approve of the new practice or think it the better. The use of steel hands, the cruel and insensitive fingers of the forceps, which the accoucheur plunges, literally blindfolded, into the very vitals of a woman, can never be contemplated, much less adopted, by the conscientious and right thinking without the most earnest and serious reflection. And I feel that in this day of radicalism and reckless hardihood of adventure—invading even the domain of medicine and surgery—the man can but deserve well of his fellows who will throw his weight, however small, against the torrent which threatens to sweep out, in the destruction of conservatism, the accumulated wisdom and matured experience of the fathers.

NERVOUS DYSPEPSIA.

CASE CXXXVIII.—Nervous Dyspepsia. May 30, 186—. Miss C., aged 30 — very delicate and feeble all her life; but has for some months past complained of more debility than usual, with recurring pains in the back, head and limbs, and a “*gnawing*” at the pit of the stomach, which is almost intolerable. She never feels “easy” unless her stomach is full. When empty says “it seems to be digesting itself”—though when full it is only “comparatively comfortable.” Her bowels are irregular, complexion sallow, and forehead and neck stained with ephelis. Monthly courses regular and normal in every respect. Her nervous system is very much deranged — manifesting the disorder in muscular tremblings and twitchings — threatening to end in palsy, and sometimes in general convulsions. She has been under the usual medical course of Iron, Quinine, Strychnine, etc., but says she feels no improvement from anything which has been done.

Ordered the following:

R	Acid, Nitr. Mur.,	3 jss.
	Tinct. Columbo,	3 jss.
	Syrup Simpl.,	3 iijss. M.

Dos. teaspoonful in wineglassful of water before every meal.

June 1.—Miss C. thinks perhaps she is somewhat better, though still thoroughly “wretched.” She looks better, and her nervous system is steadier, evidently.

Ordered a continuation of the treatment and no restrictions on the diet. To eat what she pleases. Her appetite is fair.

PHLEBITIS—FORTUITOUS AND RAPID TERMINATION OF AN UNPROMIS- ING CASE.

CASE CXXXIX.—Phlebitis — Fortuitous and Rapid Termination of an Unpromising Case. April 12, 187—. Mrs. R., aged 25 — confined yesterday with her first child — had a tedious and painful labor, but no complication, and seemed very well as soon as it was over. She was taken this morning, twenty-four hours after delivery, with severe pain in the right leg below the knee, causing her to cry out if it is touched or moved. Her pulse is 100, hard, quick and irritable — skin dry — thirst and restlessness. Bowels been moved and bladder been emptied since the birth of the baby.

On examining the leg, the external saphenous vein, until it dips into the popliteal space, and the internal saphenous, to

within four inches of Poupart's. ligament, are both corded, inflamed and exceedingly sensitive.

Ordered both to be thoroughly painted in their whole length with Tincture of Iodine every twelve hours, and one tablespoonful of the following to be taken every three hours :

R	Vin. Antimon.	
	Spt. Nitr. Dulc.	
	Tinct. Digitalis.	
	Paregoric Elixir,	āā 3 ij.
	Syrup Pruni, Virgin.,	℥ j.
	Aq. font.,	℥ iv. M.

April 13.—Rested well last night, and says she feels decidedly better this morning. Can move the leg herself with not much pain. Pulse 80, softer — skin moist. Some appetite.

Allow toast and tea. Continue treatment.

April 14.—Says she is right well.

Discontinue treatment.

This lady had suffered very much during pregnancy with varicose veins of the right leg, requiring the use of an elastic stocking, and when I saw the condition of the saphena, especially the saphena interna, I prognosticated a pretty bad case of milk leg. The use of the Iodine, commenced in the very incipency of the attack, had the effect, no doubt, of jugulating the disease. She had a good getting up, and was no more troubled with her varicose veins.

PUERPERAL CONVULSIONS.

