some the size of beans, and others much larger; some pretty globular, whilst others again have been very flat, roundish, and at least three-quarters of an inch in diameter.

Believe me, my dear Sir Philip,

Always your's faithfully,

ROBERT LISTON.

London, November 11, 1846.

ART. IV.—*Observations on the Epidemic Dysentery and Diarrhœa, which lately appeared in Kilkenny.* With Cases. By JOSEPH LALOR, M. D., L.R.C. S. I., Physician to the Gaol, Lunatic Asylum, and Union Workhouse of Kilkenny(a).

THE prevalence of bowel complaints in this locality, during the spring of last year, was so great as to form a remarkable feature in the medical constitution of the season. At the Dispensary, the Fever Hospital, and the Workhouse in particular, much attention and anxiety was excited by the frequency of diarrhœa and dysentery, occurring either alone or as complications or sequences of other, and especially of febrile diseases. Viewed in connexion with the reasonable apprehension that existed in the public mind, of an approaching scarcity of sustenance for the mass of the people, this epidemic created in those who observed it, gloomy forebodings, which, happily, were not, then at least, fulfilled. From my own knowledge, and from what I have heard from my medical brethren, I do not consider that insufficiency, or unsoundness of food, have been the cause of those bowel complaints, in many instances. I have no doubt that some cases could be traced to this cause, which would now be operating still more injuriously but for the wise and humane precautions that have been

(a) [This paper was forwarded for publication in June last, but want of space caused the delay of its insertion till the present time—Ed.]

taken to avert famine. In very many cases, however, insufficiency, or unsoundness of food, could not have been to blame. This was the case amongst the rich, and amongst the more comfortable of the labouring classes, many of whom were attacked; and it was the case also amongst the habitual inmates of the poor-house, and amongst the convalescents in the fever hospital. It is, however, a remarkable fact, that this epidemic occurred during a sudden transition period in the food of the community. A short time previous to the appearance of diarrhœa and dysentery, in the union workhouse, Indian corn meal had been suddenly substituted, in place of potatoes, for dinner. The convalescents in the fever hospital must have undergone a change of diet twice, at least, within a short period; and amongst the poor of this city, in general, other food was being substituted for potatoes, gradually as regarded the community, but suddenly as regarded individuals. Supposing however, a sudden change of diet to have been one cause of bowel complaints, many reasons, which it is unnecessary to particularize, forbid the conclusion that it was the sole cause of this epidemic. Other causes, and, amongst them, atmospheric influences, probably, also operated.

The cases of diarrhœa that came under my care in the workhouse, during the months of February, March, and April, 1846, were very numerous, but, with few exceptions, they were sufficiently mild to be treated as externs in the body of the house, and they made favourable recoveries. Eight cases only, as entered on the books, were treated by me, and seven of them were cured without difficulty, under ordinary treatment. The eighth case, a broken-down old man of seventy years of age, having been brought into hospital moribund, lingered about thirty hours, and then died, but he sunk rather from old age, and a general break-up of the constitution, than from any recent disease, and I consider, therefore, that his death cannot fairly be attributed to diarrhœa; but his disease, as so reported, is entered on the hospital books, and, therefore, here noticed. From

these premises the conclusion fairly follows, that simple diarrhœa, as observed during the epidemic at the poor-house, was not an unmanageable or dangerous disease, when submitted to timely treatment. The following remarks will, however, shew that many cases ran into, or were mixed up with the more severe disease of dysentery, under which head, and not under the head of diarrhœa, I have consequently classified them. And as I do not know of any sure criterion, by which it can be foreseen whether or not a case of diarrhœa will merge into dysentery, I think that too much vigilance cannot be exercised in watching every alteration of symptoms denoting such a transition, and to direct the treatment accordingly. The epidemic dysentery, in the union workhouse, has been a less frequent, but a much more formidable disease than the epidemic diarrhœa. The first case of dysentery that came under my care, occurred on the 3rd of January (somewhat anticipating the outbreak of the epidemic), and terminated fatally on the 18th of February. Between this latter date, and the 27th of April, twenty-six additional cases came under my care, making altogether twenty-seven cases treated by me in hospital, besides several other cases of less severity, as extern patients, but of which I possess no accurate record. The following is a general history of the leading features of the disease, as observed at Kilkenny.

