

to its due conclusions. The suspicion of phthisis, happily a fallacy in his case, may proceed on apparently stronger grounds, and much more wrongly, in other cases, to the diagnosis of phthisis. I will attempt to show that there are cases in actual experience of this latter kind—cases diagnosed and treated as cases of phthisis, yet demanding a treatment, so far as I can see, almost entirely opposite.

Among the various fallacies to which the diagnosis of phthisis is open, none seems to me to be so common as that of confounding it with bronchitis. And I would go further than did my old teacher, Dr. Barlow. He tells us⁹ “the discrimination of simple bronchitis from early phthisis is the question that we are perhaps most frequently called upon to decide in the diagnosis of the latter.” But a still more difficult question, to which the same writer only slightly refers,¹⁰ is the diagnosis between chronic bronchitis and chronic—that is to say the ordinary form of—phthisis. In illustration of this difficulty I propose, even at the expense of being somewhat tedious, to follow out still the rule laid down by Morgagni, on which I have already laid stress elsewhere. For I am certain that the advance of clinical medicine depends entirely on a collation and comparison of numerous instances, gathered from various sources, and those not only of the presumedly more scientific times in which our own work is set.

Before quoting Bayle (1810), it is but justice to summon the testimony of Laennec¹¹ to the great skill of his predecessor in this branch of inquiry. “He was,” says Laennec, “a practitioner who carried exactitude of diagnosis to its furthest. Few men united in so high a degree the qualities which make a good physician and a capable observer.” I am sorry to bear still further testimony, and to say that this good book of Bayle’s, and others I can scarcely doubt as good, are so little read nowadays, that I had the pleasure, only two days ago, in the library of the College of Surgeons, of cutting some of the pages of his “*Researches on Pulmonary Phthisis*,” published in 1810 at Paris.

Bayle gives, at any rate, seven cases of chronic pulmonary catarrh simulating phthisis; four of these recovered, and so far we cannot deal with them. I may be allowed to pass them by, for the nonce, as cases of chronic bronchitis. Of three other cases—Cases 48, 49, and 52—the two first were certainly cases of chronic bronchitis. The first is the case of a baker, aged twenty-three, with long neck and narrow chest, who was subject to frequent colds, lasting sometimes several months in succession during the winter; he was remarkably emaciated, had night-sweats, slight diarrhoea, frequent cough, with abundant sputa resembling pus. He died of a capillary bronchitis, the probable cause of which was an attack of scarlet fever. Case 49 is that of a man, aged seventy-seven, formerly a cook, who suffered, as the history seems to show, from gouty bronchitis, though the physical signs led to the diagnosis of phthisis. The post-mortem examination, however, proved the lungs to be perfectly healthy, the mucous membrane of the trachea and bronchi only white—“not even reddened”—and scarcely at all thickened. Louis makes some very strong remarks in reference to a case given in his own book.¹² The patient was a labourer, aged fifty-nine, who had catarrh from infancy, a cough troublesome in winter and better in summer; diarrhoea and night-sweats; no hæmoptysis or pain in the chest. The physical signs were sonorous percussion over the chest, with rhonchus and pectoriloquy at the right apex. After death the bronchi were found dilated in the latter region, and less so at the left. “Undoubtedly,” writes Louis, “facts of this kind are rare, and years may pass before I meet with another like it; but it is none the less worthy of attention, since it is a proof of the difficulty of diagnosis in cases which are to all appearance the most easy.”¹³

Andral¹⁴ gives a very similar case occurring in a blacksmith, aged twenty-seven. He had had a constant cough for two years, had never spat blood, had become emaciated, had slight night-sweats, with a rise of pulse-rate towards the evening. There was no dulness on percussion, or pectoriloquy, and only some mucous râles in different parts of the chest. The emaciation and general enfeeblement increased, diarrhoea supervened, and the patient died semi-

comatose. The sputa preserved throughout the same character—separate, rounded, greenish patches floating on abundant fluid. The diagnosis made was that of “numerous tubercles commencing to soften.” But the post-mortem examination showed the pulmonary tissue healthy, and slightly engorged, and the bronchi (as in the case quoted from Bayle) extremely pale, even down to their smallest divisions. Further on¹⁵ Andral gives another case in a wig-maker, aged forty-six, who had been liable to catch cold easily for years. He had had hæmoptysis, and was extremely emaciated. To the illustrious physician and his colleague the physical signs were those of a pulmonary phthisis advancing slowly. But after death the supposed cavity was a considerable dilatation of a bronchus, others of which showed the same change, with the lung-tissue between the dilatations compressed, “resembling the tissues of a lung more or less forcibly pushed back by pleuritic effusion.”¹⁶ The sputa, with the exception of being yellow and fetid, resembled those in the preceding case.

(To be concluded.)

