of distension in the epigastrium. Two were of opinion that it was the transverse colon; another, that it was the small intestine; and two others, that the swelling was caused by wind in the stomach. To clear up the last point, it was suggested that an œsophagus tube should be introduced into the stomach; but on doing this, the swelling neither diminished in size, nor did any flatus escape. A liniment, composed of olive oil, laudanum and turpentine, was rubbed upon the abdomen. At six P.M. another consultation was held, at which it was determined that no further operative proceeding should be attempted, as the patient was evidently in a dying condition. Shortly afterwards he passed urine; also several scybala, of the size of walnuts *per anum*. In the night he died, and the nurse informed me that just after death, a large quantity of fluid fecal matter escaped by the wound.

POST MORTEM EXAMINATION made on December 3rd, about twelve hours after death. On opening the abdomen, it was found that the great protuberance across the body from the left to right hypochondrium was occasioned by distended coils of small intestine, adhering to each other by recent lymph. A large quantity of fluid, similar to that which had escaped through the opening in the left loin immediately after death, was found in the peritoneal cavity, from which cavity the above mentioned fluid had escaped through the wound, and not from the bowel itself. In the right iliac region, under where a blush of redness and some œdema had been discovered before death, there was evidence of considerable inflammation and sloughing of intestine; and a large quantity of fecal fluid had collected in the right lumbar region between the cæcum and abdominal wall, as if nature intended to form a fecal abscess there. The fatal lesion was in the ileum, about five inches from the ileo-cæcal valve, where it had been constricted by a band passing over it, apparently from the mesentery to the brim of the pelvis; several inches of this part of the ileum were in a sloughy condition and its coats had given away so as to allow its contents to escape into the peritoneal sac, the immediately surrounding parts being also in a sloughy condition. The cæcum and its appendix were healthy; and the termination of the ileum for about three inches from the valve was also normal. The ascending and transverse colon were empty or nearly so, and lay concealed and collapsed under the distended coils of small intestine. There was no stricture or impediment in the descending colon or rectum, but each contained a small quantity of fecal matter of the consistence of putty. It was attempted to pass a tube by the anus into the sigmoid flexure, but without success, as it was impeded by the curve of the sacrum, and would not take the turn of the bowel in that direction. We also tried to pass the same instrument into the transverse colon through the wound in the left loin, but it was found as impracticable after death as it had been before; and it was clear that more forcible attempts would have perforated the bowel, as there was a portion of the colon at about the distance from the wound to which the finger and instruments had been fruitlessly passed before death, which seemed to have very little more than its peritoneal coat to prevent its being opened into the cavity of the abdomen. The dissection was rendered very difficult and tedious by the extent to which disorganisation had taken place, but was most carefully and effectually accomplished by the assistant surgeon (now surgeon) Mr. Cadge, whose anatomical knowledge and experience in dissection are well known and appreciated.

CASE II. Fatal Case of Obstipation from Constricted Ileum.

Mr. —, aged 32, an active healthy man, chiefly employed as a shepherd, had been labouring under obstruction of the bowels several days, when his surgeon requested me to see him. I visited him in consultation on March 1st, 1854, and found him suffering from peritoneal inflammation in an advanced stage. There was redness of the integuments, as well as some œdema, over the situation of the ileo-cæcal valve, with dulness on percussion, indicating serious mischief within. He had been leeches, and treated with calomel and opium freely, but there had been no relief from the bowels since the commencement of his illness. He had now some colocynth and henbane pills, and a dose of castor oil.

I did not see this patient again until the evening of the fifth, when I found him in a state of collapse, moribund. There had been no relief from the bowels, the redness and œdema remained, and there was evident fulness in the right iliac and lumbar regions. A question was raised as to the propriety of opening the cæcum, but his depressed powers forbade the performance of any operation. He died the next morning; and, on examination after death, it was discovered that the termination of the ileum was the seat of destructive inflammation,

the bowels being glued together and to the omentum, under which there was a considerable quantity of serous fluid, causing the dulness and fulness in the lumbar regions. The cause of all this fatal mischief was a membranous band encircling the ileum, and constricting it so tightly as to cause complete strangulation, and almost sphacelus to the extent of several inches. The cæcum and colon were empty and collapsed; showing how totally unavailing must have been any such operation as that at one time contemplated, even had it been performed at an early period of the disease!

[To be continued.]

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; &c.

III.—TUBERCULOUS DISEASE OF THE EXTERNAL LYMPHATIC GLANDS.

[Continued from p. 915.]

