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 *râles* 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