A RARE CASE OF INTESTINAL OBSTRUCTION OF THIRTY-NINE DAYS’ DURATION; RECOVERY.

BY WALTER HUTCHINSON, M.R.C.S.

I HAD the following interesting case in my practice a short time ago, and as I cannot find a similar case in any text-book, I venture to place on record a short account of it.

T. E—, a deaf and dumb lad about seventeen years of age, was, on May 11th, taken suddenly with a sharp pain in the right iliac fossa, accompanied with diarrhoea and vomiting. My partner, Mr. J. R. Wright, saw the lad, and prescribed a mixture containing one drachm of chlorodyne, a sixth part to be taken every two or three hours, and a pill of calomel and opium (one grain to a quarter), and ordered hot fomentations to be applied over the seat of the pain. The diarrhoea ceased after a few hours, but the pain and vomiting continued.

On the following evening the vomiting began to be stercoraceous in character, when a large quantity of soap-and-water was thrown up the rectum, with the view of overcoming the obstruction, but with no relief to the symptoms.

May 14th.—The lad being no better, Dr. Latham, of Cambridge, was called in, when the boy presented a typical case of acute intestinal obstruction. Dr. Latham ordered another injection, but with the same result as the former one. The boy’s friends were informed that it was an almost hopeless case, even if operative measures were taken, but this they would not allow. The stercoraceous vomiting was very severe, everything being brought up directly it was swallowed.

21st.—Nutrient enemata were begun to-day after a great deal of trouble in getting the patient’s consent, and these were continued until June 3rd, ice being the only thing allowed internally, with the exception of a little iced champagne occasionally. For the next ten days he lay on the brink of the grave, the stercoraceous vomiting being very troublesome the whole time.

On June 13th during a fit of straining he passed per anum a small quantity of blood, and what at first sight appeared to be a piece of bowel structure. He was ordered five grains of Dover’s powder every four hours. He had a most anxious expression of face, and was exceedingly afraid of his bowels being opened again. He lay in this state till the 19th June, when he passed a large quantity of blood and what I took to be bowel structure, the bulk being almost sufficient to fill a quart pot. The Dover’s powder was continued, and day by day he gradually improved, his appetite, however, being very bad.

On June 24th his bowels were opened, and faecal matter was found in the napkins, coated with blood and pus. His bowels were opened now about three times a week, and always presented the same appearance, which latter circumstance continued for about a month. Great care was taken

⁹ Practice of Medicine, p. 305, 1861.

¹⁰ Loc. cit., p. 214.

¹¹ Auscultation Médiate, 2nd edit., ii., p. 109, 1826.

¹² Second edition, p. 562.

¹³ Loc. cit., p. 566.

¹⁴ Clinique Médicale, t. iiii., p. 165, 1840.

¹⁵ Ibid, p. 191

¹⁶ Ibid, p. 195

during his convalescence with regard to his food, of which he would have taken immoderate quantities if he had been allowed. By the middle of September he was out walking, and apparently in perfect health.

My friend, Professor Curnow, was kind enough to examine under the microscope what had passed away from the lad, and I have his permission to quote from his letter to me the result of his investigation:—"I have carefully examined the specimen, and can find only blood-clot, with here and there some stringy mucus. There is no sign whatever of bowel structure; it is a most interesting case, and the obstruction must have been caused by the blood-clots. Of course I can form no opinion as to the site of the hæmorrhage, but the amount of the clot would make it very probable that the ruptured vessel (ulcerated?) was a tolerably large one."

One word with regard to the treatment. I think the Dover's powder was very beneficial, easing the pain, &c., and also quieting the peristaltic action of the intestines. During the earlier period of convalescence he was ordered a mixture containing ammonia and bark, but this was soon discontinued, as he seemed much better when not taking it, and nature having done so much for him, I thought I could not leave him in better hands.

Newmarket.

CASES OF ARSENICAL POISONING RESULTING FROM A RED WALL-PAPER.

By GEORGE GARLICK, M.D. LOND.

Two children were brought to me last August whilst I was seeing out-patients at the Children's Hospital, Great Ormond-street, for Dr. Barlow. Their mother, who brought them, gave the following account:—The elder, a boy of eight years, had been suffering some time from pains in the eyes, nose, and different parts of the body. He passed restless nights, and was during the day depressed and inert. His digestion was feeble, and he had flatulence after food; his tongue was furred, pale, tremulous, and silvery; and the motions were described as offensive. There was besides a small patch of ill-developed psoriasis on the face. The other child, a little girl, also had pains in the eyes, nose, and shoulder, described as of a shooting character. Her tongue was also furred, and she had, like her brother, dyspeptic symptoms.