Rigors, heat of skin, or headach, seldom preceded or accompanied the attack of dysentery, which was sometimes ushered in by diarrhœa, and at other times was at once pronounced by small, frequent stools of bloody or slimy mucus, accompanied by tenesmus. Bilious vomiting was occasionally an early symptom, and thirst and anorexia constantly marked the invasion of the disease, but as it advanced, the thirst often ceased, and the appetite sometimes returned. Thus, in two of the fatal cases, the appetite, after having been lost, returned, and continued pretty good, up to the time of death. In some cases, emaciation could scarcely be said to occur, and in general it was less than might be expected. In connexion with these

last-mentioned facts, it is worthy of special notice, that in two *post mortem* examinations, one on the body of a patient of my own, the other of a patient of my colleague, Dr. Cane, I found the lacteals full of chyle; proving that chyliification and absorption had remained active up to death. The tongue was almost always foul, generally coated with a white fur, and sometimes thick and cream-like; at other times, the tongue was small, brownish, and typhoid. The pulse of those under adult age was generally quickened, and at all ages it was so when any febrile disease co-existed; otherwise, the pulse was generally natural in frequency, or, in the old, sometimes slow. It was never full or bounding, but often weak and thready. The temperature of the surface and extremities was generally below the natural standard; and when the patients were allowed to get out of bed to stool, a death-like coldness, and severe rigors, sometimes set in. The skin sometimes felt clammy and greasy, and sometimes dry and harsh. Tenderness on pressure over any part of the abdomen was rarely experienced, and when it was, its usual seat was over the liver. Bed sores occurred in only one case; and the skin round the anus was chafed and reddened in a few instances. The general appearances of the urine I did not satisfactorily ascertain; in one fatal case, dysuria, and frequent micturition, preceded death. The intellect generally remained undisturbed, unless in the fatal cases, and even in those it failed only at the near approach of death. The distinctive characters of the disease were, of course, the appearances which the stools presented, their frequency, their scantiness, and the painful and exhausting tenesmus with which they were passed. Tormina was seldom present. The appearances of dysenteric stools are practically well known to the profession, and do not, therefore, require description; if, indeed, description could define characters so varied and so complicated. At the commencement of some cases the stools were of blood, or mucus, simply or conjointly; whilst in other cases, as I have already mentioned, they bore the cha-

racter of the discharges in diarrhœa; but as the disease advanced, combinations appeared, such as blood, slimy mucus, shreds of lymph, ropy and clay-like deposits, vitiated bile of various colours, from light to deep orange or green, black, brown, and yellow, &c., mixed up with the residuum of the ingesta, and forming frothy and very fœtid stools of various degrees of consistence. A very constant and remarkable appearance in the dejections seemed to be caused by the admixture, more or less pure, of a peculiar sort of bile of a bright orange colour, holding in suspension numerous scales of a yellowish colour, circular form, and brilliant lustre, not unlike portions of mica in shape, size, and brilliancy. Bile of a similar character was found in the gall bladder of those whose bodies were examined after death. I can remember few of my cases in which I have not observed the presence of this bile in the discharges, at some period or other. Its presence was not, however, a permanent appearance; sometimes the dejections were loaded with it at the very outset of the disease, and previous to the discharge of any blood or mucus; in other cases they became so after a few bloody or mucous stools had been passed, as well as at various other periods of the disease. As I had no opportunity of submitting these scales, or the bile, to a chemical examination, I cannot say exactly what they were, but I presume that they were coleslerine rather than any new morbid product. Others may, probably, find no difficulty in determining their composition from the description I have given of them. It is a curious circumstance which I noted in some of the cases, that during the period of convalescence the stools became whitish, clayey, and evidently deficient in bile, notwithstanding that mercury, in the form of *hydrargyrum cum creta*, had been recently exhibited; the discharges were, however, of the natural solid consistence. William Reade, aged 90, whose stools were of this character during convalescence, died, as I considered, of a decay of nature, after he had been perfectly free from dysenteric symptoms for fourteen days.

