℞ Zinci sulphatis gr. ij; ferri sulphatis gr. i; morphiae hydrochloratis gr. ¼. M. Fiat pilula omni nocte sumenda.

The calomel and jalap powder was repeated.

April 16th. The last two or three days the disease appeared to have made more progress. Her restlessness continued by day; but she slept tolerably at night. The bowels acted about twice daily. The expression of countenance was dejected; the eyes were sunken, with dark areola; and she had lost her plumpness. There was a tendency to sordes about the mouth; and the pulse was feeble. Her fingers were frequently clenched in upon the palms of her hands. As much wine was directed to be given as could be got down. She was ordered to have, twice a day, a pill containing three grains of blue pill and two grains of extract of conium.

April 20th. She was much weaker; she kept moaning when awake, but lay quiet, simply from exhaustion. A low congestive pneumonia had set in; the pupils were dilated; the lips covered with sordes.

℞ Ammoniae sesquicarbon. ʒij; ætheris chlorici ʒj; infusi senegæ Oss. M. Fiat mistura cujus capiat ʒj 3tiis horis.

Turpentine stupes were ordered to be applied to the chest, both before and behind. She gradually sank, and died at two o'clock the next morning.

AUTOPSY, twelve hours after death. *Head.* The dura mater was strongly adherent to the calvarium, along the course of the sagittal suture, also to the brain beneath, along the mesial line. Here, also, there were small patches of whitish matter, looking like a deposit of lymph, but which, when examined by the microscope, appeared to be of a tuberculous nature. The puncta vasculosa were numerous; very little fluid was found in the ventricles. The rest of the brain appeared healthy.

Chest. Both lungs very much congested, and adherent to the walls of the chest posteriorly, so that, on removing them, some small portions were torn off. Bloody serum exuded copiously on pressure. The heart was healthy, with the exception of two small warty vegetations on the edge of one of the cusps of the mitral valve, which were easily separated. The uterus was natural; the ovaries were large and vascular. The spine was not examined.

CASE IV. *Severe Case of Chorea, ending fatally.* (Under the care of H. Sandwith, M.D.) Joseph Longman, aged 19, was admitted on February 21st, 1859, with symptoms of chorea of a very severe nature. He had been rather badly off lately. The violent symptoms had been present three or four days; but he was first noticed to have unsteady, fidgety movements about three weeks before admission. He was ordered to have four grains of calomel immediately, to be followed by an ounce of castor-oil. Towards evening, he became so violent that it required the assistance of two men to keep him in bed. He frequently made use of the name of "Jesus", "Heaven", and such like expressions. It appeared that he was a regular attendant at a dissenting chapel. He was ordered to have an enema containing turpentine and castor-oil, and to take, every three or four hours, one eighth of a mixture containing two drachms and a half of tincture of sesquichloride of iron, and two drachms of solution of hydrochlorate of morphia. He was made to inhale the vapour of chloroform, at intervals, which quieted the spasmodic movements, and procured him some sleep.

Feb. 22nd. He passed a restless night. The same treatment was continued through the day, with the effect of keeping him much quieter, he being somewhat under the influence of the morphia. A copious dark stool was passed, after the injection.

Vespere. He was ordered to have ten grains of calomel immediately; and to take, every four hours, three tablespoonfuls of an eight-ounce mixture, containing ten drachms of spirits of turpentine and an ounce and a half of castor-oil, in peppermint water. The purgative enema was repeated. The morphia, steel, and inhalation of chloroform were ordered to be omitted. He was also ordered to have a mild tepid shower-bath in the morning.

Feb. 23rd. He slept occasionally, for ten minutes or so together, at intervals during the night, but the rest of the time he was very violent. There was the greatest difficulty in getting his medicine down, and he asked to have more of the "scent". The conjunctivæ were congested, and he said, when asked, that he had pain in the head. Pulse 100. Three leeches were applied to each temple; and he was ordered to have a compound senna draught immediately, and a turpentine

enema in the evening. The shower-bath was ordered to be repeated in the morning.

Feb. 24th. The inhalation of chloroform was resumed at intervals during the night; when not under its influence, he was very violent, and was so much so this morning that it was necessary to put a strait-waistcoat on him, to prevent him from injuring himself. He was ordered to have half a drachm of carbonate of iron in treacle, three times a day. The bowels were open well during the day. He continued violent till the afternoon, when he became worse rather suddenly, and died at nine in the evening.

A *post mortem* examination could not be obtained.

It was afterwards reported that he had received a wound of the hand a week or so before admission, though it could not satisfactorily be made out. He never complained of it, nor was it mentioned at all by himself or his friends while he was in the infirmary. The date of the commencement of the symptoms, and of the receipt of the supposed injury, were not consistent, and the former did not partake of the characters of tetanus.

Original Communications.

THE ALCOHOLIC TREATMENT IN EXHAUSTING DISEASES.

