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Clinical Remarks. By JOHN W. WEBSTER, M.D.

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Elephantiasis.

A CASE of this disease in a mild form having occurred to me, I send a sketch of the limb, together with some account of the case. D. J. female ætat. 32, married, has had children. The patient a large, robust woman, was born in Northampton, has never been out of the country, and for the last 14 years resided in Boston. About three years ago her left foot became painful and swelled; the enlargement gradually extended up the leg, by rest and cold applications, the swelling subsided; it soon came on again and has occasionally increased and diminished, but never entirely disappeared. Within a few months it has increased greatly; blisters have been applied with little benefit.

Feb. 22d, 1820. The swelling extends from the ankle to the knee, its circumference at the ankle is $15\frac{1}{2}$ inches, at the calf $19\frac{1}{2}$ inches, colour inclines to purple but indistinct, as she is a dark mulatto, in some places the skin is thin, reddish and shining, in others rough and scaly; the whole surface of the leg is lumpy and irregular; here and there crossed by deep wrinkles, on pressure it pits slightly; at present she complains of great pain extending to the groin, there are appearances of inflammation along the absorbents of the thigh; is unable to sleep on account of the pain, and the weight of the limb prevents her from moving; tongue coated and other symptoms of constitutional irritation, skin rather dry. She was ordered a purgative of the

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Sub. M. of Mercury with Jalap, and an anodyne draught with antimonials at night.

Feb. 23. Had a better night, she was now put upon the use of diaphoretic medicines, was directed to have a warm bath every other night, to bathe the affected limb in salt water on the intermediate days, and a flannel bandage was applied as tight as she could bear without pain. This treatment was continued, and on the 1st of April, the limb was reduced to its natural size; there was no vestige of the disease and she has remained perfectly well to this time, May 12th.

Delirium Tremens.

CASE FIRST.

E. R. ætat. 27, had been for some years in the habit of taking large quantities of ardent spirits, she was admitted into the Alms-House in July, 1819; on my first visit to her she was walking about the room, singing for a few minutes, then suddenly crying out; on my asking her some questions she answered in a perfectly intelligible manner, I was informed by the nurse that she had been walking and singing during the whole night, and that no one had been able to persuade her to lie down; her pulse was quick, small, and without much strength; the tongue uncommonly clean but of a bright red, and dry in every part; eyes glaring and rolling in every direction, an emetic of Antimony and Ipecac. was directed. On my next visit some hours after, the emetic not having operated I directed a solution of Emetic Tartar to be given in doses of two grains every 15 minutes, till an effect should be produced on the stomach or bowels. This was done, and no symptoms of nausea appeared till she had swallowed thirty-two grains, when she began to spit up a thick mucus, I now ordered the medicine to be discontinued and a little warm water to be given; vomiting however did not take place, but a large quantity of mucus resembling the white of eggs was discharged without effort. The body became covered with a gentle moisture; leaving an opiate for my patient I had great hope of finding her relieved in the morning. The next day I was informed that she had remained quiet during the night, but sleepless; her extremities were now cold, her tongue had still the fiery redness, her eyes were glassy but wandering, she had had two copious alvine dejections. Camphor and opium were now directed in doses of two and three grains, to be repeated every two hours. No sleep was obtained, and on the following day I found the patient nearly as furious as ever; she died before night.

Dissection.

On examination of the body, the stomach was found thickly coated with a viscid mucus similar to that which had been expectorated; the intestines exceedingly thickened and contracted, the liver hard and coated, with adhesive matter. No morbid appearances were found within the cranium.

CASE SECOND.