His discharges, up to the period of his decease, had never regained their natural colour ; and on a *post mortem* examination the gall bladder was found half full of bloody serum and small grumous clots. The cases which came under my notice were not acute either in their symptoms or progress, unless sometimes that recovery speedily resulted from treatment. Of the fatal cases, one did not apply for relief until a late period of the disease, and the other two experienced no check to their symptoms from the treatment adopted. These three cases, therefore, afford a good opportunity of observing the natural course of the disease when unchecked or unmodified by treatment. Two of these patients, though very old and broken down in constitution, did not die, one till the nineteenth, the other till the twenty-sixth, day of the disease ; whilst the third, who was younger, and possessed of more stamina, held out till the forty-eighth day. I never observed any natural effort towards a cure or crisis in this dysentery ; on the contrary, its tendency, if unchecked by art, was either to a fatal termination, or to gradually wear itself out, the patient being in the mean time brought to the very verge of the grave. In some cases, however, the power of an enduring constitution successfully held out until recovery took place from the most aggravated stage of the disease, when the symptoms indicated that ulceration of the bowels had actually occurred. This lesion I considered to be indicated by the persistent aggravation of the original symptoms for a long period ; the appearance of shreds of membrane and bloody lymph in the stools ; dry, harsh, and scurfy skin ; retraction of the abdomen ; quick, contracted pulse ; brown, typhoid tongue ; and considerable emaciation. When the bowels have become ulcerated, a cure, of course, can only be effected by cicatrization of the ulcers. The case of Reade, already referred to, will not only exhibit the mode of cure in actual progress, so as to leave no doubt, I should think, of its possibility, but it will also shew that ulceration of the bowels may exist without any dysenteric symptoms being present. In the fatal cases, death

seems to have occurred from the exhaustion produced by the long-continued irritation of the disease, and the constant painful and harassing calls to stool.

In the treatment of this epidemic at the Kilkenny Work-house I found mercury, combined with opium, of more value than all the other remedies I tried, together. These remedies were opium, acetate of lead, chalk, logwood, catechu, nitrate of silver, soda, turpentine, matico, Dover's powder, infusion of rhubarb, opiate suppositories and injections, and blisters to the abdomen. Opiate injections I found a useful adjuvant in allaying tenesmus. I did not bleed or apply leeches in any instance, as the debility that existed in the majority of the cases would not have warranted any such drain on the system. There is only one other medicine, besides mercury and opium, which I would expect to find of considerable value in the treatment of purely dysenteric symptoms, and that is ipecacuanha, the efficacy of which I should like to test in some cases where mercury and opium might happen to fail, as one is led to form a very favourable opinion of its power in dysentery, both from the reports of East Indian practitioners and from a consideration of the pathology of the disease. Considering that biliary derangement is one of its chief causes or concomitants, and having proved the value of emetic doses of ipecacuanha in dangerous cases of icterus, as recommended so highly by Dr. Corrigan, I cannot avoid, from theory alone, feeling a strong prepossession in favour of this medicine as a remedy in dysentery, believing that it exerts a most salutary influence over the secretion of the liver; but the mercurial treatment proved so efficacious that it was not considered advisable to deviate from it.

On a numerical comparison of the terminations of my twenty-seven cases, with reference to treatment, I find the following results. One was received into the house moribund, and died in a few hours, no time being afforded for any treatment beyond the ineffectual trial of restorative stimulants. Five cases were treated without mercury, and of these two

