

Original Communications.

CASE OF HERPETIC ERUPTION IN THE COURSE OF BRANCHES OF THE BRACHIAL PLEXUS, FOLLOWED BY PARTIAL PARALYSIS IN CORRESPONDING MOTOR NERVES.

By W. H. BROADBENT, M.D., Assistant-Physician to St. Mary's Hospital.

THIS case is forwarded as a contribution to the series, which it is to be hoped will be long and valuable, started by Mr. Paget in the *JOURNAL* of October 13th. The influence of the nervous derangement on the nutritive operations was not so profound as in the case related by Mr. Paget; but the association of motor paralysis is an interesting point, and seems to fix the seat of the morbid change in the spinal cord.

A. W., a woman, aged 74, was seized, without any assignable cause, with severe superficial pain of a burning and smarting character in the right side of the neck and down the right arm. This was followed by an eruption of herpetic character, which extended in patches from the lower cervical vertebrae, across the right side of the back of the neck, over the shoulder, down the outer side of the arm to the upper part of the forearm on its outer aspect. Below this point the skin was red. The vesicles gradually dried, forming slight superficial scabs. A week after their appearance she lost to a great degree the use of the arm, and on this account applied as an out-patient at St. Mary's Hospital on July 5th, 1866. At this time the remains of the eruption existed in the situations named. Great pain and a sensation of extreme heat were complained of about the shoulder, elbow, along the radial border of the forearm and in the ball of the thumb. The muscles were tender on deep pressure.

The entire limb was enfeebled and trembling. She could flex the forearm on the arm and move the fingers, but could not raise the arm from the side. There was no tenderness on pressure over or about the cervical spines.

Looking upon the case as allied to neuralgia, I first gave quinine in four-grain doses three times a day for a fortnight; afterwards iodide of potassium in doses of two grains, with ammonia and infusion of gentian for a similar period; when the quinine, with the addition of iron, was resumed. Cod-liver oil also was ordered. Sinapisms and a blister were applied over the cervical spines; and linimentum opii was ordered to be rubbed into the painful parts.

She remains under observation in very much the same condition; is better in general health, suffers less pain, and has a little more power in the arm, but is still unable to raise it from the side. The shoulder-joint has become more stiff, and there is more resistance and pain when the arm is moved by me than was the case at first. A curious fact recently mentioned by the patient is that a minute cicatrix at the bend of the elbow, where she was bled when young, and the vaccination marks, are seats of very severe pain.

This case will find a place in the series illustrating the influence of disordered nerve-force on organic operations, and may be more valuable, since, from the accompanying motor paralysis, the seat of the disturbance would seem to be centric. The paralysis might, of course, be looked upon as reflex; but this

view does not seem to me to be supported by the facts of the case; and an additional reason in favour of the centric origin is seen in the occurrence of herpes in the distribution of the small posterior branches to the back of the neck, as well as along the main trunks of the plexus.

Another point illustrated by this case is the analogy existing between pain in a sensory nerve and paralysis in a motor nerve—a point from which important inferences follow. These cases of herpes generally also seem to show that sensory nerves may conduct influences or impressions from as well as towards the nerve-centres; unless we are to accept the hypothesis of the existence of a special set of nerve-fibres presiding over nutrition, bound up with the sensory nerves and distinct from the vaso-motor nerves, which, notwithstanding the high authority of Dr. Brown-Séquard, seems to me untenable.

ON THE ASTRINGENT PLAN IN THE TREATMENT OF CHOLERA.

By W. NORRIS, M.D., Stourbridge.

AMID the conflicting opinions on the pathology and treatment of cholera, it is really very difficult to know what plan to adopt; and, in our ignorance, it must surely be the safest plan to give those remedies most likely to alleviate the prominent symptoms. If we see a patient bleeding to death from hæmoptysis, we do not hesitate to give our best astringent; and when we find the most voluminous secretions running away from the mucous membranes, and glands of the stomach and bowels, endangering life, why may we not endeavour to check them by acetate of lead, probably the most direct astringent we possess? and why may we not endeavour to allay the violent pain and spasm by opiates?

When I cannot discover or cure a disease, I always administer to symptoms; and then kind Nature will often finish the cure. The most severe case of English cholera I ever saw, I cured by a single grain of opium in a pill. It occurred in a young surgeon, who had taken repeated doses of laudanum, which were rejected as soon as taken. A cloth wetted with cold water immediately stopped the spasms in the extremities, which were extremely violent; and the disease yielded at once.

The poison of cholera will not be easily eliminated; it must surely involve the whole system, and does not exhaust itself on the small glands and mucous membrane of the bowels and stomach. In small-pox, scarlet-fever, etc., the poison is, I fear, never totally eliminated till the disease has nearly subsided; and in this disease, so suddenly fatal, if we lost much time, our chance of success would be lost.

We must remember that, in most cases, numerous secretions must have passed away before we see our patients; and, as they so rapidly form again, should we not endeavour to check or suppress them as speedily as possible, or life may be gone?

I have often thought that, before we begin to use astringents in cholera, it may be well to wash away the fluid from the stomach by draughts of warm water; and also to use injections of thin gruel to bring away the unnatural secretions from the bowels, which may also tend to soothe the irritable parts; and, should the symptoms continue severe, I think we should give pills with three grains of acetate of lead every quarter of an hour, and half a grain of opium with the two first doses; and frictions of ointment, made with the same mineral, may be occasionally rubbed over the abdomen. Should the symptoms not yield, injections of lead may be tried; for I

really think lead our sheet-anchor when diarrhoea and vomiting are the prominent symptoms.

