NOTES ON CLINICAL MEDICINE.

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I.—ON THE ADMINISTRATION OF HEMLOCK AND ITS USE IN SCROFULA.

THE uncertainty and comparative inertness of the Pharmacopoeial preparations of hemlock are generally acknowledged; and hence this valuable drug is less used than it would otherwise be, and its remedial powers in certain diseases are imperfectly known.

For nearly twenty years I have from time to time adopted the following mode of administration with good results. The fresh green fruit is mixed with its own weight of white sugar and reduced to a pulp. Five grains or more of this conserve, formed into a pill, are given three times in the day. Thus administered, the drug produces the usual physiological effects—slight dimness of sight, weakness and dragging of the lower limbs, and languor—with much certainty. This preparation retains its activity for three or four weeks only, and has therefore to be constantly renewed.

As a sedative in curing whooping-cough, and in abating the cough of consumption, I have found it very useful; but my attention has been especially attracted to its value in scrofula. Its effects are most marked in favouring the absorption and removal of enlarged glands, and in promoting the healing of scrofulous sores. In those cases, I give it in conjunction with the iodide or bromide of iron. The old writers on the materia medica were fully alive to the value of hemlock in scrofula; and more recently, Dr. Baudelocque of Paris obtained excellent results from its use in the treatment of children affected with enlarged and suppurating glands.

Hemlock is sometimes recommended as an addition to cataplasms and to the warm bath in the treatment of diseases of the skin; and I have myself often found it useful in allaying pain and itching; but it is well to know that its external use requires caution. In the case of a child under my care suffering from severe eczema, decided physiological effects ensued from its use in mixture with linseed-meal in the form of poultice, and caused some anxiety. It is here that we experience the disadvantage of the uncertainty in strength of the preparation. The powder is often powerless either for good or ill; but should the drug be fresh, its action may, when thus applied, give rise to alarming symptoms. The following case may be cited in illustration of the value of hemlock in scrofula.

CASE I.—I was summoned to see in consultation Agnes S., nine years of age, on account of convulsions caused by a gross error of diet. She had been always delicate, and presented the usual indications of the scrofulous habit. There were, besides, enlarged glands in the neck, and an extensive strumous ulcer on the left leg. The convulsions were speedily relieved. It then occurred to me to recommend for the scrofula a trial of the hemlock, especially as at the moment it could be obtained fresh and in good condition. The iodide of iron was given at the same time, and suitable local remedies were applied to the ulcer. The scrofulous symptoms in this child, in spite of treatment, had been steadily growing worse for several months, but soon after beginning the hemlock a decided change was manifested. The glands in the neck became smaller, and the ulcer, assuming a healthy aspect, gradually lessened. At the end of nine weeks the tumescence of the glands had disappeared, the sore had cicatrised, and the child was restored to fair health.

II.—TUBERCULAR MENINGITIS: USE OF THE IODIDE OF POTASSIUM: RECOVERY.

I have long been satisfied of the inutility of mercurials in the treatment of tubercular meningitis, and am inclined to rely on the use of the iodides of potassium and ammonium, as recommended by the greater number of those who have made this disease the subject of special study. The treatment which I pursue may be briefly summarised as follows. Milk and beef-tea are given alternately every three hours; and, according to age, from one to three grains each of the iodides of potassium and ammonium, either singly or combined, in half an ounce of water sweetened with a little sugar, an hour before each meal; aperients by the mouth and rectum, and blisters to the back of the neck and behind the ears. The following case illustrates the advantage of this mode of treatment in this almost universally fatal disease.

