ON THE ADMINISTRATION OF DIURETICS IN SOME CASES OF DROPSICAL EFFUSION.

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It is admitted by the most experienced practitioners, that all those medicines which are known under the denomination of diuretics, are generally uncertain in their operation, nor has it been explained why the same class of medicine succeeds in one case, and fails in another, in which no appreciable difference in the condition of the patient can be ascertained; for although the late researches have led to a more accurate discrimination into the different states of the urine, and consequently to a more scientific method of treating these diseases, we often have the mortification of finding, that, however skilful our treatment may be, or however appropriate our remedies to each individual case, our practice is unsuccessful. It is not my intention to discuss the various forms of dropsy which we meet with in practice, or the effects of remedies generally, but it may be useful to relate two or three cases which resisted the ordinary treatment, but subsequently yielded to various remedies, although no different cause of disease, or indeed unsoundness of any of the viscera, could be detected, by the most accurate examination.

William Jennings, aged 46, contracted an ague in October, which continued during the winter, and in the following spring I found him still with a tertian ague, and generally anasarca. The effusion was so great, that it was impossible, by the most careful examination, to ascertain accurately the condition of the different viscera, but it was very evident that there was a considerable accumulation of fluid in the cavity of the abdomen. My first object was to cure his ague, which was effected by bark, the arsenical solution of Fowler having failed; after which various purgatives and diuretics were directed, and steadily persevered in, without affording the least relief. He daily became worse, and the whole cellular tissue was so enormously loaded, that he was unable to wear his usual clothes. As every variety of diuretic had been repeatedly and ineffectually tried, I despaired of his recovery, when it occurred to me that the late Dr. Parry, of Bath, had recommended the fresh squill in a variety of cases, which he stated to have been successful in his hands. Six grains of fresh squill, in infusion of gentian, three times a day, considerably increased the flow of urine in four days, and by gradually augmenting the dose, he was emptied, and recovered perfectly.

This case occurred as far back as the year 1811, and as the patient lived in my own neighbourhood, I did not lose sight of him. He continued free from any return, and died many years afterwards of another disease.

I may add that this medicine was given by Dr. Parry, in some cases, to the extent of thirty and forty grains a day, and that he often prescribed it in asthma,

combined with almond emulsion, occasionally adding to each dose a few grains of powdered myrrh, with the best effect.

Mr. Harris, aged 28, became rather suddenly affected with anasarca, without any known cause. It began in the lower limbs, but soon became general, and increased to such an extent, that the whole trunk, arms, head, and face, were involved in the swelling. I observed in this, as in the former case, that the impression of his hand and fingers remained for a considerable time wherever he supported his head. All kinds of purgatives, diuretics, and every variety of treatment which was suggested, failed. The only medicine which produced any effect on the kidneys was the tincture of squills, of which he took sixty drops three times a day. This afforded a partial relief only, and never increased the water beyond a given point. An unprofessional person recommended the following plan, the effect of which I carefully watched:—

A teaspoonful of finely-powdered broom-seed was given every other morning in a wine-glassful of sherry, and one ounce and a half of Florence oil, an hour afterwards. After the fourth dose, the urine was much increased in quantity, and by continuing it for another week, he was completely evacuated. He remained well for six months, after which time he left my neighbourhood, but I believe he did not eventually recover.

I have, however, repeatedly tried this plan since, but have been disappointed. The last case which I shall relate, will, I think, prove an interesting one:—

Miss O——, aged 50, had enjoyed good health, with the exception of an habitual cough, which was considered too trifling to require treatment at any time. She was attacked in the spring of 1847 with a bilious complaint, for which she was subjected to active treatment, and took, as I understood, repeated doses of calomel, after which she caught cold. On my first visit I found her complaining of great debility, with loss of appetite, but all the secretions were natural. Shortly after this her feet became anasarca, and notwithstanding the regular exhibition of diuretic medicines, this state increased until it spread to the abdomen, arms, and face. The secretion of urine became very scanty. No relief was obtained from the diligent use of various diuretics, especially squills, and digitalis, which was pushed to the full extent of safety, and given in infusion, that form which appears to be the most efficacious in inflammatory dropsy, and assisted by the warm bath, but her state became worse daily. The urine coagulated much more and more firmly than is common in dropsical cases, and the specific gravity was greater than on these occasions, being 1018. This excess of coagulum and specific gravity indicated a lurking inflammation, and as no organic derangement could be discovered, granular disease of the kidney was suspected. In this stage of the disease, a consultation with Dr. Blackall, a great authority in such cases, was held, who recommended that the capsules of copaiba should be taken two or three times a day, that the cream-of-tartar liquor should be

drank very freely, and that she should use the vapour bath, beginning at 100°, and increasing it to 110° and upwards, if it could be borne. A moderate diet was prescribed, with two or three glasses of hock daily. She rapidly improved under this judicious plan of treatment, and has continued free from any return of disease up to the present time. The urine was frequently tested during the progress of her recovery, and the coagulation gradually ceased, and ultimately disappeared entirely.

