

CHELTENHAM GENERAL HOSPITAL.

Medical Reports, with Cases and Clinical Observations. By JAMES M'CABE, M.D., Physician to the Hospital.

HÆMATEMESIS.

Jan. 27th.—In former reports I mentioned the case of Hugh Reilly as being one of professional interest. He was discharged to-day under the designation of “cured.” I hope it may be so. To derive instruction from cases, recapitulation is sometimes necessary.

Reilly had been employed as a labourer on the railway, near Cheltenham; he was attacked with vomiting of blood, and became a patient of the dispensary. The accommodation which a dispensary affords is not suitable to such cases, for the most judicious treatment will be of no avail, unless diet, temperature, and other circumstances, are also suitable. After six or seven weeks of treatment under one of the dispensary physicians, without any benefit being produced, he became an hospital patient. The symptoms, on admission, were given in a former report. They were, generally, besides hæmatemesis, cachexia, emaciation, pain in the præcordial region. In fact, the case very much resembled in its external characters what I had seen in an early part of my professional life in the Island of Trinidad, and to which Dr. Fergnsson, then Inspector-General of Hospitals in the West Indies, and now practising at Windsor, has since frequently alluded in his writings, under the designation of “mal d'estomac.”

In the treatment of this case aperient medicines were frequently given, in order to prevent the accumulation in the bowels of any exudation of blood from the mucous membrane, or of any effusion which might take place from a rupture of any of the vessels connected with the spleen, or liver, or any other of the abdominal viscera. In the treatment of hæmatemesis, the great object is to prevent sickness, as the contractions of the abdominal muscles, in the act of vomiting, may either cause a rupture of blood-vessels, or occasion a forcible expulsion of blood from vessels already ruptured; with this view saline effervescing draughts were frequently given, and infusion of the rose with Epsom salts, and tincture of jalap, was the form of aperient generally preferred. Lettuce, hop, and hyoscyamus were given at night, and opiate plasters applied, from time to time, to the epigastric region. Chalybeates and quinine were given after the hæmatemesis had for some time ceased, with the view of bringing the circulation into the extreme vessels, and tinging with coloured blood the colourless vessels of the surface. A diet sufficiently nutritious was directed. Under this system of treatment he gradually

improved; his appetite became good; the white and pasty skin acquired something of the tinge of blood, even in the short period that he was in hospital, and he acquired some muscular development; and although there still remained some uncomfortable feelings about the region of the epigastrium, which induce me to fear that the disease may return when he resumes his usual habits and necessary employments, yet he left the hospital apparently cured.

CASES OF CYSTICERCUS FINNUS OF THE BRAIN.

BY M. NIVET.

THE following cases are worthy of notice, both on account of the rareness of the affection, and the accuracy with which the characters of the entozoa are described by M. Nivet:—

CASE I.

F. Joret, 43 years of age, was admitted into the Hospital Beaujon on the 18th of September, 1835. He had been much subject to lead colic, but his present disease dates only from nine days back. It commenced with acute pains in the limbs, followed by loss of appetite, and some colic. On admission into hospital the face was pale; the sensibility and muscular power diminished; the speech slow, but answers correctly given; abdomen painful and retracted; vertigo; weakness; pulse 72.

19. Delirium during the night; dizziness and singing in the ears; articulation slow and difficult; no stool. Cupping-glasses were applied behind the ears, and some valerian given.

20. Increased delirium; pulse frequent; constipation. He was bled to 16 ounces. The glasses were again applied, and he took viij grains of calomel.

21. Some delirium; skin moist; pulse 101; pupils natural; sensibility intact, but the power of moving the arm diminished. Blisters to the thighs; a seton to the neck; cold lotions to the head.

22. Delirium; loss of sensibility; stertorous breathing; filiform pulse; death.

Post-mortem Appearances.

Serous infiltration of the pia mater. On separating the membranes four small cysts were discovered in the anfractuosities; the nervous tissue surrounding them was not altered. On the convex surface of the hemispheres there were also several small cysts similar to those of the membranes. The rest of the brain and spinal-marrow was quite healthy.

CASE II.