CASE CXL.—Puerperal Convulsions. July 17, 185—. Mrs. H., aged 30—stout, large woman, and plethoric to a degree not often seen. The blood seems threatening to break out of the superficial vessels. It is full term—second labor—oldest child four years of age. There is quite an intelligent midwife with her, who says that labor has not set in—that Mrs. H. has been suffering with headache all day—that at 4 P. M. she was taken with blindness, when she, (the midwife) on her own responsibility, opened a vein and bled her sixteen ounces. Before the blood ceased to flow, and just as she was uncording the arm, a convulsion occurred, when I was at once summoned. Her face was scarlet—eyes red and suffused—pulse 80, full and corded. She was delirious and restless—kept in the bed with difficulty—complains in her moanings and ravings of headache—does not seem to see at all. I at once reopened the vein and took twenty-four (24) ounces of blood—ordered an evaporating lotion to the head and an enema of one ounce of Spirits of Turpentine to be thrown into the rectum.

At 4½ P. M. she had another convulsion, and Dr. R. L. Madison saw her with me.

At 5 o'clock another.

On examination, no sign of labor. The woman is now quiet, but totally unconscious. We determined to await results without further immediate treatment.

At 5 o'clock she had another violent convulsion, from which there was strong reaction and the pulse rising. We again opened the vein and took thirty-two (32) ounces, with marked good effect.

She had no further convulsion before 11 P. M., five hours interval from the last. It was not so violent, however, nor did it continue so long. I remained with her during the night. She rested pretty quietly, and had only two slight convulsions. After the last of which I placed two wet cups on the nucha.

July 18.—9 o'clock A. M.—She has had two very violent convulsions in the last two hours. Dr. Peebles and Dr. Madison both saw her with me. Os now about the size of a silver dollar, but rigid and resisting—head coming down. Face flushed—pulse 100, hard and full. One would not suppose she had lost a drop of blood.

Ordered, on consultation, venesection, forty (40) ounces, and an enema containing thirty grains of Assafœtida and thirty drops of wine of Opium.

11 o'clock A. M.—Patient has had no convulsion since we saw her. She is unconscious, but quiet, and labor is progressing slowly. Decided not to interfere.

3 o'clock P. M.—After several frightful convulsions in quick succession, she has just been rapidly and naturally delivered of a living child.

5 o'clock P. M.—Still unconscious and breathing bad—stertorous. Face flushed and pulse rising.

Ordered two cups to the temples, followed by sixteen American leeches.

7 o'clock.—Another convulsion. No change.

9 o'clock.—Another—pulse now 120, softer—face lost its extreme flush—lochia commenced to flow for the first time.

Ordered :

R	Assafoetida,	grs. xxx.
	Musk,	grs. vi.
	Morphia,	grs. $\frac{1}{2}$.

by enema.

July 19.—9 o'clock A. M.—The patient has had no convulsion since last prescription, and is to some extent conscious this morning. She has swallowed half a cup of coffee. She is very restless, though, and the face has flushed again. Pulse 110, hard and quick.

Ordered six American leeches to each temple and ten grains of Calomel to be placed on her tongue. To be followed in six hours with one ounce of Castor Oil as an enema.

July 20.—9 o'clock A. M.—The medicine has operated well. Consciousness has returned, and the patient complains now only of weakness and soreness, with fluttering about the heart. She is still blind. No evidence of anemia — temporals corded and throbbing.

Ordered the leeching repeated and cold applications to the head. In addition: one-sixth of a grain of Morphia and one-eighth of a grain of Tartrate of Antimony every three hours, until she rests quietly.

July 21.—After some three or four doses of the opiate, the nurse reports that Mrs. H. slept well, and the medicine was discontinued. She seems quite bright and well this morning.

Ordered chicken water and toast.

Her recovery was now rapid and without further accident.

It will be seen that from venesection my patient lost one hundred and twelve ounces of blood in forty-eight hours. Adding the amount taken by leeches and cups, and the probable amount lost in the natural discharges of parturation, I suppose she could not have lost less than one hundred and forty ounces. This practice seems to *border on the heroic*.. Hands will be lifted in holy horror, no doubt, at the reckless audacity

