

these, and the continuous use of this active treatment in all stages of the disease, that I consider most injudicious, and which has led me to call attention to a remedy from which I have seen such beneficial effects. While it relieves the symptoms, it supports the system. I do not introduce it as a new remedy in the tonic treatment of hooping-cough, or as a new discovery; for, forty years ago, decoction of cinchona and tincture of assafoetida were recommended, and were then considered to be a specific for this disease. The antispasmodic effects of assafoetida, in combination with bark or any other bitter, I have no doubt, would relieve the cough, and tend to restore the strength of the patient; but the odour of this remedy is a bar to its general usefulness.

The following is the form of my mixture:—

℞ Acidi sulphurici diluti ʒ iss.
Tincturæ opii ʒ ss.
Infusi quassie ʒvj. M.

Fiat mistura, cujus sumantur cochlearia magna ij vel iij ter die.

For Infants.

℞ Syrupi toluani ʒi.
" papaveris albi ʒss.
Acidi sulphurici diluti xx gtt.
Infusi quassie ʒvj. M.

Fiat mistura cujus sumantur cochleare parvum vel ij ter die.

In making the infusion of quassia, I add ten grains of cochineal to the pint; with the acid, it makes a beautiful mixture. The quassia, being a pure bitter, sits easily on the stomach, and seems to agree with most patients.

As the violent fits of hooping cough excite an unusual action of the muscles of the back and chest, and which is sometimes distressing, I have found a warm plaster between the shoulders and on the chest a great comfort and support to the patient.

This tonic mode of treatment of pertussis, as I have stated before, may not be new; still I think those who bring before, or draw the attention of the profession to, old remedies in new combinations, for the relief of any of the ills that flesh is heir to, are doing just as much good as they would by discovering a new remedy. In the fifth volume of the *Provincial Medical Journal*, there is a paper on the Treatment of Hooping-Cough with cochineal, by Dr. C. Wachtl of Vienna. I have not enough faith to believe that the small quantity, ten grains to the pint, which I add to my infusion, can have any effect, though we know that cochineal is one of the popular remedies for hooping-cough.

Bath, July 20th, 1854.

ARTIFICIAL ELASTIC EXTENSOR IN WRIST DROP.

By T. INMAN, M.D.

THE following case may be interesting to some of the readers of the *Provincial Medical and Surgical Association*.

CASE. A. B., aged 36, was brought into the Liverpool Northern Hospital, suffering from palsy of the extensor muscles of the left forearm. He was a tinman, and had had a good deal of working in lead about six months previously; his left hand and arm had been far more frequently in contact with that metal than the right. Three months after he had ceased to work with lead, wrist drop came rapidly on. No other sign of lead poisoning had been noticed.

Galvanism, friction, etc., were applied for its relief, but with little success. On his admission, I directed that a firm band should be placed above the elbow, a strong glove upon the hand, and that these two should be connected by a piece of vulcanised India rubber, of sufficient strength, and in such a manner, that the hand should be slightly drawn backwards. This answered admirably; and the man was so delighted with this substitute for his extensor muscles, that he did not care to remain under treatment until they had recovered.

Liverpool, July 1854.

CASE OF BITE BY AN ADDER, FOLLOWED BY RECOVERY.

By GEORGE WILLIS, M.D.

THE woods about Monmouth are, unhappily for us who live in their vicinity, infested with adders, which frequently bite dogs, sheep, and even full grown oxen. The result of the bite is fatal as a general rule.

At some future time, I may perhaps note down for publication some of the *post mortem* appearances found in animals which have been in this way destroyed. Meantime, the relation of the following case, in which the human subject was the sufferer, but in which recovery took place, may not prove uninteresting or un instructive.

CASE. On May 6th of the present year, I was called to see Miss H., a child nine years of age, of fine healthy constitution, who, while picking wild flowers in the woods, had been bitten by an adder in the thumb of the right hand. The accident occurred about three-quarters of an hour previous to my visit. The thumb almost instantly became considerably swollen, and severely painful. About half an hour later, she had pain in the bowels, free purging, and vomiting. Great prostration soon followed. On removing a poultice that had been applied over the bitten part, I discovered a very slight wound on the palmar aspect of the thumb; but no pain was now complained of, nor did I perceive any particular appearance of swelling. Instead of renewing the poultice, I rolled round the thumb a piece of lint, soaked previously in a solution of strong liquor ammoniæ, and gave internally ten drops of sal volatile in water every ten minutes, the stomach rarely retaining the medicine above three or four minutes. During the course of the following half hour the depression continued, and syncope seemed imminent; the pain of the bowels also increased, for which a mustard poultice was laid over the abdomen, with some relief. For the space of two hours more, the sal volatile was occasionally repeated, a few drops of paregoric being added to each dose. The medicine was at last retained, and the little patient fell into a firm but gentle sleep.

In the evening of the day, six hours after the accident, the mind was quite tranquil, the depression had passed off, and all pain was removed. A little milk was allowed for supper, and a dose of castor oil ordered for the following morning.

About the noon of the next day, feverish symptoms supervened. The thumb subsequently became red and swollen, and the whole limb was soon in a like condition, with the skin of the hand and forearm glistening and tense; the lymphatics were red to the axilla, and the glands of the axilla were painful. Three leeches were applied to the forearm, and the whole limb was kept raised and surrounded by flannels, wrung out of a decoction of poppy heads. Simple saline medicine was given internally.

On the 8th and 9th, improvement began to take place, the systemic disturbance ceased, and the local inflammation passed away. On the 9th, the limb was dressed with a little warm oil, and covered with flannel simply, and the saline was discontinued. From this time, no other remarkable symptom occurred, and the limb regained its normal size in eight days; but a dark inky looking line was left, extending from the wrist up to the armpit, and has scarcely disappeared at this date, June 2nd.

REMARKS. In perusing such reports of cases of adder bite as I have access to here, I find the authors stating, without an exception, that swelling of the limb follows immediately after the infliction of the injury. In the case above related, the effects were different; the immediate inflammation after the bite becoming suddenly arrested for at least twenty-four hours, and being preceded in its reappearance by the ordinary feverish constitutional symptoms.

The sudden commencement of vomiting and purging after the bite, is a subject of some interest and novelty. How far the intestinal derangement had to do in modifying the inflammatory symptoms, and in saving the patient, is a great question. From the depression it induced, it is ob-