

the urine, and depositions of the same, as urate of soda, in or about the joints. And yet *uric acid is secreted and excreted* in largely-increased quantities, in many forms of disorder in which there is not the least trace of gout. The late Dr. Chapman, and some other authors, refer gout to some disease of the digestive apparatus.

What are the facts elicited in the actual development of the disorder? The attack, says the patient, was preceded by "taking too much wine—or by getting wet—or by exposure to the east wind"—or by mental excitement, the result, of some domestic difficulty, or social or political squabble; whilst Drs. Paris and Darwin assert that the paroxysm of gout has been frequently induced by loss of blood, or by an active purge.

The characteristic enlargement of the joints which marks the fit of gout, is only the local development of a great constitutional wrong; whilst the periodic repetitions of the paroxysm proclaim the great truth that the recuperative powers demand some added force to enable them to maintain an equilibrium between action and resistance; for, in the language of Liebig, "a complete cure of disease occurs, when external action and resistance are brought into equilibrium."

That gout is not a disease of self-limitation is abundantly proven by the admission of the most distinguished authorities; for Watson and other authors cite numerous cases wherein it has been *immediately cured* by an intense mental excitement. Nor can a poison, a "morbid ingredient in the blood" (to be eliminated, or deputed, before the disease can be cured), be the *cause* of gout, although an excess of lithic acid may be one of the incidentals of that modification of disordered action; for what becomes of this "morbid ingredient," when a fit of the gout is cured, *instantly*, by a passion, as in the cases cited by Watson and others? By what sudden explosion is it driven from the circulation, and where its outlet? How does the *momentary* passion eliminate from the blood the assumed "morbid ingredient" upon which the disease is said to depend for its perpetuation?

Lithic acid, or any other excessive secretion, is the result (not the cause) of a previous, and in most cases of a long-continued constitutional disturbance of the totality of the system; hence gout, in common with all other paroxysmal disorders, can only be successfully treated through the great nervous centres.

We have already exceeded our usual limit, and shall, for the present, withhold other reflections suggested by the subject under consideration. In our next article, we propose to continue our examination, by the review of diabetes, and probably some other so-called self-limited disease; when we shall attempt to prove the true cause of diabetes, and to sustain our assertion that it is not a disease of self-limitation. JUNIUS.

[To be continued.]

HYDROCEPHALUS.

[Communicated for the Boston Medical and Surgical Journal.]

SOME time ago I contributed for your Journal a short article upon Hydrocephalus, connected with intestinal irritation. Since then my observations

upon this disease have been extended, but have not changed the opinion that in this climate it is seldom found except co-existent with some trouble along the alimentary canal. There are cases, undoubtedly, of congenital dropsy of the brain, and of the malady disconnected with disease of the bowels; the latter arising from an inflammatory condition of the meninges, primarily affected. I remember three varieties of dejections from the bowels that have appeared in cases that have recovered and died under my treatment. One child, 6 months old, a boy with nervous sanguineous temperament, had the usual marked symptoms of the disease, which progressed to beyond the incipient stage of effusion, and then were arrested. I attributed the cause in this case to irritation of the gums in teething, which is productive of greater constitutional disturbance in children of the above temperament. The majority of cases that I have met with appeared in temperaments between the well-defined nervous sanguineous and nervous bilious. Perhaps the hair would be light, and the eyes and skin marking the nervous bilious temperament more. The skins of children that will die of hydrocephalus always present to me a very uniform appearance. I have found them of a cadaverous hue, resembling those of some women who die from 4 to 12 months after parturition, attended with an exsanguinated appearance of the whole surface. There seems to be no approach to a healthy assimilation of food in either case. I have noticed a shiny appearance, as if greased, particularly about the face. The feet are generally extended a little, so that there is sometimes difficulty in flexing them upon the leg. The anterior fontanel is depressed, and the eyes sunken. The hands are thrown up towards the head, and during the period of effusion the patient will move the chin and roll the head upon the pillow.

For the reason that this disease is so often fatal, it will be of most importance to understand the symptoms which commence the malady. I know of none that can be detected sooner than the expression of the patient, which is that of vacancy, strongly depicted in every feature. The eyes have first a peculiarly anxious and imploring look; sometimes they indicate impatience from some cause of suffering which they scarcely seem to hope relief of, and I think unless the symptoms are relieved within 24 hours after this appearance, the eyes take an appearance that may be recognized in those of a corpse. I have noted some symptoms here, as distinguishing the disease as it occurs in this country, and which will nearly correspond with those laid down in the books.

The alvine dejections were in one case, thin and of a chromic yellow color; in one, dark, almost black, resembling sand mixed with venous blood. The other cases had the most frequent characteristics, green and slimy. I regard the latter to indicate a much more intractable state of the mucous membrane.

It is the opinion of a celebrated physician of New York, that small doses of mercury have a powerful effect in limiting the quantity of effusion and causing absorption. I think the case mentioned, with the yellow dejections, was cured with this medicine.

Cases of hydrocephalus are very annoying to the physician. They come upon the most intelligent children, and good condition in life is no

preventive of them. We lost one case recently of this kind, which was a supervention upon measles and some inflammation of the lungs and bronchia. The child was weaned a short time previous to the attack, and had cut all her teeth. Upon looking at statistics, I find the operation of paracentesis to have saved 10 out of 19 cases, in the practice of an English physician by the name of Conquest. He could not have a better name. The operation was repeated upon some of them, and a large quantity of fluid extracted before effusion ceased, but 10 out of 19 recovered. We cannot but be pleased with the man who thus clearly diagnoses and has the courage to save life by this hazardous means. It is the duty of every physician to resort to the operation. I should consider it no great misfortune to come upon me, if half a dozen such cases died under my care five minutes after the introduction of the trocar, if at length I saved one. It is no mean ground for felicitation, for a *man* to say that some useful person, perhaps, is indebted to him for his life, which was retained by a manipulation that was liable to bring only a temporary spot upon his reputation. The laity are now quite well acquainted with some symptoms of this fatal disease, and there is not the risk in performing the operation unsuccessfully that has existed. I have lost a great many children with the disease, and I *know* it is what perplexes every physician in New England. I have resolved to resort to the operation in proper cases for it, and I submit it for the greater consideration of the profession.

Nantucket, June 26th, 1854.

CHARLES BELL.

MEDICINAL USE OF ALCOHOL.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—In the Journal of May 31st is a reply to my remarks upon alcohol as a medicine, by Dr. Hall, of Illinois. The Doctor thinks it “improper to introduce moral subjects for discussion in a periodical devoted to matters of a strictly scientific nature.” Does the converse hold true, that it would be *unscientific* to introduce moral or medico-moral subjects? He asks “if it is not the use of alcohol as a beverage and its consequent abuse, and not its medicinal use, that has done the harm.” This is precisely the same argument held by the advocates of its use as a beverage. “It is the *abuse*, say they, and not the *use* of the article that causes all the evils attendant.” But the *use* cannot be separated from the *abuse*, either as a *beverage* or as *medicine*, more especially as a *domestic medicine*.

Dr. H. should recollect that alcohol is an article *sui generis*; that it bears but little analogy to any other article; that opium, approximating the nearest in its effects, has never in a civilized community caused but in a slight degree the moral and physical evils chargeable to alcohol, and that while the latter enters almost universally into our medical prescriptions as well as in innumerable condiments, and the former rarely if ever, we cannot prevent the *abuse* of alcohol as a medicine without discarding its use.

The Doctor says truly, “no other agent has been so improperly used