recovered and three died. The remaining twenty-one cases were treated with mercury, and of these one (W. Reade) died under the circumstances already referred to, and to be fully detailed in the subsequent history of the case. Eighteen recovered perfectly. One is convalescent at the present moment, but still not entirely restored to his strength, having undergone a very long and dangerous illness. One has sunk into a hopeless state of chronic dysentery and pulmonary consumption; and one suffers still from occasional looseness of the bowels, and has symptoms of incipient tubercles of the lungs. I would wish to notice particularly, that of the three latter cases one is an idiot, and the other two are persons under adult life. Two of the deaths occurring under non-mercurial treatment were in cases where recovery could not well have been expected under any treatment; and I am not sanguine enough to say that they would have terminated differently had mercury been administered to one of them at any period, or to the other when the case came under my care. But, leaving these out of consideration for the present, the non-mercurial treatment presents a mortality of three in five, whilst the mercurial treatment gives eighteen cures, one death, and two cases of doubtful result, out of twenty-one cases: according to the light in which Reade's case is viewed, the actual mortality, under the latter mode of treatment, is one, or nothing. Thirteen of the cases treated by mercury were of adult age, as were all those treated non-mercurially. I have already stated that, *quoad* the dysentery, Reade was cured, or in progress of recovery, until he sunk from decrepitude; and I consider that his case tells much in favour of the mercurial treatment, and not at all against it. The mercurial treatment has been followed by a successful result in every case, without exception, in adult life, and I think that an examination of the individual cases will lead to a conclusion equally in favour of this medicine as the numerical results I have given. The cases of dysentery treated by mercury, under adult life, were eight in number,

and presented six recoveries, and two other terminations, the unfavourable nature of which I have already detailed. The dysentery, in non-adult life, did not seem to be as much under the control of mercury as it was in adult age; at the same time mercury appeared to act more favourably on this disease, even in early life, than any other medicine which I tried. Besides the trial I have made of mercury in the twenty-one cases the results of which I have enumerated, I have given this medicine in other cases of dysentery in private practice, and amongst the poor out of the workhouse, with equal success.

Calomel was the preparation which I used in the beginning, and my first intention was to push mercury, in all cases, so far as to affect the gums. But I soon found, as I conceived, that this was unnecessary, and I gave up the practice, the more readily as ptyalism was anything but desirable in the class of patients I had generally to deal with, viz., those beyond, and those under adult life, and very often persons with impaired or scrofulous constitutions. Latterly, I generally gave two grains of *hydrargyrum cum creta*, with one of dried soda, and half a grain of opium, to an adult, four times a day; and I consider that the mercury, in this form, acted more safely than either blue pill or calomel. Often, after a few doses of this combination (but, sometimes, not until after its use for two or more days), the stools completely lost their dysenteric characters, convalescence speedily followed, and I discontinued the medicine. In other cases, the dysentery was replaced by diarrhœa, which mercury did not control, but which was generally easily restrained by the ordinary astringent, tonic, or sedative treatment. When the result was not so speedily favourable, I continued the mercury until the gums became affected, and, sometimes, with the desired effect of complete cure, or the substitution of a manageable diarrhœa, in place of dysentery. In another, and the smallest class of cases, and chiefly in the young, no improvement took place, or such as was slight or temporary, even under the protracted exhibition

of the mineral; and equally whether the gums had or had not become affected, and symptoms of ulceration of the bowels set in. In this latter stage of the disease, I think that mercury, generally speaking, can do no good, and I usually gave acetate of lead and opium; but the chief point of treatment, in those cases, seemed to me to be the maintenance and improvement of the powers of the constitution, by the judicious administration of nutriment, moderate stimulants, and tonics, so as to give time for the cicatrization of the ulcers by the natural process, over which medicines appear to exert but little direct influence.

Next to the use of mercury, the proper regulation of the diet all through a case of dysentery affords the most important assistance to a cure, and one without which all others will fail. The usual rule, that all the nutriment should be of the mildest and least irritating quality, should be strictly enforced; and even when great debility renders the use of solid animal food, or broths and wine, necessary, they should be administered with great caution; but, with this restriction, all these will sometimes be found of great service, especially in cases of weakly and protracted convalescence, and in ulceration of the intestines. It may be said that the mode in which I generally administered mercury was too inert to produce the beneficial results which I have attributed to it. But having, as I believe, fairly tried opium and soda alone, without success; and having witnessed their good effects, when combined with mild doses of mercury, passing, as it were, under my eyes from day to day, I cannot avoid considering the mercury, with chalk, as the active beneficial ingredient in the formula I have employed. Not only in those under and those over adult life, and in scrofulous and impaired constitutions, is the preparation to be preferred; but I can add, that in a few cases of dysentery which I have met with in robust constitutions, and in adult age, its effects were equally satisfactory. And if biliary derangement be an early and a marked change from the state of health in dysentery (as the character of the stools, and the appearance of the

