tion of those minutiæ of food and medicine, on which the issue of most ailments more or less directly depend. And I have been glad to mention the name of Dr. Roots in its natural connexion with the above narrative, for the sake of sustaining this proposition by the support of his great experience and authority as a practical physician.

As regards the diagnosis of the case when first seen by me, the symptoms would scarcely allow any one conversant with gastric disease to doubt that there was an ulcer of the stomach. From its being apparently the recurrence of a previous lesion, this ulcer might be regarded as not improbably a large one;—a suspicion that was confirmed by its symptoms. From its long duration, it might be conjectured to be on some other surface of the stomach than its anterior wall. And the situation of the dorsal pain suggested, as a mere conjecture, that it was seated in the pyloric extremity of the organ; a guess that the sex of the patient rather confirmed than otherwise. But there was nothing else in the character of the pain to support such a view: while the habitual decubitus of the patient (on his right side) rather militated against it. Hence I remained in doubt on all these points, even up to the death of the patient.

In respect to the symptoms of the case, it is important to notice how remarkably the symptoms of even large structural lesions of this kind are liable to be influenced by mental emotion. It seems not by any means impossible that the views of the patient (a most intelligent man) as to the cause of the last attack of the disease were correct. While the variation of the pain and other symptoms, which mental excitement and depression often produced in the course of his malady, were scarcely less marked than those produced by bodily fatigue or important errors of diet.*

Lastly, since the treatment of gastric ulcer cannot possibly be discussed within the limits of this hasty sketch, I shall confine myself to pointing out some of the principles which this particular case seems best to illustrate.

Our object is twofold; to support the patient's strength, and to avoid or allay the local irritation caused by the ulcer. And the extent to which we can fulfil the first of these indications is frequently determined by the degree in which the symptoms do not claim our attention to the last. That is, on the one hand, there are cases in which we may with advantage imitate the plan successfully pursued during this patient's first attack:—cases in which there is little vomiting, and but moderate pain; and in which the milder ferruginous tonics,† and a good, or even generous diet may be given with the greatest benefit. While, on the other hand, even where a dangerous vomiting threatens starvation, and obliges us to confine ourselves to minute quantities of the simplest food, it should be our care, as the irritability of the stomach diminishes, not only to see that the frequency of these meals shall, as far as possible, compensate for their small bulk, but that the patient's dietary should be varied and extended from day to day as much as prudence will allow us. And hot food should be carefully avoided.

It is to the physiology of digestion that we must look for our best guide in fulfilling the first of these two indications. The lesion involves an organ which, as it has for its office the solution (or rather the digestion) of the various protein compounds, is roused to a hurtful activity by their introduction into its cavity. Nevertheless, as these compounds are indispensable to the organism, we can never forego their use; much less in that state of exhaustion which the disease or age of the patient often implies. All that we can do is, to take care that their quality shall (as in the case of the milk diet above mentioned) favour their digestion, and shall involve no mechanical irritation of the ulcerated surface of the organ; that their quantity shall be limited to the probable need of the system, and shall be such as allows them to leave the stomach soon after being received into it; and, finally, that we should return to the diet of health by slow and safe gradations in both their quantity and quality. For this purpose, I generally vary the milk food by gradually passing from the almost pure starch of arrow-root, to sago or tapioca, before venturing to the moderately proteinous ground rice; by going from this to biscuit powder, or bread-jelly; and by proceeding thence to beef-tea and boiled fish, before commencing meat. But to specify the circumstances which guide our selection of each article of food, or warrant our progress onward, would make me exceed my present limits. Much, indeed, often depends on the idiosyncrasy of the patient.

Lastly, as regards the drugs most useful in checking vomiting, and allaying irritability, I have found nothing which (as a general remedy for the mixture of these symptoms, present in most cases) equals the trisnitrate of bismuth. This, where the vomiting is not very severe, may often be advantageously combined with opium or the compound kino powder. In very severe cases of vomiting, the above mixture of the ordinary effervescing draught, with prussic acid, is often of great benefit; as is also ice. When these fail, it is better not to attempt any other drugs. Blisters rarely fail to relieve excessive pain; except where there is adhesion of the stomach to the wall of the belly, in which case they sometimes increase it. And I need scarcely add that, as a rule, blood-letting is quite inadmissible.

20, Brook Street, Grosvenor Square, October 1855.

