THERAPEUTIC MEMORANDA.

BY

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No. II.

Scarlatina Throat.—The application of chlorinated liquids, or of the mixture of turpentine and glycerine or of creasote and glycerine, may be made much as in diphtheria. (I shall give a trial to sulphurous acid spray, as recommended by Dr. Dewar, in the next severe case of the kind). For that terrible swelling of the parotid and submaxillary glands, which is of such evil augury as well as so distressing to the patient, I have used with advantage ice in bags of oil-silk, fastened round the neck and over the angle of the jaw, and frequently renewed. These outward applications, used together with small lumps of ice in the mouth, effect a marked diminution of the engorgement, and avert the immediate danger of suffocation and give us a little more time for conflict; the odds being still frightfully against us. Enemata of beef-tea and brandy afford some help in tiding us over the jeopardy from dysphagia.

Croup.—The most important remedy is steam. The explanation of its action, and directions for its application, were admirably set forth in a paper published by my friend Dr. W. Budd about the year 1852. I lay great stress, also, on very hot fomentations, and poultices enveloping the neck like a collar. In the early stage, if the child be two or three years old, and the skin be hot and dry and the pulse hard, leeches, well managed, help the cure; but they are not to be entrusted to a nurse, and the orifices should be closed when the leeches have been removed, and by means that will not interfere with the fomentations. One important direction should be given, which I do not remember to have seen suggested in books. I am almost ashamed to confess that I had been many years in practice before it occurred to me that there is a vast difference as to safety between a small leech and a big one. It is sad to think of the numbers of innocents that must have sunk under the hæmorrhage from the gaping bayonet-shaped wound of a monster leech. But such casualties belonged to days when doctors and nurses and mothers doubted, after an unsuccessful case, whether enough blood had been expended. But it is not to be wondered at that, in the present day, the question of leeching in any given case should not be mooted. Unless the practitioner were convinced that no other remedy would avail (the prevalent belief a quarter of a century ago), or that the advantage to be derived from it justified the contingent risk, he could hardly press it in opposition to the popular feeling. It is not fair to the art of medicine, nor to the reputation of the practitioner, to allow the estimation of either to be endangered by a doubtful measure, unless there be no alternatives to choose from. To return. When the plastic false membrane is formed, all are agreed as to the use of emetics. But the child can no longer bear the depressing effect of antimony or ipecacuanha; and, under such circumstances, I have used sulphate of copper, as recommended in the memorandum on Diphtheria. At this stage, more chances of recovery will be lost by the administration of too little than of too much wine, brandy, and strong beef-tea. With regard to the last of these, we must not allow ourselves to be perplexed by the scepticism of theoretical chemistry. In disease so pressing that the chances of life or death lie within the compass of a few hours, it is not a question whether an article of nourishment contains this or that proximate principle sufficient to repair the waste of this or that in the tissues, but whether it shall make an impression on the gastric nerves, which, reflected on those of the heart and blood-vessels and on the nervous centres, shall help to keep the somatic life going till the local mischief has subsided. On such occasions, food is not food, but physic, and of a highly stimulating character. The peril is too close to allow us to think of what may happen a few hours later in sanguifaction and assimilation. A way-worn pedestrian, ready to drop from exhaustion, sits down on a bank, and hastily munches some bread and cheese, and drinks water from a brook. In a few minutes, he strides along on his journey refreshed and recruited. He has not had to wait till his food has gone through its three stages of conversion. His renewed vigour has started from the favourable impression made on the nerves of his stomach by their appropriate stimuli. Ask a female who has been at the last gasp of inanition from flooding, and kept alive by feeding and cordials, and

she will hardly be able to say which gave her more feeling of support, the brandy or the fresh-made essence of meat.

