

milk to ordinary diet, and entirely recovered. But Mr. Woodhouse quite tired himself out by the care and vigour he had to exert to get this plan carried out. Several times we were almost reduced to despair of success. You must prepare for a course of decisive and sometimes unrequited labour in managing these cases.

The conclusions to which I have endeavoured to lead you by aid of three patients under your eyes are—

1. Hysteria is a disease (a word which I always use as synonymous with deficiency of life) as much of the mind as of the body.

2. In some cases the mental, in others the bodily, phenomena predominate.

3. The predominance of one or other must be our guide whether moral or physical agents are most required in the treatment.

4. The aim of the moral treatment must be the teaching the patient to exert the will; and that is best done by a change of habits and scene.

5. The organ which aids us most in our physical treatment is the stomach.

Original Communications.

THE TREATMENT OF DIPHTHERIA.

By JOHN WEST WALKER, M.B.Lond, etc., Spilsby.

NOTWITHSTANDING the great accumulation of knowledge bearing on the pathology of diphtheria, I believe there is a general feeling of doubt and dissatisfaction throughout the profession as to the most efficacious mode of treatment. I, therefore, feel justified in calling attention to a plan of treatment the decidedly beneficial effects of which I have had ample opportunity of testing.

Avoiding all discussion as to the nature of diphtheria, all will agree with me in noticing the three following salient characteristics of the disorder, each of which possesses a decided therapeutic indication, namely: 1. A more or less acute unhealthy form of inflammation affecting the faucal region, and which, if considered singly, would lead us to associate the complaint with common cynanche tonsillar. 2. The presence of the peculiar leathery exudation which again associates the disorder with canker, stomatitis, and other allied affections. 3. The great, often suddenly induced, debility and tendency to death by exhaustion, indicate the typhoid character of the complaint.

For each of these several characteristics, our materia medica possesses a remedy of almost specific virtue.

I have long looked upon guaiacum as a specific in common sore throat; for, no matter in what place, what the age, sex, or condition of the patient, or what the stage of the complaint, I have always administered it, and had reason to be satisfied with the result; indeed, I consider the effect of this remedy in such cases to furnish an example of cure as distinguished from treatment. (*Vide* Dr. Latham's Lectures.) Frequently have I seen cases of cynanch and diphtheria existing at the same time and in the same family; and I was first induced to give guaiacum in the more severe affection by observing its good effect in cases which, at the onset, were supposed to be examples of common sore throat. I now unhesitatingly consider guaiacum as the remedy *par excellence* for diphtheria. The presence of the peculiar exudation almost instinctively suggests the employment of the chlorate of potash. For the debility, etc., our sheet-anchors are ammonia and bark.

My prescription for all cases of diphtheria is the following:—

℞ Potassæ chloratis ℥iv; tincturæ cinchonæ comp. ℥ss; tincturæ guaiaci comp. ℥ss ad ℥vj; mellis q. s.; aquæ ad ℥vii. M.

Of this mixture from one tea- to two tablespoonfuls may be given, according to age; but the interval between each dose, from one to four hours or three times a day, must be regulated according to the severity of the case.

These, then, I consider the therapeutic essentials in the treatment of diphtheria; but, in a complaint so terrible, it behoves us to resort to every possible adjuvant, however slightly it may contribute to the general good; and under this heading I am disposed to place all topical applications. My plan is to apply (by no means frequently) a concentrated solution of nitrate of silver, believing it to hasten the removal of the exudation, and to induce a more healthy action over the denuded surface. Of gargles, I consider weak vinegar and water, or what is more elegant, dilute acetic acid with infusion of roses, to be as good as any, producing slightly stimulant and astringent effects on the parts, and washing away offensive detached particles. Externally, warmth applied after the manner of poultices, of which a bag of chamomile-flowers is as convenient as any, together with mild terebinthinate embrocations applied two or three times a day, are to be recommended. Like most of my fellow-practitioners, I avoid mercurials; and, should the bowels require moving, castor-oil or the milder laxatives suffice.

