ORIGINAL COMMUNICATIONS.

CONTINUED FEVER IN CHILDREN.

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[Read before the Harveian Society.]

In systematic works upon the diseases of children, we find little or no mention made of continued fever; not that this complaint is essentially an infantile one, far from it; but many other affections equally common to the adult as well as to the child, have been copiously described in such treatises, while this has been altogether omitted. The diagnosis in such cases is important, not only as affecting the patient with regard to appropriate treatment, but also as concerning the safety of others, by giving them timely warning to avoid contagion as much as possible. The contagious nature of continued fever has been denied by some: I am, however, a staunch contagionist, and, being such, am fully persuaded that the disease may be propagated with the same degree of certainty by a child as by an adult. In June 1853, I saw a striking illustration of this, which it may not be out of place to mention here. A child, not quite four years old, came under my care with a severe attack of continued fever, complicated with head symptoms. This child recovered, but her mother now became affected; and six other children had it likewise. Now, it might be urged that this was endemic; that some local cause, which had produced the disease in the first child, had also caused it in the other members of the family. This argument might hold good possibly with the mother, but not with the other children; for they removed to a totally different locality before they were affected, the mother alone having shown incipient symptoms previous to their change of abode.

It is not my intention to enter into a detailed account of the symptoms of continued fever. Every medical man is so perfectly conversant with them, and they have been so frequently and ably described by eminent practitioners, that it would be superfluous to attempt it. The fever in the child does, in no material point, differ from that which occurs in the adult; the only thing to be borne in mind is the difference of age and constitution. We must remember that this complaint, which will at once strike down the hale strong man, and render him as helpless as the new-born babe, has now to be dealt with in a little fragile being, in whom any complication may speedily run on to a fatal end, or leave permanent injury behind it. Bearing this in mind, we must see the necessity for extreme watchfulness on our part; and I need scarcely add, that the tender age of our little patients must always, in a right feeling mind, induce that sympathy and interest, which will excite the greatest energy in their behalf.

The continued fever of children may, for the convenience of description, be divided into three heads, viz.: First, simple uncomplicated continued fever; secondly, continued fever, aggravated with complications; thirdly, continued fever, commencing in the first instance with remittent symptoms.

With regard to the two first of these divisions, very little need be said, beyond bringing forward some illustrative cases, with a few passing remarks, which will perhaps serve better to show their nature, than any detailed accounts alone could possibly do.

SIMPLE UNCOMPLICATED CONTINUED FEVER.

This is of course the mildest and most tractable form, not differing in any respect from the continued fever of adults, with the exception, as before stated, of its occurring in a child, whose tender age renders it less capable of bearing up against a severe illness of such a description. The treatment must of course be palliative, not curative; for there is a good old maxim, which all know well by experience, "we may guide a fever, but we cannot cure it".

CASE I. Henry T., aged 3 years, Feb. 8th, 1853, had been attacked five days before with shivering followed by heat, and was reported to have wandered much on two successive

nights. He was then feverish and thirsty, with dry heat of skin, slight hacking cough, but no stethoscopic signs. Pulse 136; tongue dry and brown; bowels confined.

R Liqueur ammoniæ acetatis 3ij,
Spiritus ætheris nitrosi ℞xx,
Misturæ camphoræ 3vj.

Fiat haustus sextis horis sumendus.

R Hydrargyrum cum cretâ gr. iij.
Fiat pulvis statim sumendus.

R Olei ricini 3iss.
Post horas ij.

Feb. 9th. The bowels had not acted; in other respects he was much the same. Repetatur oleum ricini.

Feb. 10th. Bowels still unrelieved, in consequence of the stomach rejecting the oil; tongue dry and brown; pulse 120.

R Haustus sennæ 3ss.

Ad sedes.

Feb. 11th. Bowels had acted freely; tongue cleaner and moister; pulse 130; skin less dry.

Feb. 12th. Much better in every respect. Pulse 112; skin moister; tongue cleaner.

Feb. 17th. The tongue was perfectly clean; skin moist; pulse 100. He now improved rapidly, and was perfectly well by the 10th March.

CASE II. Anne A., aged 5. Nov. 28th, 1853. Was attacked a day before with shivering followed by dry heat, which continued on and off to the time I saw her. The child was then shivering; there was much anxiety of countenance; complexion sallow; breathing rapid and gasping; slight cough; tongue foul and loaded; pulse 130, of tolerable strength; chest resonant on percussion; heart's action much increased; respiration spasmodic, but otherwise natural. This patient had recently been attended by myself for an attack of scarlatina.

R Liqueur ammoniæ acetatis 3ij,
Spiritus ætheris nitrosi 3ss,
Misturæ camphoræ 3vi. M.

Fiat haustus sextis horis sumendus.

R Hydrargyri cum cretâ gr. iij.
Horâ noctis sumatur.

Nov. 29th. Much the same. Bowels confined.

R Olei ricini 3ij.
Statim sumatur.

Nov. 30th. Pulse 120; tongue foul; wandered at night slightly; seemed drowsy, and complained of headache; but there was very little heat of scalp. Repeat the mixture. Repeat the powder at bedtime.

Dec. 4th. There had been no material difference in the symptoms until this day. The tongue was now somewhat cleaner and moister, but still much loaded. She had passed a better night, and without wandering.

Dec. 5th. Better on the whole; but the bowels were confined.

R Hydrargyri chloridi gr. ij.
Horâ noctis sumatur.

R Olei ricini 3ij.
Cras mane.

Dec. 9th. Very much improved. To get up.

Dec. 14th. Tongue still coated, and bowels rather confined; motions dark and offensive. Repetatur hydrargyri chloridum and oleum ricini.

R Haustus salin. efferv. 3j,
Spiritus ætheris nitrosi 3ss.

Sextis horis.

She now improved rapidly, and was perfectly convalescent by the 26th.

CASE III. Emma B., aged 10. Feb. 7th, 1854. Was attacked on the 5th with rigors followed by heats, having been ailing for a few days previously. There was great prostration and languor; dry heat of skin; tongue dry and foul; pulse weak, 120; bowels regular. She wandered; but could always be roused sufficiently to answer questions.

R Liqueur ammoniæ acetatis 3ij,
Spiritus ætheris nitrosi 3ss,
Misturæ camphoræ 3v. M.

Fiat haustus quartis horis sumendus.

Feb. 8th. No alteration in the symptoms.

Feb. 9th. Pulse 128; tongue dry and brown, with scales on teeth and lips; skin dry; was delicious at night, and wandered constantly during the day.

Feb. 10th. Much the same. Bowels regular; but motions were very dark coloured, and very offensive.