— some may write it criminal audacity — with which the lancet was used. Nineteen years have elapsed since this case was placed on record. Time may palliate the offence with some. But I do not offer it as an apology — nor do I put up any defence for the treatment. If success were the test of merit always, I could point to the recovery of my patient as the proof of the correctness of the practice. But as that is not invariably so, I wish to write that now, to-day, claiming to live in the full light that has flooded physic under the new regime, and after the experience of so many years, I see nothing which would make me abate one jot of the confidence which I placed in the correctness of the treatment of the case then. I know nothing which I did then which I would not do now. I know of nothing which I omitted then which I would not omit now under similar circumstances, with this exception, that in a like case now I would administer Chloroform after free depletion and resort to the use of the forceps or turning at the earliest practicable minute. I regarded blood-letting as the sheet anchor in the treatment of puerperal convulsions then, and I regard it as the sheet anchor in the treatment of puerperal convulsions now. Of course I would conjoin it now, as I did then, with opiates and antispasmodics — and I would conjoin it now with Chloroform, both on account of its anodyne or anæsthetic power and its relaxing effects upon the muscular fibres of the neck of the womb and upon the muscular system generally. I do not believe that venesection will *cure* puerperal convulsions; but, by reducing the amount of blood circulating in the body, it prevents the fatal effusion upon the brain which would otherwise occur in the obstruction that ensues on the spasmodic contractions of the muscles, especially the cervical muscles. Of course I would not bleed every patient one hundred and forty ounces. I never saw a patient besides Mrs. H. that I thought would bear that amount of depletion — shall probably never see another that will bear so much — but should I do so,

I shall surely resort to the same remedy in heroic doses, and, no doubt, shall have as little cause to regret my wanton waste of the fluid of life. I have, unfortunately, in the course of my practice had many, very many cases of this most frightful malady to combat. And I regret I cannot record results so favorable in all, but I can honestly say that I have never yet seen a woman die of eclampsia during parturition where the lancet was used early, freely and efficiently.

In all the fatal cases there was either protracted and neglected albuminuria, or irreparable damage had been done the brain before full bleeding had been resorted to, or I have been overruled in consultation by men whose minds were imbued with the principles of the do-nothing or the restorative practice.

In the following case of puerperal convulsions the same line of treatment was pursued, though less actively.

PUERPERAL CONVULSIONS.

CASE CXLI.—Puerperal Convulsions. March 15, 185—. Mrs. C., aged 19 —primipara — stout, plethoric, fleshy young woman. I was called to see her to-day for the first time at 12 M. She was taken suddenly with convulsions about an hour ago and had had four very severe ones before I reached her. She had just lost thirty-two ounces of blood by venesection on order of a physician who had been called in at the emergency. Her pulse was soft, full and slow — her respiration stertorous and labored — her eyes closed, though the pupils were responsive and the patient entirely unconscious. She had been unconscious, I was informed, from the occurrence of the first convulsion. It was also stated that she had been complaining of her head for a week or more, and had been cupped recently by advice of a friend. She had complained of some uterine pain before becoming unconscious; but I found, on examination, that labor had barely begun. Believing her to be laboring to some extent under the effect of the shock, and that reaction would soon ensue, and being compelled to leave her for a short time, I ordered one dozen of American leeches to each temple and an enema of salt and water.

2 P. M.—She has had no return of convulsions — the leech bites are bleeding yet — enema has operated, and the skin is cool and moist — pulse 80, soft. She opens her eyes and asks for whatever she wants, but does not seem to recognize any one.

4 P. M.—Condition more favorable. No more convulsions. Is quite herself. Labor has commenced in earnest and is dilating.

6 P. M.—Pains increasing, but labor not progressing perceptibly. Skin has become hot and dry, and the pulse hard and quick.

Ordered two dozen American leeches to be applied to the temples.

7 P. M.—Was summoned to her in a convulsion. Some delay had occurred in the leeching and they had just been put on. I opened a vein; but after the loss of four ounces of blood the pulse yielded and I desisted — trusting to the leeches. She is entirely unconscious and very restless. Labor making but little progress.

10 P. M.—She has just been delivered of a living child *per naturam*. Has had two convulsions since 7 P. M. She is now unconscious, but her breathing is less stertorous. Pulse quick and hard.

Ordered half a dozen leeches to each temple.

March 16.—9 A. M.—Has had no convulsion since last night at this hour. She is entirely herself now. Complains of headache. No heat about the head. Pulse 75, soft and pleasant.

Ordered rest and quiet.

1 P. M.—Skin becoming hot and dry. No action on the bowels since the birth of the baby. Pulse quick and firm.

Ordered two ounces of Castor Oil.

March 17.—8 $\frac{1}{2}$ A. M.—Patient is better — pulse 75, soft — skin pleasant. No headache. Allow rice water.