The diet should be nutritious, with an increasing allowance of wine from the first. Lastly, we should ever be on the alert to remove as far as practicable the primary cause of the complaint by attention to every sanitary particular.

In advocating the guaiacum treatment of diphtheria, I must disclaim all credit for originality. Others have recommended it to the notice of the profession; and more, I doubt not, are daily in the habit of carrying it out in practice. What I desire is, that many of my fellow-practitioners may be induced to try a remedy which, from what I have lately read on the subject, is not so extensively employed as it deserves to be.

EXCERPTS FROM DAILY PRACTICE.

By T. HERBERT BARKER, M.D., F.R.S.Edin., Bedford.

IV.—*Case of Poisoning by "Almond Flavour." Treatment. Emetics. Cold Affusion. Stimulants. Recovery. Remarks. Composition of "Almond Flavour." Analogous Cases.*

IN the evening of the 6th of December last, I received an urgent message to see a young lad residing near to my house. The messenger said he had been poisoned by drinking "almond flavour." I took at once with me a bottle containing ipecacuanha powder. The little patient, a youth of six years of age, was much prostrated, very pale; the eyes bright, prominent, and glassy, and the pupils dilated. The pulse was small and quick. He appeared to have considerable uneasiness in the throat; but fortunately the power of swallowing had not been lost. A brimming teaspoonful of the powdered ipecacuanha was immediately mixed with warm water and given to him, and the cold affusion had recourse to. Within three minutes from the first dose, as vomiting had not commenced, I mixed another teaspoonful of powdered ipecacuanha with warm water, adding to it a small quantity of mustard and common table salt. I then gave him brandy and water at frequent intervals. Within two minutes after the second dose, free vomiting commenced. The ejected matters smelled strongly of bitter almonds. The cold affusion was persevered with, and the frequent administration of warm brandy and water,

as well as the application of ammonia vapour to the nostrils. Free vomiting continued, and the ejecta became less and less flavoured with bitter almonds. Vomiting, however, was encouraged until the fluid introduced into the stomach was returned free from odour. The pulse rapidly improved, and in half an hour he was apparently out of danger. I sent him to bed, after directing him to have a foot bath, and a teacupful of brandy-gruel. The next morning he was running about.

REMARKS. The composition of "almond flavour," spirit of almonds, or essence of peach kernels, is usually one drachm of the essential oil of bitter almonds to seven drachms of spirits of wine. I am informed by a respectable chemist and druggist in Bedford that he believes that this is the usual composition of the "flavour"; but that there is no authentic standard formula for its preparation. Dr. Taylor remarks: "It is sold to the public in quantities of not less than a quarter of an ounce, at the rate of one shilling per ounce, for the purpose of giving a pleasant flavour to pastry. It may be as well to state that one ounce of this almond flavour is, at the lowest computation, equivalent in strength to 250 grains of the Pharmacopoeial prussic acid. In some cases, it may happen to be nearly equal in strength to this poison, and yet it is sold without restriction, and is entrusted in private families in the hands of ignorant cooks to apportion the dose which may give the requisite flavour to food!" (*On Poisons*, 2nd edit., p. 687.)

From the quantity known to have been in the bottle beforehand, the mother of my patient has no doubt that he had swallowed two teaspoonfuls of the liquid. From the severe effects produced, and the intensity of the odour of the vomited matters, I think it probable that he did not swallow a smaller quantity than that. He drank it from the bottle, which is rather a wide-mouthed one, and from which it would flow readily. The smell and taste are not disagreeable, the latter somewhat pungent. Two drachms of the "almond flavour" would contain fifteen minims of the essential oil. Taylor mentions a case under the care of Dr. Bull of Hereford, in which seventeen drops of the essential oil killed in half an hour. Dr. Bull saw the patient in about fifteen minutes. (*Op. cit.*, p. 688.) This was the smallest dose of the oil known to prove fatal. In a case recited by Mr. Chavasse, where half a drachm or thirty minims of the oil had been taken, recovery took place with difficulty.

