Clinical Lecture ON HYSTERIA.

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BY

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WILL you please to forget at once and for all that hysteria is derived from the Greek? That is the only way to avoid the trap which the name sets open for the educated medical man. In reality, it has no more to do with the organ of reproduction than it has with any other part of the female body; and it is no truer to say that women are hysterical because they have wombs, than that men are gouty because they have beards. You may see daily in the ward appropriated to uterine cases all sorts of pathological changes in the part in question, without any greater tendency to hysteria than in other women; on the other hand, hysterical women are all around you, among both in- and out-patients, whose uterine functions are perfectly healthy. Of two women I have seen born without any uterus at all, one was hysterical.

The ancients, who invented the appellation of hysteria, seem to have fallen in with a popular notion that the womb really danced about into all the strange places where discomfort is felt during this disorder. They allowed their patients to imagine that mysterious organ now starting up under the left ribs and causing lumps and pain in the side, now brought right up into the throat as a "globus", and now intruding itself into the brain, appearing as "clavus" over the brow and disturbing the senses and passions. You may easily conceive that the believers in such superstitions were not trustworthy practitioners; but you will be equally bad, if you fall into the error of treating hysteria as a disease connected with the womb.

Observe impartially the phenomena in those cases which come before you, and you will not fail to be convinced that the deficient vitality of which hysteria is a manifestation is in that puzzling part of the circle of life which lies between mind and matter. We know so little about the chain which connects the two, that its links are reckoned by us as few and short, and we have no names for any of them. Yet when we see the varied phenomena produced by a breach or impediment to the connection, we are led to feel the depth of our ignorance on the subject, and to conjecture that it veils a long list of vital functions.

In default, then, of names for the healthy functions, the most we can do as to the classification of forms of hysteria, is to trace how near their origin lies to one or other extremity of the series of vital actions which are interfered with; what relation their phenomena bear on the one hand to mind, and what on the other to matter. We shall thus have a natural series of varieties in the disease, with pure mental disorder or insanity as a boundary on the one hand, and epilepsy traceable to organic lesion

on the other. Such a nosology has a directly useful bearing on our treatment of the patient, which I cannot say of any other attempt at classification that I have yet seen. I say it has a direct bearing on our treatment of the patient, to observe in each individual case whether the disease is most related to mental or bodily lesions; for I feel convinced that it is only by this observation that we can avoid such disappointment as leads many in our profession to look upon hysteria as an *opprobrium medicine*, to feel the same sort of indignation against it that is excited by moral guilt, and to be disposed rather to punish than to cure the patient that has thwarted them.

Those who rate the importance of diseases solely by their prominence in the Registrar-General's report of deaths, will care very little about the subject of the present lecture. It does not show its face at all in that list. The reason is, that whenever it leads to a fatal result, it qualifies itself to be classed either as insanity, epilepsy, or some organic lesion; and thus our pathological friends are apt to ignore it altogether, and to pay attention only to diseases people die of. But this is not a practical way of looking at the human misery you come here to learn to lighten. The sum total of suffering which arises from hysteria to the patients and their friends, is very great, and probably equal in the United Kingdom to that included under most of the names followed by high numbers in the Register.

After this necessary introduction, I will proceed to the more immediate business of the day, by recalling your attention to three cases admitted last week into Victoria Ward.

