ILLUSTRATIONS OF TREATMENT IN ARRESTING PHTHISIS.

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THE following cases are selected with a view to illustrate the influence of medicinal treatment in arresting pulmonary phthisis, and the value of certain hypophosphites in contributing to this arrest. When phthisical disease is confined to one lung, and is of the catarrhal pneumonic kind, then it appears to me that a favourable prognosis may be very reasonably given, even if a cavity be already developed. When the disease, after existing in a chronic state in one lung, appears to spread to the other, then it too often gets out of the reach of treatment; the chances being that, on the lung secondarily affected, true grey granulations are forming in the adenoid tissue, and over these formations treatment does not exercise the control that it does over catarrhal pneumonia. Not long ago, I had under treatment, in Victoria Park Hospital, a man who had chronic catarrhal pneumonia in his left lung, with numerous cavities; he died of hæmoptysis, and we found, at the *post mortem* examination, that a vessel had given way into one of these cavities, and so caused his sudden death. The left lung was strongly adherent, and full of caseous deposits and excavations; the right was voluminous, non-adherent, and free from all pleural thickening; on squeezing it in the hand, granular masses were felt, and, when the lung was cut through, masses of grey granulation were found, but no trace of pneumonia or caseation or excavation was found in this right lung. Had this man not been cut off suddenly by hæmoptysis, the prognosis in his case was, as I had said some time before his death, most unfavourable. The cases which are here recorded had symptoms pointing pretty decidedly to disease in one lung; and it is in these cases of catarrhal pneumonia where I have met with such very satisfactory results from the use of the hypophosphites of soda and lime. In the year 1863, I first began to employ these salts, and since I have learned more exactly to understand the nature of pneumonic phthisis and catarrhal pneumonia, I have been able more clearly to recognise the cases in which the hypophosphites come in as valuable remedial agents. Contrasted with many other remedies, such as mineral acids, quinine, and steel, the hypophosphites appear to much advantage, and may certainly stand side by side with cod-liver oil in antiphthisical powers. As to steel, I believe it often does more harm than good, and tends to promote the increase of temperature, which may herald the development of true tuberculosis in the lung.

CASE I.—James R. E. was an out-patient at the Victoria Park Hospital May 9th, 1867. He was a pale thin young man; had been ill, with more or less cough, for the last five years. He dated his illness from a sudden spitting of blood. The left side of his chest was flattened, with impaired percussion resonance and abundant crepitant *râle* in inspiration. The right side of the chest was resonant; expiration was prolonged. Cod-liver oil always made him sick. On the previous day he brought up blood. He was ordered to take five grains of hypophosphite of soda in camphor-water three times daily. May 16th. The medicine agreed well, and he felt much better. On May 23rd, the cough was much better. Pulse 104. There was a cooing sound with expiration in the right lung. The left side was dull at the upper part, and here a dry creaking was replacing the crepitant *râle*. He was ordered to take five grains of hypophosphite of lime in place of the soda salt. On May 30th, he was much amended; there was very little sputum now. On June 13th, he felt himself well, though respiration was not normal in the left lung. He could now take some cod-liver oil, and, at his own desire, left to go to his home in Wales.

CASE II.—Benjamin D., a labourer, aged about 35, from Acton, was seen on June 27th, 1867. He had had a bad cough since March, with frequent spitting of blood. Pulse 104, feeble. The bowels were inclined to diarrhoea. The tongue was clammy. His breath was very short. Both sides of the chest were somewhat flattened. The respiratory sound was generally weak. Crepitant *râles*, to a slight extent, were heard over the left upper third. The liver was enlarged and tender. Cod-liver oil, he said, "always ran through him". He was ordered to take five grains of hypophosphite of lime with ten minims of saccharated solution of lime in infusion of calumba three times daily. He took this till August 8th, when he was discharged, stating that he could now walk a long distance without fatigue; his cough also was "nothing worth speaking of". Dry creaking noises could be heard still at the upper part of the left lung.

CASE III.—Robert H., aged 34, a fine healthy looking man, had had a bad cough for the last five months, coming on from no known cause. The sputum was often streaked with blood, and he sweated

profusely at night. The chest resonance was good. Respiration was weak at the left apex. From May 20th to June 5th, he took five grains of hypophosphite of lime three times daily, and five grains of Dover's powder every evening. On June 5th, 1873, he was let go at his own request, having entirely lost all cough and sweating.