6 P. M.—Exacerbation. Pulse quick, 100—skin hot—headache, and tenderness over the abdomen.

Ordered :

℞	Hyd. Mit. Chlor.,	grs. viij.
	Pulv. Dover,	grs. iv.
	Pulv. Jacobi,	grs. iv. M.

Two pills. One now and one at the expiration of four hours.

March 18.—Patient much better—no headache—no fever. Appetite returning.

Allow tea and toast. No medicine.

Recovery without further trouble.

PUERPERAL CONVULSIONS AFTER DELIVERY.

CASE CXLH.—Puerperal Convulsions After Delivery. April 15, 186—. Mrs. T., aged 35 — was confined to-day with her fourth child. Had a comparatively easy labor, the midwife says, of about six hours — no complication. Immediately after the child was born was taken with headache, and in four hours after delivery was taken with a convulsion. I saw her in about two hours, at which time she had become conscious, and complained very much of headache and soreness of the neck. She is of full habit — pulse 100, full and hard. The patient has general anasarca, the consequence, I suppose, of albuminuria. Her skin is sallow — tongue foul, and secretions disordered. Has had diarrhœa for two months — has had several operations to-night.

I opened a vein and took thirty ounces, when syncope coming on, I desisted. Gave five grains of Blue Pill and half a grain of Opium, and directed that she should be kept perfectly quiet.

April 16.—8 o'clock A. M.—Patient slept well last night, and is “all right” this morning, she says. No headache and no heat of skin.

Ordered a mixture, diaphoretic and diuretic, to stimulate the skin and kidneys, both of which are at fault.

April 17.—Patient recovering rapidly.

Dismissed.

PUERPERAL CONVULSIONS.

CASE CXLIII.—Puerperal Convulsions. April 18, 187—. Mrs. L., aged 30—been married five years—has had several miscarriages and one living child eighteen months ago—expects to be confined in about two weeks—has been nervous and despondent for two months. She is a fleshy person and quite full of habit—but her complexion is whitish and pasty, and muscles soft—some oedema of the lower extremities, but no albuminuria—bowels quite open from the use of Magnesia, which she eats daily for acid stomach. Last night she ate heartily of buttermilk at supper, and suffered a good deal from colic during the night, as she says, for which she got, on her own prescription, one-fourth of a grain of Morphine. This morning, at 7 o'clock, she was taken with blindness, is totally blind—pupils enlarged and eye vacant—is hysterical and restless—is unreasonable and will take nothing—complains of nothing but want of sight, but occasionally cries out, “oh, my head!” Pulse small and quick, but corded. Being unable to find a vein in the usual locality for venesection, I bled her

from the foot forty ounces, and directed to be administered an enema :

R	Spt. Terebinth,	$\bar{\text{z}}$ j.
	Vitel. Ov. Un.	
	Aq. tepid,	$\bar{\text{z}}$ xv.

This operated at once, and she fell into a quiet sleep.

At 10 o'clock A. M., and without awaking, she was taken with convulsions. I saw her in a few minutes, and before consciousness returned ordered six foreign leeches to the temples.

On examination, could discover no signs of labor. In a short time Dr. Lassiter saw her with me. She was still unconscious, though talking incoherently, and evidently blind — was very restless. We determined to resort to Chloroform, and one or the other of us to remain with her, in order to keep up the influence of the anæsthetic as might be needed.

During the day she had four convulsions — one always supervening on the suspension of the Chloroform for a short time.

At 1 P. M., her face was so much flushed and the pulse so much quicker, that I applied six more foreign leeches.

At 9 o'clock P. M., and without further convulsion since dark, labor came on rapidly, and after two or three pains she was delivered of a living child. We gave one-half of a grain of Morphine by enema, and she was soon quietly asleep.

In about two hours, and whilst asleep and without any premonition, she was taken again with convulsions, and became exceedingly restless and unmanageable, so that she had to be kept under the influence of the anæsthetic almost uninterruptedly.

At 9 o'clock A. M. of the 19th she was sleeping quietly — pulse and respiration natural — and we omitted the use of the Chloroform. At 11 A. M. — becoming a little restless — we resumed it.

