No subsequent symptoms appeared in this case to cause any anxiety; and, excepting his deafness, this gentleman is now (April 1869) apparently in perfect health.

URÆMIC DIARRHŒA.*

By J. MILNER FOTHERGILL, M.D., Morland.

THE secreting cells of certain excretory organs possess not only the power of appropriating from the liquor sanguinis their own peculiar materials, but also the capability of eliminating other substances when circulating in excess. For instance, the kidneys, in some cases of jaundice, eliminate biliary acids and the colouring matter of bile. Of the capability of the intestinal canal to supplement the kidneys, we are all aware; and, in practice, we act at once freely on the bowels in cases of renal embarrassment. Similar action, however, is frequent without our interference; and nature relieves herself without the aid of art. In congestion of the kidneys, the flow through the convolute capillaries is impeded, and the collateral circulation through the vasa recta is fully developed. The excretory action of the kidneys is thus lost, and the blood becomes laden with effete products and water; thus altered in its physical properties, it flows sluggishly and stagnates in the capillaries, including those of the intestinal canal; spontaneous catharsis comes on, and the balance of the circulation is restored. In chronic renal disease, this becomes more necessary, and is frequently manifested. The inefficient action of the renal secreting cells, together with dilated, constricted, or thickened capillaries, produce frequently an impeded circulation; congestion and further impeded flow follows; the depurative action of the kidneys, for the time being, is held in abeyance; and blood-poisoning ensues. The blood is certainly capable of sustaining a certain amount of excrementitious material with impunity; but this is only to a limited extent. In the treatment of these conditions by art, we usually resort to hydragogue cathartics. Diarrhœa, therefore, in these renal conditions, is of the greatest service, freeing the blood from its retained effete products, and, by thus relieving the kidneys of this work, permitting the embarrassed organs to recover themselves. In uræmic diarrhœa, the watery evacuations present many of the characteristics of urine, and quickly undergo ammoniacal decomposition. We must not, then, regard this as a morbid process going on in the intestinal canal, but rather a setting in action of the bowels, to cleanse the blood of the accumulated products of retrograde tissue—metamorphosis which the disabled kidneys are unable to excrete.

Impressed with this conviction, a short while since, in the case of an old patient, whom I knew to be suffering from chronic renal disease, I declined to arrest a diarrhœa under which the patient suffered, but allowed the bowels to run on; and, though all the symptoms of uræmia were developed, and the patient had a most offensive urinous odour, the case ultimately did well. A few weeks ago, a good opportunity was afforded me of watching the back and forward play betwixt the bowels and kidneys; where, after numerous oscillations of action—when the kidneys were acting the bowels were steady, when there was diarrhœa the kidneys were inactive—gradually becoming less and less, matters settled down to their old condition. In another case, where the patient is liable to inflammatory affections from retained urea, etc., accompanied with deficient renal action, free diarrhœa gives rapid relief.

Whenever, then, diarrhœa occurs in a person presenting the appearances of renal disease, and more especially if there be present albuminuria, or the symptoms of any renal congestion, it may be desirable to hesitate about arresting the alvine flux until some other channel be patent. From the known intolerance of opium in renal disease, preparations of the solanaceæ should be administered where the suffering is great. The skin should be immediately acted upon by the hot air bath, or otherwise; hot poultices, sprinkled with mustard, should be applied across the loins when the bath is over. Nutritive support should be given; and a mild diuretic of digitalis, and citrate of potash in infusion of buchu or calumba, may be administered as soon as the kidneys are somewhat relieved. If a little flux remain, a few grains of powdered cassia or cinnamon may be prescribed, and the more powerful astringents should only be administered when the danger to life is imminent; and, of these, a mixture of sulphuric acid and infusion of logwood, is perhaps the least objectionable. But astringents should be used warily and cautiously; absorbed into the blood, they astringe and arrest the activity of the bowels, but, at the same time, check and impede the action of the renal secreting cells, whose restored and renovated activity it is of the utmost importance to keep up. The action of the skin must be fostered, and the patient carefully protected from

atmospheric changes, to which these sufferers are very sensitive; and, as soon as convenient, the patient must be given steel, and the other adjuncts to nutrition. In the first mild case which occurs, I shall feel inclined to try a combination of nitrate of potash, nitric ether, and per-nitrate of iron. Whichever plan be adopted, it is desirable, while affording the maximum amount of benefit, to eliminate, as far as possible, the elements of danger.