Chronic Laryngitis.—In the early stages, one or two leeches over the thyroid cartilage will afford much relief and retard the progress of the mischief. But, as pressure is not easily applied in this situation, we must remember the caution as to the difference between small and large leech-bites. Frequent small blisters, or the deep counterirritation of caustic tincture of iodine, will be less or more serviceable in all stages of the disease. The application of a sponge moistened with a solution of nitrate of silver to the epiglottis, or under it, is a valuable remedy for a time. There is great room for a variety of agents introduced into the glottis by means of vapour, or by atomised fluids. Of the former, iodine and creasote, mixed with sedatives, have been most useful in my experience; of the latter, salt and water with a little laudanum. I have long been in the habit of directing the use of volatile substances simply inhaled from wide-mouthed bottles; ether, mixed with pyro-acetic spirit (medicinal naphtha), when the disease is quite chronic, is soothing and healing; also, oil of turpentine and laudanum.* In the advanced stage, when ulceration has made fissures in the edge of the epiglottis, or when, from its hypertrophy or its oedema, this drawbridge does not well shut down, we have a most distressing cluster of symptoms to deal with. Whatever the amount of mechanical lesion in the larynx, spasm of the glottis causes a considerable part of the distress. Opium will need to be given freely; but the most immediate relief in severe cases is obtained from the inhalation of chloroform. In more than one case, it has been difficult to induce the patient to let the bottle be out of reach. To swallow liquids is a painful effort and struggle, because they trickle into the chinks of the operculum. I have, therefore, found it useful to thicken the liquid with jelly, or arrow-root, or barley-gruel. Small smooth lumps of ice will also slip down easily; and I have had milk and beef-jelly frozen with the same view. In one very distressing case, it seemed that the patient must die of starvation, when it occurred to me that the yolk of an egg might slide over the crazy bridge without breaking its capsule; and the experiment succeeded, and has often been recurring to with benefit. In the paroxysms of dyspnoea which but too often harass the patient, some relief may be afforded by very large mustard-and linseed-poultices, and hot poultices sprinkled with laudanum. Sometimes I have witnessed more mitigation of distress than could have been anticipated, from the application of a large sponge wrung out in quite hot water to the windpipe and chest. Such expedients, at all events, gain time till opium, ether, and chloroform, have done their work in sending the sufferer to sleep. When these methods fail, we still have the blessed resource of subcutaneous injection of morphia.

Laryngismus Hystericus.—When imitative of acute laryngitis, it is very amenable to treatment if diagnosticated at once. Sometimes nerves, if administered liberally and often enough, subdue it at once. The best are assafoetida, castor oil, valerianate of zinc, and sumpbul. A dose of ether, opium, and antimonial wine, may be given at bed-time. Of course, to prevent returns, the neurotic susceptibility must be blunted by metallic tonics, and the eccentric sources of irritation discovered and abolished—a far harder task than that of quelling the paroxysms. Woe betide the patient and the doctor, if the latter have inflicted on the former an active antiphlogistic treatment. I could tell tales of prolonged misery, and seriously damaged reputation, caused by this error in diagnosis and treatment.

Aphonia Hysteric.—For this, I have found strychnia internally, and galvanism externally, the best remedies. I can well understand how successful galvanism may be when applied directly to the vocal chords by my friend Dr. Morell Mackenzie.

Catarrh.—For preventing this slight disorder from running into bronchitis, I have found no plan so generally effectual as the prescription of a pill of calomel and opium and ipecacuanha at night, followed by a purgative in the morning, consisting of Rochelle salts and senna. The patient must remain in bed for at least half a day. The efficacy of this method is in a direct ratio with the promptitude of its administration. A delay of twelve hours will make it futile. The complaint must be seized by the forelock. But is it worth while to resort to such discipline for a common cold? For delicate persons, prone to bronchitis and graver ills, it is well worth while to crush the incipient mischief. When opium or morphia cannot be taken, these pills are useful.

* The following combinations may also be tried.

1. Ætheris ʒj; acidi benzoici ʒiv; balsami Peruviani ʒij. M.
2. Pyro-acetic spirit. ʒss; ætheris ʒss; acidi benzoici ʒiv; balsami Peruviani ʒij. M.
3. Ætheris ʒss; spiritus terebinthini ʒss; acidi benzoici ʒiv; balsami toluani ʒij. M.
4. Ætheris ʒvj; pyro-acetic spirit. ʒij. M.

The warmth of the hand is sufficient for volatilising these mixtures. For experiments on the proportions in which these substances best mix for my purpose, I am indebted to Messrs. Giles and Crowe, York Crescent, Clifton.

