came; and, at 11 A.M., I got him to perform. He put a basin which I brought him on the floor, inclined his body forward, and discharged easily, at one large mouthful, about three and a half ounces of healthy pure pus. He never has had a rigor or chill, or ague, nor sweats. Whence can this pus come, with such regularity every day for four years, the patient being without cough, or vomit, or wasting, but in the best of health? Can it be abscess in the œsophageal tube? It is assuredly not in the bronchial tube, or any of its appendages, above or below.

ON PERCHLORIDE OF MERCURY IN THE DIARRHŒA OF TYPHOID FEVER.*

By T. L. WALFORD, M.R.C.S.Eng., Reading.

CASE I. On November 27th, 1873, Matthew F., aged 20, was admitted into the Fever Hospital of the Reading Union, with typhoid fever, having been ill one week. The treatment consisted of acetate of ammonia and a chloral draught at bedtime, milk and beef-tea, a poultice over the ileo-cæcal region, and five grains of powdered rhubarb, with two and a half of soap, in two pills at bedtime. The symptoms of typhoid fever were distinct; the relaxed condition of the bowels and the character of the stools being such as are commonly observed in the disease.

On the 29th, he had four grains of blue pill at night, and a draught of rhubarb and sulphate of potash the following morning.

On December 3rd, he took a few grains of the bicarbonate of potash, instead of the acetate of ammonia, the relaxation suggesting the alteration. On December 5th, he had diarrhœa mixture, without opium, four times in the twenty-four hours. On December 6th, he had it only twice.

On the 7th, it was omitted. The semifluid condition of the alvine discharges had given place to a more solid state. But the quantity seemed enormous—large in form, and as if passed through the canal without having been acted on. His state otherwise had so much improved that he was allowed fish, middle diet, milk, and beef-tea.

On the 13th, diarrhœa mixture was ordered once in the twenty-four hours.

On the 17th, he had ammonia mixture twice, and was allowed to be dressed and lie outside the bed.

On the 21st, he was ordered to bed again, in consequence of pain and swelling in the right leg, with tenderness on pressure of the calf towards the bone; and a poultice was applied.

On December 27th, he was ordered bark mixture twice, and was allowed to get up again. On the 29th, he was again confined to bed, as the left leg now became affected with swelling, tenderness on pressure, and pain. Once in two nights he took the rhubarb and soap pill, the quantity of large solid stools leading to their use.

On January 2nd, two drachms of castor-oil were given; it being hoped thereby to clear out the bowels and bring about a more healthy state of the excretion. It may be remarked here that the natural order of stools had not been observed. On the 6th, he was permitted to get up again; but on the 8th, the condition of the limb was such that the poultice was removed. The quantity passed from the bowels being so large, it appeared to me desirable to find some means of acting upon the mucous membrane of the intestines, and, calling to mind the ulcerated condition of the lower end of the ileum or the colon, I resolved on trying one drachm of the liquor hydrargyri perchloridi every twelve hours. This was on the 8th. On the 10th and 12th, it was continued. On the 14th, it was suspended; and on the 16th, he was allowed to get up. Two days after the commencement of the perchloride, the stools altered most manifestly. The quantity was nothing like so much; there was no appearance of undigested food; the fæcal odour returned, and he went on uninterruptedly to regain his strength, and in due time left the house to earn his living.

CASE II. On January 8th, 1874, Charles W., aged 29, was admitted with typhoid fever, having been ill seven days. He had acetate of ammonia mixture and fever-diet. On the 10th, he took four grains of blue pill and one and a half of ipecacuanha, followed by the sulphate of potash and rhubarb draught in the morning. The bowels were cleared out, and that is all that could be said. On the 13th, no improvement having taken place in the quantity passing from the bowels, and there being hepatic fulness and tenderness on pressure, four leeches were applied, and a grain and a half of calomel with four grains of blue pill, followed by the above-mentioned draught, were given. The leech-bites bled freely, and the medicine acted well, with evident relief to the febrile symptoms, but without any impression on the quantity and

number of the alvine discharges. He was ordered the potash mixture; and on the 16th, he wanted something solid, and was allowed some bread and butter and some rice. On the 17th, 18th, and 19th, the general condition was improving, but the bowels continued to discharge the same unnaturally large amount of ill digested excreta as in the former case. We had arrived at the eighteenth day of the case, but the radically typhoid condition of the intestines seemed no better. Remembering the happy termination of the first case, I ordered one drachm dose of the solution of perchloride of mercury every twelve hours; and continued it through the 20th, 21st, 22nd, 23rd, and 24th, when it was taken only at night, and discontinued on the 26th. He had taken twelve doses, and it was reported that there was no evacuation yesterday, and one this morning, natural. On the 24th, he was given fancy diet. On the 28th, he had the acid mixture, which, after two days, had to be suspended. On February 1st, there being a slight return of the diarrhœa, he was ordered the perchloride for three doses. On the 7th, he was sent to the General Infirmary, and in due time left the house well and able to work.

Such are the facts which I think it right to bring before you. I am aware they are but *two*—some may say they are not facts at all. I can only, in reply to such a denial, say, that time of administering the perchloride was a very fortunate hap for me, if its use were not the cause of the change which followed. I must, however, be permitted to add, that I see nothing unreasonable in the reasoning which led to the adoption of the practice. We all admit the special properties of different drugs and chemicals, whether we be solidists or humoralists, and this surely involves the capability of the different structures of the body being acted upon by the special properties of drugs.

At any rate, I hope the practice will not seem so unreasonable but that gentlemen will make trial of it. I have only to remark that, should any be induced to try it, they should not do so before the third week. Should experience allot it any value, then the propriety of giving it earlier may come to be considered.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

ST. THOMAS'S HOSPITAL.

CASES UNDER THE CARE OF DR. MURCHISON.

We are indebted for these notes to Mr. DONKIN, Resident Clinical Assistant.

Typhoid Fever: Death from Perforation of the Bowel at the End of Seven Weeks.—A stout woman, aged 44, was admitted on December 12th. She stated that she had suffered from "winter cough" for ten years, but that otherwise her health had been good. She had been ailing a little about two months, but only took to her bed about three weeks before admission, complaining of fever, aching in the limbs, insomnia, and rapidly increasing weakness. Her bowels had been relaxed, at first six or eight times a day, but less often lately. During the last fortnight, she had wandered at night, and latterly had become deaf.

On admission, the patient was deaf and stupid; pulse, 110; temperature, 102.8 deg.; tongue furred and dry; sordes on lips. There was a moderate amount of bronchitis, and a mottling of the skin over the abdomen, but no distinct rash.

A few days after her admission, the fever began to abate; and on the 18th, her temperature was normal, and the patient felt much better.

On December 28th, she was complaining of hunger, and was evidently in process of convalescence.

On January 2nd, as she continued to improve, she was allowed meat diet. During this time, she was troubled with constipation, and required occasional doses of castor-oil; there was no tenderness anywhere in the abdomen.

On January 7th, the patient was not so well. Pulse, 100; temperature, 104 deg. (at 11 A.M.); tongue furred. The bowels were somewhat relaxed; they acted three times on the 6th. She did not complain of any pain.

Next day, she was again worse; the tongue was dry and furred; the bowels were still relaxed; and she had great pain in the abdomen. Vomiting next supervened, and the patient gradually sank, and died on the 13th.

At the necropsy, signs of general peritonitis were found, most intense at a point nearly under the umbilicus. On injecting water into the duodenum, a small perforation of the small intestine was found near this spot. On opening the bowel, about twenty ulcers were found

* Read before the Reading Pathological Society.