selves, is not the easiest of medical duties. So far as the ultimate prognosis is concerned, this duty is simplified by the appearance of the laryngeal complications: for they are a sign that the patient's tether of life is not a long one, even for consumption. Still, there should be no readiness to fix a duration. But, above all, more care is now required in giving an immediate prognosis of the case. Extreme emaciation is by no means a common feature long before death, as in some varieties; but there is often a striking pallor of countenance, which ought to put us on our guard. Such patients are not generally confined to bed long, and they pass rapidly through the final stage of the disease. Moreover, it does not seem to be sufficiently recognised, that cases of this class are very liable to fatal syncope, under apparently trifling and not unaccustomed strain. For this reason, it is well to caution against long railway journeys, fatigue, or even sudden change of posture. A guarded opinion should be given whenever a pallid individual has, along with phthisis, well-marked laryngeal symptoms with pyrexia, without relying much upon the extent of lung disintegration, the amount of emaciation, or whether he keeps to his bed.

The treatment of the laryngeal complications of phthisis must be aimed at their arrest, and the consequent abolition of those sufferings which, running an uninterrupted course, would materially hasten the fatal issue of the disease. When there is any activity about the disease in the larynx, the patient's mind is entirely taken up with his new symptoms to the exclusion of his old troubles, and he will demand prompt measures for his relief; while in those cases where the symptoms are latent, or in the more quiescent forms of the affection, treatment must be kept up so as to favour retrogression.

Recurring to those forms in which the disease in the larynx is active, the special indications are for rest and sedatives. The rest given to these parts during sleep is so beneficial, that a sedative night-draught should be resorted to from time to time. Objections are strong against using morphia in phthisis; but in these cases thirty minims of the solution of hydrochlorate of morphia, for a few successive nights, will produce very satisfactory results, and do no harm. Even during the day, minute doses of morphia give so much relief to the exhausting cough, that its use may be justified as the less of two evils. All talking and needless coughing should be suppressed, and as little whispering allowed as possible. Where dysphagia is prominent, ice to suck before medicine and food will be of service, and the night dose may then be given hypodermically. Then sedatives are to be applied more locally. Outwardly, poultices, or, better still, the spongio-piline, is to be wrung out of hot water, well sprinkled with laudanum, and applied from the front of the neck right round, and over the ear on the affected side. Warmth over the ear is of great value; and, indeed, owing to the intricate nervous anastomoses in this region, the ear offers an opening for getting at and soothing the superior laryngeal nerve, whose internal branch is responsible for most of the pain in these cases. In this way, I have seen a few drops of Battley's solution give relief by no means to be despised. Inwardly, inhalations of medicated steam are of service. I find a common quart jug the best inhaler; the inhalers with mouthpieces, like Nelson's and Maw's porcelain instruments, focus the steam in too pungent a stream of vapour for the tender throats of many of these patients. For medicating the steam, I prefer a mixture of chloroform, compound tincture of benzoin, and juice of hemlock, combined. Hop or henbane may be substituted. This sedative treatment should be continued too long, rather than left off too soon.

In latent, chronic, or quiescent cases, where there is no active inflammation and no suffering, it is important to avoid doing too much. The object here is to render the disease more inactive, if possible to heal it; over-treatment will excite it. If the disease is in the upper part of the tract and accessible, the best plan is to paint the surface once, not oftener than twice, a week with nitrate of silver solution (twenty-five grains to the ounce). The silver salt is preferred, because the irritation it sets up so soon subsides; but its stimulant and alterative action may be varied with the stimulant and astringent action of a sulphate of copper solution (fifteen grains to the ounce). When the disease is more out of reach, the same remedies are useful; but, instead of a brush, a spray-producer with a conical receiver to focus the vapour should be used. This will necessitate the use of weak solutions—one or two grains of each salt to the ounce; and by a little art and instruction, the patient will learn to avoid drawing the vapour deep into the chest. Externally, counter-irritation should be kept up, although not too much over the larynx itself. Small flying blisters, liniment of iodine, or—less severe—Laritz's fir wool oil, are the best; croton applications are objectionable, from the difficulty in limiting their action. There must be no attempt to hurry on these cases, and any change to strong stimulant local applications requires great caution. On the other hand, treatment should not be abruptly abandoned.

