similar treatment be equally efficacious in diphtheria? Again, I believe that the local manifestation of blood-poison is of itself a great indication for treatment; for do not all poisons have some definite and specific action on some membrane or organ? Thus does not arsenic exert its influence chiefly on the mucous membrane of the stomach, colchicum on the ligaments, cantharides on the kidneys, and strychnine on the spinal cord? Then why should not the throat be the chief seat of the diphtheritic poison, and, if so, why should not the rational treatment be to arrest and destroy it at its first encampment? Again, if my experience be correct, that one of the most formidable symptoms we meet with is the extension of the membrane to the nares and trachea, and, if my opinion be correct, that it does not arise there by an independent centre, but by extension of the membrane from the fauces,—is not this an additional reason for staying the progress of the membrane and limiting it to the fauces, whether we adopt caustics or any other means with that object in view? That iodine possesses this property, I feel convinced; and, as I am not reading to you a treatise on diphtheria, but simply my own experience, I shall not enter into the merits or demerits of the various remedies which have been vaunted by numerous successive writers. The efficacy of any treatment is proved by its results; and, as I have stated, out of fifty-six cases which I have noted, seven died, of which five were moribund when seen, and only two died fairly after treatment.

The general treatment was supporting and stimulating throughout. A liberal supply of beef-tea, wine, and milk was frequently and regularly given, to maintain the system against the natural tendency to depression and exhaustion. In medicine, I rely upon chlorate of potash and tincture of steel, from three to five grains of the former with five to fifteen minims of the latter every four hours, according to age. When tracheal symptoms arise, I at once have recourse to the inhaler, beginning with ten drops, increasing to a drachm of the common tincture of iodine to a pint of boiling water, and letting the patient inhale as frequently as possible. In using this, one precaution is necessary, and that is not to begin with too large a supply of iodine, otherwise it is too irritating, causing the patient to cough, and making him unwilling to use it. I have found ten drops well borne to begin with; and, after a short time, we may gradually increase the quantity to a drachm to the pint without inconvenience. If this do good, which it undoubtedly does, it is evident it cannot be by any caustic action, but entirely through its modifying and absorbing influence upon the diseased tissue. I can refer to three cases in which this treatment was of marked utility. In cases where the fits of dyspnoea are severe and frequent, I have found nothing like an emetic of sulphate of copper, which generally expels a quantity of membrane from the larynx and trachea, and gives relief for a time at all events.

In tracheotomy I believe we may place considerable reliance, although my experience is limited to one case, and that unfortunately a fatal one; yet I firmly believe that, if it be resorted to soon enough, we may rescue many lives. There is no doubt one feels inclined to put it off as long as possible; for parents have a curious repugnance to having their children's throats cut; and, if you are not successful, they speculate upon what assistance you afforded nature in her process of dissolution, and generally the balance is against the doctor; yet the evidence of numerous published cases, of which, roughly speaking, one-fourth were successful, proves that it is our duty not to neglect this chance of saving life, and more especially not to delay too long in resorting to it.

The treatment of the numerous sequelæ is difficult to formulate. I believe time and the *vis medicatrix nature* to be our most important agents; yet something can and ought to be done, for it would indeed be cruel to leave a poor patient totally paralysed without the hope of some assistance to the slow progress of nature. In those cases, I generally prescribe the liquor strychniæ in five-minim doses, gradually increased to twelve, three times a day; but I candidly confess I think it often did no good, for I well remember one case in which I gave it for a whole month, the paralysis steadily increasing the whole time. I then left it off, and prescribed a liniment as a *placebo*, when gradual improvement commenced, and recovery ultimately took place; but, on other occasions, I have found it decidedly of service, though I am doubtful whether it be more active than quinine, mineral acids, and other tonics. I believe we must show our discretion by changing our tonics, till we find the one best suited to the individual case, than by habitually using one formula indiscriminately. In addition to the tonic regimen, I recommend, when practicable, a judicious change of air and scene. On one occasion, I had resource to galvanism, with no satisfactory result. I believe that rubbing and shampooing the limbs is of some service; at all events, it does no harm; and the simultaneous use of a little embrocation no doubt assists the charm. Some of the dyspeptic symptoms I found very troublesome to treat. As a rule, bismuth gave the most

relief, combined with bland nourishment; and, when the acute symptoms had subsided, a combination of quinine and strychnine was of marked benefit in giving tone to the digestive organs.