Thos. C. ætat. 40, a strong muscular subject, was received into the Alms-House, in the early part of February last, labouring under Delirium Tremens. I found him in a state of furious delirium, throwing his arms about in every direction for some minutes, then suddenly making an effort to seize some real or imaginary object, he fell to the floor with violence, soon however, raising himself he crawled about the ward on his hands and knees muttering incoherently, and endeavouring to catch at objects before him. After observing his motions for some minutes, I told him to rise; he raised his head, stared wildly around, and soon resumed his former position; various questions addressed to him after this were entirely disregarded, and finally I was under the necessity of directing the attendants to remove him to a bed, he resisted with wonderful strength, and it was some time ere I could examine the state of his pulse, which I found full, frequent and hard. The skin was nearly of the natural temperature. Disposed from the good effects I had witnessed in some previous cases of less violence, to adopt the antimonial practice, I directed a solution of the tartrate of antimony in the proportion of three grains to an ounce of water. Two table spoonsfull were administered, after waiting fifteen minutes, the dose was repeated, no effect produced; two grains were now given every fifteen minutes until twenty grains had been swallowed. As there appeared no symptoms of nausea, I felt unwilling to continue the administration of the antimony, and commenced the exhibition of a solution of sulphate of Zinc. Thirty grains were taken in divided doses, and no nausea produced; during this time the patient more than once forced himself from the bed, and crawled about as before, shouting and raving whenever restrained. Having but little hope of exciting vomiting, and seeing still less prospect of my patients recovery, it occurred to me that the exhibition of antimony *per anum*, might produce an artificial cholera morbus, and afford some chance of recovery. I accordingly caused a solution of twenty grains of the tartrate of antimony

to be dissolved in a sufficient quantity of tepid water, this was injected into the rectum. In about 15 minutes the patient showed evident signs of nausea, the pulse became less full and frequent, and in 30 minutes a profuse perspiration appeared, he lay perfectly quiet and seemed disposed to sleep. I remained with him. In two hours one copious alvine evacuation took place, which was ere long succeeded by a second. Vomiting did not occur, and in three hours from the administration of the enema, I left my patient in an undisturbed sleep. On my visit early the next morning, he was sitting up in his bed eating his breakfast with perfect composure; he complained of no unpleasant symptoms, and in two days was discharged from the hospital cured. On inquiry I learnt that this man had been in a state of violent delirium for some days prior to his admission, and had taken very powerful and repeated doses of emetic substances without any effect.

CASE THIRD.

April 3d. Since the above case, another, very similar in point of severity, has occurred to me, in which the tincture of digitalis was administered, at the suggestion of a gentleman who had been told of the exhibition of it by Dr. Pierson of Salem, in cases which have lately been published by him, and I have great pleasure in stating that the most decided benefit resulted from this (to me, new) mode of treatment. Two doses of sixty drops each were given at an interval of six hours, the last which was given at about 7 P. M. shortly produced a very considerable degree of languor, the patient became more composed, the violence of his muscular efforts abated, and towards morning he fell asleep, after which he speedily recovered and was able to resume his ordinary pursuits.

May 1st. A second case has been cured by a similar plan of treatment.

Internal use of Nitrate of Silver.

Soon after the attention of physicians was called to the internal use of the Nitrate of Silver, I prescribed it in a variety of cases and especially in Phthisis Pulmonalis, the disease over which (from the statements of the gentleman who first employed it,) it appeared to exert the greatest influence; but regret that I am unable to entertain the same opinion of its efficacy in relieving this formidable disease. The only good effect which I have had reason to attribute to the Nitrate of Silver, was an allevia-

tion of the night sweats. The following case is selected from many, as that in which this medicine produced the most effect, and in which it was exhibited most extensively.

Martin Carrol, ætat 45, seaman, May 16th, 1819. Has had a severe cough, pain in the chest, head-ache, nausea and occasional vomiting, expectoration of much white frothy mucus, slightly streaked with blood, frequent chills, &c. for some months past, has been vesicated, bled, and is now under salivation. He was directed to take no more mercurial pills, measures were adopted for keeping his bowels soluble, and a mixture prescribed for his cough. The ptyalism having ceased after a few days, the symptoms continuing as before, I directed $\frac{1}{16}$ th of a grain of Nitrate of Silver combined with a small proportion of opium, to be given morning, noon, and night; no inconvenience being complained of by the patient, the pills were continued; on the fourth day an additional pill was taken, and in this manner the dose was daily augmented.