bile found in the gall bladder after death, afford evidence that it is), there seems to be no reason for disbelieving in the virtues of moderate doses of mercury in this disease, as they are in keeping with its ordinary and well-known effects; and I believe that it is through its influence on the secretion of the liver, and not by its direct power of controlling inflammation, that, sometimes at least, mercury acts beneficially in dysentery; and I look upon the main features of this disease to be more in favour of the supposition that the ulceration of the bowels which occurs in it is rather the result of their secondary irritation by morbid products, than of a primary inflammation. The *post mortem* appearances in this epidemic may be learned from the subjoined notes of fatal cases; to these are added the notes of a few cases in which recovery took place, and of which I could give a much larger number, did necessity require, or space permit.

M. Fitzpatrick, aged forty-seven, whilst under treatment for bronchitis, was attacked, on the 18th February, with diarrhœa, and was ordered an astringent mixture of chalk, catechu, and logwood.

22nd.—The stools have become more frequent, scanty, and tinged with blood, and are passed with tenesmus. There is thirst, anorexia, and furred tongue, but no quickness of pulse, or increase of temperature on the surface of the body. Ordered an enema, with forty drops of laudanum, and also two grains of calomel, with half a grain of opium, in pill, every fourth hour, and barley-water for drink.

25th.—Gums are affected by the mercury; dysenteric symptoms have ceased since morning, but the bowels are still loose; calomel omitted; rice diet; ordered, two grains of opium, with six of dried soda, as also a mixture of eight ounces of infusion of cascarilla, with bicarbonate of soda, and tincture of hyosciamus, a drachm of each: of this mixture, two table-spoonsful were ordered to be taken thrice daily.

26th.—A few streaks of blood re-appeared in the stools, but

on the 27th he was convalescent, and experienced no relapse: he was discharged well, March 9th.

Thomas Horan, aged 74, admitted into hospital with diarrhœa, on the 11th March; stools large, frequent, watery, and muddy-coloured; tongue foul; no constitutional disturbance; no tenesmus. He was ordered a starch and laudanum injection, and two grains of opium, with eight of dried soda, divided into two pills. The pills and enemata, with the ordinary astringent mixture of the hospital (chalk and logwood), a blister to the iliac region, tincture of hyosciamus in the infusion of cascarilla, and the decoction of matico, were the remedies used up to the 26th. Under this treatment the dejections became somewhat more consistent, and the bowels would remain quiet for several hours together, but then the diarrhœa would recur with undiminished force, and prevent all rest or sleep. At other times, after a good night's rest, three, four, or six stools would be passed early in the morning, in quick succession, and then an interval of quiet would follow. The discharges also became occasionally tinged with blood, slimy, or loaded with bright, orange-coloured scales, like particles of mica, and they were accompanied by tormina and tenesmus; the strength continued, and the appetite remained good; the tongue was thickly coated, and there was great thirst.

26th. He was ordered two grains of mercury with chalk, one grain of dried soda, and half a grain of opium, to be taken four times in the day.

April 1st. Stools have gradually become more consistent since last report, and are now as thick as ordinary stirabout^(a), free from blood, but of a bright orange tinge; the tongue is clearing; the gums are slightly affected: ordered to omit the mercury. 2nd. Stools of a clayey colour: ordered four grains of blue pill, with half a grain of opium, to be taken at night.

(a) This may seem a homely expression, but it is one that will be understood by all our Irish readers.

5th. Bowels rather loose; a table-spoonful of the astringent mixture ordered after each fluid stool. 13th. Discharged well, having been convalescent during the previous week.