Fatal cases not unfrequently occur from the administration of the essential oil of bitter almonds, in mistake for the oil of almonds. Two such cases have been recently recorded in the *Pharmaceutical Journal*. In both cases, the essential oil had been used instead of the oil of almonds, and mixed with the syrup of violets. In the one case, a teaspoonful of the mixture proved fatal in a quarter of an hour to a child fifteen months old. (*Pharm. Jour.*, May 1859, p. 583.) In the other case, a "small" dose of the mixture proved fatal in three quarters of an hour to a child nine months old. (*Pharm. Journ.*, Jan. 1860, p. 389.)

There can be but little doubt that the life of this boy was saved by the speedy emetic effect which was fortunately produced at a very early period after the poison had been swallowed. He lived within a few yards of my house, the messenger brought a precise and intelligible account of the mischief, and I did not stop even to weigh or measure any emetic, but took down and ran off with an ipecacuanha bottle. I probably saw him within five minutes of the accident. In any similar case, I would recommend the fullest possible dose of an emetic to be administered as early as possible, and the emetic effect to be encouraged in every possible way. I have a high opinion of the cold affusion, and of the restorative effect of ammonia applied to the nose. These may be applied in the intervals between the administration of

the emetic doses, but by no means in lieu of them. There can be no safety but in the *thorough emptying and washing out of the stomach*. If the power of swallowing has been lost, the stomach-pump must, of course be used.

Addresses and Papers

READ AT

THE TWENTY-NINTH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in CANTERBURY, JULY 23rd, 24th, and 25th, 1861.]

ON THE TREATMENT OF LARGE OVARIAN CYSTS AND TUMOURS.

By T. SPENCER WELLS, F.R.C.S., Surgeon to the Samaritan Hospital, etc.

MR. PRESIDENT AND GENTLEMEN,—The treatment of ovarian cysts and tumours has been so frequently discussed during the last few years, both in this country and on the Continent, and such diverse opinions have been expressed by men of great experience, that the subject appears to be peculiarly adapted for the consideration of a large assembly like this, where men of all schools and of all classes of our profession unite in a common search after truth.

The position I have held since 1854, as surgeon to an institution where about eight thousand women and children are treated every year, has given me ample opportunity for observing ovarian disease in all its varieties; and I have to thank many professional friends for further opportunities of seeing and consulting upon cases in private practice. As some slight return for these favours, I have endeavoured to record the lessons which I have been taught by experience, and I have some hope that they may prove useful to the patients of those who may hear or read this hurried and imperfect address.

I must premise that consideration for your time obliges me to avoid all detail, and simply to state, in the form of propositions, a series of conclusions at which I have arrived—conclusions which subsequent experience may possibly modify. I shall avoid all reference to ovarian disease in its early stages, and confine myself strictly to the consideration of the treatment of those cases where cysts or tumours have attained so large a size that the comfort and health of the patient is seriously interfered with, and where ordinary medical or palliative treatment has proved of little avail. In such cases the average duration of life certainly does not exceed two years. Every one of large experience has seen some case where, under expectant treatment or after repeated tappings, life has been prolonged for many years. But such cases are rare exceptions to the rule that, when an ovarian cyst or tumour has attained a large size, the life of the patient is seldom prolonged more than two years; and these years are generally years of great discomfort, possibly of extreme and hopeless suffering. This observation upon the natural termination of ovarian disease leads me to the conclusions at which I have arrived as to treatment, and which I will state in the following propositions.

i. So long as an ovarian tumour does not materially interfere with the appearance, prospects, or comfort of a patient—so long as no injurious pressure is exercised by it on the organs of the pelvis, abdomen, or chest—so long as heart and lungs, digestive organs, kidneys, bladder, and rectum perform their functions without much disturbance—so long as there is no great emaciation, no very wearying pain, no distressing difficulty in