

arrested by counter-irritation in the groin it cannot be caused by the growth of organisms in the urethra. In answer to that I would remind the reader that from the very first I have looked on two factors as necessary—namely, organisms and a weakened condition of the mucous membrane. The organisms weaken and inflame the mucous membrane in their vicinity, and then grow in it and affect the neighbouring parts similarly. If, however, that mucous membrane be brought into a condition in which it cannot inflame, as we may roughly suppose to be the effect of efficient counter-irritation, then the organisms cannot spread, and if this condition of the mucous membrane be kept up they must ultimately die out. Hence I would conclude that it is quite possible that counter-irritation might check, and even cure, the inflammation, but then it must be kept up for some time after the discharge has ceased, otherwise the organisms will again grow. I wrote to Mr. Jordan to ascertain if this were the fact, and he tells me that it is, and that if the counter-irritation be stopped too soon the gonorrhœa returns. Now, seeing the effect of counter-irritation, if we add it to the treatment I have proposed, and thus destroy the organisms, we ought to have a more rapid and perfect result. It is but seldom that one can get a patient who is able to lie in bed for some days, and I have only once in a first gonorrhœa tried counter-irritation on Jordan's plan, but without any good result. I should however, if opportunity presented, try the combination of the two methods as just mentioned.

I may sum up the results of this investigation shortly as follows:—The treatment recommended here—the use of one or two iodoform and eucalyptus rods, an injection of sulphocarbolate of zinc, and the internal administration of copaiba—has the effect, in the great majority of cases of acute gonorrhœa, of checking the acute symptoms in a day or two, and bringing the disease rapidly to the chronic stage, thus avoiding all the risks dependent on the violence of the inflammation. The discharge at this time is very amenable to treatment, and gets rapidly well under the use of suitable remedies. All that I claim for the method, however, is that it cuts short the acute stage, in the great majority of cases, and thus the patient escapes the dangers and pain incident to that stage. The essential parts of the method are the use of the bougie and the injection; but the rapidity of cure is much aided by commencing the use of copaiba or sandal oil at once. The method may be employed at any stage of the disease, but is, in my experience, only of use before or during the acute stage, up to (say) the eighth day. The result is the more marked the more acute the inflammation, the rapid subsidence of the inflammatory symptoms being very striking. Even in the very few cases in which it has failed to produce this effect, it has not, so far as I can judge, done any harm. The addition of bichloride of mercury, though a powerful antiseptic, to the rod, or its use in the form of injection, does not seem to be of advantage. It is possible that the combination of counter-irritation with this method may yield even more rapid and satisfactory results.

[ERRATUM.—In the last paragraph but one of last week's issue for "granting, however, that these views are *incorrect*," read "granting, however, that these views are *correct*."]]

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A CASE OF HYDROPHOBIA TREATED SUCCESSFULLY WITH ACONITE.

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THE rapid approach of the dog days, and the recent report from Paris of a successful case of hydrophobia treated with pilocarpine, induce me to publish the notes of the following case, where aconite—a drug possessing properties in some respects analogous to jaborandi—was the chief remedy employed.

A boy, aged ten years, presented himself at the out-patient department of the North-West London Hospital, complaining of pain over the diaphragm and abdomen, with gasping and spasmodic breathing. Some three weeks before

he was bitten on the finger by a supposed rabid dog; but as the wound after cauterisation healed well, and as he continued in his usual health, no notice was taken of him till two days before he was taken to the hospital. At this time, however, owing to the wound becoming painful and angry-looking, and symptoms such as restlessness, anxiety, fidgetiness, and sleeplessness having commenced to trouble him, relief was sought. The boy was admitted an in-patient on November 13th, 1881, as, in addition to the symptoms just detailed, there was a peculiar and suspicious wildness of expression, with choreic-like twitches of the face, and a temperature of 101° F. These symptoms, taken in their entirety, led me to so strongly suspect the existence of the melancholic stage of hydrophobia that I fully expected the immediate onset of the fully developed symptoms of this dreaded disease. The tongue was furred and cracked in the centre, but red at the tip and edges, and the pulse presented nothing abnormal.

The treatment, after placing the patient in a quiet and secluded corner, consisted of a dietary of milk thickened with arrowroot and beef, with the following mixture:—One minim of the tincture of aconite, six grains of bromide of potassium, six minims of the tincture of cinchona, to half an ounce of water, to be taken every half hour for twelve doses, and then three times a day.

