When brought in she might almost have been termed moribund. Her skin was of a brick-red hue, and of a pungent, dry, but not excessive heat. Her pulse of about 130 per minute, was feeble, fluttering, and at times scarcely perceptible. She lay supine and unconscious; breathed stertorously; was blind and deaf; in short, the only relics of the animal functions were evinced by her still executing the movements of swallowing, and moaning when her tympanitic belly was pressed in the region of the cæcum. Her urine and fluid fæces were passed involuntarily, the latter at very frequent intervals. The integuments over the sacrum had sloughed.

She was ordered half an ounce of brandy with one ounce of water, every hour, and beef-tea as frequently in the alternate half hours. A turpentine stupe was applied to the belly, and the above enema administered. The two latter remedies were repeated in the course of two or three hours. The distressing state of the bladder and nates was also attended to. But I did *not* apply blisters, as perhaps I ought to have done: for not only did the state of the pulse and bowels render me less desirous of doing so, but, to say the truth, I had grave doubts whether the patient would live till a blister rose, and was also very anxious to concentrate the nurse's whole attention on the sedulous repetition of the stimulants and enemata.

On my next visit the patient was still living, but without any apparent amendment. Finding that she had swallowed better than I expected, the quantity of brandy was raised to eighteen ounces, and, after a few hours, to twenty-four ounces per day, to be divided into rather larger and more frequent doses than before.

The next day the stools were no longer passed involuntarily; and the pulse was decidedly improved in both force and rhythm, though nearly as frequent as before. She was sensible of the noise made by shouting loudly in her ear, but seemed not to be capable of appreciating the words used. Her skin was rather paler, and much less pungent to the feel.

From this time she gradually amended in every respect. The diarrhoea soon diminished in frequency, but continued for a fortnight to claim the most constant and watchful attention. But long before this the patient had recovered her senses, her eye had brightened, her skin had cooled down, her pulse had dropped, her tongue had peeled, she had perspired, and was, in fact, convalescent. Her recovery was, however, very much retarded by the presence in her bladder of a quantity of rough precipitated phosphates, which had doubtless accumulated there during the distention and paralysis of this organ, that had preceded her admission. Very little alleviated by treatment, the intense pain and partial hectic produced by this mortar-like mass were terminated by its gradual discharge piecemeal through the urethra, and she left the hospital cured.

Another case which may well illustrate the good results of the same plan is that of a woman who had been subjected to an operation for the relief of an ulcerated leg by my colleague, Mr. Gay. She was attacked with typhoid fever, and transferred to my care. The fever was very severe, and all healing action in the leg was already suspended, when another grave disorder supervened, in the shape of erysipelas of the limb. This spread upwards from the ulcer of the leg, and terminated in abscesses of the thigh and groin. In spite of all these serious complications she made a very fair recovery, so as to be discharged from the hospital cured of all her complaints, and with a leg which did great credit to Mr. Gay's new operation, its large ulcer of many years' standing being covered by a firm cicatrix. I believe my esteemed colleague once or twice felt rather nervous on seeing the large quantity of brandy our patient was taking daily; and, to say nothing of the stimulus and support she received, I am persuaded that, unless the characteristic diarrhoea had been instantly controlled, this case must have been lost.

I might multiply instances in which a similar treatment has been attended with scarcely less striking results, but prefer to end this sketch by a numerical summary. Of these 77 cases of fever, 8 died. Of these 8 deaths, 4 were due to typhoid, and 4 to typhus. As the typhoid cases were about five-sevenths of the whole, the mortality of this disease, which is usually regarded as the more fatal, was only two-fifths that of typhus. The reader will probably be surprised at this difference, and may perhaps doubt whether one can lay any stress upon so small a number as 4. But the real comparison is that between 53 and 23. With this qualification I can share his surprise and doubt, which at present only allow me to conjecture, what longer and wider experience must refute or confirm—namely, that while we can often control the diarrhoea of typhoid, and remedy its exhaustion, the cerebral symptoms of the second and third weeks of severe typhus will frequently defy all the resources of our art.

Returning to the general results of the treatment of both kinds of fever, 8 deaths in 77 cases will represent a mortality of about 10·4 per cent. I think this would generally be regarded as a low rate for the class of cases usually received into metropolitan hospitals,—especially if it be remembered that I have excluded those numerous instances of ephemeral fever, or febricula, which are often included under the common name of fever in hospital returns. But it is very difficult to compare the cases of different institutions in all those minute details which are necessary to ensure a true parallel. Such circumstances as the population from which they are derived, the amount of selection exercised in admitting them, and the character of the various epidemics themselves,—all these are important elements, which we can rarely regard as identical for any two groups of cases. And yet without such an identity it is obvious that their mortality may differ to almost any extent.