R Hydrargyri cum cretâ gr. iij.

Horâ noctis.

Feb. 11th. Bowels acted freely; and motions were much more natural, though still very offensive.

Feb. 12th. Not quite so well; passed a restless night. Tongue more dry than yesterday; pulse 128.

R Olei ricini 3 ij.

Statim sumatur.

Feb. 13th. Very much better in every respect.

Feb. 17th. Greatly improved; but tongue still rather dry.

Feb. 18th. Tongue moist and cleaner; pulse 100, weak; bowels regular.

R Haustûs salin. ammoniæ efferv. 3j,
Spiritus ætheris nitrosi 3 ss. M.

Fiat haustus sextis horis sumendus.

Feb. 20th. Was able to sit up; appetite returning. To have some meat.

Feb. 22nd. Still weak; but mending rapidly.

R Infusi calumbæ 3j,
Acidi sulphurici diluti ℥v. M.

Fiat haustus bis die sumendus.

She continued to improve, and was out of my hands by the 25th March.

CONTINUED FEVER, AGGRAVATED WITH COMPLICATIONS.

In these cases, we generally find the febrile attack of a more severe nature than the last; the complication not always showing itself at the first onset, but supervening afterwards during the progress of the disease. Sometimes, however, it does occur as one of the first, if not the very first, symptom to which the attention is directed. The observation I made with regard to the treatment of simple uncomplicated fever, will not hold good here; inasmuch as, when a complication arises, it must be treated promptly, and with as much activity as the nature of the case will admit, remembering that the treatment must be modified by the complaint, which almost invariably has a tendency to a low form, and consequently will not admit of that amount of depletion which would be urgently required, if such a complication existed as a primary disease, independent of the fever with which it is now co-existent.

CASE IV. Emily J., aged 9. Oct. 26th, 1853. Suffering from severe diarrhœa of two days' standing, attended with much griping, but no sickness. Motions watery and inoffensive.

R Acidi nitrici diluti ℥v,
Acidi sulphurici diluti ℥x,
Misturæ acaciæ,
Aque menthæ piperitæ, aa 3ss. M.

Fiat haustus quartis horis sumendus.

Three doses stopped the diarrhœa.

Oct. 28th. Had now well marked symptoms of continued fever. Pulse 120; tongue dry, dark, and loaded; skin dry and hot; wandered occasionally, but could always be roused; had cough, with slight mucous râle; bowels confined.

R Olei ricini 3 ij.

Statim sumatur.

R Vini ipecacuanhæ ℥x,
Spiritus ætheris nitrosi 3 ss,
Liquoris ammoniæ acetatis 3 ij,
Misturæ camphoræ 3 vj. M.

Fiat haustus sextis horis sumendus.

Oct. 30th. Much the same.

Oct. 31st. Pulse small and quick; tongue foul; wandered much at night; small crepitation at lower and posterior part of right lung. Repeat the mixture every four hours. A blister to be applied to the chest.

Nov. 1st. No change in the symptoms. To go on the same.

Nov. 2nd. Small crepitation now extended nearly throughout the whole of both lungs; there was considerable

dyspnoea, and much distress of countenance; tongue dry and brown; pulse rapid, and exceedingly weak. Repeat the mixture.

R Hydrargyri chloridi gr. j.

Sextis horis.

Nov. 3rd. Mucous râle in upper lobes; small crepitation in lower lobes of both lungs.

Nov. 4th. Small crepitation, now confined to lower lobe of right lung.

Nov. 5th. There was now no crepitation to be heard, and mucous râle was decreasing. She was much better in every respect; tongue cleaner; pulse 100. Leave off the powder, and repeat the mixture.

Nov. 6th. Respiration almost natural; and very much improved in other respects. The mixture to be repeated every six hours.

Nov. 7th. Respiration natural; has scarcely any cough; pulse 80, weak; tongue cleaning.

Nov. 8th. She had now no cough, and perspired a great deal; tongue moist, and almost perfectly clean.

Nov. 9th.

R Infusi calumbæ,
Aque menthæ piperitæ, sing. 3ss,
Acidi sulphurici diluti ℥ij. M.

Fiat haustus ter die sumendus.

She now rapidly gained strength under the use of tonics, and was out of my hands by the 5th Dec.

In this case, the complication consisted of broncho-pneumonia. Loss of blood, however, under the circumstances, was totally inadmissible; but some active treatment was required. A blister was employed; but even this must, in such cases, be used with extreme caution. Calomel was of the utmost service; and, when its effects are carefully watched, the greatest benefit is often derived from its use, though the most disastrous consequences will sometimes ensue, if it be carelessly and indiscriminately administered.

CASE V. Henry R., aged 5. Dec. 5th, 1853. This child had three days before been taken with shivering, followed by heat, and had been very ill ever since; when seen he was feverish with hot dry skin, tongue dry and brown, pulse 120; suffered much from thirst; wandered at night, and was peevish and restless by day; had cough with small crepitation in lower lobes of both lungs. Bowels regular, motions very offensive.

R Hydrargyri cum cretâ gr. iij.

Horâ noctis.

R Haustûs salin. 3 ij,
Vini ipecacuanhæ,
Vini antimonii, aa ℥x. M.

Fiat haustus quartis horis sumendus.

Dec. 6th. Better with regard to the chest symptoms, but wandered much at night. Bowels confined; tongue dry and brown. Repeat the mixture.

R Hydrargyri chloridi gr. j.

Horâ noctis sumatur.

R Olei ricini 3 ij.

Cras mane sumatur.

Dec. 7th. Much the same.

Dec. 8th. Chest symptoms abating; no alteration in other respects.

Dec. 9th. Crepitation entirely gone, and was succeeded by mucous râle in larger bronchial tubes; still wandered at night; motions dark and very offensive; pulse rapid and weak; tongue foul but moist.

R Liquoris ammoniæ acetatis 3 ij,
Spiritus ætheris nitrosi ℥xv,
Vini ipecacuanhæ ℥x,
Misturæ camphoræ 3 iv. M.

Fiat haustus sextis horis sumendus.

R Hydrargyri cum cretâ gr. iij.

Horâ noctis sumatur.

Dec. 10th. Much the same on the whole, but wandered less at night.

Dec. 12th. Better in most respects; slept better; tongue a little cleaner. To have some arrowroot.

Dec. 14th. Improving; pulse weak and quick; tongue cleaner; bowels regular. To have some weak beef tea.

Dec. 16th. Bowels relaxed; in every other respect better. Adde misturæ confectionis aromat. gr. xv sing. dos.

Dec. 17th. Bowels not so much relaxed; cough less; tongue cleaner; pulse 84, weak.