The first bed we come to is occupied by E. J., a nursery maid, aged 17, who was brought here from her bed in her night-dress, wrapped up in blankets, and admitted as an "urgency" during the week. She complained of dreadful pain and absolute loss of power in the legs, so as to be quite incapable of standing. She said that five days before admission her legs had been red and swollen, and that they had been rolled up in bandages twenty yards in length; though at the same time she declared that they were so painful that she could not bear them to be handled, and that it made her faint to have them touched. This illness she attributed to having caught cold, accompanied by diarrhoea, when with her mistress at the seaside, whence she has just returned. She complained also of severe pain and stiffness of the muscles of the neck and in the heart, and of excessive perspirations. In short, she gave a fair description of the subjective symptoms of an attack of rheumatic fever. But ocular examination did not allow me to concur in this diagnosis. The legs and feet were evenly smooth and white, and she did not cry out when any part was handled, except the calves, to which she said the pain had retreated. Now the pain of rheumatic fever retreats to the joints, and not to the calves. Moreover, there was no swelling of the neck; and, on diverting her attention, the cardiac region bore pressure without flinching. And, although her face was flushed, that appeared to be due to blushing; for the inside of her lips and tongue were pale, and the latter was marked by the teeth. There was a soft murmur, such as you find in anemic persons, with the first sound of the heart. But what mainly led me to the diagnosis of hysteria was the expression of her countenance. She has, you observe, a finely tinted, readily flushing skin, delicately chiselled features, quickly answering the movements of the mind; and a peculiar look about the eyes, which requires a separate sentence to itself. The balls are large; the sclerotic of a transparent sky-blue;

the pupil very dilated, giving a dark appearance to a naturally light eye. The conjunctiva is smooth and bright, and is readily overspread with tears on slight emotion. The eyelashes are long and curled; the eyelids large, and especially full towards the outer canthus, giving a drooping, longing expression to the face. Altogether, she has what ladies technically call "a sweet expression". Of these hysterical marks, the puffiness of the eyelid and the dilatation of the pupil are the most constant, are seldom absent, and seldom deceive you.

Her history has oozed out in dribblets during the four days she has been in, and has been made up partly by a motherly old woman in the next bed; for it excites her too much to attempt much cross-questioning. It appears she has been in service since she was twelve years old, and enjoyed good health till sixteen months ago, when she had a sad mental shock. She went home for a holiday, having heard of no illness in her family, and found her father in his coffin. This completely upset her. She has changed about from service to service, and has been obliged to leave from inability to perform her duties. The first bodily symptoms she perceived were languor and palpitation of the heart on exertion; then she became subject to fits of laughing and crying; if any body made her laugh, she could not stop, soon began to cry and to scream, and then had depressing low spirits afterwards. She has not, however, had these attacks lately. During this period the catamenia occurred for the first time last December, and again in January; and she was neither better nor worse for the change. But since then they have been absent.

This is a case of hysteria arising from a distinctly mental cause, and exhibiting itself mostly in mental symptoms. The organs first affected are those which are especially subservient to the emotions of both pain and pleasure. First the heart; then the risory, lacrymatory, and expiratory muscles. In health, we know how these are affected by changes in the mind, but are still under its control. When, then, we find in a patient that control deficient, and trace the deficiency to a cause purely mental, it is rational to conclude that the broken link is nearer to mind than to matter, and to let this conclusion govern us in our treatment.

But as in lunacy, so also in hysteria, morbid phenomena of the parts more remote follow. The stomach loses its power of digesting food enough to supply the waste, and the person becomes anæmic. Then the destructive metamorphosis is arrested too, the urea is excreted in diminishing quantities, and the unrenovated blood supplies no colouring matter, so that the urine is pale and watery. In short, the patient becomes anæmic; and with anæmia, of course, there is a deficiency in the sanguineous excretions especially. Thus in this girl, you have heard, puberty commenced in spite of the illness; but power was wanting to carry on its periodical evacuation of effete blood. Next to the stomach probably ranks the uterus in its liability to be affected by the mind. A fright may suspend the catamenia or cause miscarriage in a perfectly healthy woman; and in female lunatics the courses are scarcely ever regular; so that it is quite in analogy that the same defect should occur in the half-mental affections which we class as hysterical.

Now notice the treatment.

