meet in some part of the brain, and he explains in that way the loss of sight in the opposite eye which we find sometimes when disease exists in certain parts of one side of the brain. I will not discuss at length all the bearings of that view. I will merely say that there is no part of the brain which, being the seat of a lesion, always produces amaurosis, especially amaurosis of the opposite eye; and, on the other hand, that disease may exist anywhere without causing amaurosis. Besides, a lesion in one side of the brain can produce amaurosis either in one eye or in the other, or in both eyes. I add that there are a great many cases of alterations of either the anterior, the middle, or the posterior lobes destroying the power of sight, and many more cases of lesion in the same parts without amaurosis. I said a moment ago that there are many cases on record in which amaurosis from brain-disease shows itself, then disappears, many times in succession; and it is not rare to find cases in which amaurosis came by attacks like epilepsy, and which certainly have been caused by organic disease of the brain. The number of such cases in which autopsies have been made is now pretty large; and I may say that every kind of symptoms of brain-disease, consisting in loss of function of some part of the nervous centres, such as paralysis, anæsthesia, aphasia, amaurosis, deafness, and so on, can appear intermittently, although the disease producing these symptoms has been constantly persistent. They can appear by attacks just like epilepsy. In my next lecture I shall treat of APHASIA.

ART. VI.—*On the Management of the Bowels in Enteric Fever.**

By THOMAS W. GRIMSHAW, M.A., M.D., Dubl.; Fellow and Censor of the King and Queen's College of Physicians; Physician to Steevens' and to Cork-street (Fever) Hospitals.

THE management of the bowels in enteric fever may seem rather a trivial subject to treat of before this Society, but I have been induced to direct attention to this department of the therapeutics of fever in consequence of the many serious mishaps which have come under my notice, owing, I believe, to a too slight appreciation of the importance of watching closely and continuously, and

* Read before the Medical Society of the King and Queen's College of Physicians, Wednesday, January 3, 1877. [For the discussion on this paper, see page 171.]

carefully regulating the action of the bowels in this now, unfortunately, common disease in Dublin.

The question of the management of the bowels in enteric fever has been one upon which different opinions have prevailed among the highest authorities. Thus Dr. Todd says:—"Restrain diarrhoea and hæmorrhage in typhoid fever, and when you have fairly locked up the bowels, keep them so. Patients will go for four or six days, or even longer, without suffering inconvenience from this state of constipation." Other writers, Drs. Johnson, Gardiner, and Mac-lagan, recommend "laxatives."

Dr. Murchison says:—"When there is constipation at the commencement of the attack, it is well to commence the treatment with a small dose of castor-oil, or rhubarb in peppermint water;" and when the bowels are confined at a later stage, I am in the habit of prescribing, every second or third day, one or two teaspoonfuls of castor-oil, or a simple enema. But when constipation succeeds to severe diarrhoea, the best practice, I think, is to abstain from interfering for four or five days, and then only to prescribe a simple enema, or one teaspoonful of castor-oil."*

The practice of using purgatives in fevers generally, is considered by Dr. Hudson, who says:—"Among the worst cases admitted into hospital are those of patients who have been dosed with salts by themselves or their friends."

This sentence was written by Dr. Hudson in 1867, or now nearly ten years ago; it was repeated by him in the new edition of his work in 1868, and yet this dangerous practice of administering violent purgatives to patients at the commencement of fever is pursued not only by the patients and their friends, but even by some practitioners of medicine in Dublin and elsewhere, who ought to know better. I believe the injudicious use of astringents at the commencement of enteric fever is almost, if not quite, as injurious as the administration of purgatives. The administration of a violent purgative to a patient suffering from enteric fever in its early stage has this advantage to the patient over the use of an astringent—namely, that it effectually prevents his going about, and soon drives him to bed or to hospital, where he has at least some prospect of rest and quiet, and generally of more judicious treatment. The astringent treatment, on the other hand, has generally the effect of enabling the patient to go about a little longer, and thus more quickly use up his failing strength,

* Murchison. 2nd Edition. 1873.

gradually drifting him into a state of established disease, which is certain to be of long duration, terminating in tardy or imperfect convalescence, and not infrequently in death. The number of cases of enteric fever which have come under my notice where injury has been done by the injudicious use of astringent or purgative medicine, is almost incredible.

I do not propose to give details of cases here, but, as examples, I mention a few instances which have recently come under my notice.