Dec. 19th. Diarrhœa had increased, but otherwise he was better.

R Misturæ cretæ ʒss,
Confectionis aromat. gr. xv,
Tincturæ catechu ℥x. M.

Fiat haustus quartis horis sumendus.

Dec. 21st. Diarrhœa had ceased, but cough was troublesome.

R Vini ipecacuanhæ ℥x,
Oxymel. scillæ ℥xv,
Misturæ camphoræ ʒss. M.

Fiat haustus sextis horis sumendus.

Dec. 23rd. Very much better. To get up.

Dec. 26th. Greatly improved, but was very weak, and still had slight cough.

R Haustūs salin. efferv. ʒi,
Vini ipecacuanhæ ℥x.

Fiat haustus sextis horis sumendus.

Jan. 2nd. Had no cough; tongue perfectly clean; pulse weak; perspired a great deal.

R Infusi calumbæ,
Aque menthæ piperitæ, aa ʒss,
Acidi sulphurici diluti ℥v. M.

Fiat haustus ter die sumendus.

Jan. 11th. Able to go out, and was nearly well.

Jan. 18th. Very much better.

R Vini ferri ʒi.

Bis in die sumatur.

He now continued to improve, and was quite well by the 1st of February.

This was a delicate scrofulous child, and consequently much less depletion was required than in the last case: in fact, the same amount would have been injurious. Some caution is necessary in checking diarrhœa in these cases; it must not be allowed to proceed to a dangerous extent, but it certainly should not always be suddenly checked. I have seen such treatment, injudiciously employed, followed by fatal head symptoms.

CASE VI. Emma C., aged 6. Feb. 10th, 1854. Had been taken ill on the 5th with sickness, headache, and shivering, and had steadily become worse; the tongue was dry and thickly coated; pulse 128, weak; skin hot and dry; bowels regular; she complained of headache, and frequently wandered, more particularly at night, but could always be roused to answer questions coherently; there was cough with dry rhonchus in larger bronchial tubes; respiration natural in other situations,

R Haustūs salin. efferv. ʒi,
Spiritus ætheris nitrosi ʒss,
Vini ipecacuanhæ ℥x. M.

Fiat haustus quartis horis sumendus.

Feb. 11th. Passed a restless night; in other respects much the same as yesterday.

Feb. 12th. Slept well during the night, but wandered a good deal when seen; the cough was rather more troublesome, though looser; the rhonchus being replaced by slight mucous râle; pulse 128; tongue dry and brown; sordes on teeth and lips; bowels regular.

Feb. 13th. Passed a very bad night, raving incessantly, but was then much calmer and decidedly better than yesterday; the tongue, though thickly coated, was then moist; there was less sordes on teeth, and the lips were not so dry; pulse 120, weak; bowels regular, but motions dark-coloured and insufferably offensive; cough better. Repeat the mixture.

R Hydrargyri cum cretâ gr. iij.
Horâ noctis sumatur.

Feb. 14th. Had passed a very bad night; tongue some-

what more dry than the day before, but lips and teeth cleaner; bowels had not acted that day.

R Olei ricini ʒij.

Statim sumatur.

Feb. 15th. Slept better the night before, but became very restless towards morning, and had continued so; tongue foul and dry; pulse 120; bowels had acted twice freely; motions dark and offensive.

Feb. 16th. Rather more composed; tongue cleaner, but still very dry; pulse 120.

Feb. 17th. Much the same as yesterday.

Feb. 18th. Had been quite delirious during the night, constantly raving and trying to get out of bed; there was, however, no heat of scalp, and she was then tolerably calm, and somewhat exhausted; pulse 120, exceedingly weak; lips cleaner; tongue dry and brown; bowels regular; motions less offensive; cough much better.

R Haustūs salin. ammoniæ efferv. ʒi,
Spiritus ætheris nitrosi ʒss,
Vini ipecacuanhæ ℥vi. M.

Fiat haustus quartis horis sumendus.

Feb. 19th. Much the same, but weaker; to have some arrowroot.

Feb. 20th, 11 A.M. Had passed a very restless night, and taken to picking the bed-clothes; when seen the pulse was scarcely perceptible; she was languid, and could not be roused sufficiently to answer questions, or put out the tongue, which was dry and hard to the touch.

R Vini rubri ʒij.

Subinde sumatur.

4 P.M. Just as languid and imbecile as in the morning, but the pulse was a very little stronger.

Feb. 21st. Very much better; had passed a good night; could then be roused, and put out her tongue, which was quite moist and much cleaner; pulse 120, much stronger than yesterday, though still very weak; bowels had acted that morning, motions consistent, and not nearly so offensive as heretofore.

Feb. 22nd. Much the same as yesterday.

Feb. 23rd. Better; tongue moist and cleaning; pulse 100, stronger. To have a little fish.

Feb. 25th. Better in every respect; tongue perfectly clean; pulse weak. To have some soup.

R Infusi calumbæ,
Aque menthæ piperitæ, aa ʒss,
Spiritus ammoniæ arom. ℥xv. M.

Fiat haustus ter die sumendus.

March 3rd. Much better; pulse stronger; appetite improving.

March 8th. Was frightened last night by hearing some mice, and is now in a most distressing state of nervous excitement. Adde misturæ tincturæ nysci, ℥ss. M. sing. dos.

March 9th. Much better, and quite calm.

On the 17th she left off the henbane, and on the 29th took a drachm of steel wine three times a day; from this time she rapidly improved, and by the 10th of April was perfectly well.

The chest symptoms in this case were not so alarming as in the two previous instances; simple bronchitis was present, but no pneumonia; the fever was very severe, and of a low form, and even the administration of antimony would have been prejudicial; ipecacuanha alone was required. In the majority of cases, depletion is not necessary; such treatment would often be attended with serious consequences; even in cases of slight pneumonia, or bronchopneumonia, a combination of antimony with ipecacuanha in saline draught is all that is required to relieve the complication.

CASE VII. Mary B., aged 5. Feb. 22nd, 1854. Had been attacked on the 18th with an epileptic fit, having been ailing for some days previously, and complaining of alternate chills and heats. The tongue was dry and brown; bowels confined; pulse 120, weak; skin hot and dry; there was nausea, loss of appetite, much thirst, occasional wandering at night,

and great restlessness; she had been exposed to the contagion of continued fever, which had existed in the neighbourhood for some time past.

R Hydrargyri chloridi gr. i,
Pulveris jalapæ gr. ij. M.
Fiat pulvis statim sumendus.

