

the tonsils and fauces appear[s] to have been arrested by the first application of caustic, and she swallows well.—Four P.M.: Pulse rather better; has kept down the cold chicken-broth, but not the effervescing mixture.—Nine P.M.: Pulse 120 and firmer. To take port wine-and-water, and chicken-broth, and a little plain ice; discontinue effervescing mixture, and resume the acid one; to take morphine draught.

"18th.—Nine A.M. Has had but little sleep; pulse 120 and firmer; the rash disappearing, but the skin round the mamma very red from scratching; has not been sick since last night at twelve o'clock. Repeat the morphine draught directly.—Two P.M.: Has had some quiet sleep; pulse 120; countenance more cheerful. To have (at her own earnest request) some bitter beer; continue port wine, chicken-broth, and acid mixture. Bowels not relieved.—Ten P.M.: Enjoyed the beer, and slept well after it; pulse 120; no sickness. Continue everything as before, and morphine at bed-time.

"19th.—Nine A.M. Has not passed a good night; is very restless and low; pulse feeble; no dejection. Gave a wine-glass of port wine-and-water, and added four drachms of acid to the mixture, making an ounce and a half of acid in six-ounce mixture, a fourth part every three hours; to have injection of castor-oil and warm water.—Three P.M.: No dejection from enema; pulse rather better. Has taken (at her own earnest request) some cold roast beef, cut up very fine, and soaked in vinegar and mustard, and some iced champagne.—Eleven P.M.: No dejection; pulse 120 and feeble; the redness of skin disappeared. Gave a table-spoonful of brandy in lemonade. Has been once a little sick. Gave a third of a grain of morphine in pill, and added one ounce of compound tincture of bark to the mixture.

"20th.—Nine A.M. Passed a good night; pulse 120; no dejection. Brandy in soda-water, and bread-and-butter for breakfast.—Three P.M.: Bowels freely relieved.—Eleven P.M.: Has taken some hock-wine and good turtle-soup. Continue mixture of acid and bark, and repeat the morphine pill.

"21st.—Nine A.M. Better; pulse 120. Continue the turtle-soup, brandy, and wine. No dejection. Repeat enema.—Three P.M.: Progressively improving.—Ten P.M.: Bowels relieved; feels very low and sinking. Continue nourishment and medicines as before, and morphine pill.

"From this period she gradually progressed favourably, persevering with both mixture and nourishment."

Is it necessary to offer a remark on a case like this? By the permission granted to a morbid appetite to gratify its false desires, (a part of the popular system,) a case of simple uncomplicated fever is converted into a dangerous and urgent malady. We read the details with a shudder, and thanked our propitious stars that we were placed beyond the reach of Mr. Brown's "successful treatment of scarlatina." The subject is almost too serious to jest on; still the words of an old favourite are so applicable—so expressive of the fate of the doctor and his patients, that we cannot resist a few lines of quotation—

"Whoe'er adopts this monstrous plan,  
Can gain no fair renown;  
His patients first, and next himself,  
Must surely be *done* Brown."

True, enough, we can see no other termination. It is impossible to conceive on what grounds Mr. Brown writes successful treatment on his title-page. This statement could only be made on the results of a number of cases compared under similar circumstances, with the same number of like cases treated on a different plan. What are seven cases, each of which exhibits features nearly as objectionable as the one which we have quoted? But this is quite sufficient. Surely the royal physician-accoucheur, to whom the volume is dedicated, is not aware of the deformities of the nattily-attired abortion which he thus ushers into the world. It is not at all improbable that distilled vinegar may be found of use in the treatment of the disease (excluding, of course, the auxiliaries—the wines, the soups, the beef steeped in vinegar and mustard, the broths, the brandies.) Mr. Hunter is a respectable authority, and in a very sensible letter addressed to Mr. Brown, he describes the favourable results of his practice. He never knew dropsy occur when the disease had been treated by vinegar. The publication of this letter would have answered every useful purpose but that of Mr. Brown. It would have

spared us a painful duty, and the writer a large amount of regret.

Before concluding, we must say a word in praise of the printer and his colleagues—the binder and the paper-maker; they have shown that the old axiom, *ex nihilo nihil fit*, does not hold good in every case; they have succeeded in making a book—and a pretty one too—out of nothing.

#### MEDICAL SOCIETY OF LONDON.

MONDAY, DEC. 1, 1845.—DR. THEOPHILUS THOMPSON, PRESIDENT.

DR. THOMAS WILLIAMS detailed some cases of renal dropsy in which the urine was albuminous for periods varying from two years to four months, in which a perfect cure was effected. The treatment pursued consisted in the administration of citrate or acetate of iron and hyoscyamus at night.

Dr. ROBERTS detailed the case of a man, aged sixty-two, of convivial habits, who was in the habit of exciting the pharyngeal end of the œsophagus, so as to produce vomiting, whenever the contents of the stomach caused any uneasiness. He became the subject of severe jaundice. The skin was of a deep yellowish-green colour, the conjunctivæ nearly of an orange tint; the urine as dark as porter, and the stools clay coloured. He never complained of pain in either side, nor did strong pressure in the region of the liver cause any inconvenience. From the large quantity of fat on the abdominal parietes, and also from the tympanitic state of the intestines, no satisfactory examination of the liver could be perfected during life. He lingered several weeks, and died. On opening the body, the liver was found gorged with green bile; the ductus communis choledochus was obliterated at its exit from the gall-bladder. The duodenum and pancreas were scirrhus. The other organs were healthy. The usual mode of treatment, with mercury and counter-irritation, had been employed unavailingly.