CASE II.—On November 26th, 1869, I was asked to see E. S., a girl aged 2½ years, in consultation with Mr. Thomas Swain of this town. The child was reported to have been for several weeks out of health; and, eight days before I saw her, there had been a slight discharge from the left ear, and some erythema of the same side of the face. These passed away, but the child gradually became insensible. When I saw

her, the little patient was quite unconscious, and could neither hear nor see. There was some twitching of the limbs; the pupils were equal and dilated; they responded to light, but very sluggishly. At first there had been vomiting and constipation; the bowels were afterwards opened by enemata. The child, when I saw it, was passing both urine and feces unconsciously. The pulse was 140, small and weak; the respirations 35. There was a little bronchitis. The *tache meningitique* was well marked. The treatment as to diet, medicine, and counterirritation, indicated above was pursued.—November 27th. The child was in the same state, but weaker. On the 29th there was a slight return of consciousness; the bowels were relaxed.—December 2nd. The child was quite conscious, and the pupils were normal. She was taking food better. The improvement continued, and she made a good recovery.

I have no doubt this was a case of unequivocal tubercular meningitis; and, however difficult it may be to determine precisely how far the iodides contributed to recovery, it would be unwise to neglect their probable agency for good in this disease. If the line of argument so often used be permitted; viz., that because a cure was obtained the case was not an example of this generally fatal disorder, all chance of arriving at truth on the subject is at an end. This same vicious mode of reasoning was used a few years ago to explain away the undoubted recoveries from consumption, and presented for long a serious obstacle to the employment of improved methods of treatment in that disease. The fallacy of this view has now been exposed, greatly to the benefit of mankind and to the advantage of medical science. We should be on our guard against accepting too readily the hopelessness of treatment in any disease, lest we paralyse effort and cease our endeavour to secure the means of cure; for with such a conviction the mind refuses to avail itself of resources that might have the best effect in averting the dreaded danger. This unhappy kind of reasoning tends also to foster a sceptical mode of viewing all medical treatment, than which nothing can be more enfeebling or erroneous.

NOTES OF OPHTHALMIC CASES.

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II.—CALCAREOUS FILM OF THE CORNEA.

THE curious affection which I have thus named is extremely rare, and in 1848, when I first met with an instance of it, I could find no record of its having been previously noticed. Since then, I have seen only two cases. Mr. Fairlie Clarke has lately published three which came under his observation, and he describes them as "Symmetrical Opacities of the Cornea." (BRITISH MEDICAL JOURNAL, October 8th, 1870; and *Transactions of Pathological Society* for 1870, p. 331.) I cannot accept this as a satisfactory term, for it does not imply the distinctive character of the disease, namely, the calcareous nature of the deposit; and, again, by Mr. Clarke's own showing, the opacities in his cases were not symmetrical. They occurred in both corneæ at the same time, but not in the same form; and, indeed, Mr. Clarke specially points out the difference in shape which existed between the two opacities in each of his patients. I use the word "film" as best describing the extreme thinness of the calcareous layer.

In all the cases hitherto observed, the patients have been adults. They give no account of any inflammatory stage, but describe the affection as a cloud or haze slowly coming over the sight. The deposit appears always to extend across the middle of the cornea, leaving the upper and the lower portions perfectly clear; at least, I know of no case in which the whole cornea was involved.

The deposit is of a dirty grey or drab colour, almost brown when the iris is of that tint; its margin is not abrupt, but shaded off into the transparent tissue. When closely examined, the layer has a minutely granular appearance, and here and there little cracks run across it, such as one sees in a coat of old varnish. In a well-marked case, the opacity is so dense as completely to hide the pupil when the eye is viewed directly in front. The epithelium covering the opacity seems to remain unaffected. In the case on which I operated in 1848, the deposit consisted of lime, either in the state of phosphate or of sulphate; some phosphate of magnesia and a considerable proportion of carbonate of lime were found, along with the phosphate of lime, in the case reported by Mr. Bowman.

The cases hitherto examined are too few to allow our determining the origin of the deposit. The fact of its being limited to that part of the cornea which is habitually uncovered by the lids, made me at first suppose that some external agency was the cause. My first case was that of a cabinet-maker; a patient who shortly afterwards came under Mr. Bowman's care was a house-painter; Mr. Clarke's cases