R Liquoris ammoniæ acetatis 3ij,
Spiritus ætheris nitrosi 3ss,
Misture camphoræ 3vi. M.
Fiat haustus sextis horis sumendus.

Feb. 23rd. Much the same as the day before; bowels had acted freely; motions dark, and very offensive.

Feb. 24th. Complained of headache, and wandered more at night; pulse 120, very weak; tongue dry and brown; scalp hot. Head to be shaved, and cold vinegar and water applied. Repeat the mixture and powder.

Feb. 25th. Somewhat better; passed a more quiet night; bowels open, but motions dark and offensive.

Feb. 26th. Much worse; was delirious, and appeared in the greatest terror; a very small quantity of urine had just been passed involuntarily, being the first voided for twenty-four hours; the bladder perfectly empty; tongue dry and brown; sordes on teeth and lips; pulse 120, exceedingly weak; bowels had not been opened.

R Olei ricini 3ij.

Feb. 27th. Much the same in most respects, but had cough with very slight mucous rûle in larger bronchial tubes; still had delirium attended with terror. Repetatur mistura cum vini ipecacuanhæ $\mathfrak{mvi}$ sing. dos. quartis horis.

Feb. 28th. Much worse; dreadfully terrified when roused, at other times almost totally insensible; cough much better; pulse 120, very weak; tongue almost black; teeth and lips covered with dry dark-coloured sordes; no great heat of scalp; very little water was passed, and only once in twenty-four hours.

March 1st. Very much worse; was then almost totally insensible, but apparently sinking from downright exhaustion; motions pass involuntarily, and no more water is made than heretofore; pulse 120, and scarcely perceptible. Sumat vini rubri 3ij subinde.

March 2nd. Quite insensible, and weaker than yesterday.

March 3rd. Was more restless, and much flushed; the hand was often raised to the head, which was exceedingly hot, though there was great general weakness. To leave off the port wine, and have three leeches to the temples.

March 4th. Very little if any relief from leeches; at present, 4 p.m., she was apparently dying, pupils dilated, and insensible to light, but motioned me away with her hand when touched; bronchial tubes clogged with mucus from inability to expel it.

R Decocti senegæ 3iv,
Spiritus ætheris nitrosi,
Spiritus ammoniæ arom., $\mathfrak{aa}$ $\mathfrak{mxx}$. M.
Fiat haustus quartis horis sumendus.

This gave relief, inasmuch as the mucus was at first coughed up and expelled, and subsequently passed into the pharynx and was swallowed, evidently affording great ease. She continued to sink, and died, without pain, at 3 A.M. on the 5th.

Post mortem examination. Body well formed, but somewhat emaciated.

Cranium. Dura mater healthy in structure, but sinuses and vessels congested; arachnoid contained in its cavity a considerable quantity of serous fluid; veins on both hemispheres somewhat congested. On cutting into the brain, numerous bloody puncta were disclosed, and the grey substance was dark in colour; both lateral ventricles were much distended with serum, though the septum lucidum was whole, firm, and healthy.

Thorax. The right lung was bound down by old pleuritic adhesions; upper lobes of both lungs studded with milary tubercles; lower lobe of left lung congested, and corresponding lobe on right side hepatized, and at its inferior part presented a large cavity with loss of substance, but having no gangrenous odour or appearance of pus; a large bronchial ramification could be traced into it, thus

accounting for the manner in which the softened parenchyma was expelled. Heart healthy.

Abdomen. The peritoneum, and more particularly the great omentum, presented a singular appearance, being studded over its whole surface with small mottled (black and white) patches, looking like tubercular matter: these on microscopic examination by my friend Dr. Hare were proved to be nothing but deposits of fibrine; the intestines were all glued together by old adhesions, and the omentum was adherent to them throughout the whole of its posterior surface in a similar manner; kidneys large but healthy; other viscera natural.

CASE VIII. Emma M., aged 3. Nov. 16th, 1853. She had been seized two days previously with shivering, followed by heat; there was then great heat of skin, much thirst, and frequent vomiting; tongue foul and dry; pulse very rapid; bowels confined.

R Hydrargyri cum cretâ gr. ij.
Horâ noctis sumatur.

R Olei ricini 3iss.
Cras mane sumatur.

R Liquoris ammoniæ acetatis 3iss,
Spiritus ætheris nitrosi $\mathfrak{mxxv}$,
Misture camphoræ 3iiss. M.

Fiat haustus sextis horis sumendus.

Nov. 18th. Much the same, and there was no material change until the 21st, when I found that she had not made water for more than twenty-four hours; the bladder was not distended, but almost empty; she wandered occasionally, though there was no great heat of scalp, and there was constant sickness; bowels free; tongue dry and brown; pulse exceedingly weak.

R Haustus salin. efferv. 3i,
Spiritus ætheris nitrosi 3ss. M.

Fiat haustus quartis horis sumendus.

Nov. 22nd. Passed a small quantity of high-coloured acid water, soon after taking the first dose of the medicine, twenty-four hours before, but had made none since; she wandered more at night; motions dark, and very offensive.

R Hydrargyri cum cretâ gr. iij.
Horâ noctis sumatur.

Nov. 23rd. Had once more made a very small quantity of water; bowels confined; pulse rapid, and very weak; could not be induced to take any nourishment. Ordered to have a little arrowroot occasionally.

R Olei ricini 3ij.
Statim sumatur et repetatur si opus fuerit.

Nov. 24th. Had again passed one small quantity of water; bowels had acted comfortably after the medicine; pulse exceedingly weak; tongue dry and almost black; sordes on teeth and lips; she was frequently delirious and greatly terrified, but could always be roused, and appeared to be sinking from exhaustion. Vini rubri 3i subinde.

Nov. 25th. Much the same on the whole, but if anything a little better, and seemed revived by the wine. Still passed but one small quantity of urine in twenty-four hours.

Nov. 26th. Quite insensible; pupils fixed and dilated; pulse scarcely perceptible, and far too weak to admit of even the local abstraction of blood; motions and urine passed involuntarily, the latter still in small quantities, and at long intervals. Leave off the wine. Repeat mixture.

R Hydrargyri chloridi gr. ss.
Secundis horis.

Nov. 27th. Had had occasional convulsions, otherwise much the same.

Nov. 28th. Pulse hardly to be felt; still comatose, and appeared rapidly sinking; bronchial tubes filled with mucus, from inability to expel it. Intermittatur hydrargyri chloridi.

R Spiritus ammoniæ arom.,
Spiritus ætheris sulph. comp., $\mathfrak{aa}$ $\mathfrak{mxx}$,
Misture camphoræ 3iv. M.

Fiat haustus secundis horis sumendus.