Mercury. Long before iodine was used as an antiscrofulous agent, even in the form of burnt sponge and various calcined sea-products, mercury had enjoyed an unequivocal reputation. From the earliest period it had been prescribed, with universal consent; and we have only to look back a few years into the history of medicine, to see how unconditionally this mineral was administered for all kinds of glandular enlargements. At one time it was exhibited in its pure state, as quicksilver; but with what advantages, the writings of ancient authors fully acquaint us. As calomel, it obtained most unenviable reputation as a specific for all kinds of glandular affections, and was oftentimes used in the same reckless way as for syphilis. As might be expected, this potent drug, in the hands of the inexperienced and ignorant practitioner, constantly did more harm than good; and the less inclined the glandular affection seemed to yield to the efficacy, or rather to the inefficacy, of the remedy, the more strenuously was it pushed, in the vain, but, alas! strongly implanted hope, that resolution would in time be effected. It was no uncommon event for individuals in a state of advanced tuberculous disease not only of the glands of the neck and other parts, but also of the lungs, to be salivated, not once, but frequently, in the belief that the sure virtue of the mineral would sooner or later be established.

But calomel was not the only salt of mercury that was in use. The bichloride, or what was formerly termed the submuriate, introduced by Van Swieten, was supposed to possess even stronger control over scrofulous affections, and especially those of tuberculous formation. Wiseman prescribed enormous doses of this salt, which were administered at night-time, and continued for an indefinite period. A single grain was not an uncommon dose for a child, which, as admitted by an able writer, acted "forcibly on the bowels of children, and often on the stomach too; sometimes producing a very distressing languor for the whole of the following day."

There can be no doubt that such practice tended greatly to diminish in the estimation of intelligent surgeons the reputed virtue of this and other preparations of mercury; and therefore it is not astonishing to find the same author, from whose works I have just quoted, stating that "in scrofula as a constitutional disease, these and all other preparations of quicksilver are very much less useful than they are commonly reported to be; nay more, unless I am very much deceived, the incautious use of them will remarkably aggravate such scrofulous affections as are present, and even give rise to others, which possess all the characters of scrofula, and yield to anti-scrofulous remedies." (Henning, *op. cit.*)

This salt was used generally in the light of a deobstruent; and, although we have freely acknowledged the injudicious way in which it was very commonly employed, still it is satisfactory to be able to admit that now, in some instances, it is employed with good effect. Perhaps, the late Dr. Plummer was greatly instrumental in procuring its moderate administration by associating it with guaiacum, sulphur, and antimony. When mercury is now administered, it is generally in the form of this pill, or as the liquor hydrargyri bichloridi (*Phar. Lond.*). My own experience militates against the acceptance of the drug as an active and trusty agent in the resolution of glandular en-

largements from progressive tuberculous formations; and, although I sometimes deem its offices of value, I cannot say that I am in the habit of prescribing it. I have but one opinion regarding the general use of mercury in scrofulous disease, although it may be modified by peculiarities of special cases. I believe that the less frequently it is administered, in the light of a specific, the more satisfactory will be the therapeutic management of the disease.

Mercury and chalk, in the form of hydrargyrum cum cretâ (*Phar. Lond.*), I have already spoken of as a valuable medicine, in the light of a purgative and alterative, although it is impossible to advocate its more potent qualities as a resolvent in the treatment of tuberculous glands.

To the use of the iodide and biniodide of mercury I have already referred. Of the latter salt, Dr. Nevins says, after having tried it in the treatment of glandular affections, "my own experience of it is not favourable; it has exerted little influence, good or bad." (Translation of the *London Pharmacopœia*, J. B. Nevins, M.D., 1851.)

Iron. Very early in the treatment of scrofulous glands, the exhibition of various minerals, whose chief action consists in restoring tone to the stomach and constitution, received the attention of surgeons. Among the most generally esteemed of such preparations are those of iron. They are not administered with the view of exercising any special action in the reduction or amendment of the glandular mischief, but to give health and tone to the impoverished and debilitated state of system which usually obtains in scrofulous diseases. When associated with iodine, as already mentioned, the combination is one of the most useful at the disposal of the surgeon. The salts most generally in use at the present time are those of the carbonate, sulphate, and tincture of the sesquichloride of iron. The former, as *ferri carbonas cum saccharo* (*Phar. Lond.*), in two to twelve grain doses, is a valuable and useful preparation, although I prefer the tincture of the sesquichloride as a general rule, given in small but repeated doses, either in water, in combination with a mineral acid and quassia, or in effervescing draughts when feasible.