There is, however, one comparison which appears far more valid and significant than any of these could be; since it applies to a large number of patients, derived from the same localities, suffering from the same epidemics, and placed in exactly the same circumstances with those above mentioned in all respects save one—that of the treatment pursued. And I trust that, in adducing such a comparison, the reader will believe me actuated by no motive but that of placing fairly before him the numerical results of a plan which, as it appears likely to be of advantage to human life, it is the duty of any one holding my public and responsible position to promulgate and recommend. My late lamented colleague, Dr. Chambers, was a gentleman whose long experience as an hospital physician, and great humanity and skill, sufficiently vouch for the manner in which his patients were treated. During the period he held my present appointment of senior physician, forty-nine cases of fever came under his care: of these, ten died, making a mortality of about 20·4 per cent. Far from my having any reason to think these cases more severe than my own, I have reason to suspect that, on the whole, they were less so,*—both intrinsically—and in consequence of my excluding *febricula* from my list. Whatever may be thought of this mere numerical contrast, I think those who witnessed the cases themselves found their comparison still more impressive. Among such impartial and competent observers, I may especially name Messrs. Lane and Curgenven, the late and present house-surgeons of the institution; both of whom soon recognised the merits of this plan of treatment, just as I had myself been obliged to confess the efficacy of some of its chief features when house-physician at King's College Hospital seven years ago.

Throughout this paper I have so carefully disclaimed originality, where it did not belong to me, that there is little need of my adding anything more on this head. And while it is to Dr. Todd—to whose skill in the treatment of this very disorder I probably owe my own life—that I have referred the introduction of what seem to me important improvements in the treatment of fever, I confess that I cannot help looking on them as, indirectly, products of that great Dublin school of practical medicine to which every educated English physician is under such important obligations.

Brook-street, Grosvenor-square, 1853.

PRACTICAL REMARKS UPON

SOME IMPORTANT MEDICINAL AGENTS NOT IN GENERAL USE.

By F. E. WILKINSON, M.D.

STRYCHNIA.

DR. MARSHALL HALL, in some recent papers published in *THE LANCET*, speaks very highly of the beneficial effects of minute doses of strychnia, dissolved in acetic acid. I have for some years been in the habit of prescribing small doses of strychnia, and can corroborate Dr. Hall's valuable testimony in every particular; therefore any remarks of mine upon its effects in epileptic cases would be unnecessary.

My method has been to dissolve two grains of strychnia in one ounce of phosphoric acid of the London Pharmacopœia—a very speedy and certain solvent, and also possessing, doubtless, the additional excellent property of assisting the good effect of the strychnia upon the brain and nervous system. Of this

* The four deaths from typhoid included one moribund on admission, and one in which the fatal result seemed to have been at least hastened by a severe attack of syphilis of some weeks' duration, for which the patient (a navigator) had taken large quantities of mercury without medical advice.

solution, in cases of prolonged dyspepsia, in neuralgia, indeed in many states of the nervous system requiring tone, it has been usual with me to administer, after the state of the secretions has been attended to, a dose, consisting of five minims of the above solution, three or four times daily, either alone or combined with some other appropriate remedy, according to the nature and complication of the case. This medicine has also a remarkable effect in ague. During a four years' residence at Cambridge, I had opportunities of seeing the treatment of a vast number of cases of intermittent fever, but in no one instance as far as my memory serves me was recovery nearly so rapid as I have seen it after administration of this powerful remedy.

I have had early this year several cases of quotidian occurring among the poorer workmen of the Crystal Palace, who, during the wet weather, were in the habit of pursuing their labours at night, and in places where they were much exposed to the damp, and in all these cases the disease has succumbed to doses of strychnia, of about one-twenty-fifth to one-fiftieth of a grain, and this without the use of any other medicine, excepting a dose of calomel and opium, followed by a purge of compound jalap powder to commence the treatment of the case.

I cannot help being strongly of opinion that this medicine would be of extreme value in cholera, from the great power it has over the nervous system; more especially if combined with the sulphuric acid treatment, which has been recommended so frequently in the pages of THE LANCET. Nothing would be so likely to relieve as the combination of the astringent with the nervine tonic. I know that obstinate cases of serous diarrhoea, which resist almost every other remedy, yield to this combination; but I have had no opportunity of trying its effects in cholera, which I should, however, not fail to do, if, unfortunately, the disease again presented itself.

As a substitute for quinine, as a general tonic in most cases that present themselves, this solution of strychnia is to be recommended, as it does not produce the oppression and inconvenience that persons are liable to whilst taking quinine, but, on the contrary, generally produces a slight feeling of exhilaration which is not rapidly transient; at the same time, by improving the nervous tone, improving the state of the secretory apparatus.

I subjoin a few cases illustrating these remarks, whilst I know many friends who could readily corroborate these facts from cases occurring in their practices.

Neuralgia.—July 11, 1851.—Mrs. P—, married, aged thirty-two; pale and emaciated. She has been for some years the subject of neuralgia, which attacks her whenever she takes cold, and occasionally quite incapacitates her from attending to the duties of her family. She is now suffering acutely from pain and the loss of rest. The bowels being confined, the following was ordered:—Calomel, three grains; conserve of roses, sufficient quantity to make into a pill. Liquor of strychnia, (two grains to an ounce,) twenty minims; sulphate of magnesia, one ounce; spearmint water, six ounces. To take one-fourth three times a day.

