only, two medical men have died—Dr. McNab, sen., of Epping, and Mr. Francis Cooper of Southampton. Not ten days before his fatal attack, Mr. Cooper said to me, "I feel a young man;" and though I saw what he did not feel—the marks of the wear and tear of life—yet he was a man of unusual vigour, and of that kind of organisation most fitted for strength and endurance. The next time I saw him was twelve hours after his attack, when he lay prostrate, leaden, sunk-eyed, nearly pulseless, hopeless, except so far as there is hope in cholera where there is life. He had had disordered bowels for a week; but he continued his official work as officer of health, together with his private practice. He worked from morning to night, and for the last day or two without appetite. Then came the suddenly violent purging and vomiting, and he never had reaction. He might have taken medicines for the premonitory diarrhoea, and I believe he did; but he went on with his work, and this made the mischief fatal. Had he, when his bowels were loose and his appetite failing, gone to bed, kept himself warm and quiet, and in the recumbent posture, so essential to the treatment of diarrhoea of an urgent kind, taking any suitable medicines he knew would suit him, there seems no reason why, with his fine organisation, he might not have lived. And I would most strongly urge those of us who, whilst attending cholera cases, may have any diarrhoea or griping pain in the bowels, to do themselves what they would advise others to do—not to take astringents and go on with their work, but to go to bed, to apply a hot bag to their bowels, to keep quiet in the recumbent position until they are well; and, if they find this warmth and rest, and such remedies as they are in the habit of using for diarrhoea, do not remove it, and wish to get to work again soon, to sit in a hot water hip-bath at 90°, to raise it gradually to 110°, having mixed half a pound of mustard in it; and remain in it half an hour. I have seen a patient, who has had diarrhoea for nine days, get out of such a bath free from pain, and with no return afterwards of either the nine days' sickness or the purging. If a man has any doubt as to whether he should act on the safe side, let him think of the change in a prosperous household when the hard worker is gone.

CASE OF SENILE GANGRENE: RECOVERY.

By J. BIRCHENALL, Esq., Macclesfield.

HANNAH ADAMSON, aged 72, of swarthy complexion and bilious-nervous temperament, had been for many years the subject of a chronic bronchial affection, together with periodic asthmatic paroxysms in cold and changeable weather. She had also suffered much at times from acute rheumatic pains of the costal and intercostal muscles, from occasional gastrodynia, and other forms of muscular rheumatism. Her appetite had been failing for some time, and her strength declining (though formerly very robust); her flesh was wasted and flabby; and there was extreme arcus senilis, owing to the semi-erect and prone posture she had been obliged to maintain when in bed. On June 29th, 1864, she complained that, during the two previous nights, she had experienced agonising pain in the left foot, which, on examination, I found to be gangrenous, a dusky sub-inflammatory blush occupying the entire metatarsal surface; the little toe black and insensible, with a patch of vesication stretching onwards from its root towards the cuboid bone. A spirit lotion was ordered to be applied with lint, under a covering of oil-silk; and a pill, containing half a grain of opium with a

grain of camphor, to be taken every three hours; the strength to be supported with beef-tea and soups; and, as the pulse was small and feeble, with milk and brandy in the intervals.

On the following day, I found the patient more free from suffering, though the slightest motion of the toes caused intense pain. The pills were continued; and camphorated spirit and laudanum, in the proportion of one of the latter to two of the former, substituted for the spirit lotion. This treatment was persisted in for three or four days; but, at the expiration of this period, as the erysipelatous blush was becoming more dusky, and the cutis under the vesicated portion of the integument was assuming a greenish orange tinge, it occurred to me to brush over the parts with tincture of iodine, in the proportion of forty-eight grains to the ounce.

On the following day, I was pleased to find that the duskiness of the skin, as well as its sensitiveness, was diminished; and that the serous exudation of the vesicle was getting absorbed; although, in the interval, the second toe had put on a dark livid hue on its under surface. The iodine application was now repeated at each visit, for six successive days, to the toes affected, as well as to the foot (the embrocation with lint being still continued). At this period, the latter had assumed a comparatively healthy appearance, the inflammatory blush and pain having entirely disappeared. The second toe had regained its natural state. Sensibility had returned in the little toe; it had lost its shrivelled character; and the upper surface was changed from a purplish to a brownish hue. To this warm poultices were now applied, under the use of which the cutis on the under surface slowly sloughed away, leaving a clean sore, which gradually cicatrised under the use of the unguentum cere.

Though there was no obvious indication of disease in the blood-vessels of the limb, as the remote cause of the gangrenous condition, I had reason to suspect organic disease of the heart and its large vessels; but its precise nature was not determined; as, at the time of her death, which occurred in January last (from general debility), I was again laid aside by my bronchitic affection.

IS ALCOHOL FOOD OR PHYSIC?

By PATHFINDER.

I NOTICE in a contemporary three laboured columns of writing, purporting to be a reply to a leader in this JOURNAL on the question, Is Alcohol Food? May I be permitted to appraise this criticism very briefly? for to me it seems,

"Like a tale of little meaning, though the words are strong."

For any misapprehension which anybody may have of the nature of the French experiments, the eminent men who performed them are not responsible; but no misrepresentation can be greater than that which insinuates that only "a very minute portion" of the alcohol is accounted for. M. Perrin, in his crushing reply to M. Baudot, shows that nearly one-third was re-collected in some of his experiments; and a litre of French wine is not a quantity which, on a Frenchman especially, will produce "profound intoxication."

The charge of "inexact research" is itself an illustration of inexactness. The experimenters either did, or did not, make and record examples of the non-absorption of liquid chloroform and ether. If they did, I shall certainly trust to their record; without impeaching the differently circumstanced (because differently) resultant of Dr. Anstie. If both be true, then