This remarkable combination of symptoms—viz., the local pains in the eyes and nose, with the presence of dyspepsia—suggested to me the possibility of arsenical poisoning, and on further inquiry this supposition was much strengthened by the remarkable statement of the mother, that she was much surprised at her children describing exactly the same symptoms as she herself felt, and that two of her other children at home suffered in the same way; in fact, with the exception of the father and one child, all suffered in the same way. She was accordingly directed to bring some of the wall-paper of the rooms they inhabited.

On the following visit she brought specimens of the two kinds of paper they used, and I proceeded to test them. One was a powdery, suspicious-looking paper. This, however, gave no reaction, but on testing that of their sitting-room (a very thin paper) it gave at once a most copious reaction with Marsh's test. This latter paper had been put up about two years; it was of very inferior quality, and consisted of red stars stamped on a ground of pale-yellow and grey-brown. On testing different portions of the paper, the arsenic was found to exist in the red pigment only. This shows that green is not the only colour to be feared in wall-papers. The walls of the sitting-room were described as being in parts quite damp—that is, in a state which is said to render arsenical papers more dangerous. The mother, on being informed of the dangerous nature of the paper, at once, on arriving at home, went to work to pull it down, and set fire to it in the yard; in fact, she acted with such promptitude that I was unable to obtain another specimen of it. This is an interesting example of continued discomfort and deterioration of health going on in a family for almost two years, owing to the existence of the poisonous paper. The neighbours commonly remarked how pale the

children looked and dull about the eyes. After the paper was removed the pain complained of in the eyes and nose at once ceased. The dyspeptic symptoms were more slow in mending.

The paper has been since tested by a distinguished analyst, who stated it contained a large quantity of arsenic; he characterised it as a most dangerous paper.

Great James-street, W.C.

CASE OF ACONITE POISONING.

By THELWELL PIKE, M.D.

ON Dec. 19th I was hastily summoned to Mrs. A. B—, a lady staying in my house. I saw her at 6.15 A.M., and found her standing at the washstand retching violently and vomiting, with distressed and anxious manner. I learnt that about five minutes to six she had taken between three and four drachms of aconite liniment (P.B.) in half a tumbler of water, and had then returned to bed. In the course of ten minutes she began to feel pain and uneasiness at the pit of the stomach and upper part of the throat; this getting worse, and sickness coming on, I was called.

I immediately got some liq. ammoniæ which I happened to have in my room, and gave twenty or thirty drops in a tumbler of water, and followed this by a tumbler of warm water; both were almost immediately rejected, and some more water which I attempted to give was not, I think, really swallowed, and the same occurred on trying to give some milk. All this time the pain in the stomach and throat was increasing, and described as "horrible." I applied hot bottles to the feet and body, and a mustard poultice to the stomach; but the extremities became more and more cold, hands and fingers blue; also the chin and jaw, *not* lips, became so, and the countenance was most distressing—eyes glaring, pupils dilated. The pulse was becoming very feeble, scarcely perceptible, very quick and flickering, and the heart-sounds very weak. As all attempts to give anything by the mouth failed, and only increased the distressing retching and vomiting (ejected matter being at first frothy fluid, then viscid mucus, and then frothy mucus just tinged with blood, and subsequently some bile), it occurred to me to inject ether subcutaneously, and I prepared to do so. This was about 7 A.M. My friend Mr. Dawson, for whom I had sent, now arrived, and he concurring, I injected fifteen minims. But we could see no effect; pulse still almost if not quite imperceptible, and the other symptoms as bad as before. In about ten minutes I injected fifteen minims more; and soon after, all the symptoms remaining, or, if possible, getting worse, I injected twenty minims. We thought this slightly improved the pulse for a time, but the improvement did not last; so in about ten minutes I again injected twenty minims, and this time with the happiest result. In about ten or fifteen seconds there was some excitement and delirium, similar to that produced by inhalation, which lasted for a few moments; and almost coincident with this the pulse improved and became full and much slower. From this moment my patient was saved; for, although the effect of the ether in some degree passed off, the pulse remained fairly good. Warmth gradually returned to the body and the extremities, the blueness disappeared, the retching gradually ceased, and after a while the patient was able to take a cup of warm milk and coffee, and recovery gradually took place without interruption. The symptom which remained longest was the distressing pain at pit of stomach and in the throat. I should have said that there was some weakening of muscular power; no convulsions, but, for a time, a rigid state of the muscles was induced on attempting to take hold of anything—cup, glass, &c. The intellect all the while, except as stated, remained clear; urine passed twice, bowels acted once.

I think we may fairly claim that the ether, at any rate, helped considerably to stave off death while the aconite was being eliminated, and the result of the last injection was so marked as to deserve, I think, a trial in a similar case. The dose of aconite was a very large one, and taken, too, when absorption was probably rapid; the last meal, a light supper, having been partaken of about 9 P.M. I cannot too gratefully acknowledge the kind aid rendered me for two or three hours in this anxious case by my friend, Mr. Dawson.

Malvern.