PUBLISHED CONTENT:

In 1886, an unusually severe attack of great irregularity and tumultuous action of the heart, associated with an increased hypostatic edema of both lungs, carried off the patient, when 47 years of age.

Remarks.—I would ask attention to some aspects of this case: first, as to symptoms; secondly, as to treatment.

From 20 to 40 years of age, 47, the patient was never free from one or another manifestation of what we vaguely term the gouty diathesis: eyes, joints, muscles, heart, skin, kidneys, showed obvious disease. What constitutes the gouty diathesis, whether mainly vito-chemical, or mainly central nervous system, we are unable to state clearly; but we may be sure, that in such phenomena as that of the formation of excess of uric acid or of sugar, neither a nerve-theory, nor a vito-chemical theory alone will afford the explanation; the nervous system cannot be separated from the general “energy” of vito-chemical changes, ever and everywhere happening in the system.

Both our larger views of the living body, as a part of the great organic evolution, and our wider views of disease or the deviations of the normal rates and states, point us more and more to the wide correlations of disease: a hypothesis of the uric acid diathesis must embrace both vito-chemical and nerve-correlations. The nearer or more exact, but as yet unknown, correlations or conditions, which constitute the uric acid diathesis, existed in active process in this man for a period of forty years, and, no doubt, were long prior to “latent” in his system, and, one may say, affected with degeneration, many tissues of the body: more than his liver, and kidneys, or his heart. One can yet see the constant sense of prostration from small exertion, which arose mainly from the degenerated nervous system of the heart; and this was the eventual cause of death.

As to treatment, the man was a large feeder, and of large frame; he demanded a good supply of food. To have put the patient on a milk or beef low diet, or lactic acid, would have been, I have, perhaps, lessened the number of calculi, but to have reduced the muscular strength, increased the prostration, and hastened the degeneration of his tissues.

The use of brandy or whiskey has not been found to lead to the development of the uric acid or gouty diathesis, and the immense relief which they give to prostration, and all the time they often give to enable such a patient to eat a fair meal, make their administration, I believe, in many cases, more important. In connection with uric acid and the occurrence of gout in the system, we are incomparably greater than all the far larger doses of artificially prepared alkalii, which I had previously taken.

How a natural mineral water should so powerfully affect the system, we are wholly unable to say. Science has not reached any general or precise laws applicable to the molecular states and energies of matter when a vast force is at work, as at temperatures.

It is under such conditions that the waters of Vichy are formed; still less can we offer any scientific explanation of the great power of such combinations of matter, and of such modes of energy on the living tissues. But no facts in therapeutics are better established than those of the great power on the system of natural mineral waters.

The hypotheses of the dynamic theory of heat, of the molecular condition of bodies, of the atomic constitution of bodies, and of the “specific heat” of elements, are all involved in the mere chemical study of a natural mineral water; and, fortiori, such studies must be vastly more complicated when applied to organic living being. But you are aware that such natural mineral waters have a most complex composition, and contain so many elements and compounds, that one cannot but be struck with the correlation of the vast “specific heat” of lithium, and its great therapeutic power in the uric acid diathesis.

I have thought this case worthy of the attention of the Society, not only on account of its great practical interest, but further as suggestive of the very wide scientific correlations of the inorganic and organic, both in the normal or prevailing rates of health and in disease; and, further, as the case covered, in its varied symptoms, very much of the wide domain involved in the word “gout.”

ON THE IDENTIFY OF MEMBRANOUS CROUP AND DIPHTHERIA.

By LESLIE PHILLIPS, M.D., Birmingham.

If ever the debated point of the etiological identity of diphtheria and membranous croup be determined in the affirmative, as determined, I believe it will be by future nosologists, there will still remain two very distinct clinical pictures of membranous laryngitis. One has the characteristic universally recognised as diphtheria, a highly infectious disease, having membrane on the throat and larynx, often with laryngeal spasms, edema, in the urine, and having paralytic sequelae. In the other picture, we have a disease of childhood, in which the patient, going to bed in his usual health, is seized suddenly in the middle of the night with laryngeal breathing; in this case, no glands are inflamed, and the disease is not generally considered infectious. If membrane be present in the larynx, the disorder is called membranous croup. Is this ‘membranous croup’ diphtheria, or is it a distinct disease? Jenner, Semple, and other observers have replied that it is diphtheria; others have maintained that it is a distinct disease.

As a contribution in support of the first view, I publish the following case which has recently occurred in my practice, and which, since it is more interesting than creditable, I sincerely hope is unique.

