ptyalism; and Mr. A. excluded medicine altogether, and confined his treatment to the introduction of an elastic gum catheter into the œsophagus two or three times a week.

On June 29th, the day after his return, I saw him. He had shrunk considerably; his step faltered; and his countenance indicated great anxiety. There were cough, dyspnoea, and hoarseness, which he attributed to a cold, caught a few days before, on a foggy day, in the suburbs of London; but which symptoms denoted, in fact, an extension of the disease, by proximity, from the œsophagus to the larynx.

June 30th. I witnessed an attempt to swallow a little milk. The effort caused an immediate distension, or bulging, just above the sternum, approximating in form and size to a small orange. The dysphagia appeared very distressing. After several ineffectual attempts to force the milk through the stricture, it was at length regurgitated, a small portion having passed, apparently *guttatim*. A glass, containing half a pint of milk, stood by him; he took an ounce at once, and regurgitated each successive draught, until the glass was empty. The fluid was then measured, and it was found that from half an ounce to an ounce had passed into the stomach. The introduction of a flexible catheter was arrested just behind the clavicular end of the sternum; by a slight manipulation, however, it passed its full length, eleven inches. The operation was repeated on July 2nd, also on the 4th, 6th, 9th, 12th, 14th, and 16th, with little amelioration in the dysphagia.

July 17th. The dysphagia was increased. Vesication over the trachea was ordered.

July 18th. I introduced the bougie, and ordered a few minims of an antispasmodic tincture to be given in mucilage occasionally; and an anodyne liniment to be applied over the blistered surface.

July 20th. The bougie was now introduced morning and evening. I ordered an antispasmodic and diffusible stimulant, containing half a grain of strychnia. The vesication was repeated; and oil of turpentine was applied over the blistered surface.

July 21st to 28th. The same treatment was continued, with the addition of an expectorant mixture. On the last named days, the patient was ordered to inhale occasionally the steam of half a pint of boiling water, with which two drachms of extractum conii had been mixed.

July 29th. He had slight pyrexia, and was ordered to take a sedative julep every three hours.

July 30th. I introduced the bougie. Ten minims of nitric acid were ordered to be taken three times a day, in a wineglassful of decoction of sarsaparilla, and soap liniment, with equal parts of tincture of iodine and spirits of turpentine, to be applied over the trachea.

August 1st. The plan of treatment hitherto described had had no effect in arresting, scarcely in mitigating, the morbid action in the larynx or œsophagus. His dyspnoea increased, and the larynx was acquiring a croup-like sound during inspiration. Emaciation and debility increased rapidly. The countenance had become anxious and cadaverous. Life had been chiefly supported since his return by beef-tea and other nutritious injections.

August 3rd. He was so much worse this morning, that I declined introducing the bougie. In the afternoon, I was hastily sent for. His breathing had become painful and laboured. Shortly after my arrival, he was seized with spasm of the glottis. He gasped for breath, implored the bystanders to give him air, and anxiously inquired if he was dying. The spasm gradually subsided, but was succeeded, at short intervals, by a second and a third attack, each paroxysm being less severe than the former. Dr. S., who had been a few days in attendance, directed a combination of opium, calomel and tartar emetic, to be administered every four hours. Leeches were applied over the os hyoides; vesication over the trachea; and the nitrate of silver in solution to the pharynx and epiglottis. Preparations were also made for tracheotomy, in the event of a recurrence of spasm.

August 4th. He passed a tranquil night. The antispasmodic powders were continued.

August 5th. It would be superfluous to particularize the remaining treatment. Anodynes, antispasmodics, and counterirritants, appeared to arrest further spasmodic action. The patient, however, gradually grew worse. Having lingered until the 8th, after having been insensible for half an hour, he expired.

Section Cadaveris, twenty hours after death. The œsophagus having been reflected from its vertebral attachments, together with the larynx, the latter was first opened.

The entire mucous membrane, particularly about the rima glottidis, was so much thickened, as to lessen considerably the diameter of the larynx. It was covered with a thick, glutinous, chocolate-coloured coating, but had no perceptible evidences of ulceration. These appearances extended in a less degree to the trachea, and were lost in the bronchi.

The œsophagus was then examined. On tracing it downwards, the canal began gradually to expand, until it had acquired an extraordinary calibre, presenting a pouch-like appearance, which at once accounted for the bulging during deglutition. Immediately opposite the clavicular extremity of the sternum, the canal had become thickened, indurated, and contracted. Here, of course, was the seat of stricture. The diameter of the tube was so diminished, as scarcely to admit the bougie (a tapering one) to be drawn through it. The cellular tissue connecting the larynx and œsophagus was entirely obliterated; and the two tubes were so completely connected, as to render their separation impossible. A full-sized œsophageal bougie, introduced into the canal immediately below the stricture, passed, with a slight sensation of obstruction, into the stomach. The remainder of the canal, however, was quite normal, the obstruction being occasioned by an osseous growth projecting from one of the dorsal vertebrae.