Nov. 29th. Breathed more easily, the mucus being now expelled and swallowed; pupils fixed, dilated, and insensible

to light, and there were frequent and violent convulsions; she made more water, which, together with the fæces, passed involuntarily; bladder, as heretofore, quite empty.

Nov. 30th. Died. No examination of the body allowed.

In both these cases, that peculiar delirium attended with terror (which I have once before mentioned) was present, and this was accompanied by a partial suppression of urine. I do not say that the circulation of urea in the blood was the cause of death in these cases; for in the first there was a great amount of fluid within the cranium, and in all probability the same appearance would have presented itself in the second child if an examination had been allowed; but still this symptom is important, and I trust that the reiteration of my own remarks upon a previous occasion may not be considered improper, inasmuch as the symptom so frequently occurs with the suppression of this secretion. The delirium is of a peculiarly characteristic nature, and attended with great terror. "This state of horror is not unlike that which occurs in hydrophobia, though of course in a modified degree, and I have frequently noticed its appearance in children where there has been partial or complete suppression of urine, and urea consequently circulating in the blood. The quality of the vital fluid is totally altered by the deleterious substance now contained in it, and irritation of the nervous system necessarily ensues; it is most certainly a very ominous symptom, and, as a general rule, we may look upon its appearance as a certain precursor of death."*

CASE IX. Elizabeth A., aged 10. Feb. 10th, 1854. Was attacked with shivering and heats on the 6th, since which time she had had sickness and headache, accompanied with dry heat of skin. For a month previously she had suffered from chorea affecting the right arm. Tongue dry and foul; pulse 120, weak; bowels open.

R Liquoris ammoniæ acetatis ʒiij,
Spiritus ætheris nitrosi ʒss,
Misturæ camphoræ ʒv. M.

Fiat haustus sextis horis sumendus.

Feb. 11th. Just the same as the day before.

Feb. 12th. Pulse 128; tongue dry and coated; bowels confined. Passed a restless night, and wandered slightly.

R Hydrargyri cum cretâ gr. iij.
Statim sumatur.

R Olei ricini ʒij.
Post horas ij.

Feb. 13th. Bowels had acted freely; motions dark and very offensive; tongue moister and cleaner; pulse 121. Passed a comfortable night, and appeared better.

Feb. 14th. Had passed a very restless night, and was then delirious, but could always be roused. There was tenderness on pressure over the whole abdomen. Tongue dry and brown, sordes on teeth and lips; pulse 132. Bowels had acted freely, but the motions had not been kept. She had a troublesome cough, with mucous expectoration. There was a mucous râle in larger bronchial tubes; otherwise the respiration was natural.

Applicatur cataplasma sinapis abdomini.

R Haustus salin. efferv. ʒiss,
Vini ipecacuanhæ mx,
Spiritus ætheris nitrosi ʒss. M.

Fiat haustus sextis horis sumendus.

Feb. 15th. Had passed a comfortable night, and was better in every respect. Cough diminished; no pain on pressing abdomen; motions loose, but less offensive, and of a better colour than before. Tongue moister; pulse 128.

Feb. 16th. Much the same.

Feb. 17th. Pulse 120, weak. Tongue and lips had been bleeding, and were then dry and dark from this cause, being coated with blood. Bowels regular; motions more natural; cough quite gone.

R Haustus salin. ammoniæ efferv. ʒj,
Spiritus ætheris nitrosi ʒss. M.
Fiat haustus sextis horis sumendus.

Feb. 18th. No return of bleeding; tongue moister and cleaner; pulse 120. Slept well during the night.

Feb. 20th. Pulse 120; tongue cleaning; bowels regular; motions more natural.

Feb. 23rd. Pulse 120; tongue still rather dry, but cleaner. Suffered much from thirst.

R Haustus salin. efferv. ʒiss,
Spiritus ætheris nitrosi ʒss. M.

Fiat haustus sextis horis sumendus.

Feb. 27th. Improving rapidly; tongue perfectly clean; pulse 100.

R Infusi calumbæ,
Aque menthæ piperitæ, sing. ʒss,
Spiritus ammoniæ aromatici mxv. M.

Fiat haustus ter die sumendus.

March 1st. Much better, and totally free from any sign of chorea.

March 7th. Was attacked the previous night with severe ear-ache, followed that morning by a free discharge of healthy pus, giving relief to the pain. Ear to be bathed with tepid water.

March 8th. There was considerable pain in the ear, and copious discharge. A small blister was ordered to be placed behind it.

March 10th. Pain quite relieved, and scarcely any discharge.

The discharge of pus soon ceased, and was not followed by any deafness. On the 27th she began to take steel wine, and was perfectly well by the 24th of April.

Her brother, aged six, suffered from the simple uncomplicated form of fever. The attack was slight, and commenced at the same time as his sister's. He passed through the complaint without any peculiarity worthy of notice. The fever was introduced into the house by a relation who came to stay with them, she being at the time affected with it. The mother had it subsequently, and then the two children.

CONTINUED FEVER, COMMENCING IN THE FIRST INSTANCE WITH REMITTENT SYMPTOMS.

This form of fever is, I believe, almost peculiar to children. The patient appears ill, is affected with a peculiar *malaise* (to use the French term, for which we have no expressive translation), and, at the first onset, it is extremely difficult to say what the real nature of the case is. Soon, however, we find irregular febrile symptoms set up; there are slight periodical exacerbations, often with perfect intervening remissions, during which times little or no signs of illness are apparent; the exacerbations then become longer in duration, and more severe in their character; the remissions are not attended with the same freedom from uneasiness as heretofore; they become shorter and shorter, until they cease altogether, and the fever assumes the true continued form. It is not always that we are called in at the commencement of the attack; it often appears so trifling, and passes so gradually into the later stage, that medical advice is more generally sought when it has arrived at this point, and there can be no mistake as to its real nature. It is important, however, to ascertain the pre-existence of the symptoms above mentioned; for they may have existed some little time before the outbreak of the unmasked disease, slowly and insidiously enervating the patient, and lowering the vital powers, which have still to be sorely taxed by a long and tedious illness. In all such cases, convalescence is protracted; the complaint is always severe, almost invariably of a low form, and frequently attended with dangerous complications; and, when the acute febrile attack, and such complications as may have attended it, have subsided, we find a state of debility and emaciation remaining, in many cases truly awful to behold, and a train of symptoms ensuing which require the greatest possible care and attention to combat. The acute stage has passed, but the poisonous miasma has not left the patient; the symptoms, previously of a low type, now assume even a lower type; and, knowing this to be the case, it will behave us to be exceedingly cautious with re-