At 1 P. M. she was again sleeping quietly — pulse 80, soft and full — color good and respiration normal — and we did not disturb her or continue the Chloroform.

At 4 P. M., suddenly and without forewarning, she was taken whilst asleep with a terrific convulsion, from which she rallied with difficulty, the respiration being at one time apparently suspended in toto for more than minute. Indeed, her breathing became stertorous now, and the stupor was more intense — no restlessness — face livid. No more Chloroform. Blister to the nucha.

9 P. M.—Was taken with another convulsion and expired suddenly.

No *post-mortem* permitted.

In this case, no doubt, fatal lesion was done in the violence of the repeated attacks of eclampsia and effusion occurred in the ventricles.

PUERPERAL CONVULSIONS.

CASE CXLIV.—Puerperal Convulsions. April 16, 187—. M. T., aged 34—mother of seven children—is at full term now with another—has been suffering very much for weeks with “swellings of the hands and feet, and inability to lie down.” She has been taking, on prescription of a physician, an infusion of Juniper berries and Cremor Tartar. Bowels have been kept open by medicine and kidneys freely acted upon—urine never been examined. Her appetite is very good and been very freely indulged. She is in bed, but has no pain—is sitting up in bed, and says there is nothing the matter but “blindness”—says she “has not seen any one for two hours.” Her head is cool and pleasant—skin soft—pulse 140, full and quick. Her friends whisper that “she had a sort of a spasm about an hour ago, and don’t know when they put her to bed.”

Venesection thirty-two ounces.

℞	Hyd. Mit. Chlor.,	grs. xij.
	Pulv. Dover,	grs. iv.
	Sod. Bicarb.,	grs. ij.

at once. This at 11 o'clock A. M.

At 1 P. M. I was summoned in haste. "Mrs. T. had had a 'fit' about 12 o'clock and had been unconscious ever since." There was the characteristic stertor—hissing expiration of eclampsia—face and lips livid—pulse fuller than when I saw her.

Venesection thirty-two ounces. Six foreign leeches to the temples and enema of Turpentine soapsuds.

On examination, no signs of labor.

4 P. M.—Has had two convulsions since I saw her—pulse smaller and softer—face pale—is exceedingly restless and nervous in her unconsciousness, and tossing to and fro. Probably has feeble pains. She will bear no further depletion, and there is too much stertor for Chloroform.

Ordered twenty grains of Bromide of Potash every hour until she is more quiet.

On examination, os uteri barely dilating, though there is some "show" on the index finger when withdrawn.

8 P. M.—Has had four convulsions in the last four hours. Patient totally unconscious—very restless—face livid and pulse 150, small but wiry. No progress in labor. Called Dr. H. G. Leigh. We concluded to give eight drops of Tincture of Veratrum Viride every hour until the pulse was brought down, and to remain by her, so as to deliver as soon as the womb should open.

11 P. M.—Been more comfortable—taken the Veratrum Viride and Bromide of Potash regularly to this hour. But has just had another convulsion, from which she rallied with the greatest difficulty. Under the severity of the nervous shock the functions of respiration and circulation were both entirely suspended, and for more than two minutes there was neither pulse nor breathing. Her friends left the room saying "she was dead" in which opinion we concurred. Artificial respiration after the mode advised by Marshall Hall was resorted to, however, and in a short time she gasped, then took

a full inspiration, and in a few minutes, with exception of more stertor, was breathing as well as she had done for two hours. Believing that another convulsion would be fatal, and that the only hope of preventing its recurrence was in emptying the womb of its contents, we determined to attempt dilation of the os by artificial means, and to deliver as soon as practicable. I found, on examination, that I could get the points of three fingers within the os, and by using these as a cone, I succeeded, after fifteen minutes of steady pressure, in so enlarging it that with some little effort the hand could be introduced within the womb. Dr. Leigh then relieved me, and pushing aside the head, which was presenting, turned and brought down the feet, affecting rapid and safe delivery. The patient now being totally unconscious and exceedingly restless and unmanageable, I injected half a grain of Morphia under the skin of the forearm. She immediately fell into a gentle sleep, and had only one more slight convulsion, about two hours after delivery. In about eight hours after delivery, though still unconscious, she was quiet, and on being called would take whatever was offered her. A cup of beef tea was given her and the subsequent treatment consisted in the administration of suitable nourishment. The pulse, however, kept up to 125, and 150 occasionally, for several days, requiring the irregular exhibition of Norwood's Tincture and as indications arose, and returning restlessness an infrequent dose of Morphia or Bromide of Potash. Not until the third day after delivery did she exhibit any signs of intelligent consciousness — nor for five days was she aware that her child had been born.