Timothy Walsh, aged 7, a weakly child, just convalescent from measles, and consecutive croup and bronchitis, was seized with diarrhoea on the 15th March.

18th. Stools, which had been at first copious, watery, frequently very fœtid, and of a clayey colour, have become more frequent and scanty, and consist of slimy mucus, streaked with blood, and are passed with severe tenesmus. He was ordered rice diet, an injection of starch, with four drops of laudanum, and to take three times a day a grain of Dover's powder, with an equal quantity of *hydrarg. c. creta*.

20th. Powders of dried soda, and Dover's powder, were substituted this day, for those ordered on the 18th. Subsequently, the remedies tried were opiate injections, infusion of rhubarb, with carbonate of soda, a blister to the left iliac region, which part was painful on pressure, decoction of matico, and acetate of lead, to the 3rd April, when the use of the chalk and mercury, with Dover's powder, was resumed. Up to this date there was no improvement in the dysenteric symptoms; there was constant thirst, and complete loss of appetite for solid food, and as the fluid nutriment taken was quickly evacuated from the bowels unchanged, emaciation proceeded rapidly, and the last degree of weakness and exhaustion was speedily produced. His surface and extremities were constantly cold; the skin became dry and harsh, and the countenance pale and sunken.

From the period when he resumed the mercury, which, with the acetate of lead, he continued to use up to the 15th of April, he improved steadily, and was convalescent on that day. He had no return of the complaint.

Patrick M'Evoy, aged 31, admitted to hospital March 23rd, with dysentery of three weeks' standing. Ordered fever diet, rice, and wine, an opiate enema, and two grains of opium and eight of dried soda, in pills. At the evening visit he was

ordered half a grain of opium every four hours, and his wine was increased in quantity.

24th. Perpetually tortured by calls to stool, where he sits for a long period, passing but a very small quantity, and with pain, tormina, and tenesmus. The discharges are like chopped spinach, mixed with blood, and bright orange bile, containing micaceous-looking scales. The pulse is small, weak, and but little quickened; the countenance sunken, the extremities cold; the intellect perfect; the tongue dry, brown, chapped, and contracted; and there is thirst, anorexia, and total loss of rest from the unceasing calls to stool. Remedies as in last report.

25th. Continues as yesterday. Ordered an enema, with thirty drops of laudanum, and pills of opium and nitrate of silver.

26th. Yesterday, in addition to the symptoms he now complains of, he had frequent and difficult micturition, and is at present weaker. The catheter was introduced, and about half a pint of high-coloured urine drawn off. Ordered five grains of acetate of lead and thirty drops of laudanum in an injection, and a repetition of the pills of nitrate of silver and opium.

27th. Is weaker; pulse rapid, and he raves occasionally. Pills were repeated, and five grains of acetate of lead, in solution, were prescribed four times daily. Two ounces of whiskey allowed him in addition to his former allowance of wine.

28th. He died quietly, apparently exhausted.

Upon examination, the liver was found of a deep red colour, mottling the yellow tissue, its substance softened, and every where breaking down readily under the finger into a glutinous mass; gall bladder full of bright, orange-coloured bile, loaded with scales of coleslerine, like particles of mica; the lining membrane of a dark red colour, and having its entire surface closely netted over with innumerable blood-vessels. The upper portion of the intestine presented nothing remarkable, but that the same description of orange-coloured bile as was found in the gall bladder adhered to its

mucous coat throughout. From the cœcum down to the rectum the mucous coat of the intestines was abnormally vascular, thickened, and ulcerated. The ulcers were of various sizes, from that of a small millet-seed to that of a shilling; they were irregular in shape, and their edges not elevated, or surrounded by a vascular zone, as is usual in ulcerations the result of ordinary inflammation; they resembled rather irregular abrasions of the mucous coat, as if produced by some corrosive substance, and they left the muscular fibres dissected and strongly marked. The lungs and kidneys were healthy: the head was not examined.