CASE IV.—William L., aged 14, was a patient at the Victoria Park Hospital in 1872, in consequence of rather free hæmoptysis, which subsided under treatment. On June 5th, 1873, he came under my care, having a hot skin, pulse 100, and rapid wasting. The left side of the chest was resonant, and respiration was full and strong. On the lower part of the right side resonance was impaired, and crepitant *râles* were very audible. He was ordered hypophosphite of soda, with citrate of iron and cod-liver oil, and by July 10th was discharged, having lost his cough and with strength much increased. Breathing was bronchial at the right base, with some sonorous *râle*. In this case, at his first attendance, a distinct "cracked pot" note on percussion was observed at the third costal cartilage on the right side. As he recovered, this subsided. The case was apparently one of chronic pneumonia; but the hæmoptysis a year previously, made me regard the lung symptoms with some suspicion. The "cracked pot" note, of temporary duration, is a well-known phenomenon in many of these cases of pneumonia in children, and is by no means a sign of a cavity in the lung. These cases of chronic pneumonia in children often do much better than one might expect. About the time that the case just reported was under treatment, a lad, aged 6, came for examination prior to admission into the Victoria Park Hospital. He had been ill six weeks with cough and wasting of flesh, and crepitant *râles* were very distinct over the left lung, with impaired resonance. Three months later, I chanced to see him in the hospital and hardly knew him, he had become so robust and strong. A very few crepitant sounds were still to be heard in the left lung. In the case of a little girl, who had right basic pneumonia after measles, a consolidation remained very persistently for full twelve months, though the child had every advantage in the way of frequent visits to the seaside and very careful attention. There was never any hæmoptysis, though the family tendency inclined to phthisis, and at the present time the child is perfectly well and respiration normal. Hypophosphite of soda seemed to me very useful in the treatment of this case, but I believe the chief remedial agent was sea air.

CASE V.—Henry W., aged 34, a plasterer, came to Victoria Park Hospital April 1st, 1876. He had had a bad cough for twelve months, and during the last two had often spat blood; he had lost flesh considerably. He had been under medical treatment, and had taken much cod-liver oil. There was very distinct crepitation, limited to the left apex. He was ordered to take five grains of hypophosphite of soda in alkaline infusion of calumba three times daily, and to continue the cod-liver oil. This treatment was continued to May 6th, when he stated that he had lost all cough, save a little hack when he rose to go to work at 4 A.M. Before he came to the hospital, he was coughing and spitting all day, and he could not carry three bricks; he could now carry a sack of cement easily. There was feeble breathing now, but no crepitation at the left apex. Pulse 80. His habits had always been remarkably temperate; he rarely took any form of alcohol.

In the case of a young woman, very exactly corresponding, in symptoms, treatment, and termination, to the above, I believe that abstinence from all forms of alcohol certainly promoted her recovery.

A CASE OF HYDROPHOBIA.

By S. WILSON HOPE, L.R.C.P., Petworth.

ON August 21st, 1876, a sturdy-looking little boy of four years old was brought to my surgery, supposed to have been bitten by a mad dog a quarter of an hour previously. There was a large wound under the left eye; a tooth displaced upwards; a contused lip; and a wound in the calf of one leg; besides scratches acquired in a struggle on the ground. I cauterised the wounds, perhaps half-heartedly, and after a few days the child appeared to have returned to his usual health. On October 9th, I was asked to see him; and on my arrival his mother gave me the following history of him. He had seemed quite well until Saturday, October 7th, when he complained of feeling sick. His nose ran as if he had a cold. He took his breakfast on that day but nothing afterwards, and stayed in bed the whole day. On Sunday, he complained of his throat, and his mother thought the cold was taking the usual course with him. He ate nothing all day but a small piece of potato, and drank nothing but a little tea in the afternoon. On Sunday night, he kept wanting to pass urine. He had no sleep, and frequently asked for something to drink, but never tasted it when brought to him. I found him on Monday morning seated on a table