There was nothing remarkable in the thoracic and abdominal viscera, beyond a diminution in size, and a general appearance of exsanguinity. The stomach, as might be anticipated, had shrunk considerably. The head was not opened.

A practical writer has lately said, "Whoever abuses the functions of an organ, accepts a blank bill upon the future. It may run for a longer or a shorter date, but it *must* come due." Alas! bills, wherein Disease is the witness, and Death the acceptor, belong to an old currency of a world-wide circulation. That they are frequently self-drawn, is proved by sad experience; the present case affording a painful illustration. Mr. S., although rarely intoxicated, had been in the daily practice, during several years, of indulging in strong spirituous potations. He was, moreover, a free smoker. That the structural change in the œsophagus had been induced by the artificial habits he had acquired, admits not, I think, of the slightest doubt. The disease was not malignant; and in this view Dr. S. coincided. The case is one of those wherein we discover the futility and utter inefficiency of all remedial agents, in controlling or modifying severe structural changes, or extensive organic lesions.

3, Nelson Street, Hull, February 14th, 1853.

ABSCESS OF THE CÆCUM, CONTAINING SOLID OPIUM, IN AN OPIUM-EATER.

By J. P. BOWLING, H.F.E.C. Bengal Medical Establishment.

CASE. Charles E. May, aged 25, a sergeant in H.M. 51st regiment, was admitted into hospital under my care on the 29th of June 1852. He complained of having been feverish and unwell for some days, with occasional fits of shivering, followed by heat of skin and sweating. He had also a dull aching pain, and slight tenderness in the right iliac region, with thirst and foul tongue. The bowels were confined;

the pulse was 90, and weak. He was ordered to have a dozen leeches applied, followed by warm fomentations to the seat of pain, and to take a mercurial purgative.

June 30th. He stated that the leeches had considerably relieved the pain: but he still felt uneasiness on pressure. The purgative had acted well, and had brought away a large quantity of dark offensive fecal matter. The tongue was clean; the skin cool and moist; the thirst less; pulse 100, and weak; he had had no rigor since admission. He was now ordered bark with sedatives, with generous diet, and a small quantity of wine. Under this plan of treatment, he appeared for a few days to be improving.

July 6th. He had been observed for the last day or two to present a dull heavy look. He appeared quite apathetic and indifferent to all around him, sleeping a great deal, and in fact exhibiting all the appearance of a man under the influence of opium. When questioned on the subject, he strenuously denied ever having taken a grain of that drug beyond what had been prescribed for him.

He continued in the same state of drowsiness and oppression, which masked any symptoms which might otherwise have presented themselves, and making no complaint beyond that of debility and want of appetite,—the pulse becoming weaker and more rapid, till the morning of the 13th, when he expired.

On removing the body, nearly two ounces of opium were found beneath the bedding. His comrades admitted that he had been in the habit of taking large quantities for the last seven years.

Post Mortem Appearances. The body was well formed, but attenuated. The contents of the thorax were healthy. In the abdomen, the cæcum was found distended, and formed the pouch of an abscess, which contained about four ounces of highly offensive pus. Throughout this collection of matter were seen seven or eight pieces of a dark looking substance, which, on being submitted to examination, proved to be opium. Their weights varied from one to three grains each. There were traces of recent peritonitis, but not of an active character. Owing to the absence of proper instruments, the head could not be examined.

PERISCOPIC REVIEW.

PRACTICE OF MEDICINE AND PATHOLOGY.

IODIDE OF SODIUM IN THE TREATMENT OF CONSTITUTIONAL SYPHILIS.

DR. UBALDO DAVERI, Chief Physician of the Hospital of Saint Orsola in Bologna, has employed the iodide of sodium instead of the corresponding salt of potassium. The iodide of sodium employed by Dr. Daveri, was prepared by placing three ounces of filings of iron in two and a half pounds of distilled water, and gradually adding, with constant agitation, a pound of iodine; as soon as the mixture had acquired a greenish colour, it was filtered and quickly treated with a solution of carbonate of soda, until all the iron was thrown down. The carbonate of iron thus formed was separated by filtration, the filtered fluid evaporated to dryness, and the residuum again dissolved, filtered, and evaporated, until a pellicle had formed. By this method, fourteen ounces of iodide of sodium were procured in the form of white rhomboidal prisms, deliquescent, and having a saltish taste, less disagreeable than that of iodide of potassium.