CASE OF POISONING BY EXTRACT OF BELLADONNA.*

By R. HIBBERT TAYLOR, M.D.,

Senior Surgeon to the Liverpool Eye and Ear Infirmary; Lecturer on Ophthalmic Medicine and Surgery in the Royal Infirmary School of Medicine; etc.

A YOUNG collier, aged 16, swallowed by mistake about a drachm of the extract of belladonna, which had been given him to make a lotion for his eyes, dissolved in half-a-teacupful of warm water. The poison was taken at a quarter before 11 P.M., immediately after having had his supper. He afterwards drank a little water, and went to bed with his father, an elderly man, who is rather deaf. He does not appear to have slept, and about ten minutes before 12 he suddenly became violently agitated, threw off the bed-clothes, jerked about his legs and arms, and groaned. At 12 o'clock he was seen by his brother-in-law, a young man, who lived in the same house. He found him violently agitated, throwing his limbs about, and groaning or moaning. He was apparently unconscious, and did not speak, nor attempt to do so. These symptoms continued for an hour and a half without intermission, and his relative says that he was obliged to lean upon his legs, to restrain the violence of his movements. He then became comatose, and so continued till his death, which occurred an hour afterwards, at half-past 2 o'clock A.M.

The state of the pupil was not ascertained. His brother-in-law says that he never opened his eyes, but was continually winking, or keeping his eyelids nearly closed.

He did not vomit, nor attempt to do so; neither did he pass any urine, nor were his bowels moved. He did not speak at all from the commencement of the attack.

He was not seen by any medical man during life, nor was anything attempted for his relief. His friends were under the impression that he was suffering from a fit induced by the medicine which he had taken, as he had told them before taking it that it would make him ill.

The following report of the *post mortem* appearances was drawn up by Mr. John Lea Molyneux of Upholland, who made the examination eighteen hours after death. The upper portion of the body down to the middle, and the upper extremities, were greatly discoloured, the vessels of the skin being completely gorged with blood, and decomposition had already commenced. The pupils were greatly dilated, and the rigor mortis was well marked. There was no external injury so far as I could see. The lungs were gorged, nearly blackened in fact. There was a little dark blood in the pleural cavities. The heart was healthy: it was empty, except the right auricle, which contained about six drachms of dark semicoagulated blood. The liver was in a natural condition. The abdomen was considerably swollen. The stomach seemed very fragile and softened in texture, and was very easily broken. Externally it displayed several slight discolourations corresponding to dark patches internally. The contents amounted to about a teacupful, in which I could not distinguish anything particular, but I have not analysed it. All the other abdominal organs appeared to be healthy. On opening the skull, I found the scalp and periosteum very much congested. The membranes and the brain itself appeared to be perfectly healthy, and contained very little blood.

There are only two remarks which I would append to the foregoing details of this case. The first has reference to the extreme rarity of the accident. Instances of poisoning from eating the berries of belladonna are common enough, and we are sufficiently well acquainted with the symptoms induced; but I have only been able to find two examples of poisoning from swallowing the extract. They are both recorded in Taylor's *Medical Jurisprudence* (p. 359, edit. 1865.) The quantity taken is stated to have been a small teaspoonful. In both of these instances the symptoms appear to have been much less violent than in the case which I have narrated. One patient recovered in two days, and the other is said to have died on the seventh day of some disease.