with nothing on but his shirt, quite quiet, having a cup of tea by his side, and playing with the spoon in the tea. He held his head down somewhat, and had a sullen, sulky look about him; but beyond that he seemed hardy and well. He complained of pain and showed me where it hurt him by putting his hands to his throat and epigastrium. The tongue was coated except at the tip and edges. The fauces looked normal; but, on the approach of a spoon to depress the tongue, he drew back his head and cried as if in pain. The skin felt cool; the pulse was quickened. The cicatrices seemed healthy, and were in no way discoloured or painful. There was no drivelling of saliva. The voice was altered as if from cold, and he seemed sparing of his words. There was a good deal of secretion in the nasal passages. There was no marked spasm. At 8 P.M. I saw him take some tea from a spoon. He took it hastily, making a loud, sucking noise, as one has heard people temporarily oblivious of manners over a bowl of hot soup. After a while he appeared to doze for a few moments and wake with a start, and this was repeated several times. The breathing was interrupted at intervals but the spasms were not severe. Micturition was frequent. The tongue was coated.

On October 10th, 10 A.M., his mother and the nurse told me that he had not slept all night. He had taken a little milk and tea. He had screamed out about every five minutes through the night, until it became light. He had seemed at times as though he could not get his breath. He had passed urine frequently. The bowels had been moved. I found his condition much the same as on the previous night; but the breathing was often broken as if he were sobbing, or sometimes as if sighing. At 8.30 P.M. I found him breathing with a croupy noise, and making frequent quick-drawn sighs. There was much secretion about the air-tubes and nostrils. He seemed, I thought, to swallow the phlegm. There was not much saliva about the mouth. He said, "If I could spit I should be better", and again, "My mouth just do hurt", and again, "Oh, my mouth", three times. He asked for some tea, and licked the tea and spoon more than once without inducing spasms; but, on trying again, he had several catches in his breath; turned his back quickly on the cup held by his mother; and seemed about to jump out of the other side of the bed. He asked that his cup—a feeder—might be filled up. He spoke more clearly than yesterday. Micturition was still frequent. The tongue was still coated.

On October 11th, 10.45 A.M., his mother told me that he had not lain down, nor slept, nor eaten, nor tasted drink through the night. He had not screamed. There had been much catching in his breath, and one convulsion which seemed to throw him out of bed. He had taken a piece of linen off a chair and beaten it furiously. He had told his mother not to come near him, or she would have a cold like him. He had seemed about to bite his father's hand. He had asked for the door of his room to be kept closed, and for a large chair to be placed between the wall and his bed, so as to partition off a corner of the room for himself. He had rambled much about his little school-fellows. Urine was not passed so often. The bowels were not moved. I found him seated on a low stool in his corner of the room, with only his shirt on. His face was pale, and the scar of the bite showed very plainly, perhaps in consequence. He sat with his head on one side, his eyes turned upwards and to the left, apparently at nothing, and his tongue hanging out of his mouth. He looked mad. He remained in this attitude for two or three minutes. There was much less mucus in the air-tubes. The spasms of the respiratory muscles were not so frequent. He dipped his finger in milk, and put it in his mouth frequently without spasm. He would not drink from the spoon, because he said it got up his nose and made him bad. He sat for a long time quite quiet with his face to the wall, then lifted a porringer as if to spit in it; but being seized with a spasm, he staggered to his feet, dropping the porringer, and caught hold of some piece of furniture, while his legs seemed stiffened under him; then he uttered a low moan, and began to dip his finger in the milk again; then rambled, saying "Em'ly, Em'ly, I want to play horses"; but soon roused on being spoken to. At 8 P.M., the nurse and his mother told me he had been biting the chair and striking it furiously. He had appeared not to know them. He had retched two or three times. I found him going about the room on his hands and knees. I put him in bed. There were several spasms of the respiratory muscles as the bed-clothes were drawn over his legs. He had frequent paroxysms of mixed terror and rage, during which he would strike any object near, and cry as if half in passion and half in fright. The paroxysms seemed like a sort of nightmare, and one had to speak several times to him before his dreaded fancied surroundings gave place to confidence in what was. He was not pale, nor was he flushed. He dipped a crust in milk and took several bites, slowly chewing and accumulating the bread in his mouth, and finally swallowing it. At 9.30 P.M., he grew drowsy, and at 10

P.M. was soundly asleep. At 10.45, he died; the heart failing before the respiration.