For the tendency to faintings which sometimes occurs, I have given a dose of ether; but what is most important is to enjoin the recumbent posture till convalescence is well established, and even then I recommend a little wine to be taken before any exertion is used.

Having alluded to the general treatment of diphtheria and its sequels, there yet remains to be mentioned other minor points, which are of considerable importance to the suffering individual, by which we may alleviate suffering and hasten recovery. For example, where the patient complains of sore-throat *ab initio*, I have found an iron gargle (two drachms of the tincture to half a pint of water) beneficial; but this I have found too cutting when the membrane has disappeared, and then I have substituted one of borax and glycerine (two drachms of the former and one ounce of the latter to half a pint of water); and this gargle I have also found very useful to relieve the sensation of bread-crumbs and tickling in the throat, of which complaints are frequently made during convalescence. Where the denuded surface has proved to be ulcerated, a few touches of nitrate of silver assist the process of repair; and in one case where the tongue and roof of the mouth was so sore, that everything that was taken gave pain, I found that great relief was experienced by applying dry trisnitrate of bismuth powder with a camel's hair pencil just before taking food. In paralysis of the soft palate and regurgitation of fluids through the nostril, holding the nose during deglutition will be found very much to assist the act: this a patient of mine found out for himself, and I subsequently confirmed his statement in other cases. In these cases, too, I always advise thick drinks, which are more easily swallowed. When the pharynx is also affected, a large bolus is much more easily passed down than a small one, so that I have advised the collection of all the food in the mouth into one mass before swallowing. This is no doubt accounted for by the weakened muscular fibres of the pharynx being enabled to grasp a large bolus with less contractile effort, than would be required for a small one. In one case, I kept a patient alive for some days by giving the yolk of egg unbroken, and letting it glide down his throat, as it were. These are a few practical hints, which, from what I have seen, I believe to be useful; but the ingenuity of the practitioner will often be put to the test in coping with the anomalous symptoms which sometimes arise during the progress of this horrible, though interesting disease. Much might be written upon this important subject; in fact, a single case will often afford, in its chequered course, abundant matter for a long paper; but I have endeavoured to be as brief as possible, and, with that object in view, have entirely excluded the histories of cases which I should otherwise have liked to introduce.

A CASE OF TUMOUR OF THE BRAIN, SIMULATING APOPLEXY.

By ALFRED H. MARTIN, M.B.T.C.D.,

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M. L. was removed from Briton Ferry to this asylum in March 1868; and, from that period up to June 15th, 1874, had been under care and treatment in this institution. The assigned cause for her insanity was intemperance, and her aberration of intellect manifested itself by great irritability of temper, flying into ungovernable fits of passion without adequate provocation. The following extract from the case-book will show that the above history has been completely borne out.

"December 1873. Continues in fair bodily health and condition. Is employed regularly in the laundry, where she works steadily. Her mental state is much enfeebled; she is, however, coherent in her conversation, and replies to questions correctly. Is generally contented, and cheerful in manner and appearance; but, if thwarted in any way, becomes very much excited, loquacious, and abusive. Her desire for stimulants still exists, but is scarcely so prominent as formerly. Is always neat and clean in her personal appearance."

Since the above report was made, she had, in no material way, changed, up to the day of her death. She was occasionally troubled with slight attacks of dyspepsia, which yielded readily to appropriate remedies. She never made any special complaint of headache; there was no paralysis, either facial or in the extremities, and the pupils were perfectly equal and sensitive. Her sight, hearing, and other senses, were perfect.