Baryta. Many years ago, Hufeland introduced into practice the muriate of barytes, and for a very considerable time the medicine was held in high repute as a positive resolvent of glandular enlargements, and few authors ventured to write a treatise on the management of scrofulous glands without lauding its wonderful properties. I have had no personal experience worth recording of its usefulness; but Lebert says that he never saw the least effect produced even by its most careful and determined exhibition. Balman, however, who has written a practical treatise on *Scrofulous Diseases of the External Lymphatic Glands*, states that he is disposed to entertain a very favourable opinion of its efficacy, particularly in chlorotic, cachectic, and other cases, attended with a languid circulation and much debility.

Potash, etc. Liquor potassæ has long been vaunted an almost infallible specific for the reduction of tuberculous glands in certain stages by those who support the alkaline treatment of the affection. There is no doubt that it is of value in reducing chronic glandular enlargements; for I have frequently known it of decided benefit. Its combination with iodine has already been considered; and I believe that the action of this drug is oftentimes much increased in virtue by association with a greater or lesser quantity of the alkali. It is difficult, however, to lay down any fixed rule for its administration. I have never treated a case of clearly incipient or more advanced state of tuberculous affection of the lymphatic glands solely with liquor potassæ, and therefore am not in a position to speak more definitely as to its right to be considered an infallible agent in the treatment of this form of disease.

Sodium. The same remark will apply equally to sodium and those compounds which have been already but partially adverted to. With regard to the chloride of sodium, or common salt, it has been supposed that it exerts a special influence over the progress of scrofulous glands, owing principally to the fact that many cases of glandular mischief are greatly benefited by sea-water, which at one time was enthusiastically recommended as "a sure and certain cure for struma", when drank with assiduity and faith for a considerable period. I have only to add, that I never advise such a plan, although I have known a great many scrofulous patients, sent to Margate from various parts of England, indulge freely in the imbibition of this plentiful beverage, believing that its curative effects were well established and of certain fulfilment. I can assure those of my inland readers whose belief in the virtues of the German

Ocean is not probably so sincere, that many is the scrofulous patient, old and young, who, before quitting the bathing-machine, quaffs in faith a considerable quantity of the briny liquid. It is but fair, however, to add that such constancy to so plenteous a cup is in a measure due to the generally received notion that iodine to a considerable amount is held in solution.

Lime. Lime in various forms once enjoyed great repute for the supposed direct effect it produces on the suppurative stage of glandular tuberculosis. Extolled far in advance of all combinations was the muriate or chloride of calcium. At one time it was reckoned a specific, but met with its partial downfall after Mr. Goodlad had given it a fair trial. "I can say", writes this intelligent writer, "little in its praise; for I think, in at least one hundred cases, I was not able to distinguish one which amended from the use of it, where the amendment could not otherwise be satisfactorily explained." (*Op. cit.*) It will be presently seen, when considering the effect of remedies on advanced stages of tuberculous disease—the ulcerative and suppurative—that this and other lime-salts may really exert some material influence not only on the economy, but also on local sores, etc.

Many years ago, when I had barely commenced the routine of professional study, a German practitioner came to Margate to make various inquiries regarding the influence of the climate of the town in preventing and curing scrofulous diseases, and I remember that he attributed no small share of the virtue of this health-restoring sea-port to the water that was drank by a large proportion of the inhabitants, which contains large quantities of lime-salts. This water, which is unusually hard, I analysed; but regret that I cannot put my hand on the quantitative determination I made of it at the time.

It is a very common practice with many medical men to administer to scrofulous children large proportions of lime, in the form of liquor calcis, or lime-water in combination with milk. I have known this treatment succeed admirably on many occasions, especially where there existed any distinct derangement of the osseous system. How far such a drink is influential in procuring resolution of affected glands in every stage, is open to doubt; but I believe it is certainly sometimes of advantage in the later stages of tuberculous degenerations.

But the lime-salt which has gained of late considerable repute is the hypophosphite, introduced by Dr. Churchill for the treatment of pulmonary consumption. Although opinions differ as to the merits of this preparation in the cure or amendment of phthisis,* still there are many who are eager to record their praises in favour of its virtue in scrofulous disease of the osseous system. In such I have known it of great value; and I can also strongly advise its exhibition in cases of tuberculous glands, particularly when associated with scrofulous affections of the bones. It may be given in five, ten, or twenty grain doses, in milk or other fluid, once or twice a day. Children who have an aversion to medicine do not mind taking it. What its introducer has said regarding its effect on pulmonary disease may, in a great measure, be made applicable to tuberculous affections of the lymphatic glands. There can be no doubt that it materially assists the resolution of varying forms of scrofulous degenerations, hastens the cessation of suppuration, and promotes the cretification of tubercle when such a change seems imminent. I have found much advantage from its use, and can confidently recommend it as a valuable adjunct in the hands of those whose attention is devoted to the treatment of scrofula.