By JOHN PURSELL, M.D., Brighton.

In a former communication, I endeavoured to prove the utility and efficacy of administering cordials (that is, diluted alcohol) in extreme cases of exhausting diseases, where usually the inflammatory action or congestion had been of the passive or asthenic character, and had attacked some vital organ, and terminates by inducing complete prostration of the physical and vital energies of the patient.

I propose to consider now the auxiliary agency of cordials, in conjunction with appropriate medical treatment, in subacute and chronic disease; maintaining that from the artificial habits of society, recovery, in the cases I am about to detail, would be, if not actually impossible, at least very improbable, independently of such agency.

CASE I. A. B., a commercial traveller, aged 27, was placed under my medical care about fifteen years since. He was the subject of general dropsy of some months duration, for which he had submitted to treatment for three months at the west end of London, being attended by a hospital physician and a general practitioner, without having derived any or the least amelioration of his symptoms during this period. He stated that, previously to this attack, he had enjoyed a fair state of health. Happening to be exposed to cold and heavy rain, he got very wet, and hence his present attack. He had taken a great deal of diuretic and laxative medicines; but remained in *statu quo*. Change of air was suggested; and he was located in the neighbourhood in which I was then practising. On my visiting him, I found that he had œdema of the lower extremities; the heart's action was normal, with occasional intermissions. The urine was found to be albuminous on the addition of nitric acid.

I commenced by ordering this patient one grain and a half of hydrargyrum cum cretâ every four hours, with one grain of opium and two ounces of brandy diluted with twice its quantity of water, every four or five hours; strong beef-tea as diet, and effervescing medicine every six hours; and occasional vesication on the spine. On the eighth day, slight ptialism occurred; he was then put on a diet of mutton chops, with one pint of porter or ale, twice a day, and half a pint of wine, the brandy being suspended. In twelve days, convalescence was established; and within a month from the commencement of my attendance, he was enabled to resume his accustomed duties.

It is important to bear in mind, that this patient, from his habits as a commercial traveller, took daily two or three pints of malt liquor, besides a pint of wine, with a generous diet of meat, etc., three times a day. It would have been unreasonable to expect the resources of nature or her restorative processes to be called into healthy action by the exercise of routine and the withdrawal of his usual beverages, without considering the previous habits of the patient, and the constant

mental and physical exertion to which he was daily and hourly subjected in the discharge of the duties of his calling.

CASE II. The head of a commercial firm in the City experienced suddenly an attack of cerebral congestion, and was in a state of insensibility when I first visited him, at 9 P.M. He had just returned home from a journey; and it was apparent that his symptoms arose from gastric derangement. Three ounces of brandy, diluted with an equal quantity of hot water, were ordered to be administered; vesication was applied between the scapulae; two grains of calomel, with four grains of rhubarb, were ordered to be given directly; and effervescing medicine every four hours, with an effervescing laxative in the morning. On my visit the following morning, sensibility was restored; the medicine had acted freely. Two ounces of brandy, with the same quantity of hot water, had been given twice in the night. In two or three days, this patient became convalescent.

In this case, like the former, the patient was in the habit of living generously, conducting the chief part of the travelling department, and taking moderately from one to two pints of ale, with a pint of wine, daily. Hence the rapid and safe convalescence he experienced, owing chiefly to the cause (gastric disturbance) having been promptly removed; the consequences subsiding in a few hours, with the assistance rendered by Art to the restorative processes of Nature.

CASE III. Several years since, I was requested to visit a case of hemiplegia. The patient, a female, aged about 48, of robust constitution, and somewhat corpulent, was in a very weak and exhausted condition. She represented herself to have been attacked with giddiness in the head and sudden loss of consciousness. A medical man was sent for, who immediately bled her, and the next day repeated the operation, and administered purgative medicines. No improvement taking place at the end of a week, and change of air having been proposed, she was removed a few miles, to the neighbourhood where I was first consulted. On examining her condition, I found her pulse not more than 50, and general coldness of the trunk and extremities. I ordered two ounces of brandy to be taken directly, with an equal quantity of hot water; and to be repeated every four hours. I also prescribed one grain of disulphate of quinine in a pill every four hours, with effervescing draughts, vesication to the spine, and beef-tea to be given frequently. On the appetite being restored (which occurred in forty-eight hours), the further exhibition of brandy was suspended. Two mutton chops were now given daily, with two or three pints of porter or stout. In seven or eight days, this patient entirely regained the use of the paralysed parts, and became speedily convalescent. She has since continued to enjoy uninterrupted health.