In a large proportion of cases, the chief part of treatment will con-

sist in how best to feed the patient. I know of no disease in which a kind and painstaking nurse can be of greater assistance: for, although the patient will himself indicate best the form and consistence of diet most readily swallowed, still great forethought will be necessary in excluding flavours, seasonings, and pungent stimulants. When there is great dysphagia, it will be fortunate if diarrhoea be absent, for then rectal alimentation can be resorted to. The use of the cesophageal tube, advised by some, would generally cause too much suffering to allow of its being tried.

Tracheotomy might, in some exceptional cases, be permissible; I never saw a case suited for it. When there is great oedema of the epiglottis, or the arytenoid region, scarification is indicated.

With all this, we should counsel as little interruption as possible to the general treatment of the phthisical state. There is no specific for that disease; but there is no case in which there are not plain indications for constitutional treatment.

A CASE OF STRUMOUS DISEASE OF KIDNEYS, IN RELATION TO NEPHRECTOMY.

By THOMAS COLE, M.D.Lond., M.R.C.P.,
Physician to the Royal United Hospital, Bath.

F. S., aged 18, a light-complexioned, intelligent errand-boy, rather tall and spare, was admitted into the Royal United Hospital on March 24th, 1881. His mother died of consumption; and one sister died, the cause being unknown. His father and his two surviving sisters are well. He had typhoid fever a year ago; but never had scarlet or rheumatic fever. In January, while micturating, he was seized with a sudden and severe pain at the end of the penis. At the end of the act, blood was passed. Defecation was painless. He had suffered no pain in the renal region, nor down the inner surfaces of the thighs; nor was there any retraction of the testicles. The appetite was good; the bowels regular. He had no cough, nor physical signs of pulmonary lesion. The cardiac impulse was somewhat heaving, and there was a basic systolic *bruit*, heard also at the lower part of the sternum, and more faintly at the apex and in the interscapular area. The *bruit* was no doubt harmic; for it became inaudible after some time, and no valvular mischief was subsequently found. There was a little pain, with tenderness, over the upper dorsal spines, but it soon passed away. Micturition was necessary every two or three hours by day; but not quite so frequently at night. There was always pain at the end of the penis at the conclusion of the process. The urine was rather below the normal density, contained a fourth of albumen, and microscopic blood and pus, but no casts nor crystals. The latter two were never present. My colleague (Mr. Stockwell) was unable to detect a calculus. There was no renal tumour perceptible. The temperature was occasionally a little elevated, and the pulse-rate too. The diagnosis was scrofulous pyelitis. Rest, good food, and tonics materially improved his general condition, and for a time he lost the pain. On April 21st, he complained of a good deal of tenderness and pain over the right abdomen, with headache, vertigo, and cough; and the temperature rose to 102.4° Fahr. But these symptoms soon passed away; and there was a great diminution of the albumen. On June 1st, there was a return of the pain in the abdomen, which now extended to the right loin; and the pulse rose to 132, and the temperature to 104.4°. I was now able to detect an enlargement of the right kidney, which, although not very great, was appreciable by careful examination and comparison. No enlargement of the other kidney was ever observed. After this the blood and pus disappeared, and the albumen diminished. The patient, being much improved, was sent away for change on July 4th. For some months, he occasionally attended as an out-patient, and his general condition remained satisfactory—the tumour not being larger than perhaps double the size of a normal organ. I had determined that any accession of trouble should be the signal for nephrectomy. On February 2nd, 1882, he presented himself for readmission. I could not understand his rapid deterioration. He had lost flesh considerably, being only six stones two pounds; was flushed and haggard; the tongue was red and raw-looking; there was sharp pyrexia; and much more blood, pus, and albumen than ever. I had warned him never to do any work without my consent; but the poor lad confessed that, feeling so well, he had been induced to recommence his employment—in fact, he had been at it for nearly three weeks; and to this I mainly attribute the swiftly fatal result of his case. His bladder symptoms were the same as formerly, but he had some tenderness over the bladder. The renal tumour was a little larger. The first sound of the heart was weak, but there was