H. Carroll, aged 42, a weakly female, just convalescent from modified small-pox, followed by febrile purpura (not purpura hæmorrhagica), with an infant on her breast, and labouring under subacute bronchitis, was attacked with diarrhœa on the 25th March. The stools were copious, bilious, thin, and frequent; the pulse quick; tongue foul; and there was thirst and confusion of intellect. Ordered an astringent mixture.

26th. Stools more frequent, small, dysenteric, and passed with tenesmus; tongue dry, brown, and coated; pulse rapid and shabby. Ordered a grain and a half of blue pill, with an equal quantity of dried soda, and four grains of Dover's powder, to be taken in pills thrice daily.

27th. Stools frequent, in other respects remaining as yesterday. The pills formerly ordered were changed for others containing two grains of *hydrargyrum cum creta*, with half a grain of opium each, one to be taken four times daily; six ounces of wine, rice diet, and a blister to the chest, were prescribed at the same time.

29th. The stools more feculent, otherwise pretty much as at last report. Dried soda was added to the pills, and the quantity of mercury with chalk was decreased to a grain in each pill.

30th. Stools feculent, untinged with blood, but still frequent, and accompanied by some tenesmus; countenance much

improved ; tongue cleaning ; thirst less ; intellect clear ; gums smartly touched by the mercury. Pills omitted, and six grains of Dover's, with three of aromatic powder, ordered to be taken three times a day.

April 1st. Convalescent, but weak. On the 10th and 11th of April she had a return of diarrhœa, with sickness of stomach (but no dysenteric symptoms), brought on by indiscretion in diet. This attack was, however, easily subdued, and she was again convalescent on the 14th, and discharged from hospital perfectly well on the 29th of the month.

William Reade, aged 90, admitted to hospital April 3rd, with dysentery of about three weeks' standing ; had thirst, loss of appetite, feeble and indistinct pulse, cold surface and extremities, extreme emaciation ; great tenesmus, calls to stool almost incessant ; sittings very much prolonged, sometimes passed in ineffectual strainings, sometimes with the discharge of scanty stools of a slimy and bloody nature ; tongue dry, brown, and crisped, and intellect incoherent. Ordered fever diet, four ounces of wine and broth, and to take four times in the day, a powder consisting of two grains of *hydrargyrum cum creta*, with a grain and a half of dried soda, and half a grain of opium. April 7th. Dysentery has nearly ceased.

8th. Dysenteric symptoms have completely disappeared, but extreme debility continues. Only one stool this day, small, thin, and a little coloured with bile ; stomach irritable, and he vomits a chalk-coloured, ropy fluid. Ordered two ounces of whiskey, in punch, and the powders to be omitted.

10th. The vomiting abated, but bowels loose, stools quite chalky, fluid, and without any trace of bile, but not copious or frequent, and no tormina or tenesmus. Astringent mixture ordered after each stool.

13th. The looseness of the bowels has completely ceased, and he is now convalescent.

26th. No return of purging since 13th, and is at present completely free from all symptoms of dysentery or diarrhœa,

but is bed-ridden from old age and debility, which promise shortly to terminate his life. He has been for some days in a stupid, dozing, childish state, and is very feeble, and extremely emaciated. When first ordered to hospital he seemed to have but a few hours to live. He died on the 27th.

Post mortem examination, three days after death: liver mottled white and deep red; somewhat soft. About half a dozen ulcers, small, superficial, and covered over by a thin film, as if cicatrizing, in the mucous membrane of the upper portion of the intestines; about a dozen roundish ecchymosed spots, not unlike purpura, were observed in the same portion of the tube, but not in the same site (under its peritonæal covering). They occurred singly, and had a very minute terminating twig of the mesenteric vein running into each. A few lacteals, full of chyle, were also observed. Some larger and deeper ulcerations than those in the upper intestines, occupied the mucous membrane of the lower, from the cæcum downwards, and were about twenty in number; but they were neither so numerous nor so deep as in the case of M'Evoy, and like those in the upper portion of the tube, presented an appearance of cicatrization. None of them were larger than a three-half-penny silver coin. The gall bladder was half full of bloody serum and small grumous clots, and its lining membrane stained yellow with bile, which also stained and adhered to the mucous coat of the intestines. The large veins, and all the arteries, were empty, and the small veins were congested with grumous blood, at their terminations. The abdominal aorta was extensively ossified, and the kidneys congested; the upper intestines appeared to be contracted in three or four places, but could be readily expanded to the same calibre as the neighbouring portions.