R. Ext. hyos., pulv. conii, sing. gr. iv; calomelanos, pulv. ipecac., sing. gr. j. M. Fiat pilulæ ii vespere sumendæ.

But the purgative draught must be appended. This treatment, however, cannot be followed by the majority of mankind. If they can take any remedies, the best are either frequent doses of sal volatile in camphor mixture, or a scruple of chlorate of potash, with fifteen minims of chloric ether every four hours. A hard-worked doctor can hardly find time to help himself to these small solaces. He can only depend on the uncovenanted mercies of *laissez faire*; and, whether knocking at street-doors, or auscultating chests, or "ascertaining progress", or inditing prescriptions, his only comfort is silk or cambric, and he is more pitiabie than half of his patients.

Bronchitis.—To be cured rapidly, the patient must be confined to bed, and the atmosphere of the room must be charged with steam. A blister should be applied to the front of the chest, and a large linseed poultice kept constantly between the scapulae with a covering of oil-silk; and if the patient be very averse to a blister, he must have a quick succession of sinapisms—one every four hours to the sternal or interscapular or lateral regions. There is but little good in a sinapism applied to-day and repeated to-morrow. The end of such trifling more frequently than not is in two or three blisters instead of one. Give a pill containing one-eighth of a grain of tartarised antimony, a grain of pilula hydrargyri, and one-tenth or one-twelfth of a grain of morphia every three hours, with a pleasantly flavoured mixture containing twenty grains of bicarbonate of potash, and fifteen minims of spirits of æther in each dose, and on alternate mornings, an aperient sufficient to act three or four times. The patient will find comfort in the occasional use of Maw's inhaler, with tincture of hemlock. The diet should consist for the first few days of beef-tea, milk, and farinaceous articles, with the occasional refreshment of champagne and soda-water in equal proportions. Free expectoration is the natural cure. We should aim at promoting it, and at the same time sustain the strength. We must beware of medicines that lessen the bronchial secretion. Wine or brandy, if indicated by debility, may be given liberally; but refrain from tonics. Often and often have I seen a relapse from the premature administration of such medicines as quinine, mineral acids, creasote, and balsams, remedies only suitable when bronchitis has passed into bronchorrhœa—a mere flux. How is such change to be recognised? Auscultation finds a prevalence of coarse bubbling rhonchi over the dry fine purrings and hissings and cracklings; the skin is cool, the urine has thrown down lithates, the dyspnoea is trifling, and, above all, there is a change in the sputa. But as long as these are either viscid, or pituitous, or yellow and opaque, avoid anything likely to prove astringent. Whether from an innate vicious proclivity in the patient's constitution, or from neglect of the disease in the early stage, the inflammation will sometimes advance into the finest tubes, becoming what is called capillary, and putting the patient into danger, as well as into aggravated suffering from difficult respiration. If you have not blistered before, you must do so now, and on a large scale; and you will do well to increase the blue pill, and when you see the gums turgid, and discover the true fœtor of mercurial stomatitis, your heart may be gladdened as much as the patient's breathing is lightened. This may be old-fashioned treatment; but what have I undertaken? Simply to tell what I have seen, or thought I have seen, and known and believed—whatever value, little or none, may belong to my opinion, I frankly avow my belief in the antiphlogistic power of mercury. But it is a strong weapon, not to be used except in grave crises; and the cases requiring it have become very rare, compared with one's earlier experience, correlatively with the lessened tolerance of bleeding.

The treatment thus slightly sketched is applicable to common sub-acute or acute bronchitis, in a constitution of average strength. Some cases are characterised more by stubbornness than by severity. They go on from day to day, neither better nor worse, and a change of treatment is called for. At this time, I have seen the happiest effects from the revulsive action of hydragogues—say, from a pill containing one-twelfth of a grain of extract of elaterium, three grains of colocynth pill, one grain of blue pill, and one-third of a grain of extract of belladonna, late at night or very early in the morning, and followed, after three or four hours, by a Seidlitz powder. Such discipline, repeated for three or four mornings consecutively or alternately, will sometimes loosen the stubborn bronchitis with marvellous quickness, and with very little distress or inconvenience to the patient. Of course, there must be discrimination in the choice of the case for such a process, and the maintenance of the strength by cordials and nourishment, must be well looked to. Should this method seem unsuitable to the case in hand, try two grains of iodide of potassium in an effervescing draught twice a day. It often serves one a good turn, but it is rather a slippery remedy, and may for a day or two seem to exasperate the bronchitis; nevertheless, the artificial aggravation soon subsides, and leaves behind it very little of the original disorder. If, in spite of these efforts, the

