offered by Lebert. This distinguished author, in one hundred and fifty-eight cases of tuberculous glands which he collected, states that in eight only were the axillary glands alone affected. Louis, moreover, mentions that in eighty cases of tuberculous disease, he found the axillary glands involved on only one occasion. When these glands are included, it appears from my own statistics that a definite exciting cause is often necessary to predispose them to assume a tuberculous condition. From position, the axilla is but slightly exposed to vicissitudes of temperature, but to strains and injuries it is more susceptible. Hence it is that, in seeking for statistics of tuberculous disease of the glands of this region, it is usual to inquire, when meeting with cases, whether injury has been sustained. This necessity is well illustrated in the case of a scrofulous looking man who was some time since under my care at the Great Northern Hospital, who, when one day at work, sprained his right arm. Irritation of the axillary glands followed, and, in the course of a few weeks, three or four of the glands had assumed all the appearance of tuberculous induration. In the course of time, these swellings softened, and eventually discharged true tuberculous pus, mingled with shreds of unhealthy looking scrofulous lymph. Cicatrisation followed; but three of the glands were completely destroyed.

The size to which tuberculous enlargements of these glands may obtain is variable, and dependent on such circumstances as already mentioned when speaking of like disease of the cervical ganglia. The loose way in which they are associated, and the redundancy of cellular tissue in which they lie, enable considerable increase in size to be attained before any very great pain is experienced; but, as a rule, the extent to which enlargement arrives is not great ere resolution or destruction ensues.

It has been stated by a well known writer and pathologist, that "tubercle and cancer are incompatible—the one excludes the others" (*A Course of Lectures on General Pathology*, by John Simon, F.R.S.) I am induced to give an example in which tubercle involved the lymphatic glands of the right axilla, between eighteen months and two years after removal of the right breast, which was affected with cancer, because, until lately, the above stated doctrine has been generally looked upon as infallible.

The patient in whom this somewhat unusual condition occurred was a lady, a patient of Mr. Fergusson, whose cancerous breast I assisted this distinguished surgeon to remove more than six years since. The axillary glands at this time were to all appearance intact; but, about eighteen months or two years afterwards, they had attained a large size; and, as it was feared that they were in a cancerous condition, an operation was resorted to. On placing portions of the removed parts under the microscope, a true tuberculous degeneration was detected. Cases of a somewhat similar character have lately been published; and one of great interest was recorded a short time since in the *Medical Times and Gazette* by my friend and former colleague, Dr. Coote.

Tuberculous Disease of the Inguinal Glands.

It is comparatively seldom that these glands are implicated with tubercle, except under certain conditions. I have seen but few instances in which tuberculosis occurred as a solitary affection, or unconnected with any similar manifestation in other parts. The following is an instance in which, however, one or more of the glands of the right groin were involved with tubercle after a severe attack of low fever. The patient was a gentleman, about twenty years of age, who consulted me last summer regarding a tumour in the right groin. It had made its appearance shortly after convalescence from a protracted low fever. It passed through the various destructive changes of tuberculous inflammation, etc.; and cure was only effected by healing up the sinuses which had been formed between the cavity of the glands and the integument. The discharge from the glandular swellings presented all the characteristics of tuberculous matter. This patient exhibited a strong tendency to phthisis.

The comparative infrequency of tuberculosis of these glands is, perhaps, not generally admitted; for abscesses and ulcerations in the neighbourhood of the groin are of common occurrence, and care must be taken that they be not mistaken for true tuberculous destruction commencing in the proper glandular structure. It may be mentioned, as confirmatory of my own views on this point, that neither Louis nor Lebert mention a single instance of tuberculous inguinal glands.

Although the neck, axilla, and groin, are the principal locali-

ties in which lymphatic glands are found near the surface of the body, still there are other parts in which they are situated. In relation with the female breast, at the bend of the elbow, on the forearm, in the popliteal space, etc., are scattered a few absorbent glands; but suffice it to say, that their implication with tubercle is comparatively rare, so far as I am aware, except it be those situated in the front of the chest, which are occasionally, in concert with the cervical ganglia, involved.

[To be continued.]

A CASE OF SALAM CONVULSION (ECLAMPSIA NUTANS).

By JOHN WATSON, M.D., Southampton.

THE patient was A. S. W., aged 3½ years. For several months past, the present attack had been growing upon her; previously to which, she had always been healthy, having had none of the diseases usually occurring in childhood, with the exception of a convulsion fifteen months ago, after a hearty indigestible dinner. The attack first appeared as a simple falling forwards of the head for a moment; was only noticed during a meal-time, and was explained by supposing the child had dropped into a doze. This falling of the head, however, continued gradually to increase in frequency and determinateness; so that at length what was at first uncertain, and thought to be fancied by some of the child's friends, had forced itself painfully upon their attention.

