

NOTES

ON THE

TREATMENT OF CURABLE DISEASES.*

By W. S. OKE, M.D.,

Extra-Licentiate of the Royal College of Physicians, Physician to the Royal South Hants Infirmary, &c.

OPHTHALMIA INFANTUM PURULENTA.

THIS kind of inflammation is communicated to the conjunctival membrane of the child by its coming in contact with specific discharge during the passage of the head through the vagina. It takes place soon after birth, and is easily subdued in the incipient stage; but if neglected, and the corneæ are involved, the worst consequences will ensue; indeed, it may truly be asserted that the vision will be as certainly preserved by early and judicious measures as it will be lost by procrastination. The palpebræ are inflamed, swollen, and closed; and upon being slightly compressed a considerable quantity of purulent matter will be discharged. In this case, as in strumous ophthalmia, very much will depend upon the manner in which the local remedies are applied.

Some competent attendant must be instructed to inject the lotion (1) betwixt the palpebræ and the globe of the eye twice a day, that it may be done effectually. After this the tarsi are to be lightly smeared with the ointment (2); folds of linen, made wet with saturnine wash, are to be constantly laid upon the swollen palpebræ; and the powder (3) is to be given in gruel or syrup three times a day.

- 1.—R. Argenti Nitratis, gr. viij.
Aquæ Destillate, f. oz. ij.

Misce. Injiciatur pauxillum intra palpebras bis quotidie.

- 2.—R. Unguenti Hyd. Nit. Oxidi, dr. j.
Cum quo linetur palpebræ, bis die.
- 3.—R. Hydrargyri Chloridi., gr. ss.
Pulv. Tragac. Comp., gr. iv.

Fiat dosis ter die sumenda.

FEBRIS JUNIORUM REMITTENS.

I have used the word juniorum instead of infantum, as this remittent affects children from one year old to about ten. The cure of this disease is greatly promoted by medicine, if not wholly effected by it. The following is a sketch of the symptoms:—The bowels are irregular and generally inactive; there is a total loss of appetite, and a remarkably foul and undigested state of the fœcal evacuations; the urine is high coloured; the pulse is rapid; there is a burning heat of the skin at night, with restlessness or delirium, but during the day there are several remissions, in which the child appears to be comparatively better, and drowsy. The cheeks are often flushed; the hands tremble; the nose and lips are constantly picked, and the child becomes peevish, and cries if an attempt be made to prevent it.

It is sometimes scarcely possible not to confound this

disease with the *early* stages of some inflammatory conditions of the brain.

There may be chilliness, vomiting, fever, with a rapid pulse, constipation, occasional drowsiness, restlessness and delirium in both. But if it be truly stated that this kind of remittent be derived from intestinal causes, then, by attentively observing whether, upon the whole, the symptoms point to the cerebral or abdominal functions, we shall be enabled to come to a sufficiently correct conclusion to direct the treatment. Acute headache, whether gestured or expressed, intolerance of light, starting in the sleep, and grinding of the teeth, would decide for the former; whilst the absence of these, irregular remissions of fever during the day, a burning skin in the night, and a disgust of food, would evidence the latter, and, therefore, the present disease.

The indications of cure are:—1st, to clear out the alimentary canal, and reduce the fever; 2nd, to improve the digestive function, and strengthen the system. The first will best be accomplished by Nos. 1, 2, and 3, and the second by 4.

- 1.—R. Hydrarg. Chloridi., gr. j.
Pulv. Scammonii. Comp., gr. v.

Misce fiat pulvis quartâ quâque horâ sumendus donec satis operaverit.

- 2.—R. Hydrargyri cum Cretâ, gr. vi.
Antimonii Pot. Tart., gr. iss.
Sacchari. Purificat, dr. ss.

Misce et divide in chartulas sex sumat unam tertis horis.

After the bowels have been cleared, they may be moderately acted upon every morning by—

- 3.—R. Magnes. Sulph., dr. ss.
Inf. Rhei., dr. iij.
Syrupi Zingiberis, dr. j.

Misce fiat haustus.

