

and would only remark, that in the present case the consequences of opium-eating were great debility, disturbed cerebral functions, as manifested by hemiplegia, impairment of the mental faculties, and a certain pain in the lumbar region, which would point to morbid effects of the spinal cord. The case, as noted down by Mr. Baker, one of the resident medical officers, presents the following features.

George N—, aged thirty-five years, a surgeon's assistant, was admitted into Albert ward August 12th, 1853. He states that for the last eight years he has been in the habit of ingesting large quantities of opium. In the first instance he took it to prevent his feeling the want of food, as he was often obliged to wait several hours without getting anything to eat. He began by about twenty drops of laudanum daily, and gradually increased the dose till at last he consumed a quarter of an ounce of crude opium (more or less) in a week, besides one ounce of laudanum per diem.

The man tried to leave off this baneful habit, but was in such pain and so very sick when he omitted to take his opium, that he again continued its use. For the last two or three months he has felt a pricking sensation in his left hand and arm, and a dull, aching pain across the loins, especially when standing or walking. He has lost flesh and felt weak, his memory is much impaired, and the nervous system generally affected. About a fortnight before admission, the patient had a slight paralytic attack on the left side, which yielded to treatment; but he is, however, still troubled with a sensation of numbness and pricking along the left arm and leg.

The man was ordered a purgative, and after the effect was obtained he took quinine three times a day, and five grains of soap-pill at night.

On the second day the patient was extremely low, and looked very melancholy; he had some sickness, and complained of severe pain at the epigastrium. He was therefore ordered strong beef-tea and four ounces of wine.

The vomiting persisted on the third day, when Dr. Chambers ordered the following draught to be taken three times per diem: chloroform, ten minims; compound tincture of camphor, half a drachm; rectified spirit, half a drachm; solution of gum, half an ounce. The sickness was by this means much relieved, but the appetite remained very bad; there was hardly any sleep, and the patient complained of severe pain in the dorsal region. He now took half a drachm of liquor opii and ten minims of chloroform in an emollient vehicle. This draught relieved the patient considerably; it was repeated, with a less quantity of chloroform, and the quinine mixture continued.

He went on improving for the next few days, though he at times had a distressing sensation of sinking; but the appetite improved with the quinine and sulphuric acid, and on the eleventh day the patient could eat a mutton-chop and drink porter. His memory and intelligence, which on admission were considerably impaired, resumed their normal activity when he left his bed and took exercise in the wards. On the thirteenth day, slight diarrhoea came on, which was arrested by the usual means, and on the nineteenth day the patient was discharged, much relieved both as to the debility, pain at the back, deficient memory, and faltering mental powers.

## DISCHARGE OF HYDATIDS IN THE URINE.

By JOHN SIMON, Esq., F.R.S.,  
SURGEON TO ST. THOMAS'S HOSPITAL.

THE LANCET of September 3rd contains a case recorded by Dr. Sieveking, in which it appeared that fragments of a disintegrated hydatid cyst were passing by the urethra. Recently, with my friend Mr. Eastes, of Folkestone, I have had the opportunity of seeing a still more conclusive case, the particulars of which, since I believe it to be of extreme rarity, I beg to place at your disposal. I may mention that, though my attention has always been awake to the possibility of finding echinococci in the urine in various obscure affections of the kidney, it has never happened to me till the present case to find unequivocal evidence of their discharge.

W. S—, aged forty-four, an out-door labourer in Folkestone harbour, began about two years ago to suffer symptoms of his present disease.

Previously he had considered himself quite healthy, having had no severe illness within his recollection. For the last four or five years, however, he seems to have had the habit of passing gritty urine (probably with crystals of lithic acid) and has had occasional stiffness in a knee and shoulder.

Never to his knowledge has he discharged any worms from the intestinal canal, or had any signs of their presence there. His occupation has exposed him to various kinds of weather, but his habits appear to have been moderate and careful.

Two years ago he began, and has ever since continued, to experience occasional severe pain, shooting sharply across from one hypochondrium to the other. This "pain in the ribs," as he called it, would often be excited by strong exercise,—would be much felt, for instance, while he was working a heavy hammer, and it would recur in paroxysms several times during a day. Though the stabs of pain cut across from one side of his body to the other, affecting both of them, the left hypochondrium seems to have been regarded as their starting place.

Thus matters had gone on for about six months, when he was suddenly seized with acute sufferings, such as might have belonged to the passage of a calculus from the right kidney. There was the well-known sharp pain running through the right iliac region to the groin, testicle, and thigh, accompanied by spasm of the cremaster and extreme irritability of the bladder. At the end of six hours this attack terminated in his passing, with some effort and probably for the first time (what may now be assumed to have been) a single hydatid vesicle, associated with some of his ordinary gravel.

Nine months afterwards he underwent a similar attack, the paroxysm lasting for two hours, and resulting as before in the discharge of a single (presumed) hydatid, with gravel, and perhaps (as the urine was discoloured) some blood. The symptoms were again referable to the right kidney.