First. She was admitted into the hospital as an in-patient. You will find in practice that, however good your theory of the treatment of hysteria may be, it is much more difficult to carry out and much less effective when the patients are at home, than

when you can remove them for a time from their ordinary habits and associations. It is not merely that unprofessional nurses do not obey so implicitly your orders, from misplaced tenderness or misplaced want of sympathy; but that the patient's mind, by running in its habitual groove, and being perpetually subjected perhaps to the influences which originated the disease, less readily takes a turn towards health. If you expect, therefore, in private practice to be as successful as hospital physicians, you must try to imitate the circumstances they have in their favour. This is most easy in the poorest and in the richest classes. The first can be sent into a hospital; and with the latter a complete change of scene, under the charge of some judicious friend, is not difficult to arrange. But this is often next to impossible for the families of farmers, retail shopkeepers, curates, and the like, from the combination of a light purse with a weighty feeling of independence. One good plan that can sometimes be adopted, to the saving of pride and pocket together, is to negotiate an exchange of patients where two families in about the same social position are simultaneously afflicted with an hysterical member. The relatives of A can take charge of B, and the friends of B reciprocate by their care of A. Mere kindness also will often induce people to receive on a visit even such troublesome inmates as these, if it is pointed out by a medical man how very valuable the kindness really is, and what a high office of Christian charity is thus fulfilled, when a sick person, incurable at home, is rendered curable by the removal. And I hope you will teach by example as well as by precept; and, remembering the claims we have on one another as united in the brotherhood of a holy ministry, that you will receive into your own homes members of the families of medical men, "*Quorum conatibus obstat res angusta domi.*"

If an hysterical patient is sent to travel during convalescence, you must be cautious where you send her. Some places enjoy a bad preeminence for producing relapses. These are generally low-lying places of even temperature; and I think there is some connexion between malaria and the induction of this disorder. In the climate of Rome the tendency is very remarkable. I was exceedingly struck when there with the way in which disease was so frequently modified by hysterical phenomena; and one case I saw of well-marked catalepsy, which strongly impressed me. It occurred in an English lady who never had hysteria before in any form, and who was excessively frightened by the unfamiliar symptoms. It came on within twelve hours of her arrival on a muggy, depressing evening of spring, fatigued with her journey, and open, therefore, to all the injurious influences of the climate. During her stay, she was occasionally threatened with a recurrence, and feared she was a destined martyr to nervous invalidism; but, on leaving Rome, the symptoms vanished, have never recurred, and, I feel convinced, were wholly due to the peculiar climate. Be careful, therefore, that your hysterical patients keep clear of the Eternal City. Much harm is often done by sending them to travel in Italy.

Whatever the scheme adopted for securing a change in habitual trains of thought, the principle of treatment will be the same. You must aim at restoring the control of the mind over the body. A link is dropped, and is becoming paralysed for want of use.

Let the patients be exercised in voluntarily obeying specific orders for the direction of the will ; moving the limbs to time, at first slowly, and afterwards more rapidly, till at last the culminating point of dancing can be arrived at. This is the perfection of the cure ; and when a girl can be got to join a quadrille in the evening, you need not fear a relapse into hysterical paralysis. In hospital, we cannot be so frisky, and are obliged to substitute walks in regular time up to a definite point, assisting in the work of the ward, etc. The same strong effort requisite for these exertions is to be used to restrain the tendency to hysterical fits. The truth is to be forced upon the patient that she can learn to repress these manifestations of weakness ; and with the learning will come the power, and with the power the absence of occasions for exercising it.

What you have to aim at is exactly the converse of the arts of the electro-biologist, Mesmerist, or medium-keeper. These persons, with devil-like ingenuity, find means to induce a form of artificial hysteria in subjects with a tendency to mental disease ; that is to say, they partially destroy the control which the mind has over the body, and subject it to follow the suggestions of their own will. Let it be your happier task to restore this control by inducing the patients to exercise it. Above all things, never be led by curiosity or idleness to repeat the experiments alluded to. Each time that the poor creatures are so practised upon, they become more and more susceptible of the morbid state, till they may lapse into insanity or permanent hysteria. You might just as well give a man pneumonia, or break his leg, for the purpose of studying the consequences.