The system is to be supported through the course of the disease with farinaceous fluids, dilute milk, light animal broths, and ripe fruits; and when the febrile action has subsided, we may commence the tonic—

- 4.—R. Quinæ Disulphatis, gr. iss.
Acidi Sulph. Dil., gtt. vj.
Tinct. Card. Comp.
Syrupi Simplicis, sing, dr. ij.
Aquæ Puræ, oz. iiss.

Misce capiat sextam vel partem ter die.

- R. Infusi. Cascariellæ
Misturæ Camphoræ sing, oz. iss.
Ammoniæ Sesquicarb., gr. vj.
Syrupi Aurantii, dr. ij.

Misce. Capiat cochleare largum unum ter die.

CYNANCHE TRACHEALIS: INCIPIENT STAGE.

This disease is the result of inflammation of the mucous membrane of the trachea, and the deposit of false membrane upon its surface. The respiratory appears to be the only mucous membrane that is so frequently subject to fibrinous deposits; the conjunctival, the nasal, the œsophageal, and the urethral being almost exempt from such a result. It is difficult to explain why children should be so much more liable to croup than adults; it may be, that, as in the former the forces of physical growth are greater, so any inflammatory action of those

* Continued from page 698 of last volume.

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forces are the more disposed to secrete fibrin. What-
ever may be the true explanation, it is an established
fact, that croup is seldom met with after the age of
puberty. On the other hand, the younger the child
the greater the danger, for then the respiratory tube is
comparatively small, and liable to be more rapidly
impeded by false membrane.

This terrible disease usually invades the trachea at
night. The child, probably after some slight indica-
tion of cold, is awakened from sleep by an impediment
to the breathing, and every effort to inspire produces a
crowing sound; after this the breathing becomes more
and more stridulous and straitened, and is accom-
panied with a shrill hoarse cough. There is sthenic
pyrexia, and an anxious and distressed aspect.

It is scarcely possible to confound idiopathic croup
with any other disease. In the spasmodic form there
is no hoarse cough nor *continuously* stridulous breathing;
neither is there much febrile disturbance or distress.

In laryngismus stridulus there is also a crowing
sound, but this is transient, returns at intervals, and is
attended with a sense of suffocation, which greatly
alarms the little sufferer, and makes him instinctively
dread a recurrence of the attack, for in one of these he
not unfrequently expires.

A few years ago I was called to an interesting case of
this kind in a remarkably fine boy, six months old.
The spasms returned after intervals of several hours,
and every recurrence threatened his existence, and
dreadfully alarmed him, till at length, in spite of every
remedy, the atmosphere was refused admittance through
the glottis, and he suddenly expired.

Laryngismus does not appear to be the result of
inflammation, but rather of a spastic reflex action of
the arytenoid muscles, which act in closing the rima
glottidis, and this action is often caused by teething.

The incipient stage of croup is amenable to treat-
ment, if it be early and decided; but if the inflamma-
tion be allowed to creep on till false membrane is
secreted upon the internal surface of the respiratory
tube, all remedies will be ineffectual in nine cases out
of ten. Local bleeding, calomel, and antimony, are
the remedies mostly to be relied upon. Leeches are to
be applied over the trachea, the number to correspond
with the age of the child; and the powder (1) is to be
given every two hours, till the stools assume a spinach
colour, and the breathing is relieved.

- 1.—R. Hydrarg. Chloridi, gr. xij.
Antim. Pot. Tart., gr. iss.
Sacchar. Purific., dr. ss.

Misce et divide in chartulas sex, quarum detur una
secundâ quâque horâ.

This dose supposes the child to be over a year old.
After the orifices of the leech-bites have ceased to
bleed, a narrow blister may be laid along the sternum,
and the warm bath may be necessary, if the skin be
hot and dry. The diet should be low, such as barley-
water, sweetened with honey, and the atmosphere of the
room be of a genial temperature.

Croup is most commonly met with in damp and cold
districts; and if the patient recovers he is sometimes

liable to a return of the disease: in such case he should
be removed to a mild locality.

PETECHIAL SPOTS IN CHILDREN.

Petechiæ are most frequently observed in febrile
diseases of an asthenic character, and in such they are
to be looked upon as a very unfavourable symptom. I
remember one instance of continued fever, in which the
skin of the whole body was literally spotted with large
petechiæ, and which soon terminated fatally. But
petechiæ may also exist independently of any febrile
association, and with this kind the purpura hæmorrhagica
may be classed, although the spots are so much larger.

