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TABLE OF DISEASES TREATED BETWEEN THE 24TH OF FEBRUARY, 1843, AND THE 31st OF JANUARY, 1846.

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(Continued from page 133.)

Neuralgia and cephalalgia are the diseases now to be considered, and are thus associated in consequence of the latter term having been restricted to cases in which the pain of head was situated in particular nerves, rather than connected with either cerebral or gastric causes. Most of these cases were of long standing, and obstinate in their character, having in almost every instance been under medical treatment previous to my seeing them; a very considerable proportion of them had also been regarded and treated as rheumatism. Owing to this confusion of these diseases, which, although possessing some features in common, are essentially distinct in their nature, it may not be irrelevant to explain more fully than would otherwise have been deemed requisite, the relation which they bear to each other, which, when duly regarded, must serve effectually to prevent such error in diagnosis.

Rheumatism and neuralgia are, both of them, diseases accompanied by pain, frequently occurring in paroxysms, or at all events subject to decided remissions and exacerbations. Here the analogy may be said to cease, as even the character of the pain is different when taken with its corresponding symptoms. Thus, in rheumatism, the pain, when very severe, is almost constantly accompanied by constitutional disturbance, constituting in fact the acute form of the disease; whereas in neuralgia, however intense the pain may be, the system in general is little, if at all, affected. The seat of the two diseases is also different, the one being, for the most part, confined to the vicinity of the joints where the fibrous tissue abounds, and attended with heat, redness, and swelling, whereas the other selects either the tract of a particular nerve and its branches, or that portion of the nerve, where it makes its exit from a cavity, as in the case of the fifth from the cranium, and of the sciatic from the pelvis. One circumstance, however, deserves notice, viz., that neuralgia very frequently follows an attack of acute rheumatism, which was found to be the case in many instances. This is easily accounted for by considering the extreme morbid sensibility of the nervous system which attends acute rheumatism, and also the decided influence of exposure

to cold and moisture in inducing either one or other of these diseases. The nerves most commonly affected were those of the face, especially the supra-orbital and its branches, the cardiac, sciatic, and the uterine nerves of the hypogastric plexus, which last were manifestly much involved in, if not actually the cause of, dysmenorrhœa. It is hardly necessary to say, that in most of the cases the digestive organs were more or less implicated, and that to such derangement with the superaddition of exposure to damp and cold, many were to be referred.

The treatment consisted of alteratives, antimonials, purgatives, colchicum, and occasional opiates, with belladonna, morphia, creosote, and tobacco, as external or endermic local applications. In some of the uterine cases, a solution of conium, used as an injection, was attended with the happiest effect, both in relieving the pain when present, and also in rendering the organ generally less irritable, and the attacks less frequent.

The alteratives were either the hydrargyrum cum creta, with antimonial powder or a minute quantity of the tartrate of antimony, or the Plummer's pill; the last being most commonly employed. Purgatives were given only for the purpose of relieving the intestines from any load, and not with the idea of specific benefit to be derived from their action in any other respect. When opiates were resorted to, which was very seldom, the compound powder of ipecacuanha was preferred.

Colchicum, of all the means internally employed, deserves most confidence in the treatment of this painful and distressing disease; the advantages of this medicine in these cases, seem if possible to be greater than those which it possesses in gout and rheumatism. From what has been lately said of this medicine, this praise may, by some persons, be regarded as somewhat dubious; such is not, however, to be considered as the meaning with which the previous remark is made; on the contrary, I can safely affirm that so far as my experience of this medicine extends, I regard all other means as secondary or auxiliary to it, not only in the disease under consideration, but also in gout and rheumatism, in which it has become fashionable to decry its merits, if not actually to accuse it of prejudicial effects. That such do result from the indiscriminate and irrational manner in which it is employed, cannot be questioned, but in my practice, which now extends over a considerable period, and during which many cases of gout have been treated, I can call to mind no case in which the colchicum has been injurious, or

followed by unpleasant effects, which may also be said of its exhibition in rheumatism.

In most of the cases, where local appliances were resorted to, they were used as ointments rubbed over the affected nerve. In some, however, of a more severe character, the morphia was applied to a surface previously blistered. This was, in some cases of sciatica, attended with not only speedy but permanent advantage, and certainly seems highly preferable to Mr. Syme's (of Edinburgh,) very farrier-like practice of the cautery.