I have for some time been in the habit of prescribing lime-salts in combination with iron and iodine, with apparently very beneficial results. A preparation containing distinctive proportions of phosphate of lime, iron, iodine, etc., has been made for me by Mr. Gould, chemist, of Oxford Street (under the name of *liq. ferri phos. comp. c. iodinio*); and I am quite certain that material benefit has resulted from its use in several instances. In one case, that of a young gentleman who had enlarged glands of the neck (early stage of apparently tubercular infiltration), great advantage accrued from its persistent use during two to three months; and I have been induced to make a continuous trial of it at the hospitals with which I am connected. It is, however, extremely difficult to prevent the early occurrence of decomposition and precipitation of the lime. There are also other various preparations containing different proportions of phosphate of lime and iron which have lately received much attention.

* See a very practical paper on the use of the hypophosphites, etc., in the treatment of phthisis, by Dr. Quain, in the "Lancet", March 17th, 1860.

I have pleasure in referring to a very interesting paper from the pen of Mr. Samuel Gale, published in the *Chemical News* for March 17th, 1860, in which are described many excellent preparations of phosphate of lime, soda, etc., in combination with iron, manganese, zinc, etc.; and, although I am not an advocate of all the medicines herein detailed, still there are some which are well worthy the consideration of practitioners. Among these may be mentioned the syrup of the phosphate of iron and lime and the syrup of the phosphate of iron. The former has obtained great renown both in America, where it is largely consumed, and in this country. It is known to the public under the term of "chemical food", as it is stated to contain all the elements necessary to revivify the constitution when harassed by scrofulous diseases. It is used by all chemists, but is obtainable only from America. I can specially recommend the preparation of Messrs. Squire of Oxford Street, and Mr. Fincham of Baker Street; and advise it to be taken in concert with some effervescing draught, as that formed by the combination of equal parts of tartaric acid and bicarbonate of soda, whereby the sweet taste of the syrup, which forms a compulsory portion of the medicine, is much and agreeably disguised. The dose for a child is about one teaspoonful. The improvement gained by the use of a limited course of the syrup is oftentimes most marked, and I could record many instances of strumous affections which have been greatly benefited by it.

Gold, Manganese, etc. Of the former of these minerals I have had no experience, as regards its boasted virtues over tuberculous glands. The latter is much used, especially in Scotland, as a tonic; and, as such, is very useful, in combination with lime and iodine, in the management of tuberculous diseases.

[To be continued.]

CASES OF POISONING BY MONKSHOOD (ACONITUM NAPELLUS.)

By T. OGIER WARD, M.D., Winkfield.

HAVING lately had an opportunity of witnessing the poisonous effects of aconite on four persons in the same family, I think the facts observed are worth recording, particularly as the symptoms differed in each patient, and that one suffered from most decided tetanus, a feature not hitherto recognised, as far as I can find, except in cases of poisoning by strychnia. If I recollect aright, all the medical witnesses for the prosecution in Palmer's case contended that the tetanic symptoms of his victim could only have been caused by some form of strychnia, and therefore the refutation of such an erroneous assumption is a matter of extreme importance in a medico-legal point of view.

A lady, of middle age, had made a gallon of mixed pickles, and her eldest daughter, on tasting it a few days after, did not think it hot enough; and going into the garden, dug up about 1 lb. of what she took to be horseradish, which she cut in pieces, scraped, and added to the pickle-jar. The next evening, she and her mother partook of the pickles at supper, at 9 P.M., and went to bed. About 12 o'clock, both were taken ill; the mother with vomiting and purging; but the daughter first felt numbness at the tip of the tongue, extending to the base, with a sensation that it was swelled; rigors, with great depression, and a feeling of extreme illness. She got out of bed, and went to tell her brother in the next room, who brought her mother to her, who begged her to return to bed; but by this time she was so paralysed that she could not get into bed without assistance. Knowing that her mother was ill, she lay quiet some time, but thinking she was dying, begged to be taken to the window, which was done; and now she found that, with a feeling that her eyes would drop from their sockets, she had lost her sight, and her jaw dropped so much that she was obliged to have it tied up. She was again carried to bed, and a medical man was sent for, who gave the mother a draught with tinct. opii, supposing it a case of English cholera, and soon relieved her, so that she was well by morning, having eaten but little of the pickle, and having probably vomited that little. The daughter, however, remained much in the same state at intervals during the night and following day.