The iodide made from iodine and caustic soda is disagreeable to the taste, gives rise to a burning sensation in the fauces, to weight and uneasiness in the stomach, and to gastro-enteric pains.

The dose administered at the commencement of the treatment, was always a scruple of the iodide dissolved in three ounces of distilled water, and given in three equal portions in the course of twenty-four hours. The salt was likewise employed, in the form of ointment, in the proportion of half a drachm or a drachm to the ounce of lard. In the administration of the iodide of sodium, the same rules and precautions are to be observed as apply to the use of the potassium salt. The author divides the 116 cases, on the observation and treatment of which his paper is based, into the three following classes:—

1. Cases of constitutional syphilis, in which so-called secondary and tertiary phenomena co-existed.
2. Cases of so called tertiary lues, in which the use of mercury preceded the treatment by iodide of sodium.
3. Cases of so-called tertiary lues, in which iodide of sodium alone was employed.

Of the first class, twelve cases, in which the symptoms were pains in the bones or periostitis, united with some manifestly constitutional affection of the skin, generally of a papular or pustular form, were treated with iodide of sodium. In eight of these cases, the use of the salt alone effected a cure; in the remaining four, it was necessary to have recourse to mercurial frictions, to remove the cutaneous affection which remained after the tertiary symptom had yielded to the iodide. The minimum quantity which succeeded in curing the disease was three drachms, the maximum three ounces; the quantity which was usually required ranged from two to three ounces. The shortest time in which the symptoms were removed was nine days; the longest, three months; the average was about a month.

The cases of the second class, or those of so-called tertiary lues, in which the use of mercury preceded the treatment by iodide of sodium, were seventeen. In some of these, six or seven ounces of stronger mercurial ointment had been rubbed in; the average quantity was from four to five ounces. The minimum quantity of iodide of sodium administered was three drachms; the maximum, four and a half ounces; the average, from one to two ounces. Those patients who had derived no benefit from a protracted course of mercurial treatment, were cured after the administration of a small quantity of iodide of sodium; while this remedy had to be given to the extent of four and a half ounces, in cases in which only a limited number of mercurial frictions had been used. The patients who resisted the long continued employment of the ointment, laboured under osteocopic pains, which subsequently gave way to a small quantity of the iodide; while those who practised, without benefit, a moderate number of mercurial frictions, suffered either from syphilitic rheumatism, or from a mixture of syphilis and scrofula. This fact of the iodide being required in the inverse ratio of the amount of mercury previously employed, arises, the author thinks, from this,—that in the first case the use of mercury had, in a great measure, overcome the syphilitic element, which was then entirely removed by the administration of the iodide; while in the second the elimination of the constitutional venereal principle, commenced by the mercury, was, for the most part, reserved for the iodide of sodium.

The cases belonging to the third class, comprising those of so-called tertiary lues, in which the iodide of sodium was the only medicine administered, were eighty-five in number; of these, thirty-seven were cases of ostalgia, in the treatment of which vapour baths and iodide of sodium were employed: the minimum quantity of the latter given was from one to seven drachms; the maximum, from eight to twelve ounces; the average, from two to four ounces. Of rheumatism, the cases were seventeen, likewise treated with vapour baths and the iodide; the minimum dose of the latter being from two to four drachms; the maximum, nine ounces; the average, two to four ounces. Of arthralgia, nine cases were similarly treated; the minimum quantity employed having been seven drachms; the maximum, two ounces. Of the other varieties of tertiary disease, the numbers were too limited to require special mention, or to justify the deduction of conclusions from them.

Derangement of the stomach, iodic eructations, pyalism, and affections of the throat, were seldom met with from the time the iodide of sodium was substituted for the potassium salt; consequently, the remedy could be more steadily persevered with, and its dose more rapidly increased: circumstances directly promoting the cure of the diseases for which it was administered. In the few cases in which pyalism occurred, it totally ceased on suspending the medicine for two or three days. In but a single case, did it appear to be obstinate; and in this instance the mouth was, on examination, found to be pale, free from swelling, and very slightly painful. As the patient lay in a ward with many syphilitic patients under mercurial treatment, it was thought the salivation might be owing to mercurial vapour present in the atmosphere—a suspicion which was verified by the result; for on removing the patient to another apartment, free from mercurial contamination, the salivation entirely ceased in two days.

The time required for the cure of nineteen patients treated with the iodide of sodium, was about twenty-eight or twenty-nine days; while with the potassium salt, likewise exhibited in nineteen cases, the average time was from thirty-four to thirty-