On February 14th, 1886, my neighbour, Mr. Richard Smith, was called to see a little girl, F. B., aged 5 years. The child went to bed on the 13th, in her usual health. In the middle of the night, she was attacked with what is generally, if not universally, called “croup,” namely, noisy laryngeal dyspnoea, with cough and fever; this continued to increase in severity up to the time Mr. Smith saw her, at 10.30, on the morning of the 14th. He immediately recognised the nature of the obstruction, and requested me to see the case with him. At 11 o’clock, when we saw her together, there was no membrane on the pharynx or faucies; noisy breathing was present, with much cyanosis and thoraco-abdominal recession; these conditions, and the advancing apathy, indicated that the trachea should be opened without delay. This I did, with immediate great relief, the patient rapidly becoming comfortable. On the 16th, some small pieces of membrane were coughed up through the tube, and the child died in the evening of that day. Death appeared to be due to asphyxia, and not the direct result of want of air. She died, as many others do in diphtheria, slowly, with marked pallor, and staphy by the breath. At no time during her illness was there enlargement of the cervical glands, or of the operation, nor blood gravitated in the trachea; and Mr. H. North, of the Camp Hill Branch of the Birmingham Dispensary, who kindly assisted me, sucked up some of this fluid comprising of an inch-tube rubber. He sustained no injury thereby. No other case of sore-throat appeared in the house, although there were several children and young persons resident therein, and notwithstanding they were at isolation when a new case was made to the home.

On the afternoon of the 14th, I circumcised A., aged 18 months, for congenital phimosis, using the same instruments with which I had in the morning opened the windpipe of F. B. My usual custom is to pour boiling water on the instruments previously to doing any minor operation, not using carbolic acid, or any antiseptic. In the present instance, I remarked that the water did not boil, but, being pressed for time, I did not wait for this to take place; the water was hot, but not boiling. Four sutures secured the mucous membrane to the skin, and iodoform was simply and constantly applied.

On the 20th, much more membrane was peeled off. In the evening, the wound looked drier and better, but new membrane had formed in small quantity; this was again removed, and the wound had the same appearance of ten grains of perchlorid of mercury in an ounce of glycerine.

On the morning of the 21st, retention of urine was again caused by extension of membrane over the meatus, and firm adhesion to the glans. This membrane was, therefore, again removed with forceps. It was noticed that the strong mercureic solution had not been nearly so effective in limiting the growth of membrane as the iodoform; this dressing was, therefore, again used. After this date, it was not found needful to again remove membrane.
A CASE OF HYDATID OF THE LIVER, TREATED BY ASPIRATION, RESULTING IN CURE.

Mrs. S., a widow, aged 46, had, when I first saw her, been suffering for several years from a tumour of the right hypochondrium, accompanied by recurrent attacks of jaundice, which, after lasting a short time, nearly, but never quite, disappeared; and while the attacks of jaundice lasted, there was intolerable itching of the skin. So great was the discomfort that she was willing to submit to anything to get relief from it.

On percussion, there was dulness down to a line two inches below the umbilicus; and the area of dulness extended across the abdomen to about three inches to the left of the umbilicus, shuffling off the stomach-resonance. The right lung did not seem to be enroached upon; the lung-resonance remaining normal in area behind, and being bright and high, while the left lung was not bright and high, though equally expanded. The heart was well balanced over this area, but was quite smooth, and no unevenness of the surface of the liver could be felt. There was slight jaundice; the menses were late, and the urine bile-stained; but there were no piles, large abdominal veins, ascites, or anasarca. Inconvenience, rather than pain, accompanied these symptoms. A thrill could be distinctly felt on inspiration and expiration.

On August 12th, 1884, I aspirated, using antiseptic precautions, and drew off about six ounces of a pale straw-coloured liquid, of low specific gravity, after which no more would run through the needle, on account of some defect in the apparatus. An antiseptic pad was placed over the wound, and the abdomen firmly supported by a binder; and one grain of opium given every four hours.

On the next day there was no change of symptoms. The pain was no longer found, and the patient was quite comfortable. There was no oozing from the aspiration-puncture. There seemed very little difference in the size of the tumour. In a few days, the enlargement, with the comitant jaundice and itching, began to disappear, the latter symptoms being passing altogether away; and the case went on towards recovery without any bad symptoms.

She was kept in bed a week, and then got about, and in a month the very little enlargement could be noticed; and now, nearly two years after the operation, the patient is quite free from her old trouble.