The case to which I allude in this place is unassoci-
ated with fever, and occurs to children from about six
to twelve years old. Here also the petechiæ appear to be
the result of a low power of the blood. They are
generally seen on the inferior extremities between the
knees and ankles, and are, for the most part, the size
and appearance of flea-bites; sometimes, however, they
are here and there interspersed with others of larger
size, but all are of a deep purple colour. There is
often, at the same time, pain at the epigastrium, aching
of the joints, a foul and flabby tongue, a weak pulse,
and a feeling of debility.

The indication of cure is simply to strengthen the
system; and this will be fulfilled, and the petechiæ
speedily removed, by the hydrochloric acid (1), the
alterative (2), and a generous diet.

- 1.—R. Acidi Hydrochlor. Dilut., m. xxxvj.
Syrup. Croci, Tinct. Aurantii Co., sing oz. ss.
Aquæ Destillatæ, oz. ij.
Misce capiat cochleare largum ter die.
- 2.—R. Hydrargyri Chloridi, gr. j.
Pulveris Radicis Rhei, gr. v.
Pulveris Zingiberis, gr. ij.
Misce fiat dosis bis hebdomedâ sumenda.

INTESTINODYNIA IN YOUNG PERSONS.

The assemblage of symptoms, to which I have ven-
tured to give the above denomination, appears to be of
a functional character, occurs before the age of puberty,
and continues for a considerable time. It consists of a
constant, dull, aching pain of the bowels, seldom
accompanied with griping. The abdomen is enlarged,
dull under percussion, and rather tender under deep
pressure. There is no fluctuation to be discovered in
the peritoneal cavity; neither is there any attenuation
of the body. The pulse is quiet and regular; the
tongue is not furred; there is no diarrhœa nor consti-
pation; and the appetite varies, being sometimes
excessive and sometimes altogether absent.

It is difficult to point out, with any degree of accu-
racy, the cause from which these symptoms are derived.
They do not appear to be connected with the presence
of entozoa in the alimentary canal, nor with glandular
disease of the mesentery. I have rather attributed
them to a congested state of the portal veins, but I am
not at all certain of the correctness of this opinion.
Not having met with any fatal termination of the
disease, I have had no opportunity of ascertaining any
facts that could better explain its pathology.

I have, in my experience, met with a considerable number of these cases, and they have yielded, in a remarkable manner, to the bichloride of mercury, after being taken a very few days. It may be given as in—

- 1.—R. Hydrarg. Bichlor., gr. iss.
Tinct. Card. Comp., Syrup. Zingib., sing. oz. ss.
Tinct. Hyosc., dr. j.
Aquæ Menthæ Pip., oz. v.

M. Capiat cochleare largum unum ter quotidie.

In this dose the bichloride will generally give about two stools in the day. If it should operate too much, the dose must be reduced to 1-12th of a grain; if it fail to affect the bowels at all, some aperient will be required to regulate the bowels, such as ten grains of rhubarb, or one of the pills (2) every other night.

- 2.—R. Pilulæ Colocynth Comp. (L. P.), scr. ij.
Scam. Gum., Sapon. Duri, utrq. scr. ss.
Extr. Hyos., gr. vj.
Olei Caryophilli Guttam.

Misce et divide in pilulas xij.; capiat unam duasve alternâ quâque nocte, vel pro re natâ.

The two following cases are examples of this disease:—

Case 1.—C. B., aged 12, complained of a dull pain in the lower part of the abdomen, which had existed for some time; it was enlarged, and somewhat tender under pressure. The pain became worse about the middle of the day after his dinner. The bowels were neither constipated nor relaxed. The tongue was but little furred; the pulse did not exceed 90 in the minute, and the appetite not wholly absent. An eighth part of a grain of the bichloride of mercury, dissolved in peppermint water, was prescribed for the child three times a day, which at once relieved the pain, and in a short time reduced the size of the abdomen and removed the disease.