CASE IV. Within the last few months, I have had under my care four cases in dispensary practice where the auxiliary agency of diluted alcohol has materially contributed to the recovery of the sufferers. One was the case of a young man, aged 30, the subject of fever, who was discharged from the county hospital, and placed under my charge. On visiting him ten days since, I found him partially comatose; he could only be roused by shouting in his ears. He also had subsultus tendinum and picking of the bedclothes. Speedy vesication on the spine was induced by means of a camel's-hair brush dipped in the ammoniated solution of cantharides. An ounce of brandy, diluted with an equal quantity of cold water, was administered, and continued for several days, at periods varying from two or three to six hours. Sensibility was restored within forty-eight hours; and on the ninth day convalescence was established. He had taken nothing else but a little beef-tea since I had the charge of his case. On the day of his convalescence, he asked for a steak or mutton chop, the latter of which was readily conceded, and a half-pint of stout directed to be administered instead of the brandy. But for the exhibition of the brandy diluted, this patient would have sunk. I was told by the occupier of the house that "this patient was too far gone for me to be of any service to him", that he "was only sent home to die".

The three other cases were also cases of cerebral affection. Two were instances of insanity (melancholia), where the tonic plan of treatment, combined with a strictly regulated diet and the frequent use of small quantities of brandy (diluted), proved of great auxiliary service. Very moderate vesication was also pursued, and both were convalescent in three or four weeks.

The remaining case was one of hemiplegia, in a patient near 70, who had experienced the attack near six months. In his case, the hemiplegia was complete; and I found on visiting him, that he had no control or muscular power over either the left

upper or lower extremity, and was unable to stand. By a strict diet of a generous character, aided by the use of one or two pints of porter each day, and two ounces of brandy diluted, this patient recovered the entire use of his lower extremity in about four months, and his upper extremity is now gradually yielding to the combined effects of a tonic and generous diet; the whole upper extremity having become obedient to the will, excepting the hand, the fingers of which are day by day recovering their use of flexion and extension. The medical treatment was chiefly small doses of quinine, with one-twelfth of a grain of morphine.

GENERAL REMARKS. The inferences to be deduced from the detail of a very few of the cases which I have, as above, taken from my notebook, though very imperfectly given, go far to prove, I think, the efficacy of cordials as being powerful auxiliaries in the treatment of fevers, and of cerebral and nervous derangements. In fact, individuals such as children, as well as adults, the subjects of cerebral disturbance (the frequent accompaniment of remittent and continued fevers), are more safely and quickly restored to convalescence by the judicious exhibition of small quantities of wine, etc., from time to time. I have found in many cases of cerebral or spinal disturbance—especially in the Protean forms of spinal irritation, attended with severe local pain, usually of a periodical character—that these auxiliaries very materially contribute to assist the medical and dietetic treatment. Thus, as I stated at the commencement of my first paper, is substantiated the correctness of the late Dr. Todd's conclusion that the judicious and timely administration of alcohol, either in the form of diluted spirit, wine, or malt liquors, constitutes a nutritious aliment to the cerebral and spinal systems, when unduly exhausted, appearing to restore the balance of vital energy expended in the progress of asthenic diseases, where, without the auxiliary agency of cordials, nothing short of an unfavourable termination can be the result. Even when organic disease is present, the administration of cordials produces usually considerable alleviation of suffering and pain. In many incurable diseases, such as phthisis, cancer, etc., how great is the relief experienced by suffering patients from taking a moderate allowance of cordials! These sustain and support the irritable and exhausted condition of the nervous system, and thus gently smooth the passage to the grave.

SCROFULOUS DISEASES OF THE EXTERNAL LYMPHATIC GLANDS:

THEIR NATURE, VARIETY, AND TREATMENT.

By P. C. PRICE, Esq., Surgeon to the Great Northern Hospital; the Metropolitan Infirmary for Scrofulous Children at Margate; etc.

II.—CHRONIC ENLARGEMENTS OF THE EXTERNAL LYMPHATIC GLANDS, FROM HYPERTROPHY OF STRUCTURE, INDEPENDENT OF INFLAMMATORY ACTION.

[Concluded from page 703.]

General Treatment. In all diseases in which complication exists, prescribed forms of treatment must be more or less modified; and this observation is particularly relevant as regards the therapeutical management of this special glandular affection. It has been stated that, in all probability, in the majority of cases in which this derangement occurs, it obtains as a result of certain causes which have an extra lymphatic origin; and, therefore, before any hopeful treatment can be adopted, it is highly advisable that they should, if possible, be recognised. What these causes may be, it is often difficult to determine; but frequently a decided departure from health will point to some impairment of the digestive, secretive, or absorptive functions. It must be allowed, I think, that this kind of glandular affection is generally met with in each of the divisions which so commonly admit the development of strumous disease; viz., the sanguine, phlegmatic, and lymphatic; so that if in certain instances it appears to be but slightly, if at all, associated with well developed scrofula, still it must be ordinarily considered as in some way or other connected with this peculiar diathesis. Believing that the simpler forms of the affection, when appearing in the external glands, although not appreciable in those of the mesentery and other internal structures, are dependent on systemic causes, I usually commence the treatment by regulating the proper action of the various viscera. This is