Jan. 16th: Passed a restless night, attended with occasional delirium till towards morning, when very free perspiration was followed by sleep. The sister in charge states positively that he refused to take fluids during the night, and, on testing him myself, he took water with reluctance, swallowing it, however, with about the same difficulty one might expect in a sharp attack of tonsillitis. So much was I struck with this symptom that I at once expected some severe throat inflammation; but on examination no swelling whatever was found, nothing, in fact, beyond a slight redness of the parts about the root of the tongue. It is necessary to say that there was not the same difficulty with the beef-tea and arrowroot, to which thickened fluids his drink was restricted, as I did not think it advisable again to try him with water, lest it might aggravate his complaint. —17th: Continues to complain of the epigastric pain and depression, to which is added severe frontal headache, and is much in the same state as yesterday. He takes beef-tea, and has no convulsive paroxysm beyond an occasional twitch.—19th: The patient has lost his wildness of expression, but appears sleepy and drowsy, owing probably to the effect of the medicine. The wound does not heal well.—25th: He made good progress since last observation; all symptoms clearing up, with the exception of the abdominal sinking, and the state of the wound, which shows little inclination to cicatrise. The aconite to be omitted, and two grains of quinine to be taken three times a day.—27th: The temperature, which for some time was normal, rose to 101° F.; but from this date till December 6th, 1882, it gradually declined. Bowels rather constipated throughout. He was then discharged; temperature normal; wound not well cicatrised.

Remarks.—This case presents two problems for solution:—First, was it a case of hydrophobia, looking at this affection as the result of a specific poison, and not, as some few still consider it, a complex neurosis acting on susceptible organisations? Second, looking at it as an example of the incipient stage of specific disease, did the remedies employed prevent its further and fatal development? The history of the bite and its seat, the period of incubation, and the age of the patient (nine out of thirty-six persons attacked, according to Mr. Dolan, being about this age), together with the renewed pain and soreness in the wound, would render a diagnosis of rabies probable. Added to which, the convulsive twitches, the look of alarm, the fidgetiness, the spasmodic breathing, and the reluctance, difficulty, and refusal to take water, though not insurmountable on the day after admission, and of short duration, appear to me to afford evidence sufficient to render certain what the prodromata rendered probable. Moreover, the absence of other causes, though carefully looked for, corroborates this view of the case. It might be alleged that the difficulty with fluids was of too transient a character to be compatible with rabies, and I grant I was very agreeably and extremely surprised by its speedy subsidence. Yet, on the other hand, many fatal cases are recorded where there was no hydrophobia (using the word etymologically) and no difficulty of swallowing fluids, while it should also be borne in mind that fluid dysphagia is a symptom of other affections, and that

there is at least one case on record where a patient suffering from laryngitis was violently and fatally treated for rabies. Again, if not rabies, what was the disease? Tetanus it certainly was not, for I have seen so many cases of this disease in India that I can positively say the symptoms are very different. Besides, the onset of traumatic tetanus is rarely delayed beyond the tenth day, and never for three weeks. Against the symptoms being caused by serious apprehension and dread of impending evil are the age of the patient and the increase of temperature of the body. The second question to be answered has reference to the value of the medicine. Now, rabies has two stages, exclusive of the period of incubation. One corresponds to the circulation of the poison in the blood, and is reflected by the malaise, fidgetiness, nervous breathing, changes in the wound, and, in this case at all events, by the pyrexia. The other is due to a later pathological action of the poisoned blood setting up irritation of the medulla and the nuclei of the bulbar nerves, and manifests itself by the fatal spasmodic convulsions of the pharynx and air passages. Therefore the remedy should be selected with a double object: first, to eliminate the poison from the blood, and, second, to counteract, control, or relieve the congestion of the nerve centres before referred to. Aconite, as I will now endeavour to show, recommends itself to our consideration as fulfilling both requirements in a manner unequalled by any other drug in our possession, or by any that has hitherto been tried as a remedy for hydrophobia. Thus, by the profuse perspiration which it causes, it eliminates, in common with jaborandi, the morbid poison from the blood. It is true, it does not act as a sialogogue, but no superior benefits can be claimed for jaborandi on this account; as in the olden days mercury to salivation was frequently tried, not only with no good result, but often with an unnecessarily disagreeable one. Thus, it is the sweating action of aconite, as it is of jaborandi, that is beneficial in the first stage. We know that many bitten on exposed parts by dogs undeniably had never catch the disease, and we know also that the poison may remain permanently latent, or latent till called into activity by some exciting cause, generally of a moral nature. Therefore it is easy to go a step further and conceive how in certain mild cases, but when the latent poison has yet become sensible, it may be removed by such remedial agents as the Turkish bath, aconite, and jaborandi. But the rôle of aconite does not end here, while that of jaborandi and the vapour bath may be said to do so. For this drug, as a vascular depressant, slows the circulation, and thus reduces the interchange between the morbid blood and those tissues on whose irritation depends the fatal manifestations of the disease, "bleeding"—as Dr. Fothergill expresses it, I think, "the blood in its own vessels." And even when this irritation has occurred aconite promptly given is not only the best drug to control it, but, by its great power of subduing peripheral hyperæsthesia, it will reduce to a minimum the effect of those secondary external causes which often bring about the paroxysms and give them their fatal virulence. To substantiate what I have just said, I cannot do better than quote a few examples from Dr. Ringer's text-book. He says that one drop of tincture of aconite given at bedtime quiets the distressing fidgets of men and women, and causes calm and refreshing sleep. The import of this is obvious when we remember that fidgetiness is one of the commonest and earliest symptoms of rabies. The same author says it soothes the nervous system, and favours sleep by producing free perspiration, which perspiration may continue for days, and that it cuts short the inflammation, not by removing its products, but, by controlling the inflammation, it will prevent their formation. In its action on the nervous system Leigois and Hotot state that it paralyses first the perceptive centres, afterwards their terminations, and, lastly, the trunks of the sensory nerves. Thus I am justified in saying that if jaborandi is useful in the first stage of hydrophobia, and wourali, by its soporific and paralysing effect in the second, aconite, combining in itself the properties of those agents so highly spoken of, is beneficial in both. It might, of course, be combined with one or other, and should also be given as a prophylactic, as indicated by its sedative action, to all who may unfortunately be bitten by animals about whose condition there is the slightest suspicion. Belladonna has been tried and recommended in rabies, which I allude to simply to condemn, for in doses one would be inclined to employ in a disease like rabies, it would probably arrest the action of the skin and cause dryness of the throat and set up convulsions, conditions which it should be our principal aim to prevent.