At 12 N. the next day, the second daughter, aged about 18, who has long suffered from anomalous dyspepsia, eating but little, and that little chiefly salads, pickles, and other piquant but innutritious food, made herself a salad of lettuce mixed with the pickle, and afterwards drank about a teacupful

of the vinegar in which the aconite had now been steeped for thirty-six hours. At one o'clock the eldest son came into dinner, and also partook of the pickle; and shortly after remarked to his mother that there was something not right in the pickle, as his mouth "filled with water so." This aroused her suspicions; and going into the garden, she found that the roots of the aconite, growing near some horseradish, had been taken for it. On her return she found the second daughter ill, and gave the alarm, at which the elder was so distressed that she jumped out of bed and ran out of the house to call for assistance. Fortunately, the medical man, with a friend, was coming towards the house, and picked her up in the road, where she had fallen exhausted, and carried her back, and then sent to my house for some zinc sulph. as an emetic. Half an hour afterwards, having heard that the family had taken poison, I went to see if I could be of service, when I found that the emetic had taken good effect. Orders having been given to help the patients in exercise, the son was being walked about. He had a depressed, heavy look, his face being rather livid, and he staggered about as if he were drunk, complaining that his legs felt swelled, and too heavy for him to lift them. The numbness about the jaws continued, with occasional attacks of extreme depression and faintness, during which the face became livid, and the pulse very feeble. I had taken some ammonia and ether with me, and these with brandy were freely given, but without any apparent effect, till he became sick, when he began to rally; and after this, when the depression came on, the stimulants were exhibited less freely, so as not to load the stomach, and by bedtime he had nearly recovered. The second daughter was suffering, and looking like her brother, but much worse. She also became sick, but without the same beneficial result; and the attacks became more frequent and severe, being attended with tympanitis, pain round waist, convulsive movements of the legs, the hands being benumbed, cold, and clenched; the pulse slow and scarcely perceptible, and she seemed about to expire. During one of the several attacks, the pulse became imperceptible at the wrist, and only audible by the ear to the chest; and then, instead of convulsions, she had complete trismus and tetanus; the hands being clenched, the arms fixed, the jaws tightly closed by the rigid masseters, and the head and trunk retracted, till she only touched the couch with her head and heels. From this time the paroxysms retained their new character, but gradually became less violent till about midnight, when she could be left with safety. The elder sister seemed to suffer more from the effects of terror and anxiety than from the poison, and the mother was quite sufficiently recovered to assist in the treatment of her children. The next (the third) day, the eldest daughter had a severe attack of pain in the stomach, for which she was obliged to be treated medically. The younger sister and her brother both suffered from severe pain in the spine, with great debility, and it was several days before they were quite well. None of the four, except the mother, had spontaneous vomiting and purging, and none passed any urine during the severity of the attack. The respiration, if affected at all, was only slightly accelerated. The elder sister never lost her senses; the younger recollected but little of which occurred during the more violent attacks.

REMARKS. It will be observed that the mother, who took but little of the pickle, had only vomiting and diarrhoea, and was quite well the next morning. The elder daughter suffered from numbness of the tongue, rigors, depression, loss of power in her limbs, amblyopia, and gastric irritation; but neither vomiting nor purging. The younger daughter had numbness of the tongue and jaws; tightness round the waist; fits of extreme depression, with clonic convulsions passing into trismus and opisthotonos; and loss of consciousness, followed by severe pain down the spine. The brother had numbness of the tongue, salivation, torpor of limbs, and similar attacks of depression as his sisters, followed by pain in spine. I omitted to mention that the youngest daughter, aged 14, ate some onions out of the pickle for supper, but suffered no inconvenience from them.

The action of aconite is local, as indicated by the numbness of the tongue in three of these cases, but its virulence and duration seem to depend on the form in which it was taken; thus, the elder daughter and the son ate the solid root, and in the one it caused gastric irritation, even on the third day; and the son continued to suffer from pain in the spine as long as his younger sister. She had not eaten much of the solid root, but had drunk a quantity of the vinegar, hence, from the complete absorption of the poison, the extreme violence of her symptoms, and also their quicker subsidence; for, except the