hitherto found to be most beneficial has been chiefly confined to counter-irritation, the guarded introduction of mercury, (with a view to the correction of morbid secretions, and carried to the extreme of very slightly affecting the gums,) the iodide of potassium, and cod-liver oil.

Venesection is in no case called for, as a dangerous degree of depression may be expected to follow the use of depletory measures. Cupping, or even leeches, will seldom be needed, unless an unusual degree of pain be complained of, which is quite contrary to what ordinarily obtains. Blisters will be found to be of signal service, and these must be repeated again and again, not kept open, but permitted to heal; and their renewal, as well as any change of locality, must be influenced by the result of carefully-repeated stethoscopic investigation. Should any indication of an indurated portion of lung remain after the application of from three to five blisters, at weekly intervals, a strong solution of iodine (one drachm of iodine, and half a drachm of iodide of potassium, to one ounce of rectified spirit,) painted, if it can be borne, once daily over the affected spot, will be found at this stage very useful. If the secretions be much deranged, small doses of the hydragryum cum cretâ should be given, slightly, and only slightly, to affect the gums; or what will then be found to be a still better form is the bichloride, in doses of one-sixteenth of a grain, night and morning. Iodide of potassium, with alkaline salines, will be called for, to be followed by cod-liver oil, in doses from a teaspoonful to a tablespoonful thrice a day. This latter remedy has given me much satisfaction in the treatment of pulmonary indurations of an adynamic character; and it has exerted a very marked influence in promoting the absorption of morbid exudation. This, I presume, it can alone effect by improving the condition of the general health.

ON THE

TREATMENT OF ERYSIPELAS BY THE MURIATED TINCTURE OF IRON.

By W. H. RANKING, M.D., CANTAB.,

PHYSICIAN TO THE NORFOLK AND NORWICH HOSPITAL.

Read before the Meeting of the Suffolk Branch, June 25th, 1852.

It has always been my opinion that the communications most suitable to the brief reunions which take place at these anniversaries of the several Branches of the Provincial Medical and Surgical Association, are those which are able to convey practical information in few words; for this reason I have selected for your attention a case which has recently come under my notice, and in which a method of treatment not commonly followed has proved eminently successful. I allude to the treatment of erysipelas by the muriated tincture of iron. The case is as follows:—

Charlotte Andrews, aged 23, a fat strumous girl, was

admitted into the Norfolk and Norwich Hospital under my care, in April, for engorged and suppurating cervical glands, which were treated by generous diet, cod-liver oil, free lancing, and subsequent dressing with the iodide of lead ointment, an application which I may state in passing, appears to me to be more suitable to scrofulous ulcers than any other with which I am acquainted. Under this treatment her progress was all that could be desired, until the 26th of May, when my attention was called to an erysipelatous redness over the right breast. This quickly extended, and in spite of the assiduous endeavour on the part of our intelligent house-surgeon, to limit its boundaries by the nitrate of silver, it soon invaded the head and face, inducing those serious symptoms which are observed in these cases. As soon as the disease fully declared itself, no time was lost, as is my invariable custom, in sustaining the powers of the patient by wine, beef-tea, and ammonia, the local application being flour.

On the 28th, the disease had continued to extend, and as the patient was losing strength the ammonia was replaced by quinine.

On the 29th, the report is that the erysipelas had occupied the entire head and face, and was creeping down the back. The patient was delirious, with dry tongue and feeble pulse of 130.

On the 30th she was still worse, the tongue was more dry and dark, and diarrhoea was added to the other unfavourable symptoms. Wine was given in increasing quantities, so that she took more than a bottle in the twenty-four hours.

June 1st.—She was still more depressed; pulse 140, fluttering; the face livid, and she appeared to be fast sinking. At this time I determined to administer the muriated tincture of iron, as recommended by Mr. Bell, of Edinburgh, and did so, as will be seen, with the best results. The dose was forty minims in water, every three hours. In the evening, after three doses, the pulse was still 140, but had more resistance to the finger, and she was left for the night, with orders to continue the medicine and wine.

On the 2nd there was a most marvellous change for the better. The tongue, which the day before was dry and dark, was now moist and cleaner, the pulse had sunk to 120, and the patient was able to raise herself in bed. The face was desquamating and her only complaint was urgent thirst, which was gratified with water *ad libitum*.

3rd.—I continued the iron in doses of thirty-six drops. The improvement was still more manifest; the face had become more natural in appearance, and she was pronounced out of danger. From this time her recovery was uninterrupted.

Knowing how difficult it is to establish a medical *fact*, I am prepared to find that some of my hearers may dispute the agency of the iron in this girl's recovery. On this point I would only say, that prior to her taking that medicine she lost ground hourly, in spite of the freest exhibition of wine, ammonia, and quinine; and that after three or four doses a perceptible advantage had been gained, which advantage was rendered indisputable on the

next day by the improved condition of the pulse and tongue, and the rapid subsidence of the cutaneous engorgement.