Case 2.—W. P., aged 11, had complained of an aching and pinching pain of the bowels for two months, it was occasionally so severe as to make him roll upon the floor. The abdomen was in some degree swollen and tender under deep pressure. He had one stool daily. He was thirsty, and his appetite was sometimes voracious, and at others altogether absent. The tongue, however, was not much furred, and there was no febrile disturbance. The same treatment was adopted in this case, and in a week afterwards the child was convalescent.

ENLARGEMENT OF THE ABDOMEN FROM MESENTERIC OBSTRUCTION IN YOUNG PERSONS.

The obstruction of the mesentery, here alluded to, is not that which is caused by strumous enlargement of its glands, nor that which results from the agglutination of its peritoneal surfaces by organised fibrinous deposits, both of which I consider to be incurable, but that which is occasioned by sub-acute inflammation, unattended with any great degree of febrile action.

This disease is characterised by enlargement, severe pain and tenderness of the abdomen, which is dull under percussion, and sometimes infiltrated. If the symptoms have continued for any length of time, there is also extreme atrophy.

The cases which have fallen under my observation have occurred from the age of ten to fourteen years.

In the treatment of this disease, calomel, combined with opium, has been, in my own experience, successful beyond all expectation, not only in subduing the severity of the pain, but in curing the malady; indeed such a result, in several instances, both from the severity of the symptoms and the atrophied condition of the patient, has greatly surprised me.

The pills (1) should be given two or three times a day, according to the degree of pain; and should ptyalism be produced, and the pain, nevertheless, continue, the opium is to be persisted in without the mercury, in such doses, and after such intervals, as the circumstances shall require.

- 1.—R. Hydrarg. Chlor., gr. vj.
Pulv. Opii, gr. iij.
Conf. Rosæ, scr. ss.

Misce et divide in pil. vj.; quaram capiat unam bis terve die urgenti dolore.

I have found a plaster also an excellent adjuvant, and very conducive to the removal of the disease. It should be made of equal parts of the Empl. Ammon. cum Hydr., and the Empl. Thuris Comp, spread upon thin leather, and large enough to cover the *whole abdomen*. This remedy appears to act not so much by virtue of any medicinal property in the plaster as upon the principle of gentle pressure, by which it gradually softens and reduces the abdominal enlargement, whilst the calomel and opium relieve the pain and subdue the inflammatory condition of the mesentery and of such other viscera as may be involved. The following is a most remarkable case of the kind, and will give the symptoms more in detail:—

A young female, aged 15, and before her menstruation had begun, became gradually affected with fulness of the abdomen, accompanied with darting pains of the lower part of the bowels, extending to the back. The pain was generally severe but worse in the night. There was not much febrile action, although she was often thirsty. At the commencement of the disease there was sickness and vomiting but not afterwards. Her food gave her gastric pain; her urine was high coloured; and her bowels were irritable, acting always after every meal. There was also a frequent desire to pass the urine. This state of things continued five months, the greater part of which time she kept her bed. She was then brought into Southampton and placed under my care in the dispensary.

The abdomen was now in some degree infiltrated, and so tender as not to bear the weight of the bedclothes. She was atrophied to the last degree, and could not stand without assistance. At the same time her appetite was ravenous and nothing could satisfy it. The pain of the belly was agonizing and it was distressing to witness her extreme suffering. With a view to mitigate the severity of the pain and without the least expectation of curing the disease, a large opiate plaster was applied over the whole of the abdomen, and calomel combined with opium, was given every four hours:—one grain of the former and as much of the latter as the vehemence of the pain required. This treatment was

continued for some time with manifest benefit, and under its continuance the pain, tenderness, and enlargement of the abdomen gradually subsided; in short, to my astonishment she completely recovered. She is now 27 years of age, and in good health.

CHOREA.

Chorea occurs from the age of about eight to fourteen years. Before or after this period it is seldom to be met with. It consists of an assemblage of sudden involuntary muscular actions, which are throughout the day continually distorting the features, and drawing the head, trunk, and limbs, into various abnormal attitudes.