* A similar influence of the mind upon the body is well exemplified in the case of a patient now under my care for a large tumour (I think, an hepatic cyst) in the belly. Experience has taught him forcibly to check a current of desponding thought, in order to avoid the severe attack of pain which it almost invariably produces.

† I confess, I should scarcely like to prescribe quinine in most of these cases.

St. Marylebone General Dispensary.

SCATTERED ULCERS OF THE SKIN OF THE INFERIOR EXTREMITY.

By T. W. NUNN, Esq., Surgeon to the Dispensary.

W. T., aged 39 years, light porter, admitted Feb. 17th, 1855, with inflamed circular ulcers, about the size of a shilling, on both legs; some situated above the knee-joint. He had suffered from the same disease several years previously. His face bore marks of cicatrices about the nose and chin, most probably of sores similar in nature. No very definite account to be obtained from the patient himself. The sores have all the appearance of rupial ulcers; they do not, however, commence by a vesicle, but by an indurated red lump in the skin of less size than the sore itself. This suppurates and discharges by a small aperture, which afterwards goes on ulcerating until the whole cavity of the cutaneous abscess is exposed, and until a more or less circular inflamed sore, as above described, is left. The patient's mode of life is irregular; his habits dirty. He most positively denies having ever suffered from syphilis; but says that his father had been the subject of that disease, especially in its secondary form. Ordered a third of a grain of the proto-iodide of mercury, with the same quantity of opium, and two grains of quinine, in a pill three times a day; and a wash composed of two drachms of Burnett's solution of chloride of zinc in twenty ounces of water, to be kept constantly applied under oil-silk. These medicines were repeated on the 22nd and 27th of the month, improvement taking place.

The improvement not being of that decided character that was expected from the treatment, on the 1st of March, in addition to the pill, half a drachm of nitric spirit of ether in decoction of bark was given, and continued on the 6th, 15th, and 27th of the month, but still the progress was not satisfactory. On April 12th, the pill was ordered to be discontinued, and one drachm of the liquor of bichloride of mercury (*i.e.*, 1-16th of a grain) added to the dose of the mixture, two drachms of cod-liver oil being given twice a day. This appeared to tell much more on the disease, and was continued until May 5th, when the patient was discharged cured. He remained well until Sep-

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tember, when the disease again shewed itself, and he was readmitted, Oct. 9th. He was put at once on the treatment last mentioned, and up to the present date he is rapidly mending.

Like many other diseases of the skin, this appeared at the spring of the year, and again at the fall. Is the disease one of the secondary or tertiary sequelæ of syphilis, or is it an example of hereditary syphilis, or is it "scrofulous"? Many instances of secondary syphilitic ulceration about the alæ of the nose and lips have fallen under my notice, which have immediately yielded to the proto-iodide of mercury combined with quinine and opium. I particularly bear in mind one case of a female patient at the Western Dispensary, Westminster, who, I see, by reference to my case-book, came under my care for the first time in the year 1848. She suffered from ulceration on the side of the nose and edge of the lower lip. She had syphilis communicated to her by her husband twenty years previously according to her own account. She was treated successfully with the proto-iodide. I find she was again under my treatment in 1851; and again the same medicine overcame the disease, though iodide of potassium failed to do so. At the same Dispensary, about two years since, a man was sent to me with a frightful ulcer cutting half through the lower lip; it was supposed to be a case of cancer, and certainly had many of the characteristics of that disease. I treated it for syphilis by the proto-iodide of mercury, and healed the sore. My diagnosis was confirmed by the fact of the wife having some small ulcers, about the nature of which there could be no doubt, on the outer side of the knee.

Of the influence of very minute doses of bichloride in healing unhealthy sores, I have also, as in the case of the porter above detailed, seen marked examples.

I gave to a little girl, æt. 4 years, who suffered from large ulcerations of the integument over exostoses, the *sixtieth* of a grain of the bichloride with the best result, after I had exhausted every other means. I think we are justified in suspecting that very small doses of the bichloride of mercury will often act as a powerful tonic.

London, October 1855.

ORIGINAL COMMUNICATIONS.

ON BRIGHT'S DISEASE.

By ROBT. C. R. JORDAN, M.B., etc.