The other remark regards the length of time which elapsed between the taking of the poison and the manifestation of the characteristic symptoms. The extract was swallowed at a quarter before eleven

* Read in the Medical Section at the Annual Meeting of the British Medical Association in Leeds, July 1869.

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o'clock, and the symptoms did not appear till nearly midnight, when they seem to have burst out suddenly, and with extreme violence. May not this delay in the development of the effects of the poison be attributed to the fact, that the patient immediately before taking the belladonna had eaten a hearty supper, and then went calmly to bed—circumstances both apparently unfavourable to the rapid action of the poison?

CLINICAL MEMORANDA.

[Under this head, we shall publish from time to time, as materials accumulate, short records of remarkable cases in practice which are sufficiently rare, interesting, or instructive, to deserve record, but do not call for lengthened statement or comment. Brevity and point should be the valuable characteristics of cases forwarded for this column.]

A CONJECTURE AS TO THE MODE OF PRODUCTION OF COMMON PSORIASIS.

DURING the cold weather and easterly winds of March and April 1869, numerous fresh cases of psoriasis came under my notice. Two which came to me in the same week deserve notice from their parallelism and differences.

One of these was in the person of a surgical friend, of sanguine temperament and jolly habits of life. After a starving wet day in the hunting-field, he felt much chilled, and forthwith out came a copious eruption of psoriasis. As the disease was recent, many of the patches were as yet guttate. He had had psoriasis once before, some six or eight years ago.

My second case was that of a young Yorkshire gentleman, also of sanguine temperament, and, like my friend, very florid, and in splendid health. He was covered with psoriasis spots, which had been out about three weeks, when his surgeon (Mr. G——) sent him to me. He, also, had experienced a similar outbreak some years ago, from which he had afterwards quite recovered.

No. 1 had lived freely, and taken much stimulant; No. 2 was abstemious in food, and a total abstainer from alcohol. Both believed themselves in excellent health up to the time of the appearance of the eruption. In both the eruption was copious, and in both, as is usual, its outbreak was sudden and development rapid.

In speculating as to the cause of attacks like these, it seems to me more plausible to suspect the nervous system than the blood. If the latter, probably the rash would be produced gradually, not by sudden outbreak; and probably some evidences of disturbed health would precede it. Let us suppose a healthy person exposed to an east wind, to wet, or to a prolonged draught: nine times out of ten he will escape scot-free, having merely felt uncomfortable for a time. On the tenth occasion he is not so fortunate, and then his discomfort passes into downright chilliness, and then follows a sore throat, an attack of hepatic congestion, a pneumonia, a pleurisy, or a skin-eruption. The exact character of the result will be determined by the proclivities of the individual, and many persons know exactly what they are liable to. Surely we ought to attribute such illnesses not to bad development of solid tissues, nor to altered constitution of the blood, but chiefly to derangements of nutrition and of vascular supply, produced by the nervous system. The rigor which frequently ushers the attack in is due to arterial spasm, which is solely a nerve-symptom.—J. N. H. N.

CASE OF ENTERIC FEVER IN A PATIENT OF HEREDITARY HÆMORRHAGIC DIATHESIS.

By CHARLES ORTON, L.R.C.P. Ed., Newcastle-on-Tyne.

It will not be necessary to give the details of this case, as it presents few points of interest beyond the great amount of hæmorrhage from the bowels and the hereditary nature of the diathesis.

The onset of the fever was well marked, and the change for the better, on the twenty-second day, was sudden and decided. The patient had slept almost uninterruptedly during forty-eight hours before, nourishment being, of course, frequently administered, and he awoke refreshed, rational, and with a relish for food. The first attack of hæmorrhage occurred on the sixteenth day of the fever, and was very copious. I prescribed sulphuric acid and opium, gallic acid, brandy, and injections of cold water. Tincture of the perchloride of iron was afterwards given. Clots continued to pass with the motions every four or five hours until the nineteenth day of the fever, when another fresh-coloured and copious discharge of blood took place, the temperature of the body falling to 97 deg. The iron was increased; extract of beef was given every hour, and one pint of brandy in the twenty-four hours. He recovered

slowly, but has now become much stouter and stronger than before his illness.