In cardiac neuralgia the colchicum was especially useful, either with or without a few drops of the tincture of digitalis with each dose, when the action of the heart was much increased as well as irregular. A local application in these cases, of great efficacy in relieving both the inordinate action and intense pain, was the tobacco-leaf, slightly moistened and placed over the region of the heart, care always being taken to remove it so soon as any feeling of giddiness, faintness, or sinking, was experienced by the patient. For this simple and truly efficacious application, I am indebted to the late amiable and talented Dr. Macwhirter, of Newcastle, whose great practical knowledge of medicine, and the manner in which he placed it at the service of the junior members of the profession, will be long remembered, and willingly attested by many as well as myself.

The recurrence of the attacks seemed to be warded off by the constant wearing of a plaster composed of the extract of belladonna, with either the adhesive or mercurial plaster. When the affection was confined to the more superficial nerves, one part of belladonna to three or four of lard, was often very usefully employed as an embrocation. The morphia and creosote were also employed in a similar manner with very satisfactory results.

Of the actual pathology of neuralgia, little or nothing is known, but the pain appears to be simply the result of a morbid state of the sensibility of the nerve affected, and perfectly distinct from inflammation of either the nerve or its envelope. That the disease is not essentially inflammatory may be assumed from the utter uselessness of depletion, either general or local, in its treatment. In fact, in many cases the disease has been absolutely aggravated rather than diminished in its severity by the application of even a few leeches. When it has occupied the diaphragm, the lumbar region, and pelvis, I have seen this effect follow general blood letting, which had been resorted to under the impression that inflammation was present. The diagnosis in these cases requires extreme caution on the part of the practitioner, but where this is observed the difficulty is overcome with comparative ease, the leading distinction consisting in the absence of fever, and the tranquillity of the pulse. That such may be the real nature or pathological condition of neuralgia, acquires support from the well-known nature of one of the forms of apoplexy—the simple apoplexy of the celebrated and revered Dr. Abercrombie, which is known to be most fatal in its character, and at the same time to leave no anatomical trace of its existence, or cause behind it,

One remedy, of the good effects of which, in a case now under treatment, I have had very decided evidence, is the hydrocyanic acid. It is a case of cephalalgia, of many years duration, periodical in its attacks, and attended with considerable biliary and gastric derangement, in a lady advanced in life, and who has had several children, now grown up. The attacks occurred on an average once a-week, previous to my being called in, generally on a particular day. She was ordered at first to regulate the bowels with a combination of blue pill, extract of colocynth, and hyoscyamus, and to take the colchicum three times daily. After this plan was adopted, a period of *ten days* elapsed without the usual attack, which then occurred, but both less severe in its degree and shorter in duration. In the interval after it she was ordered the iodide of potassium and citrate of iron, in infusion of quassia; when *thirteen days* passed, at which lapse of time it again recurred with severe bilious vomiting, and intense pain of the supra-orbital branch of the fifth nerve, extending over the whole right side of the head. From these symptoms she was suffering when I was sent for on Tuesday evening; the hydrocyanic acid was ordered, in doses of three minims, every three or four hours, until the pain should be relieved. By the first dose both the vomiting and pain were mitigated, and after a second had been taken, the patient enjoyed a comparatively good night, sleeping a great part of it. On the next day little or no pain was present. That such relief may properly be attributed to the medicine seems evident from the fact, that the attacks generally continued severe for two, three, or four days; at the same time the real utility of the remedy must not be inferred from a solitary case. The relief, however, was both so immediate and permanent as to justify a further trial, especially when the very powerful sedative action of the acid is remembered. To this other cases might be added; but as in them the head affection manifestly depended on gastric disorder, they cannot be regarded as possessing the strict character of neuralgia.

Arsenic and quinine I now very rarely employ in neuralgic disease. In the latter I have little or no confidence, whilst to the former, although more useful, there are many objections which it is unnecessary to recount.

Nervous Disorders.—The cases which are placed under this head do not require any particular notice, as being, for the most part, symptomatic of uterine, or gastric disorder, and generally of the hysteric character; their treatment being regulated according to the age, sex, and general constitution of the patients. The shower bath, and cold sea-bathing, were powerful auxiliaries to medicine.

The venereal cases may be regarded as small in number for a sea-port town, but the proportion must not be considered as any criterion of the actual proportion which such cases bear to disease in general, as it is a notorious fact, that most of the primary cases are subjected to treatment by the chemists and quacks, before they come under the charge of the educated surgeon, which will also go far to account for the great disproportion between the primary and secondary