June 1st. The patient who had for some days been gaining strength very perceptibly, rose from his bed and walked to the fire-place. The night sweats were much diminished, and I began to entertain some hope of a recovery. The pills were continued, and in a few days the quantity of nitrate was increased to one grain in twenty-four hours. The cough became less urgent, the pain was not constant as had before been the case, and the appetite daily improved.

June 14th. The pills were discontinued, a light nourishing diet was strictly adhered to, and the cough mixture was the only medicine taken. Three days after, the night sweats increased, and on the 18th the patient begged to be allowed more of his pills; they were directed in doses of $\frac{1}{2}$ grain, and gradually increased.

July 14th. The disease does not seem to have advanced, he has been able to walk about the room, and sits up many hours daily. The expectoration is much less. Having increased the number of pills of $\frac{1}{2}$ grain, to six pills in the twenty-four hours, he complained for the first time since he took them of nausea, to ascertain whether the opium in the pills was the cause, the quantity of that article was diminished, the nausea however recurred, the number of pills was reduced to four in twenty-four hours, the nausea ceased.

July 22d. The patient was less able to walk, and complained of restlessness at night, a scruple of the cobweb in the form of pills was given at bed time, the night was passed quietly and with refreshing sleep. Having in other cases employed this remedy, it was repeated. The patient however now daily be-

came weaker. The medicines were continued but the disease advanced with rapid strides, and on the 30th October, death took place.

The web of the black spider which is found in cellars, stables and similar places, I was induced to exhibit in consequence of the high commendation bestowed upon it by Dr. Robert Jackson, and have in many cases witnessed the good effects of a remedy in too little use, (at least in this place.) In many painful affections, in the restlessness of fevers, the symptoms of irritation which are so frequently occurring in patients under a mercurial course for syphilis, and other diseases, in rheumatic head-ache, asthma, and chronic coughs, I have prescribed the cobweb with the most decided good effect. Twenty grains have been given daily for some time past to a female epileptic patient, where the medicines usually recommended, had been tried with no benefit, the only substance which has mitigated the violence of the disease, and prolonged the intervals of attack has been the cobweb. The cobweb is readily made into pills with a small quantity of mucilage, and the best mode of exhibiting it, I have found to be in five-grain doses every half hour, but have not observed any more relief obtained by forty grains than from twenty; the only increased effect appears to be upon the intestinal canal. In one case (an old and infirm asthmatic) slight but pleasant delirium was produced, and from the report of the persons who slept in the room with him, the effect though of longer duration was very similar to that of a dose of nitrous oxide gas, the muscular energy having been exceedingly increased, the patient could not be confined to bed, but danced and jumped about the room, nearly all night, in the morning I found him quietly asleep, no unpleasant symptoms ensued. To irritable sores the cobweb has proved an highly beneficial application.

NOTE.—We add with great pleasure to the foregoing cases of delirium tremens, the following extracts translated from a letter from Dr. Albers of Bremen, to one of the editors. The deservedly high estimation in which Dr. Albers is held in Europe, gives to his opinions in medicine a very distinguished value, while the deep interest he has so long taken in the medical literature of our own country, has connected him intimately with those among us who are its best friends. Ed.

Four cases of Delirium Tremens have come under Dr. Albers' professional care within the present year, and in all, the use of spiritous liquors was in the highest sense excessive; of these cases two were fatal, one in forty-eight hours after the attack. He had been twenty-four hours ill, says Dr. A. when I first saw him. He was continually deranged, not violently how-

ever, since on account of his entirely broken constitution, his strength was gone. I began with one grain of opium every two hours, but after twelve hours, his strength was so reduced he could take no more medicine. He remained in a quiet delirium twelve hours before he died.