Her final recovery was good.

The cases thus recorded and taken at random from notes kept for many years past are representative, not unfair, I think, of all the cases of eclampsia which have come under my observation during twenty years of practice. Unfortunately, it has been my lot to have witnessed, I believe, more than my share

of this peculiar complication in obstetrical experience, and whilst I cannot claim, with Chailly-Honore, to have saved eighteen out of nineteen cases treated with Chloroform and without venesection, (reported in 1859,) or with Prof. Baum, of Vienna, to have saved all of sixteen cases treated with Chloroform, I must be permitted to doubt whether any other physicians can show the same fortuitous results in the same number of cases, or whether the same gentlemen will ever again, with or without Chloroform, meet with the same unwonted success. I claim to have saved sixteen cases out of twenty, or rather I report from my notes, sixteen cases out of twenty which recovered under my treatment, *post hoc vel propter hoc*, in all of which cases venesection was practiced, and in many of which Chloroform was freely administered. And I am ready to admit, and desirous of saying, that as an adjuvant of venesection it has been, in my hands, an invaluable resource; but neither clinical reports from hospitals, nor the new and changed pathology in reference to the condition of the brain in convulsive diseases, have been able to shake my faith in venesection, or made me willing to set it aside for any other treatment. I am not unaware that Brown Sequard and other most eminent physiologists hold that the state of the brain in epileptic convulsions is a state of anemia, and that the great nervous centres of animals subjected to experiment become pale instead of red at the commencement of an attack of convulsions. And I have seen women and soldiers dying suddenly of hemorrhage exhibit the most fearful convulsions as the last of the life blood was gushing *pleno rivo* from the broken vessels, and I deduced the conclusion that opposite pathological conditions of the brain, when extreme in their character, exhibited symptoms not at all dissimilar. For had I not seen in the eclampsia of the lying-in room the same convulsive throes when the suffused face, the swollen jugulars and the temporals corded almost to bursting, proclaimed that there was no lack of blood in the brain?

But to whom do we look for the cases of convulsions during labor in our obstetrical practice? To the patients who are pale, anemic and bloodless? To patients who, in the words of Dr. Hughlings Jackson, "show that the nerve tissue is enfeebled?" For what class of patients do we fear that terrible complication, puerperal convulsions? Certainly not for the class enumerated, but for the robust, the plethoric, the red blooded, the "full of habit." And what class of patients, in the experience of all people, learned and unlearned, professional and unprofessional, are usually the subjects of puerperal convulsions? Who fear it for themselves, and for whom do careful and loving friends fear it? Truly, there are some questions which common sense can answer as well as science.

I would be the last, certainly, to depreciate the labors of the specialist in pathology, or to discredit the infinite service of the scalpel of the vivisectionist seeking to lay bare the mysteries of life, and I would accredit all honor to the men who patiently and faithfully and honestly seek to exalt into the accuracy of a science the crude offices of an art for so many ages empiric; but from the earliest years comparative anatomy has misled the student of medicine, and I, for one, am unwilling to base my pathology of eclampsia upon the appearances of the brain of a pigeon which has just perished of fits, or that of a guinea pig which has been persecuted into convulsions. The seat of the malady in the eclampsia in the gravid woman is not centric but eccentric — the irritation is reflex — but, in our experience, the cephalic disturbance has never been developed except in a patient plethoric and full of habit, and whose brain has been fired with the unwonted stimulus of rich, fibrous or albuminous blood, so common to the parturient state. The first indication with us has always been to relieve the brain of this unusual and oppressive load as soon as practicable, the second to allay the reflex irritation with Opium or Chloroform, and the

third to remove it as soon as practicable by emptying the womb of its contents. The first indication is especially urgent if there be suspicion of albuminuria. I say suspicion, because the cases of eclampsia to which we are generally called have occurred suddenly and without previous attention, and no time is usually afforded to confirm the diagnosis of such complication.



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