John Hale, aged 70, of temperate habits, was admitted to the workhouse April 7th, and was sent to hospital on the same day. Had been ill with dysentery for three weeks before admission; had received no medical treatment previously.

His face was worn and haggard; surface cold; pulse small, slow, and feeble; stools scanty, frequent, bloody, and accompanied by tenesmus. He was ordered bread diet, with two extra pints of milk, four ounces of warm wine, and twelve ounces of meat, made into broth; and to take, thrice a day, two grains of *hydrarg. cum creta*, with one grain and a half of dried soda, and half a grain of opium. This treatment was continued till the 10th, when the dysentery ceased, but diarrhœa took its place: no mercurial action on gums, nor were the stools mercurial; astringent mixture ordered after each stool: the powders to be omitted.

April 13th. Has had no occasion for astringent mixture, and is now convalescent. His recovery and improvement under the above treatment were as rapid as they were unexpected. The pulse quickly became distinct, the surface warm, the countenance cheerful; the stools solid and natural in frequency and appearance, except that they were occasionally slightly streaked with blood. In twenty-four hours from his admission he considered himself well.

15th. On yesterday, about ten o'clock, P. M., he had a severe rigor, followed by vomiting and purging; the alvine evacuations were clay-coloured, and mixed with bright orange liquid bile, with flakes and scales of same colour, similar to those described in the former cases; the tongue is now coated with a thick white slime; thirst great; respiration laboured; countenance rather sunken; cough and mucous rales. No blood in stools; pulse of moderate strength; restless during last night; respiratory murmur pretty free, but mixed with bronchial rales. Ordered a blister to the chest, and to take two grains of *pil. hydrarg.*, with as much dried soda, and five grains of Dover's powder, together with saline effervescing draughts: omit meat, wine, and astringent mixture; substitute fever diet.

16th. Pulse eighty-four, small and weak; skin rather cold; no purging or vomiting since yesterday; tongue not quite so much coated, but small and fissured; less thirst; raved during

the night, and was restless; abdomen tympanitic; says he feels much better; passed one solid stool of a bright orange colour, containing micaceous-looking scales: ordered four ounces of wine, strong broth, and effervescing draughts to be repeated.

17th. Pulse seventy-two; three stools since morning, soft and clayey, otherwise as yesterday. Meat omitted, and fever diet, with rice, ordered; and also, Dover's and aromatic powders, with soda, of each two grains to be taken thrice a day.

18th. Does not rave; has been at stool only three times since yesterday; stools solid, but deficient in bile.

19th. Pulse seventy-two, moderate; tongue nearly quite clean and moist, but still cracked and fissured; appetite returned; thirst less: ordered bread diet, and one extra pint of milk. Convalescent: never had any relapse after this date, and on the 10th of May was discharged perfectly well.

Of the twenty-seven cases treated by me during this epidemic, eighteen were males, and nine females; eight were between three and thirteen years of age; one was 19; eight were between 35 and 52; nine between 60 and 80; and one was 90. Mercury was used in twenty-one of these cases, but affected the gums in but eight instances. Two cases passed into chronic dysentery and phthisis.

ART. V.—*Practical Observations on some Congesitive, Inflammatory, and Ulcerative Affections of the Uterus* By EVORY KENNEDY, M. D., late Master of the Lying-in Hospital, Dublin. With coloured Plates and Illustrations.

A COMMON inquiry, both within and without the profession, at the present day, is, how comes it that affections of the womb appear to occur so much more frequently now than formerly? The answer to this is, that they do not occur more frequently; but from the attention that has latterly been bestowed upon them, and the facilities that at present exist for their elucidation, they