Dissection. No trace of *meningitis*, or *encephalitis*.

Case 2d. A young man, aged 32, in whom the disease began as it very often does, accompanied with pleurisy, and on this account xx3 of blood were taken, and an antiphlogistic mixture ordered. About twelve hours after, the delirium became more violent, and I gave every two hours one grain, and then with the same interval a grain and a half of opium. After he had taken this medicine about twelve hours, he slept three hours, but when he awoke he lay with his eyes turned inwards, attempted to sing or cry out, which however on account of his momentarily diminishing strength he could not do, and thus he lay yet two hours longer, when he died, with violent rattling in the throat.

In this patient, dissection discovered no inflammation of the brain or its membranes.

Dr. Albers promises to continue his dissections, but fears they will give but little information, as according to his firm persuasion, the brain itself appears to be the principal suffering part, which in so many other diseases of this organ, he remarks, can undergo the most dreadful lesions or rather changes, without our being able to ascertain it, by the senses.

It is worthy of notice, he continues, in the mean time, that we find no inflammation, or consequences of inflammation, and this shows us, that antiphlogistic remedies are not universally the true ones; although I am fully persuaded that bloodletting, purging, &c. under circumstances, may be very proper, since I myself as well as many of my colleagues, have treated this disease in this way with success in very many cases. Much depends on its violence, and I think it certain that in many cases, it defies all remedies. To a third patient, with whom several years before, I had succeeded two or three times with *emetics*, I gave this time opium, and he recovered rapidly.

The fourth patient is an old turner, whom I have mentioned in my preface to the translation of Sutton, and to him I likewise gave opium; but I cannot tell exactly how much he took of this medicine, as he was running about the streets the greater part of the day and evening, and very often refused to take any thing. In this patient, the disease begins regularly as in many cases, with epilepsy, and the delirium first occurs, from twelve to twenty-four hours after. I still believe confidently that in regard to this disease, both in its pathology, and therapeutics, we have much to

learn, and that we are far from understanding it so thoroughly as many physicians believe.

Note. In Hufeland's Journal a case is communicated by J. F. Muller, on the successful application of tartarized antimony in the treatment of mania. Subject a lady, aged 45, previously healthy. The medicine given largely in aqueous solution, mingled with tea. Third dose induced vomiting of blackish-green matter, with marked relief; afterwards acted only on the bowels: cure rapid and permanent.

Dr. Rayer in a memoir on delirium tremens, proposes to substitute for the present name that of *anomania*, as more proper to characterize the species of mania resulting from abuse of strong liquors. *Bulletins of the Faculty of Medicine of Paris* 1819, No. VI.

In No. X. Dr. Rayer has published a case of delirium tremens successfully treated by opium.—ED.

Case of very serious injury of the Cranium and Brain. By J. THURSTON, M.D.

[Communicated for the New England Journal of Medicine and Surgery.]

AUGUST 14, 1819. I was sent for to visit a boy at Rye, about eight miles distant. He had the evening before fallen from a frame about fourteen feet high, upon a rock in the cellar, over which it was erected. I was informed by the medical gentleman, who was called at the time, that he had bled profusely, and that a portion of the cerebral substance had escaped. He had covered the injured part with lint, but declined any farther interference. The boy had lain comatose, but could be roused. The pulse was labouring and intermittent. On removing the dressings, the integuments over the left frontal bone were found very much swollen, forming a tumour, that extended over and closed the left eye. There were to be seen three small punctures about an inch distant from each other, the lowest of which was at the inferior part of the frontal bone, a little above where it contributes to the formation of the frontal sinus. There was an oozing of disorganized brain through the superior puncture. On examination by the probe, through the punctures, it was ascertained that portions of the cranium were driven in upon the brain, and the probe could be passed freely between some of the fractured portions. Not having with me the proper instruments for the operation, it was necessary that I should return home. I