CASE I.—A lad aged about sixteen, admitted to Steevens' Hospital, stated that "he had had a looseness of bowels; went to a doctor who *stopped* it; he never was bad till his bowels stopped." He then came to Steevens' Hospital, where he was found to have a swollen tympanitic abdomen, tender *all over*, dry brown tongue, the characteristic rash, and all the symptoms of severe enteric fever of about fourteen days' duration; his bowels had now been confined for a week. He was ordered one teaspoonful of castor-oil, with six minims of tincture of opium, and if action of the bowels did not take place in a few hours, a simple water enema was to be given. The enema was not required. The oil acted well, effectually relieving the tenderness and distension; the amount of fæcal matter passed was so large and so offensive, and followed by such considerable depression, that some doubt was entertained as to the ultimate result to the patient. He made a very slow recovery, the iliac tenderness remaining much longer than usual.

CASE II.—Another almost similar case was admitted to Cork-street Hospital, which unfortunately terminated fatally.

CASE III.—A case was admitted to Steevens' Hospital of a man, aged thirty-four, who had dosed himself with salts and senna by the advice of a woman who said "he was bilious, and only wanted a physic." He got so bad after the physic that he sent for the dispensary doctor, who ordered him to hospital. When he was admitted he looked almost like a cholera patient; he was in a state of collapse; his temperature fell below normal; and in spite of all treatment but little rally took place, and he died, in my opinion, from the effect of "the physic."

CASE IV.—A young man, driver of a bread-cart, stated he felt unwell about a week before admission; went to Dr. —, who said he had a gastric attack; he gave him a physic—salts and senna, he

thought—which purged him. He went again to the same doctor; the next day he gave him another “physic,” which “purged the life out of him.” He then sent for the “dispensary doctor, who said he had the fever, and Dr. ——— was killing him,” and sent him to hospital. The poor fellow’s account that “Dr. ——— had purged the life out of him,” was very nearly fulfilled to the letter. He became almost collapsed; the diarrhoea was with difficulty restrained; stimulants and large doses of quinine saved him, but not before every prominence upon his body had shown a tendency to bed-sores, and a large and deep bed-sore had actually formed over the sacrum in spite of careful watching.

The foregoing are typical examples of classes of cases of which I have met considerable numbers.

Now it may be asked how is it possible, in the present state of medical knowledge, that such serious results should occur even in the hands of duly qualified medical men? I have no desire to be hard upon my professional brethren; but I must confess that I believe that in the majority of cases where violent purgatives or powerful astringents have been given to patients suffering from the early stages of enteric fever, the agents are prescribed and administered as a consequence of a mistaken diagnosis, or perhaps no diagnosis at all. It is by no means easy always to diagnose a case of enteric fever in its earliest stage; but no one should ever venture upon active treatment until the nature of the disease has been made out. The frequency with which a “looseness of the bowels” or a “gastric attack” has been treated simply *as such* by astringents in one case, or “a good clearing out” in the other, without any careful attempt having been made either to determine the cause of the looseness, or the nature of the gastric attack, is a disgrace to the profession of medicine. In many instances, this looseness of the bowels, or gastric attack, is the commencement of a serious attack of enteric fever, which, if carefully diagnosed and treated accordingly, might have terminated favourably.

We know that patients walk about at the commencement of and not infrequently during the greater portion of the course of an attack of enteric fever, and some persons have excused an error of diagnosis upon the ground that the patient came to their house to consult them, and had *only* a furred tongue, a quick pulse, and had been in the same state for a week. It may be the result of my peculiar training, but I must say I would assume that a patient with a quick,

weak pulse, furred tongue, loss of appetite, and who had been in the same state for a week, had enteric fever, unless there was good cause to believe to the contrary. If I find, on inquiry, that he had been chilly, had vomiting, pains, and either constipation or diarrhœa, and irritation of the urinary organs, I would consider my diagnosis almost certain, even before I had an opportunity of testing the temperature and examining for an eruption, or ascertaining the nature of the discharge from the bowels. Careful observation has convinced me that some practitioners stop short after the discovery of the quick pulse and furred tongue, and only inquire for a headache or for the state of the bowels. If the bowels are confined, the inevitable purgative follows, which is only regulated in intensity by the length of the constipation and the habit of the patient. If the bowels are too free, then as certainly follows the astringent. In a few days more the patient is on the brink of the grave from enteric fever. In other instances the practitioner explains to the patient or his friends that he has "only got gastric fever." Now this is a course which should be scorned by every educated physician. He should, in every case, state, emphatically and distinctly, that the disease is *typhoid fever*, which is the term the public are familiar with as the title of this very severe and treacherous form of disease. I believe it is scarcely excusable for a physician to mistake enteric fever for merely gastro-intestinal catarrh, inasmuch as in a large majority of instances a catarrhal condition of the mucous membrane occurs at the commencement of enteric fever, and should be taken as pointing to an impending attack of that disease.