When I first saw her (March 1860), these attacks were very frequent, and the head was drawn down so forcibly as to bruise or cut her chin with the violence with which it struck her basin when she was feeding herself, or the table or other article of furniture over which she might chance to be leaning at the time. Without any warning, the eyes became suddenly fixed; the head and neck spasmodically bowed; and at the same instant the arms were thrown upwards, outwards, and a little backwards; the hands dropping whatever they might be holding. This continued for a second or two; and the child resumed whatever she might have been about, as if nothing had occurred. The seizures were most numerous in the morning (when she could not be trusted to feed herself), though they occurred twenty or more times in the day, and probably during sleep also, as she was observed frequently to start in bed. Her forehead, nose, and chin, were marked with bruises; and she requested to be tied to her chair at meal-times. Unlike the cases of salam convulsion I have seen recorded, *the attack ended with a single "salute"*. The child was fairly grown, moderately plump, with clean tongue, moderate appetite, and soft abdomen. All the nutritive functions were apparently well performed; she had never had worms; and no other eccentric cause of the disease could be detected. She was quick and intelligent; the only abnormal symptom being an apparent deficiency of tone in the muscular system. She walked, ran, jumped, and sat *heavily*, without spring or elasticity.

The treatment enjoined was at first hygienic only; fresh air, plenty of exercise, a mild nutritious diet, and cold bathing. But the convulsion continued undiminished either in frequency or force; and she had, in addition, three short, but unquestionably genuine epileptic fits, during this month, all of them coming on in the early morning. In April, I prescribed dilute phosphoric acid with steel; but, after using it for about three weeks without benefit, I exchanged it for full doses of valerianate of zinc, and was gratified by one week's entire absence of attack. However, the attacks returned as vigorously as ever; and the administration of this medicine for five weeks longer having failed to afford relief, I had recourse to the oxide of the same metal, with a similar negative result. Adding cold sea-bathing to the hygiene, I now commenced the regular administration of cod-liver oil, commencing with three drachms, and rapidly increasing the dose to an ounce daily. After taking twelve ounces of the oil, the seizures became less frequent for three or four days, and then altogether left her, though she continued to take the oil for several weeks longer.

She is now quite well—a remarkably intelligent, merry child, and possessing more activity of limb than before her illness.

REMARKS. The case is interesting chiefly from its infrequency. I have never seen a similar one; nor have those of my medical friends to whom I have mentioned it. Its happy termination renders it probable that the proximate cause of the peculiar movements described was simply mal-assimilation occurring in a central organ of the nervous system. The non-implication of the intellectual powers would seem to exclude

the brain; while the nature of the attack itself (so distinctly excitomotor), and the defective tone of the lower limbs, point alike to the spinal cord. It also adds another to the many testimonies we have to the power that cod-liver oil exercises over the assimilative functions generally.

OBSERVATIONS ON THE TREATMENT OF ASTHMA.

By T. L. PRIDHAM, Esq., Surgeon, Bideford, North Devon.

[Continued from p. 683.]

CASE VIII. I now proceed to record a case of dyspeptic asthma, in a gentleman, aged 62, who had passed upwards of thirty-five years in India, his occupation being chiefly that of an indigo-planter. He had been afflicted for ten years with the disease, the severity of which had obliged him to leave India and his profitable occupation. He had, in addition to almost constant asthma, frequent attacks of jungle-fever, so that with the combination of these formidable diseases, he was reduced almost to the last extremity before he was put on board ship to return to his native country, to seek, if possible, restoration to health. He landed in England, after a voyage of intense suffering from the effects of asthma.

He had been home about three years when I first saw him, on November 20th, 1857. He was then somewhat improved in health; still at times he suffered severely. He could not at any time lie down in bed; and every morning he expectorated at least a pint of heavy mucous secretion. His pulse was irregular and slow. His tongue was large, covered with fissures, and coated. The lungs were emphysematous in their whole extent. The body was emaciated; the shoulders were raised; the countenance bore marks of long and continued suffering. His appetite was not genuine, though he ate largely, as he remarked, to make up for his daily waste, in consequence of the large amount of expectoration. The bowels were costive; the urine was loaded with lithates. Under these circumstances, I placed him for some days on an alterative and saline aperient plan, under which his secretions improved, his tongue became cleaner, and his general appearance more satisfactory; but the night distress and morning expectoration continued much the same.

On the tenth day, I commenced the sedative plan of treatment by giving three grains of the extract of conium four times a day, just one hour before each meal; that is, at seven A.M., twelve A.M., six P.M., and ten P.M. I, at the same time, ordered an aperient pill, composed of three grains of the watery extract of aloes and one-fourth of a grain of the extract of stramonium, to be taken at night, as often as it might be required; and the bowels to be solicited to act every morning directly after breakfast, by means of an enema of soap and water. With regard to the diet of my patient, I desired that the strictest attention should be paid as to regularity, quality, and quantity: for breakfast, at eight A.M., he was to have a breakfast cup of green tea with a little raw cream, and two ounces of dry stale bread; for dinner, at one P.M., two ounces of fresh mutton or beef without fat or skin, two ounces of dry bread, and three hours after dinner, weak brandy or whiskey and water or toast water *ad libitum*; for supper, at seven, the same diet as at dinner; and at half-past ten P.M., a little weak brandy and water. Air and exercise were enjoined, but not within three hours after eating animal food.