disease, as recorded in the table, from which it will be found, that of primary syphilis there are only *nine* cases, of gonorrhœa *ten*, whilst under the term lues, there are no fewer than *forty-three*. Connected with this disproportion several circumstances deserve notice; one of which is, that in many of the cases of secondary symptoms, the only primary symptom had been the urethral discharge, which gives support to the opinion that gonorrhœa may exist in two distinct forms; in the one of which it appears to be a simple disease, whilst in the other it affords evidence of a specific character, and in which only, I am disposed to believe, that it can produce the secondary or constitutional symptoms. This opinion I have long held, and although of late years my practice in venereal cases has been comparatively limited, in an earlier period my opportunities of observing this disease in all its phases were more than ordinarily extensive, especially whilst acting as surgeon to the prisons in Newcastle, which I did for about eight years. From the observations then made, I have not the slightest doubt that gonorrhœa occurs in these two distinct forms, in the one of which it is a simple local inflammation, with increased and vitiated secretion from the lining membrane of the urethra; whilst, in the other, it has a decided and specific venereal origin, and, when treated independent of mercurials, is capable of contaminating the system, and giving rise to both the sore-throat and cutaneous affections, constituting lues venerea. Several of the cases mentioned in the table have confirmed me in this view, as in them, where no motive whatever for concealment existed, the parties had never suffered from primary sores, but frankly admitted having laboured under gonorrhœa. This remark refers especially to males. In many of the cases in which females were the subjects of the disease, considerable uncertainty as to the real nature of the taint prevailed, not only from the circumstance of their reluctance to acknowledge the truth, but also from that of most of them having taken various medicines, which, from their containing mercury, might have removed even primary syphilis.

When this observation is made, I do not wish it to be inferred as my opinion, that syphilis in every case requires mercury, as such is not my belief; at the same time experience has taught me to consider the mercurial treatment, when judiciously pursued, and restricted within due limits, the safest and best that can be adopted. From this conviction, even in gonorrhœa, I have generally given the Plummer's pill for a time, and have never had occasion to regret having done so. In the treatment of syphilis, the blue pill is the best form of giving mercury, which should never be carried to the extent of inducing ptyalism, but should, on the contrary, be either reduced in quantity, given at longer intervals, or altogether suspended, so soon as the metallic taste in the mouth and tumefaction of the gums occur.

The remedies in the sore-throat, which proved most efficacious, were the solid nitrate of silver and the creosote gargle, locally applied, aided by Plummer's pill, bichloride of mercury, and iodide of potassium or nitric acid; in many cases, where the general health had materially suffered, the preparations of iron were

decidedly useful. In the sarsaparilla, except from its combination with other medicines, I have no confidence; although in the form of *compound decoction*, with bichloride of mercury, or nitric acid, it is often attended with the best effects. It may, however, be questioned how far such benefit is attributable to the sarsaparilla.

Local sores were treated with the nitrate of silver, black wash, and when irritable, with equal quantities of the hydrochlorate of morphia and calomel sprinkled over their surface, or formed into an ointment with lard; from such combination the best results ensued.

In gonorrhœa injections were generally used: of these the vinum opii diluted, the acetate of lead, and creosote, were employed in the active stage; when more chronic, the sulphate of zinc was used instead of the lead. The black wash was also in some obstinate cases tried with benefit. These remarks are not restricted to the cases in the table, but apply to my general experience for the last eighteen years, and during which, I cannot call to mind one case in which injury ensued as a consequence of the employment of injections. In some cases the ergot of rye acted most beneficially on the discharge.

On the cases of lues, little need be said, except that many of them were aggravated rather than relieved by mercurial treatment, when of course other means calculated to improve the general health were resorted to, as iodide of potassium, quinine, and iron.

Sunderland, April 3, 1846.

CASE OF COLICA PICTONUM.

By W. J. GORRINGE, Esq., Surgeon.

Richard H., aged 34, by trade a painter, has had an attack of lead-colic annually for fourteen years, occurring about the commencement of winter. His bodily health, in other respects, has been good. The present attack set in about three weeks ago, with a pinching sensation at the pit of the stomach, gradually amounting to pain, which would be more violent at intervals, drawing him double. There have not been more than six or seven stools since the commencement of the attack, (three weeks,) and these were produced by aperient medicines; no appetite; has been troubled with vomiting several times a day, producing at the time hard lumps in the region of the stomach, which would disappear on friction. Attacks of cramp, frequent and violent, have been felt in various parts of the body, but more particularly in the hands and feet, occurring when these parts are first moved after an interval of rest. The stomach has not retained anything for the last fortnight, and he finds himself much emaciated since the commencement of his illness. He has had warm baths, and leeches to the stomach, which were followed by some benefit. Pulse 112, small, and rather weak; tongue coated; urine scanty and high-coloured; is thirsty; pain relieved by pressure, and increased when he is cold. The duration of the annual attack has varied from two days to three weeks, and at all times he has found the warm bath of the greatest service.

December 14th. Capiat Calomel, scr. j., statim; et Ol. Ricini, oz. j., post horas duas.