Treatment.—On October 9th, at 10.30 A.M., with the hope of lowering the sensibility of the tongue and mouth, and thereby of lessening the tendency to spasms of the respiratory muscles, I gave one of Savory and Moore's morphia discs, one-sixth of a grain. He put it in his mouth, but in a short time spat it out again, along with much tenacious saliva. At 2.45 P.M., on an hypothesis of resemblance between strychnia-poisoning and rabies, coupled with vague hope in a comparatively untried remedy, I injected subcutaneously ten grains of hydrate of chloral. At 8.30 P.M., food having been swallowed, I was led to repeat the injection. On the 10th, at 10.30 A.M., as the night had been unquiet, as the puncture was inflamed, and as there was great terror of an injection, I did nothing. At 8.30 P.M., the mouth being much complained of, I gave one drop of a solution of sulphate of atropia (two grains to the ounce), to be taken up with the finger and put on the tongue, using it as a local sedative, and thinking perhaps to feel my way towards bringing him under the influence of the drug. On the 11th, at 10.45 A.M., I repeated a drop of solution of atropine. At 8 P.M., determining to feed him, I began to administer chloroform, with the idea of giving nourishment and stimulants, through a small funnel, either by the nose or mouth, when a sufficient degree of anaesthesia should have been reached; but his distress, on the mere approach of the lint to his face, led me to desist. Again, with this object, I injected subcutaneously one grain of morphia at 8.30 P.M., thinking to get food given before the stage of sleep should have been reached, and desiring also to insure sleep for its own sake. At 9.30 P.M., he grew drowsy. At 10 o'clock, he slept soundly. At 10.45 P.M., he died. At the last, I deepened his inspirations artificially as long as there seemed to be any use in doing so. Now, indeed, I regret I gave so large a dose of morphia. Perhaps the spasms might have been controlled and sleep procured with a smaller dose, and at least it might have been tried. I suspect, too, that the difficulty of making up my mind as to how much of his worst symptoms should be put down to the poison of the disease itself, how much to the want of sleep, and how much to the want of food, led me to turn aside at the last from my purpose, and leave unutilised the very opportunity for giving food which I had been at pains to seek for, and had obtained.

In connection with this case, a point arose which practically would seem of some importance, and may be stated thus. On August 21st, 1876, a farmer was told that a mad dog had bitten some of his pigs, and in about six weeks one of his pigs was taken ill and destroyed. Soon afterwards, he asked my opinion whether he was justified in selling others of the drove to kill for food. As he did not know himself whether they had been infected with the disease or not, I was unable to state the effects which might be expected to follow from eating the flesh of an animal killed when hydrophobia was developed, much less the effects when the disease was latent only.

SPECULA MADE OF GLASS.

By JAMES MURPHY, M.B., Sunderland.

AMONG the gynaecologists of the present day, the cylindrical speculum has passed almost completely from the department of diagnosis into that of therapeutics; but, as a therapeutic agent, it still holds a foremost place as an instrument by means of which we can most effectually apply local remedies for the treatment of the various diseases of the vagina, the os, and cervix uteri. I wish, therefore, to draw the attention of the profession to certain advantages which specula, made of glass alone, possess over those made of other materials. I am more anxious to do this, as in none of the text-books with which I am acquainted are they recommended, though I feel confident they only require to be tried to become generally used.

The first advantage they possess is cleanliness, for there is no ridge as is usual at the inner end of metallic, or crevice which often forms at the end of coated, specula after a little use, where syphilitic or other virus may lodge. A source of danger which it is needless to dilate upon.

Glass specula are easily washed, and, as they are transparent, one may see at a glance if they are perfectly clean; and this I consider a most important property, as by it the slightest particle of foreign matter may at once be detected. Secondly, the walls of the vagina may be seen through the glass, and fistulae or other morbid conditions recognised; and in anteversion of the uterus, the cervix can easily be discovered and readily brought into the lumen of the speculum. And, finally, they give a very good light, are not acted upon by medicinal agents, and cost much less than the specula now in use.