Original Communications.

CASE OF HERPETIC ERUPTION IN THE COURSE OF BRANCHES OF THE BRACHIAL PLEXUS,

FOLLOWED BY PARTIAL PARALYSIS IN CORRESPONDING MOTOR NERVES.

By W. H. BROADBENT, M.D., Assistant-Physician to St. Mary's Hospital.

THIS case is forwarded as a contribution to the series, which it is to be hoped will be long and valuable, started by Mr. Paget in the *JOURNAL* of October 13th. The influence of the nervous derangement on the nutritive operations was not so profound as in the case related by Mr. Paget; but the association of motor paralysis is an interesting point, and seems to fix the seat of the morbid change in the spinal cord.

A. W., a woman, aged 74, was seized, without any assignable cause, with severe superficial pain of a burning and smarting character in the right side of the neck and down the right arm. This was followed by an eruption of herpetic character, which extended in patches from the lower cervical vertebrae, across the right side of the back of the neck, over the shoulder, down the outer side of the arm to the upper part of the forearm on its outer aspect. Below this point the skin was red. The vesicles gradually dried, forming slight superficial scabs. A week after their appearance she lost to a great degree the use of the arm, and on this account applied as an out-patient at St. Mary's Hospital on July 5th, 1866. At this time the remains of the eruption existed in the situations named. Great pain and a sensation of extreme heat were complained of about the shoulder, elbow, along the radial border of the forearm and in the ball of the thumb. The muscles were tender on deep pressure.

The entire limb was enfeebled and trembling. She could flex the forearm on the arm and move the fingers, but could not raise the arm from the side. There was no tenderness on pressure over or about the cervical spines.

Looking upon the case as allied to neuralgia, I first gave quinine in four-grain doses three times a day for a fortnight; afterwards iodide of potassium in doses of two grains, with ammonia and infusion of gentian for a similar period; when the quinine, with the addition of iron, was resumed. Cod-liver oil also was ordered. Sinapisms and a blister were applied over the cervical spines; and linimentum opii was ordered to be rubbed into the painful parts.

She remains under observation in very much the same condition; is better in general health, suffers less pain, and has a little more power in the arm, but is still unable to raise it from the side. The shoulder-joint has become more stiff, and there is more resistance and pain when the arm is moved by me than was the case at first. A curious fact recently mentioned by the patient is that a minute cicatrix at the bend of the elbow, where she was bled when young, and the vaccination marks, are seats of very severe pain.

This case will find a place in the series illustrating the influence of disordered nerve-force on organic operations, and may be more valuable, since, from the accompanying motor paralysis, the seat of the disturbance would seem to be centric. The paralysis might, of course, be looked upon as reflex; but this

view does not seem to me to be supported by the facts of the case; and an additional reason in favour of the centric origin is seen in the occurrence of herpes in the distribution of the small posterior branches to the back of the neck, as well as along the main trunks of the plexus.

Another point illustrated by this case is the analogy existing between pain in a sensory nerve and paralysis in a motor nerve—a point from which important inferences follow. These cases of herpes generally also seem to show that sensory nerves may conduct influences or impressions from as well as towards the nerve-centres; unless we are to accept the hypothesis of the existence of a special set of nerve-fibres presiding over nutrition, bound up with the sensory nerves and distinct from the vaso-motor nerves, which, notwithstanding the high authority of Dr. Brown-Séquard, seems to me untenable.

ON THE ASTRINGENT PLAN IN THE TREATMENT OF CHOLERA.

By W. NORRIS, M.D., Stourbridge.

AMID the conflicting opinions on the pathology and treatment of cholera, it is really very difficult to know what plan to adopt; and, in our ignorance, it must surely be the safest plan to give those remedies most likely to alleviate the prominent symptoms. If we see a patient bleeding to death from hæmoptysis, we do not hesitate to give our best astringent; and when we find the most voluminous secretions running away from the mucous membranes, and glands of the stomach and bowels, endangering life, why may we not endeavour to check them by acetate of lead, probably the most direct astringent we possess? and why may we not endeavour to allay the violent pain and spasm by opiates?

When I cannot discover or cure a disease, I always administer to symptoms; and then kind Nature will often finish the cure. The most severe case of English cholera I ever saw, I cured by a single grain of opium in a pill. It occurred in a young surgeon, who had taken repeated doses of laudanum, which were rejected as soon as taken. A cloth wetted with cold water immediately stopped the spasms in the extremities, which were extremely violent; and the disease yielded at once.

The poison of cholera will not be easily eliminated; it must surely involve the whole system, and does not exhaust itself on the small glands and mucous membrane of the bowels and stomach. In small-pox, scarlet-fever, etc., the poison is, I fear, never totally eliminated till the disease has nearly subsided; and in this disease, so suddenly fatal, if we lost much time, our chance of success would be lost.

We must remember that, in most cases, numerous secretions must have passed away before we see our patients; and, as they so rapidly form again, should we not endeavour to check or suppress them as speedily as possibly, or life may be gone?

I have often thought that, before we begin to use astringents in cholera, it may be well to wash away the fluid from the stomach by draughts of warm water; and also to use injections of thin gruel to bring away the unnatural secretions from the bowels, which may also tend to soothe the irritable parts; and, should the symptoms continue severe, I think we should give pills with three grains of acetate of lead every quarter of an hour, and half a grain of opium with the two first doses; and frictions of ointment, made with the same mineral, may be occasionally rubbed over the abdomen. Should the symptoms not yield, injections of lead may be tried; for I