This strange malady seems to be the result of an atonicity and a morbid sensibility of the excitatory nerves. It is difficult to state, with any degree of precision, from what source these irregular movements take their origin; but it is probable that they commence in the ganglionic or sympathetic nerve, and are thence reflected through the spinal chord, upon the muscular system. This is a mere opinion, and must be taken as such: or it might originate in some part of the cerebral function; and this view is in some degree supported by the fact that the involuntary actions entirely subside during sleep.

Chorea is generally curable by medicine in six weeks or two months; and the remedies which I have found most successful, are preparations of iron and smart purgatives, as—

1.—R. Ferri Sesqui-Oxidi, scr. j.—dr. ss.

Pulv. Cinnam, Comp., gr. ij.

Misce capiat æger hanc dosin ter die in theriacâ.

2.—R. Hydrargyri Chlor., gr. iij.

Scammonii Gummi, gr. iv.

Pulv. Zingiberis, gr. ij.

Misce fiat dosis quâqua tertia nocte sumenda.

In some cases the magnetic oxide of iron answers better than the sesqui-oxide, as in—

3.—R. Ferri-Oxidi Magnetici, scr. j.—dr. ss.

Pulveris Zingiberis, gr. ij.,

Misce fiat dosis in crasso vehiculo sumenda ter quotidie.

Should the above preparations of iron fail to remove the disease, the iodide of potassium will be often found successful, especially if the strength has been much worn by the long continuance of the choreal movements. It may be given in the formula—

4.—R. Potass. Iodidi, gr. xxiv.

Syrupi Aurantii, oz. ss.

Aquæ Menthæ Pip., oz. iiss.

Misce capiat æger, cochleare largum unum ter die ex aquæ pauxillo.

I saw this medicine succeed in a remarkable manner after all other remedies had failed, in a young man, 21 years of age, and six feet in height.* I have known chorea affect several members of the same family as they came to an age susceptible of the disease, in some of whom it proved fatal in spite of every means employed to subdue it. There are forms of chorea in which the

spastic actions of the muscles are so violent and incessant as to make it absolutely necessary to combine opiates with the above treatment. The following is an example of the kind.

J. C., of Romsey, aged 16 years, was admitted under my care, into the Royal South Hants Infirmary, on the 28th of August, 1848, for chorea. The spastic actions were so universal, violent, and incessant, that neither personal clothing nor bed-clothes could be kept on her for a moment, nor could she lie upon the bed without the risk of being jerked off it. Under these circumstances it became necessary to lay her on a mattress upon the floor of a small ward, taking care to pad the walls that she may do no injury to herself, and directing the nurse to keep a blanket on her as best she could. She was then ordered the following medicines:—The opiate (5) to be given every night; the magnetic oxide of iron with Dover's powders (6) three times a day; and the purgative (7) alternate mornings.

5.—R. Liq. Opii Sedativ., m. x.

Mist. camphoræ oz. ss. Fiat haustus omni nocte bibend.

6.—R. Ferri Oxidi Magnetici, gr. xv.,

Pulv. Ipecac. Comp., gr. iiss.

Misce fiat pulvis ter die capiend in crasso vehiculo.

7.—R. Pulv. Scammonii Comp., gr. x.

Fiat dosis omni alterno mane sumenda.

This treatment at once succeeded. The spastic movements were speedily controlled, in two days she returned to her bed, and on the 25th of September, (twenty-eight days from her admission,) she was discharged cured.

Southampton, January 2, 1852.

[To be continued.]

ON PROLAPSUS UTERI.

WITH A DESCRIPTION OF A NEW INSTRUMENT FOR ITS TREATMENT.

BY JOHN JONES, Esq., DERBY.

Read at the Quarterly Meeting of the Midland Branch, December 4, 1851.

AMONGST the various infirmities to which the female constitution is subject none is more entitled to the grave consideration of the profession than the abnormal positions of the uterus. The displacement of this organ, when connected with pregnancy or the puerperal state, as in retroversion or inversion, require manual assistance, and if not speedily relieved, become highly dangerous; but the most frequent of all displacements is the descent of the womb, which, although not immediately dangerous, is productive of great and continued suffering. It occurs in three different degrees, thus defined by Dr. Ashwell:—

1. *Relaxation* implies that the uterus has lost its central projecting position in the upper part of

* The case was published by me in the *Provincial Medical and Surgical Journal*, May 1st, 1844.