12th.—The pain seems relieved this afternoon, but the patient is still suffering from loss of rest. To take belladonna, a quarter of a grain; extract of hyoscyamus, four grains: mix, and make into a pill.

13th.—Slept well; feels better. The medicine has acted too freely upon the bowels.

14th.—Is quite free from pain, but still a numbness exists in the old place. Continue the mixture.

15th.—The pain has entirely left; feels more cheerful, and free from pain than she has done for many months; appetite improving.

From this time the patient continued free from pain, and gradually recovered a great amount of health and strength under the continued use of the above medicine, combined latterly with some tincture of iron.

CASE 2.—1851.—C. P—. In this case the disease had been existing more or less constantly, the pain scarcely leaving her entirely for some months. Is now suffering from bilious diarrhoea. After prescribing a dose of calomel and opium, followed by a rhubarb purge to cleanse away irritating matter, I prescribed iodide of potassium, two grains; liquor of strychnia, five minims; water, one ounce, three times a day. After taking the medicine for some days, the pain entirely ceased. The treatment was continued for six weeks, and she has had no return of the symptoms for now nearly twelve months.

In Ague cases.—Jan. 5th, 1852.—J. W— was taken ill yesterday, just before leaving work, with violent pain in the left side, and with uncontrollable shivering, followed by fever, with some amount of delirium, and then by profuse perspiration. Has not felt quite well for some time. Is suffering from

the cold stage of intermittent at the present time; looks blue and pinched. Ordered, calomel, three grains; Dover's powder, ten grains: to be made into a powder, and to be taken immediately. A compound jalap powder in the morning. Slept pretty well: medicine acted freely. Shivering returned in the morning. Altogether the patient does not think himself improved. Liquor of strychnia, forty minims; water, six ounces: to be made into a mixture; one-fourth to be taken every four hours.

7th.—The time of accession of the paroxysm was later, and the attack less violent.

8th.—Continues improving.

From this time the patient gradually improved, the dose of strychnia being gradually diminished, and on calling to see him on the 14th, he had returned to work, feeling himself quite well.

Dyspepsia.—J. S—, aged thirty-five. Has been unwell for a length of time; has tried many things that have been prescribed for him, but without any benefit, and he believes very often with the reverse effect, and almost despairs of getting well. Has been under homeopathic treatment, but without advantage, and all the means he has used have been unsuccessful. Has dimness of sight; headache; unpleasant taste in the mouth in the morning; always sleepy; appetite capricious; sometimes feels hungry, but never enjoys his food; bowels at all times constipated; sleep at night disturbed. Prescribed a plain, simple diet, and to take the following medicine:—Liquor of strychnia, twenty minims; sulphate of magnesia, half an ounce; peppermint-water, six ounces: to be made into a mixture. One-fourth to be taken three times a day. Also, the following pill:—Mercury and chalk, three grains; powdered ipecacuanha, half a grain; extract of hyoscyamus, sufficient quantity to make into a pill.

The medicine having been taken for some days, and produced the desired effect upon the secretions, I prescribed liquor of strychnia, thirty minims; peppermint-water, half-a-pint; one-fourth to be taken three times a day: aloes, two grains; to be taken occasionally before dinner.

On seeing him three days after, he described himself as better in health and spirits than he had ever been before in his life; for the last two days he had been a different being; a load seemed removed.

A week after, he continued remarkably well, ate, drank, and slept well, and enjoyed his food and exercise. He did not wish to relinquish his medicine, as each dose seemed to relieve him.

From this time he went on well; but although now he has discontinued taking his medicine very nearly eighteen months, he still retains some by him, which he takes occasionally.

These are a few out of many cases giving an average sample of the beneficial effects of this medicine; I have a number of cases which have been thus treated, but cannot say that my legitimate confidence has been ever overthrown.

Forest-hill, Dec. 1853.

ABDOMINAL TUMOUR OBSTRUCTING DELIVERY.

By W. E. HUMBLE, M.D. LOND.

I FORWARD the following case for insertion. I do not recollect any precisely similar:—

On the 19th of January, 1853, I was called to attend Mrs. C—, in labour with her first child. All went on as usual, and after a labour of several hours' duration the head of the child was born. I then found that there existed some obstruction to the further progress of the child; but after several strong pains, aided by some amount of traction, the shoulders were at length expelled. I was then able to ascertain that a large abdominal tumour in the child was the cause of the arrest, and after considerable difficulty, and the exercise of much care and caution, the rest of the child was expelled, with some unavoidable laceration of the perineum. The child, as was to be expected, was still-born.

The next day I made an examination of the child. On laying open the abdomen, a large tumour the size of a child's head was exposed, evidently containing fluid. The whole was carefully removed, with its attachments, which were extensive, and situated inferiorly. I found the tumour formed by the vagina distended to the above size, with an albuminous flaky fluid, to the escape of which a firm and imperforate hymen formed an unyielding obstacle. In front of the lower portion of the tumour was the bladder, containing a small quantity of urine. Behind and inferiorly was the rectum. Superiorly, and