Secondly. Shower-baths were ordered to be given every morning. The bracing up of the mind to the shock of a cold shower-bath is a capital exercise of the will. In the summer it is most suitable ; and I dare say you remember last July a farmer's daughter whom our late house-surgeon, Mr. Ash, sent up from Cornwall with absolute paraplegia of both legs, which was attributed by her friends to witchcraft. It was hysterical ; and she was ordered a shower-bath twice a day, with the effect of enabling her to walk one day to the Pantheon, and another round the Serpentine, before she went home cured. In winter, however, it is rather a strong measure ; and it is usually better to prepare the patients for it by the use of a tonic warm bath, such as the following, which you often see me order.

R Acidi hydrochlorici diluti ʒiiss ; aquæ calefactæ ad grad. 95 ; congios xxx. M. Fiat balneum.

Shower-baths have also a beneficial influence by arterialising the cutaneous circulation. Their immediate effect is to drive the venous blood home to the heart and lungs ; and that which takes its place is of course arterial, as every one knows who remembers the pink cheery glow of his person while drying himself after this morning luxury.

Thirdly. Valerian was ordered to be taken three times a day. There are several substances which have special action on those nervous functions which serve the emotions. They come from different kingdoms of nature, and agree in no one point except in having all a very strong scent. The essential oils of certain plants which are the pride and profit of the perfumer—the rose, bergamotte, tuberose, violet, hyacinth, and a few others equally delicious—are as

poisons to all with a tendency to hysteria, and are proscribed in all places where the disease is endemic. In Rome, you would as soon think of entering an evening party with a drawn sword as with a strong-scented bouquet. Tea is equally injurious, and the bad effect seems to reside rather in the essential oil than in the alkaloid which it contains ; for coffee, which is as rich in theine, is by no means so noxious. On the other hand, the bracers-up of the nerves would seem to have been selected for their peculiar offensiveness in the raw state to the healthy nose—valerian, assafœtida, garlic, castor, musk, and I believe some others whose disagreeable virtues are not familiar to me. The two first are the best ; as, though musk is very beneficial, its high price and the intolerable permanence of its odour render its use inexpedient. Thus, in hospital, you will generally see me ring the changes upon the following prescriptions.

R Tincturæ valerianæ compositæ ʒj ; infusi valerianæ ad ʒj. M. Fiat haustus ter (vel quater) die sumendus.

R Assafœtidæ gr. x, in pilulis ter die sumenda.

R Spiritus ammoniæ fœtidi ʒj, ex aquâ ter die sumendam.

But, in private practice, more *recherchées* substitutions can be made to suit the patient's fancy, such as—

R Tincturæ castorei ammoniatæ (Pharm. Dub.) ʒij ; aquæ fœniculi ad ʒj ; vel

R Pilulæ galbani compositæ gr. x ; vel

R Zinci valerianatis gr. iij.

Either to be taken three times a day.

Remember, however, that drugs can never take the place of other treatment.

The next case is an instance of hysteria exhibiting a more material ailment from a more material cause.

Maria E., a muscular matron of 42, was confined of her eleventh child nine months ago, and had gone on letting it suck till her admission into St. Mary's. Very little milk there was for it indeed ; and the only use of the nipple must have been as a sort of moral opiate. However, by dint of other food, the baby has grown to be described as a "beautiful fat" one ; but the mother has been severely punished for her violation of common sense. Four months ago, she was taken with a succession of fits, which drew her arms and legs up in convulsions, and deprived her of her voice. She was sometimes quite paralytic, and sometimes lost her senses, but never bit her tongue. Then she became afflicted with dyspnoea, which even now, as she lies in bed, is troublesome, and cuts short her discourse, and is constant when she is up. Her appetite is quite gone, so that she cannot bear the sight of food. She has also excessive pain in the left hypochondrium, which quite doubles her up, and does not arise from flatulence. The catamenia have returned at their proper periods, in spite of the illness induced by the abortive attempt to suckle the child.