no *bruit*. The liver and spleen were normal. There was evidence of limited consolidation in the left lung, in the suprascapular region, which was put down to incipient phthisis. He rapidly lost ground—his weight, on the 13th, having been reduced to five stones eight pounds, and he was so weak he could hardly stand. On his readmission, I felt that nephrectomy was his only chance of life; but it was some time before his father would consent. But, he having consented, my colleague agreed with me that it was a most justifiable step. There was, however, such a remarkable change in his condition the day previous to that fixed for it, that the idea was abandoned. He complained of great pain in the joints; the tongue and lips became dry; the pulse rapid, and almost imperceptible; the expression anxious; he lay in a sort of inanimate state, and quietly died on the 16th.

Post mortem Examination.—There was extreme emaciation. The upper lobe of the left lung was consolidated, with yellow tubercle, and there were a few small cavities. There was a similar, but less extensive, affection of the right apex. The bladder was congested, the orifices of the ureters much dilated, as were both the ureters; but there was no evidence of any obstructive condition in the urethra or elsewhere. The right kidney weighed six ounces, and measured five inches in length and two and a half inches in breadth. There were numerous abscesses in its substance; but no inflammation in the pelvis. The left kidney consisted only of dilated calyces, and had almost disappeared—weighing only one ounce and a half, and measuring two and a half inches long and one inch in breadth. It was surrounded by an abscess, which extended down beneath the psoas fascia to Poupart's ligament. A few tubercles were found on the peritoneum.

REMARKS.—The rapid progress of medical surgery is as remarkable, as it is encouraging. There is scarcely an organ in the human body over which it has not extended its sway. With what wonder, with what dismay, would the great worthies who flourished in the first half of this century, now witness the operations which are constantly and successfully being performed? If they were invited to see a kidney removed, they would shrink with horror from such an unwarrantable and criminal proceeding; and yet nephrectomy has been performed a great many times, and often with signal success; so much so, that it is now looked upon as a step to be taken with but little hesitation in many renal diseases. Enthusiasm in the use of a new weapon is pardonable, especially when it is wielded skillfully against our common enemies. But it may be well sometimes to cool the ardour which triumph brings, and to consider dispassionately some of the dangers and disadvantages of new methods of attack. From this point of view, the case which I have related is worthy of some consideration. Medical treatment was certainly unavailing; and death stared the patient in the face. No evidence existed that the left kidney was diseased, although the fact, that rather more than half the cases of tuberculous pyelitis involve both kidneys, or the ureters and bladder, had to be taken into consideration. Nor could I overlook the fact that mischief was commencing in the chest. Still, the only way to arrest such trouble was to remove the main source of constitutional disturbance. I, therefore, urged the operation, as the last chance of life; but I have no doubt that, had the operation been performed, the patient would have immediately died—a circumstance which would have been very distressing. Instead of finding the left kidney normal, as we had hoped, it appears to have been the more diseased of the two; and it seems certain that the right organ, after all, was doing the excretory work until the extension of the disease compelled it to give up, and so uræmia ensued; and the patient, worn out and exhausted, died. Of course, it would be absolutely impossible, under such circumstances, to ascertain whether both organs were unsound by physical examination; but I think that, in similar cases, a somewhat reliable estimate might be formed by quantitative chemical examinations of the urine—at all events, the excretory power of the patient might be so determined; and thus valuable knowledge on this part in the prognosis might be obtained. And I think we shall all be agreed, that many such cases are unsuccessfully operated on, because we do not interfere early enough. I would recommend very early nephrectomy. When the boy left the hospital the first time, I kept him under observation for this very purpose; but his improved condition would have prevented our getting the father's consent, when the operation ought really to have been done—in fact, it was with the greatest difficulty it was obtained when it was. Mr. Monckton's recent success in bad cases is very encouraging; but there can be no doubt that, the shorter the delay, the greater will be the success. It is not my intention to now make any remarks respecting the best mode of operating; nor to discuss the difficulties and dangers which beset the surgeon in the lumbar or abdominal method; or the place which nephrotomy occupies with regard to the major operation. I have only introduced

my tragedy, which lacked the principal character, in the hope that others may be able to recite theirs, without this deficiency; but with, I trust—

"That bright and happy ending, which the man
Who fights for good, deemeth his best reward."