In both of these attacks he was out of medical observation; they can therefore be fully interpreted only by what occurred on a third occasion, when I was able to verify the nature of the discharge.

This attack began on July 21st, when he was again seized with extreme pain in the course of the right ureter, extending to the groin, testicle, and thigh, with frequent micturition and with contraction of the cremaster. For forty-eight hours these symptoms continued with the utmost severity; they then somewhat subsided, and in their milder form, with occasional exacerbations, continued for another week, at the end of which time a considerable discharge of hydatid vesicles took place,—probably as many as could be piled in a table-spoon, and varying from the size of a filbert downwards. In examining these, I found swarms of perfect echinococci in different stages of growth, together with innumerable hooklets of similar parasites dead and decomposed at some earlier period.

During the ten days for which this paroxysm lasted, the bladder continued exceedingly irritable, and there was likewise (especially during the earlier days) some general disturbance and feverishness; but the belly was not tender on pressure, nor was there any vomiting. No inflammatory products were admixed with the urine.

Four days after the large evacuation, a single hydatid vesicle escaped, with very little distress to the patient.

From that time to the present he has been well. The stabbing pain across the hypochondria (which had never left him for two years) has been very considerably lightened; he speaks of it as "not more than a tithe" of what it has been at any time since his first suffering.

Specimens of his urine, which I have examined during the last ten days, contain no trace of animalcules, nor any other morbid appearance than some crystals of oxalate of lime. With careful exploration of the abdomen, I have been unable to detect, either about the right kidney or elsewhere, any morbid induration or tumour.

Upper Grosvenor-street, Sept. 1853.

## ON THE USE OF PROTEINE IN SCROFULA.

By J. TAYLOR, Esq., L.A.C.

It was asserted in the year 1849, in your "Answers to Correspondents," that there were no remedial properties in proteine. *Nous verrons*. The same might be said of "milk," and yet, in some cases, this simple agent affords us very conspicuous evidence of its therapeutic quality, as the following case will show:—

Mr. W—, aged thirty-three, a tall and well-proportioned man, with blue eyes and light hair, had always enjoyed excellent health; he had lately invested a considerable sum of money as a coach proprietor, and being desirous of turning the affair to the greatest possible advantage, became the driver of his own coach, took long journeys, and was very irregular in his habits; says his

principal drink has been old ale, which he has not taken in inordinate quantity, and, although not intemperate, had evidently been taxing his energies too heavily. He soon became the subject of dyspepsia, and amongst its various Protean forms was a constant vomiting of food after every meal, which persisted, in spite of appropriate and well-selected remedies, for more than a month, and so distressing was the irritability of the stomach, that not the smallest quantity of food could be retained for more than half an hour at a time. In this state he was compelled to relinquish his calling as coachman, having become emaciated and debilitated, and was attended by his physician and myself. He had no pain or tenderness in any part of the abdomen; no morbid appearance of the tongue; no headache or any preternatural heat of skin. There was craving for food, but no pain after taking it. Bowels costive; urinary secretion scanty, but of normal character. The persevering use of medicine for nearly three weeks appearing to be of no avail, it was determined to abandon the use of drugs altogether, and the patient was directed to take *a teaspoonful of milk* every hour and nothing else. The first day's trial of this remedy was so gratifying, that the patient exclaimed, "I know it will cure me, as I feel so comfortable after each dose." And so it did; the vomiting immediately ceased, and did not return; he continued his milk in gradually-increased doses for more than a week, and then carefully resumed his usual diet. His recovery was rapid. So much for milk. Now for proteine.

John H—, aged five years, a scrofulous boy, born of scrofulous parents, has had enlarged cervical and inguinal glands since the period of dentition; has now numerous ulcers in various parts of his body and limbs; is pale and emaciated, with defective appetite; has been taking iron and other tonics, with and without iodine in combination, during the last six weeks, without any evident improvement. Ordered, three grains of proteine, to be taken three times a day, in sugar and water. After the first week the boy was decidedly better in his general health, looked more healthy, appetite improved considerably. In a month the mother remarked "she never saw such a change;" the boy was growing plump, many of the ulcers had healed, though a few fresh ones had appeared. The dose of proteine was increased to four grains three times a day, and the ulcers to be dressed with zinc ointment.

Third month.—All the ulcers have healed except four, and when a fresh one appears it is much smaller than usual. Increase the dose of proteine to five grains three times a day.

Fourth month.—Three or four recent small ulcers still open; the boy's health so much improved that his aunt, who had not seen him for six weeks, did not know him again, and his father observed that as the boy was so much better, it would be needless to incur any further expense, and requested the medicine might be discontinued. The proteine was consequently omitted for a fortnight, and the little patient's health was observed to decline. The parents therefore requested the medicine to be resumed, and his health rapidly improved again. The proteine was continued for about two months longer, in not more than five-grain doses, twice, and sometimes only once, a day, embracing altogether a period of somewhat more than six months, when my little patient was observed to be quite well.