The publication of these cases will, perhaps, class me with the "Eclectic Practitioners," described in the *Edinburgh Monthly Journal*, "as men who have no doctrine and no general principles, who gather together ready-made formulæ and isolated cases without any kind of discernment," and who are thus spoken of by Professor Cruveilhier, in his address to the Anatomical Society, 1845:—"The true eclectic works without conviction, without principle, without idea. He is continually enlarging his circle, in order to enclose within it facts of the most contradictory nature; they sacrifice in every sort to every God, and create a kind of scientific pantheism, not less fatal to true science, than pantheism, properly so called, is to true religion."

The great aim and object of medical science is to cure disease, and I, for one, am always glad to avail myself of the experience of practical men, in obscure and difficult cases, however lightly they may be esteemed by some; I do not, therefore, subscribe to this sentiment.

Torquay, July 17, 1848.

SPASMA GLOTTIDIS: REPLY TO DR. WARDELL.

By T. OGIER WARD, M.D., Kensington.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR

In this rejoinder to Dr. Wardell's reply to my observations upon certain cases of so-called spasma glottidis, reported by himself and others, it is not my intention to re-open the question of the real nature of those cases, except to show that he has overlooked some points of importance in those of Messrs. Gorrington and Alford. The facts are before the profession; but if we have failed to convince each other that the interpretation we have mutually given of them is the correct one, we are still less likely to establish our opinions in the minds of others who take comparatively very little interest in them, and who would, most probably, while reading your periodical, skip the discussion as a bygone affair. In reference, however, to my own case, the matter is different, (*mea res agitur*), and therefore, I trust I may be allowed to defend the accuracy of my statements, and the propriety of the

treatment, as being consistent with the view I took of the nature of the disease.

First, then, I emphatically deny that my patient was an hysterical subject at all, though being a female, Dr. Wardell thinks that is a sufficient reason for assuming this to be "precisely one of the cases in which we observe anomalous hysteric spasmodic attacks;" at least, this is all the meaning I can extract from the sentence as it stands. The next point objected to is, that the suddenness of the seizure is inconsistent with the occurrence of inflammation; yet the patient had been ill twenty-four hours with influenza, which was so commonly attended with laryngitis, that Dr. Wardell's friend, Dr. Smith, had three cases under his care about this time, besides the instance of the boy quoted by Dr. Wardell, of which we shall speak presently. Dr. Wardell objects also to my not having found any redness of the throat, as a proof that the disease must have been spasmodic, yet he quotes with approval Mr. Alford's case of "spasma glottidis," as purely nervous, in which this redness did exist. But, in fact, in my case, the larynx was so evidently the seat of the affection, that, knowing it to be invisible to inspection, and having frequently observed that in croup and other inflammatory diseases of the larynx, the widely opening of the mouth, and the protrusion of the tongue, as well as the act of swallowing, produce an increase of the pain and dyspnoea, by putting the inflamed parts on the stretch, I was unwilling to increase the sufferings of the patient by a minute inspection of her throat. To the next charge of believing that the alum was the cause of the speedy relief, I must plead guilty, even though Dr. Wardell be ignorant of its use in such cases; but that he may not longer be so, I beg to refer him to a memoir upon this application of alum, appended to his work on "Diphtherite," by M. Bretonneau, from whence I borrowed the idea, thinking that if it would prevent the effusion of lymph *a fortiori*, it would that of serum. I must also confess my ignorance of the benefits to be derived from the rather heroic remedy, recommended by Dr. Wardell, of "rotating my finger freely in the throat" of a patient suffering from agonizing pain in the larynx; but that even had I been aware of such a practice, except in the case of a foreign body been lodged there, I should have hesitated to employ it, and I think that before Dr. Wardell objected to my supineness in this respect, he should have given us the reasons for not having done so in his own cases, which he believed to be purely nervous, and therefore the best adapted for such a mode of treatment. I may be wrong, but I suspect that this "rotating the finger freely in the throat" is an after thought, borrowed either from Mr. Alford, who used it *without benefit*, or from Dr. Laycock's case, of combined epilepsy and hysteria, in which the patient was comatose at the time of the operation. Be it so or not, I have very little doubt that if Dr. Wardell, or any other medical man in private practice, makes a rule of "rotating his finger freely in the throats" of his patients, when suffering from laryngeal irritation, or even nervous spasm, they will think the