ON A CASE OF
OBSTRUCTION OF BOWEL CAUSED BY A
LARGE INTESTINAL CONCRETION;
ENTEROTOMY; DEATH.

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THE following is a case of such rarity that I venture to hope a place may be found for it in the pages of THE LANCET.

I was sent for on Tuesday, March 14th, to see Mrs. C—, aged fifty-six, the wife of a nurseryman, residing a few miles from Nottingham, from whom I obtained the following history:—On the previous Saturday night she went to bed as usual about ten o'clock, having felt during the afternoon and evening griping, twinging pains in her belly. At three o'clock on Sunday morning she awoke and was violently sick, the abdominal griping and sickness continuing the whole of Sunday, Monday, and Tuesday, when I saw her about 4 P.M. I found her in bed with an anxious expression; cool, dewy skin; small pulse, 88; tongue moist and red, with a yellowish fur in the centre. There had been no action of the bowels since the previous Friday morning. The sickness and retching were incessant. The vomit shown to me was a greenish fluid without odour, and was obviously bile largely diluted with soda-water, of which she drank freely and eagerly. No food had been taken since Saturday evening. The abdomen was not distended (the abdominal wall was very fat and ponderous); there was tenderness on pressure, as well as a distinct tumour to be felt in the right inguinal region (upper border). I at once gave her a large enema—about half a gallon of warm water—which had the effect of removing a considerable quantity of rather light-coloured fæces. I then prescribed two calomel and colocynth pills, to be followed by a draught containing two drachms of the sulphate of magnesia, and two ounces of the compound decoction of aloes, but before leaving the house I gave a quarter of a grain of morphia hypodermically, and further ordered half a grain of opium in pill every four hours. On the 15th at 10.30 A.M. I saw her again; the vomiting continued, the medicines and everything else being instantly rejected; no action of the bowels. I gave another large enema of soap-and-water, but without result. I repeated the hypodermic injection of morphia, and ordered the opium pills to be continued.

The same evening I saw her again and found her condition practically unaltered. I gave an enema of nearly a gallon of thin gruel with an ounce of castor oil and turpentine, and it was returned in a few minutes without a trace of feculent matter. The sickness being so incessant and distressing, and the patient thinking the opium pill added to her trouble, it was agreed to discontinue it until the morning at least, but I gave her another quarter of a grain of morphia by the skin. The vomit presented the same character as before. The size of the abdominal tumour appeared to me to be less, and the local tenderness was, if anything, diminished; on the other hand, her general aspect and constitutional condition were not so good. This was a curious and unusual feature, and I shall refer to it again later.

On the 16th no improvement whatever was observable; one sample of the vomit was brown and had a slightly faecal odour. A large warm-water enema was now given through a stomach-pump tube passed eight or nine inches, but the water returned unaltered. The morphia injection was repeated, and she was urged to take the opium pill every four or six hours. At this morning's visit I first noticed an intermission in the pulse, but the rate was unchanged. The woman was evidently weaker. On the 17th the condition of the patient was unchanged, except that it was clear the exhaustion was increasing and she was becoming apathetic. I mentioned at this visit that I thought medicine would be unavailing, and that next day if unrelieved I should advise an operation. I saw the patient at 10 A.M. on the 18th. She was distinctly more feeble; the pulse smaller and weaker, intermitting every fifteen or twenty beats; facial aspect very unfavourable; eyes sunken; nose pinched; cheeks purple flush. The skin was cool and clammy, the hands and every part of the body rapidly losing