The hæmorrhagic history of the family is as follows:—The patient himself, a fair, blue-eyed boy, aged 17, has occasionally bled from the nose. His brother bleeds frequently from the nose; he cannot run or stoop without so doing. His sister is said to have been suffering from low fever, and to have died suddenly from hæmorrhage. The father was suffering from typhus fever; he had bled several times from the nose, but was apparently recovering when diarrhoea came on, and severe bleeding from the nose, lasting all one night. He died exhausted, at the age of 29.

The maternal uncle and aunt both bled very frequently from the nose; the latter being exceedingly pale. The two paternal uncles both bled very much from the nose. One died of vomiting of blood; the other of dropsy, having become very pale and "bloodless looking." A great aunt is subject to bleeding from the nose. The maternal grandfather bled profusely from the nose, and had bleeding piles; once he had terrible bleeding from the bowels, and is said to have died of cancer of the rectum, with great hæmorrhage, but no pain. The paternal grandmother died of *post partum* hæmorrhage. The parents of the patient were first cousins.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

THE LONDON HOSPITAL.

LUMBAR COLOTOMY FOR STRICTURE OF THE RECTUM, WHICH HAD LASTED FIVE YEARS: DEATH IN FORTY HOURS FROM CHLOROFORM-VOMITING: WITH REMARKS.

(Under the care of Mr. JOHN COUPER.)

THE stricture was about three and a half inches from the anus, and did not admit the forefinger. All that was certain in its history was its long duration, and the amount of suffering caused by it. It was shown by *post mortem* examination to have arisen in the course of an ovarian abscess, pus from which had burst into the rectum, causing ulceration and stricture, and had also made its way by the side of the bowel to the buttock, in which were numerous sinuses. The left ovary was converted into a thick fibrous capsule, larger than a hen's egg, and containing purulent fluid. From it a sinus ran to the recto-uterine pouch of the peritoneum, which contained pus, shut out, however, from the general cavity of the peritoneum by adhesion of the uterus and rectum. Thence the pus escaped in three directions: 1. backwards into the rectum, by a large orifice close below the stricture; 2. forwards into the upper part of the vagina; and 3. to the buttock by the sinuses already mentioned. The rectum had lost its distensibility. Its mucous membrane had degenerated into cicatricial tissue. During defecation, and also when the finger was passed up to the stricture, feces and purulent fluid oozed from the orifices in the buttock and vagina. The woman's sufferings induced her to assent readily to the operation, after its risks had been fully explained to her.

The bowel was reached by the usual incision. The abdominal muscles were thin, and the peritoneum was quickly exposed. One small artery spouted and was secured by torsion. On dividing the deep fascia, soft loose subperitoneal fat was found in considerable abundance. The colon could not be found at first. It was not distended, although several pints of warm water had been injected past the stricture for this purpose. Probably the sigmoid flexure was unusually capacious, and retained most of the water. During the search, the peritoneum was opened. The aperture was quickly closed, however, and secured against the entrance of blood. The colon was finally found close by the lower border of the kidney. It was then drawn to the surface, opened and stretched to the margins of the skin wound.

The patient had been about thirty-five minutes under chloroform. Shortly after returning to bed she retched and vomited repeatedly. She was pale, had a small pulse, and there was an unusual amount of shock considering the all but bloodless character of the operation. A third of a grain of acetate of morphia was administered subcutaneously, and the pulse soon improved. She was fed with warm brandy and water by spoonfuls, but the stomach rejected almost all that she swallowed. The subcutaneous dose of morphia was repeated in seven hours, and gave her some sleep. The nausea and irritability of stomach returned, however, in the morning. Almost everything swallowed was vomited. The dose of morphia was repeated a third time twenty hours