[*Read before the Medical Society of Queen's College, Birmingham.*]

[*Concluded from page 956.*]

THE chronic form of albuminous nephritis can sometimes be traced as a direct sequence of the acute; but in many cases, where we think we have such a history, there is a fallacy, from the fact that the acute disease very often supervenes on the chronic. No doubt there is always a congestive stage; but this is so gradual that it is rarely discovered by the patient, and is only seen in those cases where the medical attendant almost expects it. Dr. G. Johnson has well described the signs noticeable in the urine in the early stages of the disease. He says, "The case in which the search is most likely to be successful is in chronic gout, and especially when concretions are beginning to form in the joints." The urine should be examined in these cases when "the gouty paroxysm is subsiding, and it will have the following characters. In quantity, specific gravity, and colour, it will differ very little, if at all, from the standard of health; it is perhaps more acid than usual, but without a trace of albumen." After standing, a sediment falls, which, on examination, is found to consist of cylinders or casts from the tubes: so that desquamation has begun to take place; in other words, either owing to, or accompanied with, malnutrition of the kidney, epithelia are found of an abnormal character, and shed quickly—not dissolved in the secretion, as is probable in the ordinary healthy state, but disintegrated, shrunk up, and withered. It is of importance to detect the disease thus early, because in this stage it is more amenable to treatment. With each succeeding attack of gout, the epithelial elements are shed more abundantly, until albumen appears in the urine, the congestion then having reached the point at which nature relieves itself by the escape of the serum. Probably this was the case before, only the proportion of albumen was too small to be appreciable by chemical tests.

But it is more often, instead of thus tracing the onset of the disease, that we find the urine of patients to be albuminous who have never themselves suspected they were the subjects of renal disease; and the following account expresses the usual series of symptoms related to the medical attendant.

"He has latterly been growing pale, and his strength seems to have failed. In addition to a general feeling of lassitude, he has been inclined to be sick in the morning, and occasionally he has noticed his feet and hands to be swollen, and his face slightly puffy; the skin has been dry, and there has been more or less pain in the back, which he has referred to weakness. The urine used to be very copious, of a pale colour, and passed frequently; he was obliged to get up at night to pass it; latterly, though small in quantity, he still has to pass it often, and has usually to get up in the night for this purpose."

Such is the common history of the state of the patient before applying for relief. Perhaps the first discovery of the disease may be the supervention of an acute or subacute attack upon the chronic. He "catches a fresh cold"; there is consequent increase of kidney disorder; and a few days' illness, with slight dropsy and scanty secretion of urine, may end fatally, either by coma, or inflammation of one of the serous membranes, more usually the pericardium. But here I am speaking only from memory, not by numerical computation; and, in the table constructed by Frerichs, peritonitis is recorded as the most frequent.

In these sudden and highly dangerous attacks, active measures must be resorted to. Elaterium must be given internally, and the hot air-bath used night and morning. If there be a tendency to coma, blisters may be applied to the nape of the neck; and if inflammation of the serous membrane, pericardium, or pleura, be present, blisters may be applied in their vicinity. If the patient be not very weak and anæmic, a few leeches may be used. I am aware that in thus advocating blisters there is said to be danger from the effects of the cantharides on the kidneys; but if the skin be protected from the immediate contact of the plaster by oiled paper, this will be very rare: nor, I think, is the danger sufficient to deter us from using a means undoubtedly often of the greatest benefit. I have often used blisters with much good, and never seen any ill effects from them. The drain of serum from the vessels, as well as the counterirritation, is of use in these cases.

The patient may return from this attack to his previous chronic condition, or he may die in it, or the recovery may be incomplete. The general result is, that each of these fresh accessions considerably increases the mischief in the kidneys. He thus gets gradually worse; dropsy, in the shape of general œdema of the areolar tissue, comes on, which yields now to no remedies; or perhaps he may recover from one or two attacks of chronic dropsy, but another time it may again return, and not improve by treatment. He gradually sinks worn out in this manner, much harassed by the dyspnœa from effusion into the pulmonary tissue. The secretion of urine is much diminished towards the latter stages of the disease, and the quantity of albumen in the urine lessened. This is explained by the atrophic condition of the kidney. Effusion takes place into the serous cavities also; and death takes place, partly from exhaustion, partly from the mechanical effects of the dropsy, generally accompanied towards the end by more or less of coma, perhaps from œdema and consequent pressure on the brain. Such seems to me to be the natural termina-

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