You may observe here again the hysterical eye, with large pupil, clear sclerotic, full upper eyelid, and look of appeal for sympathy. This time it occurs in a brunette, and in a woman whom, but for this, you might pronounce a stern, strong-minded character.

Now the treatment here, you will observe, is different from the last. She was ordered as medicine—

R Tinct. cinchonæ co. ʒj ; decocti cinchonæ ad ʒj. Fiat haustus ter die sumendus.

She was kept quiet in bed, and desired to take a cup of limed milk every two hours. I looked upon the chain of causation in this case as arising thus—(1) exhaustion; (2) imperfect gastric digestion; (3) anæmia; (4) innutrition of nervous system, and the consequent exhibition of its weakness in hysterical phenomena. And I considered that the easiest channel by which to commence the renewal of life was the stomach. It would have been useless to load the poor organ with a quantity of heavy victuals, which it could only have relieved itself by rejecting. But frequent small amounts are not beyond its powers; and, if you give these as medicine, the patients will not think themselves at liberty to choose or refuse, as they do food. Medicine indeed it is; for it is intended to cure the stomach of its anæmic, inert condition, and thus to give an appetite. The cinchona is designed to have the same effect, by bracing the surface of the mucous membrane, restraining its secretion of sticky mucus, and thus allowing the gastric juice to reach the food. And you see that between them the effect is produced; for, as we went round to-day, the patient said her desire for food was returning, and volunteered a request for meat. The pain in the splenic region is much better, and the dyspnœa vanished.

Wonderful is the power of the stomach! When it is in its right senses, what a restorativist physician it is! By the aid of our patients' stomachs alone we can cure nine-tenths of the curable cases of disease. Surely, then, it deserves our gratitude and attention. Persius dubs it a "Master of Arts": I would give it the degree of "Doctor of Medicine".

Another case of hysteria with a traceable bodily cause was admitted on the same day.

Maria D., a single woman, aged 32, is a maid of all work in a light easy place, where she has been for seven years. She has usually enjoyed pretty good health, except for occasional headaches, and that for some time lately things have seemed to annoy her more than they ought to do. Three months ago, she had a bad "bilious" headache, which was followed by some fits of laughing and crying. Five weeks ago, she had an attack of diarrhœa, from which she got better, and went to work again, though feeling weak, as she did not like to let her mistress want her. However, she no sooner tried to clean a grate than she fell down speechless, and had a succession of hysterical fits, losing her senses, but not biting her tongue. Then she began vomiting everything she took, which had been going on for three weeks before admission, and was apparently a complete rejection of nearly all her food immediately it was swallowed. At the same time there was excessive flatulence, the air bursting up from the stomach in roaring eructations while you were talking to her.

In this woman, the effect of the wide pupil and sympathetic hemiptosis is not concealed even by the disfigurement of blear edges to the eyelids, and quite accords with the funny earnestness of her manner, increasing gradually as you let her go on talking about herself, which leave no doubt of her strong hysterical diathesis.

As to cause, that is still more directly traceable to the stomach than even the last case. It appears that for some years she has been becoming more and more attached to tea-drinking. She confesses to caring for little else, so long as she can get her favourite food—or physic—or poison: I do not know exactly how to designate it. Her mistress was quite angry with her for eating so little meat; and, with a

far-sighted economy not common in that class of life, was evidently desirous of keeping up the health of a faithful servant. But the debilitated stomach refused it, and she was literally starved in the midst of abundance.

In this case, diet will be the cure. When we can make her a carnivorous animal again, she will be all right. But what is the use of diet or medicine when it is all thrown up? With this feeling, at the same time (Nov. 1st) that I ordered her limed milk every two hours, I prescribed also an enema of half a pint of mutton broth four times a day. On the 5th, about half the liquid swallowed was retained, and she complained that the anus was made sore by the enema. It was therefore omitted, and the power of resisting nausea was aided by four minims of prussic acid every four hours. On the 7th, she vomited scarce at all, and said she would try and keep down a piece of meat. This she has continued to do, and may be considered as convalescent.

