

observations; the arguments against this proposition being purely negative; while the well known fact that mercury, taken for any length of time, will run off by the bowels in a *bilious* diarrhoea, unless retained by opium, is quite as strong a proof of its effects on the liver, as those adduced by Dr. Inman from its action as a poison are in a contrary sense. In fact, in the present state of our knowledge of the bile, we cannot assert that a green stool contains any, or that a clayey one contains none; but, if we keep in mind this uncertainty, we shall in most cases be able to restore the motions to a healthy colour by a moderate use of mercury or of some other appropriate medicine.

I am, etc., T. OGIER WARD.

Winkfield, December 1st.

P.S. I have remarked this want of colouring matter in the stools even after subcutaneous injection of morphine; but it may be obviated by combining hyoseyamus with opium or morphine, when taken by the mouth.

TREATMENT OF DELIRIUM TREMENS.

LETTER FROM W. F. WADE, M.B.

SIR,—The treatment of delirium tremens without opium or alcohol is so important a matter, that I am very glad to see it so ably brought before our Associates by Dr. Fox; and this the more, since it has not yet attracted the attention of the profession, as a body, in a degree proportionate to its great practical interest. It has a further extrinsic utility at the present time, when some physicians seemed to have formed a sort of Alpine club, the members of which are to emulate each other in soaring to the highest possible pitch of alcoholic medication. Some may refuse to admit the necessary presence of alcohol in the system during an attack of delirium tremens. But the experience of Mr. Leonard, quoted by Dr. Fox, throws serious doubts upon the correctness of the current belief, that the disease is often induced by sudden abstinence. We are in want of data as to the time which may elapse between the ingestion of alcohol and its total ejection from the system. But there is a high degree of probability that, occurring in drunkards, delirium tremens may (if it does not always) occur as a direct effect of alcohol still circulating in the blood, and not as an indirect one only, consequent upon its sudden or recent elimination. Many cases we certainly do meet with in which we can scarcely doubt the presence of spirit in the blood. Thus, when a patient has been drunk twice a-day for two or three years, and has been drinking as usual to within twenty-four hours of the attack, we cannot suppose that his blood is then unintoxicated. When a patient has been "on the spree" for several weeks, and has been drinking to within twelve hours of the attack, we cannot suppose him to be quite free. Yet upon the still existent plan of treatment, such cases would be treated, *secundum artem*, with opium certainly, and perhaps with alcohol. I ask practitioners to investigate each case with a view to determine whether or not the patient is, when first seen, probably still in some degree under the direct influence of alcohol. If the answer be in the affirmative, they can scarcely refuse to give the eliminant plan a trial, although they might not be prepared to give it their unqualified adhesion. It is not more difficult to explain why a drunkard should go on ingesting alcohol for years without getting delirium tremens, and yet that when it does come it should depend upon the presence of alcohol in the system, than it is to explain why, if it depend upon postalcoholic reaction, it should set in not after each concluded debauch, but after some only. Possibly the poison may sometimes be longer retained in the system or unwontedly accumulated, in consequence of renal or hepatic inactivity, or some or other cause of deficient elimination.

It is not correct, I think, to call the abstinence from opium and alcohol an expectant plan of treatment merely: it is really an eliminant one. If we keep a patient in bed and supply him with large quantities of fluid, whether this be beef-tea or soda water, we favour the elimination of matters which are either soluble in, or mixable with, water. Old Huxham either remarks or recommends that drinkers lie in bed to sweat out the residuum of a debauch. "Expectant" is a term which deters many from adopting plans of treatment to which it is applied.

The conclusion, then, which I wish to enforce is, that bed and diluents will cure many a case of delirium tremens without antimony, digitalis, opium, calomel, alcohol, or ether. Nor are we precluded from opening the emunctories when their action is impeded, by other means, should these more simple ones seem ineffectual. The cases most suitable for this plan are

those in which there is an evident likelihood that the patient must yet have alcohol in his circulation. Whether all cases are curable by this natural method remains yet to be proved. Try it in above class first, and then if it prove (as it will) satisfactory, extend it to others afterwards at discretion.

I am, etc.,

WILLOUGHBY F. WADE, M.B.

16, Temple Row, Birmingham, Nov. 26, 1860.

ON THE USE OF BELLADONNA FOR THE BREAST.

LETTER FROM HECKSTALL SMITH, ESQ.

SIR,—If you think this subject has not been sufficiently brought before the profession, will you insert the following cases.

CASE I. Mrs. P., aged 27, suffered with excessively sore nipples, ten days after the birth of her first child. From neglect the breasts became hot, painful, and hard, and red in places. Extract of belladonna, made softer with glycerine, was applied to each breast, night and morning, for three days. The child was taken from the breast, and fed on milk and water. The breasts became softer, but the secretion of milk was not entirely arrested. Until the nipples were quite well, which was nearly a fortnight, belladonna was applied every other day. The child was then put again to the breast, the belladonna of course being discontinued; and, at the end of another fortnight, the child was being fed entirely by its mother, and both were perfectly well.

CASE II. Mrs. D., aged 26, in October, was delivered of a stillborn child, being her first. On the third day after delivery, the breasts beginning to be hot and painful, the application was used night and morning. On the seventh day they were soft and comfortable; there was no milk in them, and the patient was quite well.

I have now employed belladonna in twenty cases, each time with perfect success.

I am, etc.,

HECKSTALL SMITH.

St. Paul's Cray, Kent, November 1860.

THE PROPOSED TESTIMONIAL TO MR. BELFOUR.

SIR,—It occurs to me that it would tend to lessen, in no small degree, the work of the London Committee for carrying out the above worthily designed and as worthily deserved tribute, and greatly to facilitate as well as expedite its consummation, if the Secretaries of the various Branches of the British Medical Association, and of other medical societies, would each in his respective district take upon himself the trouble (as all of them, I am sure, would cheerfully do) to receive subscriptions, and forward them through the local banks, or in such other convenient way as may be arranged, to the Treasurer who is or shall be appointed by the said Committee. I, a provincial, shall be happy to hand over my guinea as soon as I learn in what way the contributions are to be transmitted.

I am, etc.,

AN ASSOCIATE.

December 5th, 1860.

IMPROVEMENT IN THE PRISM-TEST OF FEIGNED MONOCULAR BLINDNESS.

LETTER FROM J. ZACHARIAH LAURENCE, M.B.

SIR,—One of the best methods of detecting feigned blindness of one eye is by applying a prismatic glass to either eye, and observing whether the patient sees objects double; in which case, the presumption is that the blindness of the one eye is feigned. But I have discovered the following fallacy in this test. If the base of the prism is turned either outwards or inwards, it affords no sure indication; for I find that many persons at once, and all I have tried by a slight effort, can by squinting make the two images coalesce, and thus still see single. The interesting point, however, which I think I have made out, is that, if the base of the prism be turned upwards or downwards, the test becomes a certain one; few persons can squint downwards or upwards. Very few persons can make the two (upper and lower) images coincide, and then only by the greatest effort, which cannot be sustained but for an instant; whilst nearly every one can readily unite the lateral images for any length of time. From this latter fact, I was led to expect that, after removing the prism, the person would for a few seconds see the object double again; and I was very much interested to find that such is the fact.

I am, etc.,

J. Z. LAURENCE.

30, Devonshire Street, Portland Place, Dec. 5th, 1860.