It may be remarked that this solitary case proves nothing. I could produce others, but the following may suffice:—

Jane B—, aged two years, an emaciated, strumous child, with tumid abdomen and enlarged cervical glands, and numerous ill-conditioned ulcers on the loins, nates, thighs legs, and arms, has evinced symptoms of mesenteric disease ever since weaning, at nine months old; has been under the care of a surgeon for a month, and during that time has been gradually getting worse. Ordered zinc ointment, and occasionally a poultice of equal parts of linseed-meal and wheaten flour to be applied to the ulcerated parts; and to take, proteine, two grains, soda exsiccata, one grain, three times a day, in sugar and water.

First week.—The skin has become cleaner and more healthy, and some of the ulcers have healed; several that are now open display in a very remarkable manner the appearance of softened tubercles; the child looks more lively; bowels regular; appetite better; takes beef-tea twice a day, and milk night and morning. To have mutton for dinner.

Second week.—Greatly improved in every respect; has begun to run about again, which she has been incapable of doing for the last six weeks; nearly all the ulcers have healed; abdomen smaller; has gained flesh; appetite excellent; bowels regular; sleeps well. Ordered the proteine to be continued in doses of three grains, soda exsiccata, one grain, twice a day. The mother did not bring her again, but I saw her on passing the house a month afterwards, running about in excellent health and spirits.

Surrey-place, Old Kent-road, Sept. 1853.

## EPILEPSIA LARYNGEA TREATED BY TRACHEOTOMY.

By MARSHALL HALL, M.D., F.R.S. &c.

[The following forms the conclusion of Dr. Marshall Hall's article on "Tracheotomy in Epilepsia Laryngea," (see THE LANCET, Sept. 10, p. 233.) It arrived too late for insertion in its proper place.]

The conclusions in my last communication are not very different from an early announcement made by me on the same question:—

I believe few will hesitate to perform the operation of tracheotomy, as the present remedy, when there is, from apoplectic or paralytic laryngismus, imminent danger to life. But the question remains—Are we justified in performing this operation in cases of epileptic and other convulsions, as a preventive of future evil? Are the somewhat remoter danger to mind, and limb, and life, and the hope that whilst the faculties are spared the patient may be rescued from the susceptibility to the attacks, the *dignus vindice nodus*, a sufficient motive for adopting this measure in its more continuous mode of a tube worn in the trachea? After having witnessed the dire circumstances and effects of the frightful maladies more than any man, of epilepsy especially, I unhesitatingly say, yes! I regard the melancholy condition of the patient in this herculean malady as justifying the heroic remedy. The case may be violent and frightful in any degree. In what precise case tracheotomy is justifiable I do not pretend to determine.

I do not think it easy to express an opinion more guardedly or more modestly. My critics have overlooked this paragraph, as they have all attention to special Diagnosis, and to the questions, whether the operation has always been efficiently performed, and the tracheal tube of sufficiently ample size, and maintained perfectly patent.

Medicine or Surgery, without the most accurate Diagnosis, and the most careful adaptation of the means of cure, is mere empiricism; and all criticism neglecting these is futile, unworthy of our profession, and discreditable to its author.

The whole question may be stated thus:—

1. If there be laryngismus and its effects, efficient tracheotomy will and must obviate them;
2. If the expected benefit do not follow the operation, there has been error in the Diagnosis, or the operation has not been efficiently performed.

## OBSERVATIONS ON THE TREATMENT OF CHOLERA.

By AYNOTT J. J. CHITTY, Esq., M.R.C.S.E., L.S.A., &c.

SHOULD you deem the enclosed observations on cholera sufficiently worthy of a place in the columns of your valuable periodical, I shall feel much gratified by their admission, as I believe some hints may be obtained from them, which, under judicious management, may be of service in the present threatening epidemic.

H.M.'s 37th Regiment, nearly 1100 strong, reached Ceylon in 1847, and was stationed at Colombo. In the months of July and August of that year, cholera broke out amongst them, and so severely, that from excessive diarrhoea to pure Asiatic cholera not more than about 150 men were exempt. I had the honour of attending these cases with their surgeon, Dr. A. Browne, and as it was found, on comparing the army statistical records in India, that there had not previously been so low a rate of mortality from a like visitation, which we attributed to our peculiar treatment of the disease, and that it was founded on physiological deductions, I trust I shall need no apology for giving my professional brethren some account of our *methodus medendi*. I would premise that I cannot speak just now with certainty of the ratio of recoveries to deaths, but I believe I am correct in stating, that they averaged about 1 death to 4 $\frac{3}{4}$  recoveries.

On post-mortem examination of the fatal cases, we were struck with the uniformly turgid, erected, and prominent condition of the villi of the intestinal canal, and of its glandular system generally, and there were frequent incipient ulcerations of Peyer's patches and the solitary glands, in cases, however, rapidly fatal. It appeared to us that we required some medicament that would exercise a powerful astringent effect on these villi, extended throughout their location. Strong decoction of catechu seemed to offer this provision, and on that our successful treatment mainly depended. Enemata to the amount of two washbasinfuls were administered continuously after a first or second trial with smaller quantities, until abdominal distension obliged