* On some Anomalous Cases of Scarlatina. *Lancet*, March 25th, 1854, p. 327.

ward to depletion, should we be obliged to have recourse to it for the treatment of any complication which may exist in the last stage. The fever which now exists is somewhat of a hectic character; there are frequently the low nocturnal exacerbations, followed by profuse debilitating perspirations; there is a total loss of appetite, languor, and, where the patient is old enough to have any ideas upon the subject, a strange indifference as to the result; even in very young children there is a state of apathy answering to this, which must strike every one who closely watches the case. I more particularly advert to this last symptom as a prognostic sign; for, bad though the case may be, so sure as ever we find this state of indifference passing off, or the younger child becoming more lively, and taking interest in the objects around it, we may have hope, aye, and strong hope, that recovery will take place. When once the symptoms begin to abate, the patient progresses slowly but surely to a state of health, though it is always a considerable time before this happy condition is arrived at. This form of continued fever, then, may be divided into three stages: first, the remittent stage; secondly, the continued stage; thirdly, the hectic stage. The child having passed through the two first stages of the complaint, the most anxious time arrives; support is required; but the greatest possible caution is necessary to avoid heating the patient, and perhaps thereby inducing some low form of inflammation, which would be difficult or probably impossible to control under such circumstances. We must carefully watch the case, cautiously administering such remedies as may be necessary, and increasing or diminishing the amount of nourishment, until the time comes when we can with impunity push on our nutritive and tonic treatment; when, in fact, all serious anxiety as to the future progress of the disease has ceased, or, to speak more plainly, when nothing but debility is left as a sequel.

CASE X. George B., aged 8. January 4th, 1854. He had been suffering for several days from well marked symptoms of remittent fever, with distinct exacerbations every evening, and much nausea and headache. There was then great languor, excessive thirst, and dry heat of skin; cough with dry rhonchus in larger bronchial tubes. Tongue dry and brown; lips parched and cracked; pulse 128, weak; bowels regular, but motions very offensive.

R Hydrargyri cum creta gr. iv.
Horâ noctis sumatur.

R Liquoris ammoniæ acetatis 3 ij,
Spiritus ætheris nitrosi 3 ss,
Vini ipecacuanhæ m̄x,
Misturæ camphoræ 3 vi. M.
Fiat haustus quartis horis sumendus.

Jan. 5th. Much the same.

Jan. 6th. Cough looser; dry rhonchus succeeded by mucous râle; pulse 120; tongue dry and brown; bowels confined.

R Olei ricini 3 ij.
Statim sumatur.

Jan. 7th. Tongue moister, but still very foul; the bowels have acted freely; pulse 128, weak; cough, the same.

Jan. 8th. Wandered the night before, but was then quite rational; tongue more dry; otherwise much the same.

Jan. 9th. Had passed a restless night, and was somewhat incoherent, but could always be roused sufficiently to answer questions. Was still troubled with cough; bowels open, motions dark and offensive; tongue dry and brown, with sordes on teeth and lips; pulse 128.

R Hydrargyri cum creta gr. iij.
Horâ noctis sumatur.

Jan. 10th. Much better; tongue cleaner and moister; motions less offensive and of a better colour; was more calm and had passed a good night.

Jan. 12th. Very much relieved as to the febrile symptoms, but still troubled with cough.

Jan. 14th. Continued to improve; slept well and was perfectly rational, but had no appetite, and was still troubled with dry harsh cough; tongue cleaner; pulse 120.

The symptoms continued much the same until the 2nd of February, when there was much perspiration; cough, with considerable amount of mucous expectoration expelled with difficulty; no appetite, and great emaciation; tongue tolerably clean; pulse weak.

R Haustus salin. efferv. 3i,
Vini ipecacuanhæ m̄x. M.

Fiat haustus quartis horis sumendus.

Feb. 10th. Somewhat better, but had no appetite; cough much the same, expectoration more free.

R Haustus salin. ammoniæ efferv. 3i,
Vini ipecacuanhæ m̄x. M.

Fiat haustus quartis horis sumendus.

Feb. 13th. Very weak and thin; still without appetite; tongue clean; cough a little better.

R Infusi calumbæ,
Aque menthæ piperitæ, sing. 3ss,
Oxymel. scillæ 3ss. M.

Fiat haustus ter die sumendus.

Feb. 15th. Much the same; bowels confined.

R Olei ricini 3 ij.
Statim sumatur.

Feb. 18th. Much weaker and thinner; cough much the same; to have two ounces of port wine daily.

Feb. 20th. Thinner, weaker, and no appetite.

Feb. 22nd. Dreadfully emaciated; languid and unwilling to be moved; complained of much pain in his limbs, and cried on being touched.

Feb. 24th. Cough worse, and attended with profuse expectoration.

R Tincturæ benzoini comp. m̄xv,
Tincturæ camphoræ comp. 3ss,
Misturæ acaciæ 3i,
Vini ipecacuanhæ m̄vi,
Misturæ camphoræ 3vi. M.

Fiat haustus ter die sumendus.

Feb. 26th. Much weaker; cough the same.

R Decocti senegæ,
Haustus cinchonæ, sing. 3ss. M.

Fiat haustus ter die sumendus.

Feb. 28th. Getting weaker and weaker; emaciation perfectly dreadful to look at; tongue dry, red, and glazed; pulse scarcely perceptible. Adde misturæ spiritus ammoniæ aromat., et spiritus ætheris sulph. comp., aa m̄xx, sing. dos.

March 2nd. A little better if anything.

March 4th. Appeared sinking; was still dreadfully troubled with cough, but there was evidently no deposition of tubercles or vomica, the stethoscopic signs showing that chronic bronchitis alone existed. The skin over the right trochanter was beginning to slough; soap plaister to be placed over it. To take port wine almost *ad libitum*.

March 6th. Somewhat better; skin over trochanter more healthy in appearance and inclined to heal.

R Olei jecoris aselli 3ij.
Ter die sumatur.

March 7th. Is now suffering from violent diarrhœa.

R Decocti hæmatoxyli 3i,
Tincturæ opii m̄iv. M.

Fiat haustus quartis horis sumendus.

March 8th. Diarrhœa has quite ceased, and the child seemed a little better.

R Quinæ disulphatis gr. ij,
Acidi sulphurici diluti m̄v,
Aque 3i. M.

Fiat haustus ter die sumendus.

March 10th. Appetite returning; tongue more healthy in appearance; to have beer and anything he fancied to eat; as well as two ounces of port wine every day. He now continued to improve up to the 15th, when his tongue was red and raw, but moist; cough much better, and expectoration less.