THERAPEUTIC MEMORANDA.

TINCTURE OF IODINE IN ERYSIPELAS. ✓

ONE of the most remarkable and rapid cures I have ever seen, followed the application of the tincture of iodine to a case of idiopathic erysipelas of the head and face. The patient was a large robust man, of very plethoric habit, a free liver, and in every way the type of man one would expect to have a violent attack of an inflammatory disease like erysipelas. Iron and the usual internal remedies had been administered; and, when I first saw him, he was unconscious, rambling, and thought by all to be *in extremis*. As no local application had been thoroughly tried, I suggested cutting away the hair and painting the scalp with tincture of iodine. At the same time, I increased the dose of iron, and added forty minims of spirit of chloroform to each dose. The effect was magical. On meeting the next day for our consultation, we found every symptom improved; the redness had subsided, the stiffness was nearly gone, and consciousness was returning. The next day, he was out of all danger, and was soon convalescent. He never had any return of the disease.

I think the rapid cure in this case was entirely due to the iodine application, as from its very first application the local symptoms showed marked improvement. Certainly, in my experience, I have never seen so apparently desperate a case recover so soon. In the *JOURNAL* for July 22nd, I see a report of a case of traumatic erysipelas rapidly cured by this treatment. I therefore hope this report of an equally successful idiopathic case may help to complete the picture of the treatment of erysipelas by the application of tincture of iodine, and so bring it more prominently before the profession.

CHARLES F. HUTCHINSON, M.D., Scarborough.

SURGICAL MEMORANDA.

MAMMARY SINUS SUBSEQUENT TO ABSCESS: TREATMENT BY A LISTERIAN METHOD: CURE. ✓

THE following case is interesting, because it shows the value of what may be justly termed a Listerian mode of cure, and the comparative uselessness—in this case the utter uselessness—of many previously (and usually) employed methods of treatment.

J. F., aged 14, first menstruated about three months ago—with no previous or subsequent distress. Pain in the breast began early in last December; not preceded, as far as the patient knows, by any injury. An abscess formed and was opened (without antiseptic precautions. She was not then, or not till some months afterwards, under my care). Healing of the abscess cavity went on favourably enough for some time but resulted in a narrow sinus—from about one-and-a-half to two inches in length, and with great surrounding hardness. Beyond this, no progress could be made; matters indeed, at the end of six months, being worse, for, in addition to an unhealthy sinus, a sloughy-surfaced sore of some extent existed in the surrounding superficial textures. This, too, was in spite of the most careful and almost continuous strapping, free enlargement of the opening, perfect drainage, use of various lotions and mixtures (sulphate of zinc, copper, and alum, carbolic lotion, carbolic oil, glycerine of carbolic acid, glycerine of borax). The patient was at the same time under good hygienic and dietetic conditions, and a constitutional medicinal treatment (iron, aloes, nux vomica, etc.).

All these local means of cure, looked back at through the clear light of the subsequent thorough antiseptic line of practice, dwindle into mere shadowy spectres of good treatment. After six weary months, the sore yielded in three weeks to a method first suggested by Mr. Lister, and by no means sufficiently widely known, except perhaps by his own pupils, for the treatment of callous ulcers. First, the ulcerated surface, or the surface of the sinus, is thoroughly cleansed with a solution of chloride of zinc (40 grains to an ounce of water). Secondly, the skin for some distance around must be thoroughly cleansed with a lotion of carbolic acid (1 in 20). This Mr. Lister prefers to use for the skin with its glands, folds, and recesses, because of its strong penetrative power. Thirdly, a saturated solution of boracic acid (the ordinary boric lotion) is employed as the permanent dressing; and it is best, I think, to use this for the first few days, or till the