Now, having pointed out the errors of treatment which so often follow an erroneous or incomplete diagnosis, there still remains, in my opinion, another source of danger, and it is this—that the diagnosis having been made correctly, some persons deliberately and advisedly administer powerful purgatives and astringents for the cure of the disease; in the first case with the view of eliminating the specific poison of the disease, and in the second, with the intention of sustaining the patient's strength.

It appears to me to be extremely irrational to expect that in a case where the bowels are already free, possibly too free, that any additional eliminative power will be gained by the administration of a stimulant to an already over-acting organ; and, further, we should not forget that we have an irritated, inflamed, and probably ulcerated intestine which is sadly in want of rest to enable it to return to health. The prescriber of astringents, on the other hand, also

forgets the inflamed and ulcerated intestines, and that by the use of astringents he is retaining irritating and decomposing matters in contact with the ulcers, thus increasing their irritation, and promoting the tendency to septic poisoning and deep ulceration, which are the great dangers in enteric fever.

Now having so severely criticised the practice of others, I may be fairly expected to mention what practice I pursue myself, and consequently what I recommend. It is difficult to treat of *one* condition of a disease without considering the treatment of other concurrent states.

In the first place, I consider it essential to the fair progress of a case of enteric fever that the bowels should be more frequently moved than in health, and that the motions should be plentiful. I consider that the bowels may be moved with advantage to the patient four times in twenty-four hours, and should never be allowed to remain confined for more than forty-eight hours, and not so long if any symptoms of distension or pain set in.

The measures I take to promote these objects, in many instances, are confined to mere regulation of diet—and for many valuable hints upon this point I am indebted to my friend and former colleague, Dr. H. Kennedy, who has published an interesting paper on this subject in *The Practitioner*. Thus, if the bowels are moved more than the required number of times without the diarrhœa being a severe symptom, I find that feeding the patient on boiled milk alone will be sufficient—if not, the addition of saccharated lime-water will probably prove effective. If these remedies do not keep the diarrhœa within reasonable bounds—say under six motions in the twenty-four hours—I employ sulphuric acid in the proportion of 33 to an 38 mixture, one ounce to be taken every three hours. This I generally give as an addition to a mixture containing quinine, which I almost invariably employ in large doses in treating enteric fever. Should this fail I add morphia or tincture of opium to the mixture in small quantities. I find that in cases where the boiled milk treatment is employed early little if any astringent medicines are required. I never employ beef-tea when there is a tendency to excessive freedom of the bowels. In cases of extreme diarrhœa I have employed the lead and opium pills of the Pharmacopœia in 4 gr. doses every fourth hour with great benefit. At the same time I employ linseed poultices over the abdomen, and stupes of turpentine or mustard where pain or tenderness is much complained of. The treatment of constipation is a more easy affair. I may say for

this purpose I employ a single drug—namely, castor-oil, and usually muzzle it with opium. I seldom give more than a teaspoonful for a dose, and in many cases but half that amount. In the early stage of the disease, when I find the bowels have been confined for some days before the patient came under treatment, I at once give a dose of castor-oil. This not only benefits the patient, but in a doubtful case assists the diagnosis by often producing a characteristic evacuation. Great caution must always be observed in giving meat in early convalescence, as it is likely to produce diarrhoea. I prefer here to begin with chicken-broth, then chicken, and lastly mutton. If a rise in temperature occurs after a change of diet, diarrhoea may be expected, and should not be waited for; the meat should be at once discontinued, and the milk resumed. In cases of hæmorrhage I have found ergot the most useful remedy, and so far have never lost a case of enteric fever by hæmorrhage.

I believe the main point to be attended to in the management of the bowels in enteric fever is to keep them *free*, but *not too free*, and to avoid, as much as possible, purgatives or astringents. My reason for occupying the time of the Society by a paper of so elementary a character is that I have met with many serious consequences from the neglect of what appear to me to be obvious rules, and I feel that I can speak with some little confidence upon this subject after a thirteen years' experience of a large fever hospital, in addition to a nine years' experience of the fever wards of Steevens' Hospital.

ART. VII.—*Two Cases of Fracture of the Skull.** By EDW. WOLFENDEN COLLINS, M.D., F.R.C.S.I.; Surgeon to Jervis-street Hospital.

I DESIRE to bring under your notice two cases of fracture of the skull implicating the temporal bone, and each presenting some features of interest.

CASE I.—In July last a little girl, seventeen months old, was admitted into Jervis-street Hospital under my care, having fallen from her mother's arms, out of a window on the second story, into the area underneath. She was taken up insensible. When I saw her shortly afterwards she presented the phenomena of concussion

* Read before the Dublin Biological Club, Tuesday, December 19, 1876.