bronchitis refuse to relax its hold, apply a blister of the size of a five-shilling piece below one of the clavicles, carefully remove the epidermis, and dress it with savine ointment for a day or two, and afterwards with Albespeyre's epispastic papers. Do it yourself at first. In nine cases out of ten left to friends or nurses, the surface is not properly denuded so as to make it thoroughly suppurative. If the patient can travel, and command the requisite comforts in a new home, send him to a soft mild air on the sea-coast, and he will soon heal his blister, and ungratefully scoff at previous remedies. Nevertheless admonish him that if, in his next attack, he presumptuously flies to sea-air, under the idea of escaping medical discipline, he will find that he has made a woeful mistake. In many cases, there is a large element of bronchial spasm mixed up with the inflammation. If so, add half a minim of Battley's liquor belladonnæ to each dose of the alkaline or saline mixture, and perhaps also twenty minims of Hoffman's ether.

Asthetic Bronchitis.—At all ages, but especially in the very young and the very old, the bronchial irritation may be accompanied with profuse secretion, deluging the tubes faster than coughing can pump them out. The complaint is analogous to muco-enteritis with profuse diarrhœa. The remedies are ammonia, senega, champagne, brandy, and strong beef-tea, and the like; with large sinapisms, turpentine liniments, and blisters. If the patient can bear some catharsis, so much the better for him. In some cases, I have given frequent doses of oil of turpentine (ten or fifteen minims) in an emulsion with marked advantage. The nicety in the treatment consists in sustaining the patient's strength and, at the same time, maintaining the cough and expectoration. Sometimes cough and expectoration fail, and there is no recalling them. All our hopes, then, turn on emesis, and sulphate of copper and sulphate of zinc are of signal value. The former is the surer. Mustard and water will sometimes succeed. But I have had cases in which life was saved, like a brand snatched from the burning, by rough mechanical treatment. Having forced down an emetic, to which the stomach, or rather the pneumogastric nerves, were too paralysed to respond, I have, as a last resource, dragged the tongue forward, and thrust a feathered quill behind the epiglottis into the chink of the larynx, and so excited a violent convulsive action of cough and vomiting, terminating in an expulsion from the air-tubes of large quantities of frothy mucus mixed with plugs of a more solid secretion. It is not often that the operations of the physician can compete with those of the surgeon in hand-to-hand encounters with King Death; but, in such cases as I refer to, the foe is worsted as unequivocally as when a great bleeding artery has been tied, or a coil of intestine has been released from strangulation.

Chronic Bronchitis.—I think the most important point is to determine whether it is only the chronic state that has to be dealt with, or whether it is a subacute irritation engrafted on the old evil. In a large number of instances, it is the latter when the practitioner's help is invoked, and, from the want of recognition of it, awkward and deleterious attempts are being made with balsams and tonics and astringents, when relaxant and soothing agents are really wanted. But, when the disease is really chronic, with more of flux than of inflammation, then small doses of sulphate of zinc and quinine, creasote, pyro-acetic spirit, and benzoate of ammonia and tincture of cantharides, are very efficient. In such cases, considerable relief is given by inhalation of vapours or of atomised fluids in the form of spray. Of the former, I have been in the habit of recommending a mixture of ether and compound tincture of benzoin, and others specified in the paragraph on Chronic Laryngitis.

It is superfluous to remark anything so rudimentary as that the practitioner must look well to the complication, or rather the parent diseases, of which chronic bronchitis is only the accidental offspring. I will not close this paragraph without appending the formula for a liniment which I have been in the habit of prescribing in every kind and degree of bronchitis. It is a strengthened edition of that which Dr. Stokes published many years ago.

R. Ol. terebinth. ʒij; ovi vitellum; acidi pyrolign. ʒij; aquæ rosæ ʒvj; ol. limon. ʒij. M. Fiat linimentum.

Some art is required to mix the ingredients; but, if the formula have been properly prepared, the result is a creamy semi-liquid, very bland in aspect, but very capable of stinging. The advantage of the preparation is, that its effects are more enduring than those of a sinapism; also, it is ready for immediate use; no friction is required; you have only to soak with it a compress of linen, and cover it with a dry cloth. The sensibility of the skin varies in different individuals. Adults can generally bear it for half an hour or more the first time; but, after two or three applications to the same spot, the skin will resent it in a very few minutes. The locality must be frequently changed. After several applications, it produces what might be called an artificial psoriasis.