— Hardy, 56 years of age, was admitted into hospital on the 15th November, 1835, in a state of delirium. The patient had been much given to drink, and was subject to occasional attacks of epilepsy for several years.

15. Agitation, with delirium; pulse frequent and strong; phlegmonous erysipelas of the left lower extremity, in which sensibility is almost completely lost.

He was bled to 16 ounces.

16. The limb was freely scarified, and a quantity of serum with some blood liberated; delirium; pulse irregular, 128; tongue dry; an eschar is forming on the left thigh.

Twenty leeches were applied behind the ears.

17. The delirium persists; the eschar is extending rapidly; pulse frequent.

Bark was now ordered, but the patient sank during the day.

Post-mortem Appearances.

Cerebral veins much congested; eight hydatids are found in the membranes and grey substance of the hemispheres. Several similar cysts were discovered in the iliac, psoas, and abdominal muscles.

The following are the characters presented by the cysts which were found in the preceding cases:—

1. The hydatid was enveloped in a fibro-cellular cyst, which was sometimes transparent, sometimes opaque and non-adherent to the hydatid.

2. The latter was transparent, and tore easily. At one part of its surface was a dark point, indicating where the cysticercus issues from the caudal sac. The sac itself was transparent, and varied in size from that of a pea to a nut. On opening the cysticercus it was seen inclosed in its proper membrane, and adhering to the sac by its tail. The body of the parasite is fusiform, and marked with transverse striæ. The head terminates in four suckers, and a central eminence or tube; the entire length of the entozoon is four to six lines.—*Archives de Med.*, Dec. 1839.

ON THE PREVENTION OF TUBERCLES.

In a letter addressed to the Royal Academy of Medicine, M. Coster announces that, from certain experiments which he has made, he hopes to prove,

1. That it is possible, even in the face of predisposing causes, to prevent the development of the tubercular diathesis.

2. That even where the formation of tubercles has commenced, their progress may, in a great number of cases, be arrested.

The following are a few of the experiments upon which M. Coster has built up his hopes:—

Two years ago he placed a number of dogs, rabbits, &c., in the circumstances most favourable to the development of the scrofulous diathesis. Thus, many of the unfortunate animals were shut up in dungeons, without light, incapable of moving, and exposed to a moist cold by means of wet sponges which were hung up in the cages. Some of the animals placed in these conditions, were fed on their ordinary diet; others were fed with *ferruginous* bread, containing $\frac{1}{2}$ oz. of carbonate of iron to the pound. All the former became ill, the greater part tuberculous, but not one of those fed on the bread containing iron presented a trace of tubercles.—*Bull. de l'Acad.* Jan. 31, 1840.

NEW METHOD OF FUMIGATING.

M. De Clerq has proposed a new method of practising medicinal fumigations, which is very extravagantly praised in a Belgian journal. This method consists in first washing the parts to be fumigated with a solution of nitrate of silver (10 grs. to the oz.), and then fumigating. The medicines which M. De Clerq most commonly employs for the fumigation of old ulcers, &c., are, one part of cinnabar, two of balsam of Tolu, and two of aloes. By degrees, as the fumigations are repeated, the parts become covered with a coating which resembles a metallic plate, which has the effect of protecting them from the action of the air, in addition to its intrinsic powers.—*Gaz. Med. de Paris*, No. 5, 1840.

UTILITY OF FROGS TO SCIENCE.

M. Dumeril lately read a curious paper before the Academy of Sciences, for the purpose of showing how much the progress of physiology was indebted to the study of frogs. M Dumeril shows, amongst other things, that the discovery of the blood-globules, commonly attributed to Leuwenhoek and Malpighi, really belonged to Swammerdam, and that the first experiments on muscular irritability were made in 1678, by the same physiologist.—*Ibid.* l. c.

TASTELESS FORM OF IPECACUAN.—When it is desirable to administer ipecacuan to refractory children, or to persons to whom the ipecac. wine is particularly odious, as is often the case, the following form will be found to answer:—

Bruised root of ipecac., $\frac{1}{2}$ 3;
Boiling water, enough to make $1\frac{1}{2}$ 3;
Lemon syrup, $\frac{1}{2}$ 3. A twelfth part every third hour.—*Dr. Osborne. Dub. Jour.*