On the evening of June 14th, she complained of not feeling well, and, for the first time, of pain in her head. She appeared slightly excited,

and when accused of having taken the other patients' beer at dinner, became noisy and abusive. Her pulse at the time was 76, full and strong. She was reported next morning as having been sleepless during the night, and occasionally noisy, quarrelling with another patient in the same dormitory; but, at 6 o'clock A.M., she got up as usual, and proceeded to her work in the laundry. She was noticed by an attendant to stagger about, and as she still complained of not feeling well, was taken back to bed. A short time afterwards, as she had fallen into a state of perfect unconsciousness, the medical officers were summoned; she was found by them lying on her back, breathing quietly; pulse 64, full but irregular, both in force and frequency; temperature slightly below normal. The complexion had changed, and was assuming the cadaveric hue. The right pupil was widely dilated, and quite insensible to the stimulus of light; the left pupil was naturally dilated and sensitive. The right side of the face appeared to lack expression, and the right corner of the mouth was drawn to the left. Her left upper extremity was flexed, rigid and immovable—the inferior one was also in the same condition, but to a less extent; slight reflex movements being produced by tickling the sole of the foot. She was perfectly unconscious, and could not be roused. There was no stertor. A brisk stimulating enema was administered, which brought away a copious evacuation, but without producing any favourable change in the patient's condition; and, the vital powers gradually failing, she died at one o'clock P.M.

POST-MORTEM EXAMINATION.—Forty-nine hours after death, rigor mortis was well marked. There were hypostatic stains on back and buttocks. The body was very fat and muscular; there was at least an inch of subcutaneous adipose tissue over the abdomen. The ribs were extremely thin and frangible. The anterior portion of the lungs was spotted with black pigment (due, no doubt to the fact, that for some years she had been the attendant on the laundry fires, inhaling of necessity small particles of coal-dust. The heart weighed 9½ ounces. A small quantity of fluid blood was found in the right auricle and ventricle, there were no clots in either side of the heart. The right auriculo-ventricular opening was 1¾ inches in diameter; the left, 1½ inches; the opening of the pulmonary artery, ¾ of an inch; the aortic opening, 1 inch. The valves were healthy and competent. The muscular substance was much softened. The right lung weighed 19 ounces; it was adherent at the apex to the costal pleura, and was congested inferiorly and posteriorly. The bronchi were filled with frothy mucus. The left lung weighed 14 ounces, and was in exactly the same state as the right one. The liver weighed 49 ounces. The gall-bladder was full. The peritoneal covering was adherent, tearing the substance of the liver when removed. The organ was passively congested; its substance was softened. The right kidney weighed four ounces; the left, three ounces. In both, several cones were shrunk, and partially obliterated. The substance was firm. The spleen weighed four ounces, and was slightly congested. The calvarium was increased in density. The encephalic mass weighed 47 ounces. The membranes were congested; the convolutions were flattened on the right side. The right hemisphere was in a state of white *ramollissement*. The right optic thalamus was smaller than the left. The central ganglia were softened throughout. In the right cerebral hemisphere, and forming the roof and part of outer wall of the right lateral ventricle, was a fibrous tumour, situated a little posterior to, but evidently pressing upon, the optic thalamus of that side. The choroid plexus was adherent to the tumour, which had no other attachments. In size, the tumour was about as large as a hen's egg, and weighed 2¾ ounces.

REMARKS.—Owing to the comparative rarity of tumour of the brain, I feel justified in publishing the above case. There are several points of interest to be noticed.

1. The fact of such a large tumour, and corresponding large amount of brain-substance in a thoroughly disorganised condition, having existed, without symptoms or physical signs, until within a few hours before death.

2. The sudden loss of consciousness, with the rapid development of all the physical signs of intracranial pressure in the locality of the right lateral ventricle.

3. The exhibition of irritable temper, with mild mental confusion—mental symptoms to which Russell Reynolds has called attention as being symptomatic of cerebral tumour. But it would have been too bold in this case to predicate the existence of a cerebral tumour without other data on which to found a diagnosis.