I take no credit to myself for this mode of treating erysipelas, but most willingly record my obligation to Mr. Bell, of Edinburgh, who published a paper on the subject in the *Monthly Journal of Medical Sciences* for June, 1851. That gentleman's testimony as to the value of this treatment is most strong; he says that in every instance in his practice it has been successful. His brother, Dr. Charles Bell, is equally impressed in its favour; and he states that it not only removes the disease in a short time, but also renders the patient less susceptible of returns of the disease. In pursuing the chalybeate treatment of erysipelas, Mr. Bell regards it as important to bring the system rapidly under its influence, and acting on this conviction, I gave in the case above related even larger doses than Mr. Bell had sanctioned.

Although the case I have related was an instance of idiopathic erysipelas, the treatment is said to be equally beneficial in the traumatic form, and in infantile erysipelas. Of the latter, Mr. Bell details some remarkably interesting cases.

CASE OF PUERPERAL CONVULSIONS.

By ROBERT MARTIN, Esq., HOLBROOK.

Read before the Meeting of the Suffolk Branch, held June 25th, 1852.

MARY COUSINS, was admitted into Fattingsstone Union House, at the age of seven weeks, consequent on her mother suffering from puerperal mania. The mother remains to this day a confirmed lunatic in Melton Asylum.

Mary Cousins, the infant, was reared in the Union House, and the nurse who had charge of her states that she was frequently the subject of severe sick headache, which at times confined her to her bed for days together. She was early placed out in service, and but little is known of her, till her readmission to the Union House, in an advanced state of pregnancy. Since her readmission she is said to have suffered much from headache, but never reported herself nor authorised others to report her to the medical officer.

Mary Cousins, aged 21 years, primipara, visited by Mr. Jarman, at 1 A.M., May 3rd, 1852. Was in the first stage of labour, with slight pains, restless, irritable, and constantly walking about the room; pains regular at short intervals, producing little effect on the os uteri; was suddenly seized with convulsions, on the subsidence of which she was conscious, and complained of pain in the head; skin temperate; pulse weak at the wrists, but strong at the carotids; bladder and bowels had been freely relieved.

At half-past three A.M., I saw her, she had just recovered from a severe fit; was conscious, but rather wandering; complained of headache; pupils dilated; face but little flushed; pulse 100; not full, nor sharp,

excepting in the carotids; pains regular at intervals of four or five minutes; os uteri dilated to nearly the size of a crown piece, thin, but rigid; membranes entire; no presentation of the child discoverable; bled to twenty ounces from the arm, with decided impression on the system; several pains succeeded without fit; the head, however, much complained of; suddenly seized with a severe fit, grinding of teeth, torticollis, opisthotonos; the tongue was protected from injury by a gag; at the termination of this fit, the head of the fœtus was advanced, having descended to the hollow of the sacrum; during the fit a considerable but indefinite quantity of blood was lost from the arm into the bed, the bandage having slipped; I applied the forceps, and delivery was speedily and easily effected at half-past five, A.M.

The birth of a living child was instantly succeeded by a violent fit, with, from this moment, no recurrence of consciousness. The placenta was naturally expelled a few minutes after the fit, with more than usual loss. The uterus, however, quickly, by means of friction over its fundus and pressure, contracted firmly. Coma like a heavy sleep, supervened, without stertor or laryngismus; pulse quick and feeble. The hair was removed from the head, and cold applications employed; ten grains of calomel were placed on the back of the tongue, and the inside of the cheeks smeared with croton oil, at intervals of one hour, four times, without effect on the bowels. Mustard poultices were applied to the feet, and the region of the cervical vertebræ covered by a flannel wrung from hot water, and soaked in turpentine. Coma increased in intensity, laryngismus, and forcible expiration. At ten o'clock a few ounces more blood were drawn from the arm; but it was clear the system would not bear much, and death closed the scene about twelve o'clock.

Secitio-cadaveris.—Pericranium healthy; calvarium natural in density and weight, strongly adherent to the dura mater at the vertex only; dura mater natural in general appearance, but tensely stretched over the brain, especially at the posterior lobes of the cerebrum, and presenting an elevated knotty induration, of nearly an inch and a half in length, over the superior longitudinal sinus, at the posterior termination of the sagittal suture, where it had been adherent to the calvarium, and where the sinus receives the parietal veins. An incision made below this tumefaction into the superior longitudinal sinus, would not permit the fine point of my blow-pipe to be passed forwards through its track, although it was permeable by air. The induration consisted of enlarged Pacchionian glands, which springing from the pia mater, had thrust the floor and roof of the superior longitudinal sinus against the calvarium, and thus obstructing circulation through the sinus; anterior to this obstruction the sinus was much enlarged, and would readily admit my index finger; it contained several clots of blood; on cutting round the dura mater the lobes of the brain expanded with an audible noise; the vessels of the pia mater were much distended with blood; substance of the brain healthy; horizontal sections discovered many spots of effused