I wrote several times in the *Lancet* on cholera during the late visitation, and then urgently recommended acetate of lead; for a medical friend and myself used the remedy with wonderful success, after other plans had failed.

I think that chloroform, applied to the spine and the painful parts, may probably allay the pain, with the aid of friction, and flannel bandages to the legs, abdomen, etc.

During the stage of collapse, when a patient is cold and almost pulseless, when life appears to be fast fitting away, how can we resuscitate the poor remains of life, without giving stimulants? By endeavouring thus to promote the circulation through the pulmonary arteries, may we not lessen congestion in the lungs? and, if there is so much more carbon in the blood, may not oxygen diffused through the apartment be beneficial?

I wish the evacuant and astringent plans of treatment could be fairly tried by scientific men in a certain number of cases. We should then be able to ascertain which is the most successful. I have really known so many vaunted theories and remedies fall to the ground, that I am probably too sceptical about new doctrines.

Dr. G. Johnson alludes to the case of my late old friend, Mr. Samuel Rogers, an Indian surgeon, and nephew to the poet; who, when on duty, was attacked with cholera, and was speedily cured by bloodletting. Although I have often talked with him on his case of cholera, I am not aware that he adopted the same plan in the generality of his cases. When cholera first came here, I bled a leucophlegmatic elderly man when the collapsed stage was commencing, and he died in a few hours; this deterred me from using the same plan ever afterwards.

Although I trust and hope that in many cases we may be successful with our remedies, yet I fear that, in the severest cases, our best plans will be of little avail.

In the strangely excited state of the glands and mucous membrane of the alimentary canal, surely something should be done to diminish the secretions before we can expect to cure our patients.

I think cholera to be contagious. A drunken man near here kissed his wife's lips after vomiting, and they both died with cholera the next day. Nurses often have the disease from taking food and drink out of the same cups or the same spoons which the patients use. I had a long correspondence with the late Dr. Snow, and he appeared to be of my opinion. I think the disease is often propagated by downright carelessness.

Probably the long continued rains have materially diminished the spread of cholera, by washing away and diluting voluminous noxious materials.

AUSTRALIAN MEDICAL NEWS. At a meeting of the Senate of the University of Sydney, on July 18th, Dr. Haynes Gibbs Allwyne was appointed an Examiner in the Faculty of Medicine in that University. The Rev. Wazir Beg, M.D., M.E.C.S.Eng., is giving a series of lectures on popular subjects, in aid of the funds of religious institutions in Sydney. In consequence of complaints having reached the Government in reference to inefficiency in the general arrangements of the Sydney Infirmary, a commission has been appointed to inquire into the present state of the establishment, and to report to the Government any recommendations that may occur to them for improving its efficiency. The commission held its first meeting at the Colonial Secretary's Office on August 22nd.

Reviews and Notices.

A TREATISE ON THE PRINCIPLES AND PRACTICE OF MEDICINE; designed for the Use of Practitioners and Students of Medicine. By **AUSTIN FLINT, M.D.**, Professor of the Principles and Practice of Medicine in the Bellevue Hospital Medical College, etc. Pp. 867. Philadelphia: 1866.

THE high position which Dr. FLINT holds in America as a physician and teacher of medicine, would at first seem to demand that we should devote some columns to an analysis of his work. But, to attempt this task with a book of the kind now before us—a systematic treatise on the Principles and Practice of Medicine—would be to give an epitome of the whole subject, with, perhaps, such an amount of commentary as would neutralise all efforts at condensation. It is, therefore, from no want of respect to Dr. Flint that we dispose of his treatise in a few words.

The book consists of two parts. In the first part are contained the Principles of Medicine or General Pathology, arranged in nine chapters, under the heads of: Anatomical Changes in the Solid Parts of the Body; Morbid Conditions of the Blood; the Causes of Disease, or Etiology; Symptomatology; and Prophylaxis and General Therapeutics. In the second part, that on Practice of Medicine or Special Pathology, the subjects are arranged in sections, allotted respectively to the respiratory, the circulatory, the digestive, the nervous, and the genito-urinary systems, and to fevers and other general diseases. The author's object is expressed in the following extract from his preface.

"The object of this work is to present such a digest of the Principles and Practice of Medicine as will be serviceable alike to the pupil in the prosecution of his studies of disease, and to the physician engaged in the practical duties of his profession..... As much conciseness as is consistent with clearness has been studied. Very little space will be found to be occupied with past opinions or doctrines which have become obsolete. Discussions relating to mooted pathological questions are rarely entered into. Illustrative cases have been introduced with reserve..... Finally, in writing the volume, the study has been to keep prominently in mind the practical applications of medical knowledge to diagnosis, prophylaxis, and therapeutical indications."

There is abundant evidence, from the references to names with which we meet throughout the book, that Dr. Flint is, besides himself holding a very high rank among the leading physicians of his country, extensively acquainted with the literature of medicine on this side of the Atlantic—both British and continental. We are, therefore, heartily glad to see him taking an independent position as the author of such a treatise as that which he has produced, in a country where, as we think, it is too much the custom to depend on foreign resources in medical literature and thus to obscure native talent. Our American medical brethren are to be congratulated on the possession of such an excellent digest of modern medical science as that with which Dr. Flint has furnished them.