R Misturæ ferri comp. 3i.
Ter die sumatur.

March 25th. He was able to walk about, and though weak, was lively and improving in every respect.

March 29th. He could go out; and from that time he progressed rapidly up to the 24th April, when he was perfectly well and hearty.

CASE XI. Gertrude W., aged 7. Jan. 25th, 1854. She had suffered for the previous four days with well-marked remittent symptoms, which were then succeeded by continued fever; she had severe headache, and intolerance of light; nausea; loss of appetite, and thirst; there was dryness of skin; tongue foul and dry; pulse 120; bowels confined.

R. *Liquoris ammoniæ acetatis* ʒij,
Spiritus ætheris nitrosi ʒss,
Misturæ camphoræ ʒvi. M.
Fiat haustus sextis horis sumendus.

R. *Hydrargyri cum cretâ* gr. iij.
Horâ noctis sumatur.

R. *Olei ricini* ʒij.
Cras mane sumatur.

Jan. 26th. She passed an uneasy night, but did not wander; head less painful; bowels had acted from medicine, motions dark and offensive; pulse 120; tongue very foul but a little more moist.

Jan. 27th. Much the same as yesterday.

Jan. 28th. Wandered a good deal during the night, but was then quite rational; tongue dry and brown; complained much of her head, and there was great intolerance of light; pulse 128. *Repetantur pulvis et oleum ricini.*

Jan. 29th. Bowels had been relieved, motions very offensive; tongue not quite so dry; less headache; pulse 128; had passed a better night.

Jan. 30th. Had been delirious during the night, and wandered when seen, but could be roused to answer questions; pulse 132; tongue dry and brown; sordes on teeth and lips, bowels confined.

R. *Haustus salin. efferv.* ʒj,
Spiritus ætheris nitrosi ʒss. M.
Fiat haustus quartis horis sumendus.

R. *Hydrargyri chloridi* gr. j,
Pulveris jalapæ gr. viij. M.
Fiat pulvis statim sumendus.

Jan. 31st. Passed a very restless night, constantly wandering, and was much in the same state when seen; bowels had acted freely, motions dark and offensive; pulse 132; tongue almost black.

Feb. 1st. No alteration in the symptoms since yesterday, with the exception of the bowels not acting.

R. *Hydrargyri chloridi* gr. ij.
Statim sumatur.

R. *Olei ricini* ʒij.
Post horas ij sumatur.

Feb. 2nd. Slept a little during the night, and was much calmer; tongue not quite so dark but still dry and brown; bowels relieved by the medicine; pulse 128.

Feb. 3rd. Worse, and constantly wandering; tongue dry and brown; pulse 132; bowels had not acted since yesterday. To repeat the calomel and oil.

Feb. 4th. Bowels had acted freely, and she was now much better; pulse 120; tongue very foul but becoming moist.

Feb. 5th. Passed a comfortable night, and was better in every respect.

Feb. 6th. Tongue moister and cleaner; pulse 120, weak; bowels regular.

She now gradually improved, as far as the acute febrile symptoms were concerned, until the 27th, when she was dreadfully emaciated, and had no appetite; the tongue, however, was nearly clean; pulse 100, weak; and there was alight cough without any stethoscopic signs.

R. *Haustus salin. ammoniæ efferv.* ʒj,
Spiritus ætheris nitrosi ʒss,
Vini ipecacuanhæ ʒvi. M.
Fiat haustus quartis horis sumendus.

March 1st. Much the same.

March 6th. Dreadfully emaciated, and no return of appetite; tongue nearly clean; pulse 100; bowels regular.

March 15th. Tongue perfectly clean; pulse 80, weak; appetite returning.

R. *Olei jecoris aselli* ʒij.
Ter die sumatur.

March 22nd. Very much improved and beginning to gain flesh.

R. *Olei jecoris aselli* ʒss.
Ter die sumatur.

March 24th. She now continued to improve, and under the use of tonics, wine, and good food, completely recovered her health and strength.

CASE XII. William R., aged 3. Dec. 19th, 1853. Was attacked a week previously with remittent fever, which had gradually assumed the continued form; there was then great prostration; constant wandering at night, and occasionally in the day time, but he could always be roused sufficiently to answer questions; there was cough with mucous râle in upper lobes of both lungs; skin hot without perspiration; tongue brown and dry; pulse 140, weak; bowels confined.

R. *Haustus salin.* ʒij,
Vini ipecacuanhæ,
Vini antimonii, sing. ʒx. M.
Fiat haustus sextis horis sumendus.

R. *Hydrargyri chloridi* gr. ij.
Horâ noctis sumatur.

R. *Olei ricini* ʒij.
Cras mane sumatur.

Dec. 20th. Much the same.

Dec. 21st. Still wandered at night; chest symptoms just the same; skin dry; tongue brown; pulse 120; bowels very much confined. *Adde misturæ spiritus ætheris nitrosi* ʒss, *misturæ camphoræ* ʒij, *sing. dos.*

R. *Hydrargyri chloridi* gr. i,
Pulveris jalapæ gr. vi. M.
Fiat pulvis statim sumendus.

Dec. 22nd. Bowels had acted freely, motions very offensive; wandered less at night; tongue cleaner but still dry; mucous râle much less and entirely confined to large bronchial tubes.

Dec. 23rd. Much better; slept well last night; chest symptoms almost entirely relieved; tongue coated, but becoming moist.

R. *Haustus salin. efferv.* ʒj,
Vini ipecacuanhæ ʒx. M.
Fiat haustus quartis horis sumendus.

Dec. 28th. Much better, but had no appetite.

Jan. 2nd, 1854. Improving rapidly.

Jan. 6th. Appetite returning, but still has slight cough.

Jan. 9th. Very much better; tongue clean; bowels regular; cough almost gone.

R. *Infusi calumbæ,*
Aquæ menthæ piperitæ, sing. ʒss,
Oxymel. scillæ ʒss. M.
Fiat haustus ter die sumendus.

Jan. 11th. Was feverish from medicine. To leave off the mixture, and take the effervescing saline again.

Jan. 16th. Still a good deal of cough, particularly at night; in other respects better.

Jan. 20th. Small crepitation in lower lobe of right lung, and considerable difficulty of breathing. Mustard poultice to the chest.

R. *Haustus salin.* ʒij,
Vini antimonii potassio-tartratis,
Vini ipecacuanhæ, sing., ʒx. M.
Fiat haustus quartis horis sumendus.