Hysterical vomiting is a very troublesome affection—more so, perhaps, than any other manifestation of the diathesis; for the usual entrance for your means of cure is barred against you. I say designedly "barred"; because, in reality, the articles swallowed do not get into the stomach; they are not, in strictness, *vomited*. There is, in fact, a spasmodic closure of the œsophagus, with irregular dilatations; and the phenomena of rejection are similar to those of œsophageal stricture. For this reason, the emaciation is not so great as in cases where the stomach is emptied by true chronic vomiting; for, though thrown up immediately, and to all appearance completely, yet in reality some of the matters swallowed slip through the spasmodic grasp, and keep up the nourishment of the body.

For this reason, you need not be in so much alarm about hysterical vomiting as the symptoms would at first appear to justify. The patient will not be starved so soon as the friends expect, and there is time for your judicious treatment to act.

In this form of hysteria, as in those with more mental manifestations, a change of scene and habits (even although they are not deleterious) has a marked effect. I do not think you would have seen such a rapid cure of this woman at her own home. I had a whimsical instance of this in an unmarried lady aged 19, who was sent up to me by Mr. Ayres of Ramsgate. After a preface of hysteria, she had had daily rejection of food for six months, sometimes of everything taken, but always unchanged, so as to show the vomiting to be œsophageal, not gastric. Soon after she came to London, she got well. She returned to Ramsgate; and, being frightened by a chimney on fire, was taken with her old vomiting again. She returned to London; and the same day, without any remedy, the vomiting ceased, and she swallowed everything easily. It was the most "*veni, vidi, vici*" cure I ever saw.

Not but what care and decision may enable you to be victorious sometimes even in cases where removal is impossible. Mr. Woodhouse of Hertford called me to see a case of vomiting in an hysterical young married lady, where, either from misplaced catamenia or congestion from straining, blood was thrown up in considerable quantities. We succeeded in entirely removing all food, and in feeding her with beef-tea enemata for a fortnight, after which she gradually got back by the steps of spoonfuls of

milk to ordinary diet, and entirely recovered. But Mr. Woodhouse quite tired himself out by the care and vigour he had to exert to get this plan carried out. Several times we were almost reduced to despair of success. You must prepare for a course of decisive and sometimes unrequited labour in managing these cases.

The conclusions to which I have endeavoured to lead you by aid of three patients under your eyes are—

1. Hysteria is a disease (a word which I always use as synonymous with deficiency of life) as much of the mind as of the body.

2. In some cases the mental, in others the bodily, phenomena predominate.

3. The predominance of one or other must be our guide whether moral or physical agents are most required in the treatment.

4. The aim of the moral treatment must be the teaching the patient to exert the will; and that is best done by a change of habits and scene.

5. The organ which aids us most in our physical treatment is the stomach.

Original Communications.

THE TREATMENT OF DIPHTHERIA.

By JOHN WEST WALKER, M.B.Lond, etc., Spilsby.

NOTWITHSTANDING the great accumulation of knowledge bearing on the pathology of diphtheria, I believe there is a general feeling of doubt and dissatisfaction throughout the profession as to the most efficacious mode of treatment. I, therefore, feel justified in calling attention to a plan of treatment the decidedly beneficial effects of which I have had ample opportunity of testing.

Avoiding all discussion as to the nature of diphtheria, all will agree with me in noticing the three following salient characteristics of the disorder, each of which possesses a decided therapeutic indication, namely: 1. A more or less acute unhealthy form of inflammation affecting the faucal region, and which, if considered singly, would lead us to associate the complaint with common cynanche tonsillaris. 2. The presence of the peculiar leathery exudation which again associates the disorder with canker, stomatitis, and other allied affections. 3. The great, often suddenly induced, debility and tendency to death by exhaustion, indicate the typhoid character of the complaint.

For each of these several characteristics, our materia medica possesses a remedy of almost specific virtue.