History points out to the practical physician the utter impossibility of always being able to pronounce with certainty the exact nature of the lesion which exists in such cases.

CLINICAL MEMORANDA.

THE PATHOLOGY AND TREATMENT OF CHOLERA.

DURING the discussion which followed the reading of Mr. Hall's paper on the above subject at a recent meeting of the Royal Medical and Chirurgical Society, it was pointed out by Dr. Althaus that the theory advanced by that gentleman was not new, but had already been proposed by Eulenberg. Mr. Hall, in his letter in your issue of the 7th of November, still, however, claims the priority, stating that he is not aware that anyone had brought forward this theory previously to himself in 1869. I would call Mr. Hall's attention, and that of the profession in England, to a remarkable paper, in which his views were in every essential point anticipated by a countryman of our own, Dr. C. W. Bell, Physician to the Persian embassy, which was published in the *Medical Times* of the 11th March, 1848, and quoted in full in Braithwaite's *Retrospect of Medicine* of corresponding date.

Like Mr. Hall's, the starting-point of Dr. Bell's theory was that the cholera-poison acts as a powerful stimulant to the sympathetic system, and that the collapse of cholera consists essentially in general arterial spasm; and he works out the details of the theory with great ingenuity, very much in the same manner as Mr. Hall now does. This paper was too much in advance of the pathology of the day to receive the attention it deserved, and it seems to have passed entirely from the recollection of those who took part in the debate. Mr. Hall's ignorance with regard to its existence is more remarkable, because it has been more than once pointedly referred to in the *Indian Medical Gazette* during the last two years; and the students of my clinical class are familiar with Dr. Bell's theory, as one of the most ingenious that have ever been proposed in explanation of the symptoms and *post mortem* appearances of cholera.

It is generally admitted in India, that remedies, to be of any avail in the collapse of cholera, must be administered hypodermically; but the subcutaneous injection of chloral, according to Mr. Hall's plan, has not met with the success in Calcutta that the published cases led us to expect. I have myself treated only nine cases in this way, with but three recoveries, one of them being a mild example of the disease, which would probably have got well under any ordinary treatment. The experience of the gentlemen in charge of the General Hospital has been larger, but scarcely more encouraging; and I am informed that, since this plan of treatment was adopted, the cases have exhibited a somewhat higher rate of mortality than usual. In my own cases, I have noticed a rise of temperature after the injection of chloral in most instances, even when the cases were terminating fatally; but, beyond this and mitigation of the cramps, the distressing symptoms did not appear to be influenced by the drug in any marked degree. Cases of cholera dying in the stage of collapse have, not infrequently, an axillary temperature of 101 deg., or even 103 deg. Fahr. for some hours before death—a rise which often continues during the next two hours till a self-registering thermometer placed in the rectum may be found standing at 108 deg.; and I have learned to regard a rapid rise of temperature to a point above normal, with persistence of the restlessness, pulselessness, and laboured breathing, as occurred in several of my cases treated by chloral, as of particularly evil import.

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CASE OF MUSHROOM-POISONING.

I FORWARD the following case as adding another to the list of poisonings by mushrooms. The patient was a clergyman, who had for two months been a curate in one of the large manufacturing towns of Lancashire. On Monday night, September 7th, he, in company with one of his sisters, partook of a large plate of mushrooms for supper, of which he ate the larger share; for some time before this he had not been in good health, and was evidently below par, as is well shown by the following fact. He had suffered much from toothache, and went to a dentist to have the tooth extracted, but was advised not to have it out, as the pain came more from debility of system than from the tooth. No immediate symptoms followed—*i.e.*, he had no vomiting, pain, or purging; but for the next two or three days he felt very unwell and weak. On the Friday, he was so bad that Mr. Shepherd of Wigan was sent for, who prescribed for him, and said he would see him the next day. On the morning of the next day, he got up; but felt so ill that he was obliged to take to his bed, when he became rapidly worse, his chief symptoms at this time being dyspnoea, cerebral excitement, with fever, coupled with a rash similar to that seen in some people after