On December 25th, my patient under this treatment was so far relieved that he could recline comfortably in bed; his expectoration was lessened, and his breathing much improved; the bowels were regular, and the urine clear and free from lithates, and he remarked to me that he had not been so free from suffering for years.

On January 1st, he writes: "With the new year appears to have commenced a new era of my life. I sleep all night, and I have now no morning cough; and instead of holding on by the banister to get up stairs, as I was accustomed to do before I commenced your plan of treatment, I can now spring up two stairs at a time; and, to my astonishment, I often find myself either singing or whistling just as I used to some twenty years ago—I think I cannot give you a better description of my present enjoyment of my animal powers and my perfect freedom from oppression, than my relating this one circumstance, which I know you will be pleased to hear."

On March 1st, he writes: "I still go on well. My health is

perfectly good; I walk eight or ten miles a day, and do not appear to be the worse for eating six ounces of animal food daily as you directed, in addition to six ounces of bread and rice. I take and enjoy my weak brandy or whiskey and water as usual, occasionally I indulge in a couple of glasses of good old sherry three hours after my dinner. I now take your medicine only three times a day; and, notwithstanding the small amount of food which I now take in comparison to what I have long been in the habit of taking, I have increased in weight since January 1st just seven pounds."

On September 10th, he writes: "I still continue in good health, and take your medicine only twice a day; it appears to have a great influence over me in its soothing effect, and I do not like to discontinue it; I have still added to my weight, although I do not take above one-half the food I used to take."

For more than a year I continued to receive good accounts of my patient. Whenever he had any symptoms of his former disease, he always attributed it to his own imprudence.

CASE IX. The next case which I shall relate is that of a gentleman in London, who, on January 15th, 1859, writes to me thus:—

"I have long suffered from that most distressing complaint asthma, which during the winter months unfits me for every thing; in other respects, I am in tolerable health; my age is sixty-seven. I have continual cough and most profuse expectoration of a thin frothy character; and for hours together I breathe as it were through a hookah; I can get no relief, and I can assure you my sufferings are most distressing. I feel the greatest difficulty in drawing my breath in the morning before I get rid of my expectoration by violent fits of coughing; on going up the slightest ascent, I feel the greatest difficulty. Having given you these particulars, will you kindly tell me if you think you can give me any relief, so that I may be able to attend with any degree of comfort to my calling, which has been for forty years of a most exciting nature, as all men know who have to do with the Stock Exchange. I am prepared to make any sacrifice with a tolerable prospect of getting relief."

Some few days afterwards, he visited me; and, in addition to the previous history of his case which he had given, I learned that he had been afflicted for many years with asthma, as those who frequented the Royal Exchange could testify, for his distress of breathing and anxious countenance were the theme of many whilst transacting business or in conversation with them. Still his natural energy had carried him through his daily avocations up to the present time, but with increasing years he felt that life was becoming daily more insupportable. His appearance when I first saw him bore the marks of a confirmed asthmatic. He was tall with a large frame, bent forward not so much from age as from the position which he was obliged to assume whilst on his feet and frequently during the greater part of the night; his shoulders were greatly raised; his eyes protruded considerably, and the conjunctivæ were much suffused; the tongue was thickly coated and chapped; the breathing was oppressed and painful; expectoration was considerable and frothy; the chest was emphysematous nearly through its whole extent; the bowels were irregular and costive; the urine was loaded with lithates; pulse 96; the heart was normal, but feeble in its action; his appetite was precarious, and he had much flatulent distension of the stomach and bowels. He usually ate largely of soups, made dishes, and pastry, in addition to more solid food, and drank his beer and wine liberally. His distress, he said, was always the most after a full meal, and his nights were wretched. It was evident that, in addition to his usual dyspeptic asthma, he was now suffering from bronchitis also, from exposure to a draught during his journey. I therefore commenced giving salines with nitrate of potass, and counterirritants; knowing full well by experience that it is useless to place a dyspeptic asthmatic patient under specific treatment until all inflammatory action of the chest has subsided, which having been accomplished, I then placed him on the sedative and strict dietary system, allowing him, in addition to six ounces of bread daily, four ounces of animal food without fat or skin. He was allowed green tea, coffee, and weak brandy and water *ad libitum*, provided the liquids taken did not interfere with the digestion of the animal food. His meals were ordered to be given with the greatest regularity, at the hours of eight A.M., one P.M., and seven P.M.; the bowels to be regulated by means of four grains of the compound aloetic pill, and a simple enema after breakfast if it should be required. In addition, four grains of the extract of conium were ordered to be taken four times a day, at the hours of seven A.M., twelve noon, five P.M., and ten P.M.