R. *Hydrargyri chloridi* gr. i.
Omni nocte et mane sumatur.

The mother of the child now put him under the care of a general practitioner in the neighbourhood, imagining that he would get better if she paid for his treatment; and I subsequently learned the following particulars. When I supposed the child to be feverish from the medicine, his mother was dosing him with bad port wine unknown to me,

and with this she persevered until she removed him from under my care. She then never said a word about the attack of fever, nor about her own stimulating treatment, though no doubt she continued it. In a short time she became tired of paying, and took the child to a physician, under whom he died on the 15th of March.

REMARKS. The term "continued fever" has often been objected to, at least in a comprehensive sense; nevertheless, until some really better term can be invented, I am perfectly content to retain it. If we refer to Dr. Watson's *Lectures on the Practice of Physic*—which, though a text-book for students, may with the greatest advantage be referred to at any time by the busy practitioner in his moments of leisure—we find the following passage:—"And systematic writers are to the full as particular: mucous fever, ataxic, adynamic, gastro-enteric, and so forth. Now, admitting that fever shows itself under various forms, I am persuaded that the effect upon the mind of all this subdivision is bad and hurtful. It encourages a disposition, already too prevalent, to prescribe for a disease according to its name. There is no line of genuine distinction between continued fevers that can be relied on; they run insensibly into each other, even the most dissimilar of them; and are traceable often to the same contagion." In this opinion I perfectly agree; but if we go back to a much higher opinion than my poor humble self, and look to Cullen, we find him describing his synocha and typhus as two distinct forms, and then comes his synochus: "Febris ex synochâ et typho composita: initio synocha, progressu et versus finem typhus." Now, does not this great observer of nature, by this very description, admit the fact that the genuine types of disease are the exceptions, and that the anomalous cases, as they may be termed, are the general rules; that we seldom if ever meet with a complaint of any sort running the uninterrupted course so pleasantly and beautifully described in books? Even in the few cases brought forward in this paper, various subtle subdivisions might be made; but they are all of one class, the only difference being in the system of the individual affected by them: thus, from George B., Case I of my third subdivision, we have Emma B., Case III of my first, taking a totally different form of complaint. They were brother and sister, living in the same room; and in each the disease assumed a dissimilar form. In the last subdivision I have made use several times of the term "remittent fever", and perhaps inappropriately, at least with regard to the diseases of children; but the words have been employed in deference to common usage, and merely in allusion to certain appearances occurring in the course of the cases related. Infantile remittent fever, as commonly described, is certainly not a disease *per se*; it is but a symptom, and, if otherwise regarded, is likely to lead to fallacies which must have a pernicious effect. Do not the peculiar symptoms in the so-called "remittent fevers" depend upon gastro-enteric irritation? and do they not in all cases cease, or do they ever cease (unless further mischief occurs), until this irritation is removed? In what manner do they differ as a symptom from the typhoid fever in cases of phthisis? As well might the surgeon treat the typhoid symptoms alone, and neglect the local cause, or the physician forget the pulmonary disease, and give his sole care to the hectic symptoms, as the child's attendant give up his entire notice to the remittent symptoms, carelessly neglecting the fact that the cause is still remaining.

"What's in a name? That which we call a rose,
By any other name would smell as sweet."

From this sentiment of our immortal poet I most presumptuously beg to differ; for, without doubt, much mischief may arise from a name misapplied.

16 Welbeck Street, Cavendish Square, June 1st, 1854.

CASES ILLUSTRATING THE ADVANTAGES DERIVABLE FROM THE USE OF THE OPHTHALMOSCOPE.

By J. W. HULKE, Esq., Medical Tutor in King's College, London.

THE subjoined cases are in some measure illustrative of the advantages to be derived from the ophthalmoscope: they show the assistance it affords us in obtaining a correct knowledge of the condition of the parts concerned in many obscure affections of the eye.

Some of these cases are examples of *muscæ volitantes* depending on the presence of opaque particles in the vitreous humour, or caused by changes in certain parts of the retina; frequently both causes occur simultaneously. There are one or two cases of amaurosis where the retina was found separated from the choroid and raised into a cyst; and one case where the diagnosis was doubtful, but in which opacity of the lens was detected when the ophthalmoscope was used.

CASE I. AMAUROSIS WITH MUSCÆ VOLITANTES LIKE TANGLED WOOL. I. S., a militia-man, applied, last May, to Mr. Bowman for impaired vision of the right eye. He said that he saw two large black spots moving about; they were like tangled wool, and of the size of a fourpenny-piece.

Examination with the Ophthalmoscope. The upper part of the retina seemed healthy; the vessels were enlarged at the lower part, where there was some grey flocculent matter, which changed its place with every movement of the eyeball.

CASE II. AMAUROSIS WITH MUSCÆ. J. B., aged 44, a messenger, applied last January for dimness of sight of both eyes and muscæ. In October last, he had primary syphilis, which was followed in November by a rash and sore throat. In December, the sight of the left eye became impaired; he says that the eye looked like a ball of blood, but that he was not in pain. He saw things like *black peas* floating about.

Examination with the Ophthalmoscope. Black bodies, resembling coarse grains of gunpowder strung together in threads, were seen floating in the left vitreous humour.

CASE III. AMAUROSIS AND MUSCÆ. J. F., aged 29, applied in the beginning of June at King's College Hospital, for dimness of sight. A fortnight before, she had had a violent sick headache, and directly afterwards her sight became dim. During the week preceding her application, she suffered from a dull aching pain in the back of the right eyeball; and four days before application she first noticed a cloud hovering over anything she looked at. On the preceding night she was awakened by a most intense pain in the eye. She saw imperfectly by day and hardly at all by candle light. The muscæ were dark bodies grouped together in the form of a cloud. The pupil was rather large, but active.

Examination with the Ophthalmoscope. There were several dark bodies floating in the vitreous humour; they changed their position as the eye was moved about.

This woman has been greatly benefited by bichloride of mercury; the muscæ have become fewer, and the cloudless opaque.

CASE IV. AMAUROSIS: OPAQUE PARTICLES IN VITREOUS HUMOUR NOT PRODUCING MUSCÆ. J. N., aged 32, a cabinet-maker, had always had fair sight until a fortnight before application. For the last six months, he had been in the habit of drinking to excess, and he had found the sight of both his eyes impaired after these drinking bouts; but for the last fortnight he had only been able to read the names over shopfronts.

Examination with the Ophthalmoscope. Left Eye. The retina could hardly be seen through the vitreous humour, which was filled with small black bodies, some of which resemble threads. Similar appearances presented themselves in the right eye.

CASE V. CONCUSSION OF THE BRAIN, FOLLOWED BY EPILEPSY AND AMAUROSIS. R. W., aged 48, a mail-cart driver, applied, last June, to Mr. Bowman for impaired sight of