I have long looked upon guaiacum as a specific in common sore throat; for, no matter in what place, what the age, sex, or condition of the patient, or what the stage of the complaint, I have always administered it, and had reason to be satisfied with the result; indeed, I consider the effect of this remedy in such cases to furnish an example of cure as distinguished from treatment. (*Vide* Dr. Latham's Lectures.) Frequently have I seen cases of cynanche and diphtheria existing at the same time and in the same family; and I was first induced to give guaiacum in the more severe affection by observing its good effect in cases which, at the onset, were supposed to be examples of common sore throat. I now unhesitatingly consider guaiacum as the remedy *par excellence* for diphtheria. The presence of the peculiar exudation almost instinctively suggests the employment of the chlorate of potash. For the debility, etc., our sheet-anchors are ammonia and bark.

My prescription for all cases of diphtheria is the following:—

R Potassæ chloratis ℥iv; tincturæ cinchonæ comp. ʒss; tincturæ guaiaci comp. ʒss ad ʒvj; mellis q. s.; aquæ ad ʒviij. M.

Of this mixture from one tea- to two tablespoonfuls may be given, according to age; but the interval between each dose, from one to four hours or three times a day, must be regulated according to the severity of the case.

These, then, I consider the therapeutic essentials in the treatment of diphtheria; but, in a complaint so terrible, it behoves us to resort to every possible adjuvant, however slightly it may contribute to the general good; and under this heading I am disposed to place all topical applications. My plan is to apply (by no means frequently) a concentrated solution of nitrate of silver, believing it to hasten the removal of the exudation, and to induce a more healthy action over the denuded surface. Of gargles, I consider weak vinegar and water, or what is more elegant, dilute acetic acid with infusion of roses, to be as good as any, producing slightly stimulant and astringent effects on the parts, and washing away offensive detached particles. Externally, warmth applied after the manner of poultices, of which a bag of chamomile-flowers is as convenient as any, together with mild terebinthinate embrocations applied two or three times a day, are to be recommended. Like most of my fellow-practitioners, I avoid mercurials; and, should the bowels require moving, castor-oil or the milder laxatives suffice.

The diet should be nutritious, with an increasing allowance of wine from the first. Lastly, we should ever be on the alert to remove as far as practicable the primary cause of the complaint by attention to every sanitary particular.

In advocating the guaiacum treatment of diphtheria, I must disclaim all credit for originality. Others have recommended it to the notice of the profession; and more, I doubt not, are daily in the habit of carrying it out in practice. What I desire is, that many of my fellow-practitioners may be induced to try a remedy which, from what I have lately read on the subject, is not so extensively employed as it deserves to be.

EXCERPTS FROM DAILY PRACTICE.

By T. HERBERT BARKER, M.D., F.R.S.Edin., Bedford.

IV.—*Case of Poisoning by "Almond Flavour." Treatment. Emetics. Cold Affusion. Stimulants. Recovery. Remarks. Composition of "Almond Flavour." Analogous Cases.*

IN the evening of the 6th of December last, I received an urgent message to see a young lad residing near to my house. The messenger said he had been poisoned by drinking "almond flavour." I took at once with me a bottle containing ipecacuanha powder. The little patient, a youth of six years of age, was much prostrated, very pale; the eyes bright, prominent, and glassy, and the pupils dilated. The pulse was small and quick. He appeared to have considerable uneasiness in the throat; but fortunately the power of swallowing had not been lost. A brimming teaspoonful of the powdered ipecacuanha was immediately mixed with warm water and given to him, and the cold affusion had recourse to. Within three minutes from the first dose, as vomiting had not commenced, I mixed another teaspoonful of powdered ipecacuanha with warm water, adding to it a small quantity of mustard and common table salt. I then gave him brandy and water at frequent intervals. Within two minutes after the second dose, free vomiting commenced. The ejected matters smelled strongly of bitter almonds. The cold affusion was persevered with, and the frequent administration of warm brandy and water,