Dr. CLUTTERBUCK was inclined to refer all the symptoms to the state of the liver, which he considered to be one of inflammation, and thought that had the patient been depleted, and purged with mild purgatives, he would have had better chance of life. He referred to the case of the late Dr. Birkbeck, who was treated for an inactive liver, without benefit; the symptoms were jaundice and dyspepsia, without fever or pain. Mild depletion and mild purgatives effected a cure.

Dr. ROBERTS, in reply, said that at no stage of the malady was depletion indicated. The reference to the case of Dr. Birkbeck did not offer any analogy, as Dr. Birkbeck was a most careful liver, whilst his (Dr. Roberts) patient had been a dissipated man. Such patients scarcely ever bore blood-letting well. He thought the disease had its origin in the duodenum.

Dr. BENNETT regarded the pancreas and duodenum as the organs primarily affected, and that the disease spread to the gall-bladder and liver. He should not have expected benefit from depletion.

MONDAY, DECEMBER 15, 1845.

DELIRIUM CUM TREMORE.

Dr. CLUTTERBUCK made some general remarks with the view of showing that delirium cum tremore, as it was called, was, in its essential character, an inflammatory condition of the brain, and required to be treated antiphlogistically. The treatment was, of course, to be modified, with a due regard to the cause of the affection—bloodletting to a very moderate extent, as to two or three ounces, cooling aperients, quiet, cold to the head, and sinapisms to the feet, were the remedies required. He reprobated the use of opium in the disease, and related cases to show, that where opium had failed, the plan he had recommended had succeeded in effecting a cure.

Dr. ROBERTS said, that Dr. Ward, of Boston, United States, had many years since advanced the same opinions as those just expressed by Dr. Clutterbuck. He (Dr. Roberts) generally employed opium to some extent in this affection, and with usual success. As an instance of how much opium could be borne in this disease without producing ill effects, he mentioned a case in which, in twelve days, he had administered 2380 minims of laudanum, and 119 grains of solid opium. The patient got quite well. In addition to opiates in these cases, due regard must be paid to the careful administration of the usual stimuli of the patient.

Dr. BENNETT observed, that every case of this disease must be treated on its own merits; opium was very generally used

with advantage; its combination with tartar emetic was also very useful in many cases; but opium would not always cure. In cases of this disease connected with epilepsy, he had usually found gastritis.

Dr. CHOWNE made some remarks on the evils generally of intemperance. Delirium cum tremore occurred under two distinct sets of circumstances. The first was of the sthenic kind, and occurred in the occasional drinker, of strong constitution; here you might have inflammation of the brain and its membranes, and active treatment might be required. In the asthenic form, which occurred in the steady drunkard of a long period, whose health and strength were impaired, the state was one of collapse, and bleeding was not admissible. He related two cases of delirium tremens, one resulting from hæmorrhage, and the other from excessive loss of blood by venesection.

Mr. ALDER FISHER had usually found this disease occur in persons of plethoric habits. Opium was sometimes successful, sometimes not. His usual treatment consisted in the administration of salines with tartar emetic, cold applications to the head, quiet, and low diet. If these failed, he then resorted to opium.

Mr. HIRD had seen much of the disease in Ireland. In some cases there was evidence of congestion of the membranes of the brain; in others, an opposite state presented itself. Some of these cases were best treated with tartar emetic and opium, others with opium alone.

Mr. DENDY characterized the disease as one frequently of inflammation, with excessive irritation. The tartar emetic or gentle bloodletting relieved the one, the opium the other.

Dr. LEONARD STEWART had usually associated the occurrence of this disease with concussion of the brain, or some other shock to the nervous system. He referred to the fact, that the sudden removal of the usual stimulus, even in cases of confirmed drunkards, was not injurious, as was exemplified in the cases of prisoners.

Mr. PILCHER was gratified to hear the statement by the last speaker respecting the harmlessness of suddenly leaving off an accustomed stimulus. The condition of the brain connected with delirium cum tremore might originate in a variety of causes; it was irritation primarily in opposition to inflammation; and where inflammation did occur, it was the result of the irritation. The cases must be treated according to the indications presented.

MONDAY, DECEMBER 22.

The Society was occupied this evening with the same subject, and at its rising adjourned until January 12, 1846.

## AMERICAN MEDICAL JOURNALS.

### ON THE PATHOLOGICAL EFFECTS OF ALCOHOL.

EXAMINATIONS of drunkards are not rare in Great Britain. The results of a series so extended as that collected by Drs. PETERS, GOLDSMITH, and MOSES, are not often submitted to our notice; so, finding the communication in a late number of the *New York Journal of Medicine*, we extract it nearly at length. The number of bodies examined amounted to nearly seventy; all died from the excessive use of ardent spirits. Such a communication will be appreciated by temperance advocates.

*External appearances.*—These presented nothing peculiar, except that in some the muscular development, but more frequently the adipose, was very great; in others, the bloated face, tumid belly, thin and flabby legs and arms, were quite characteristic.

*Head.*—Invariably there was present more or less congestion of the scalp, and of the membranes of the brain, with considerable serous effusion under the arachnoid, while the substance of the brain was unusually white and firm, as if it had lain in alcohol for an hour or two, and the ventricles were nearly or quite empty. In not more than eight or ten instances did we find more red spots upon the cut surface of the brain than usual. The peculiar firmness of the brain was noticed several times, even when decomposition of the rest of the body had made considerable advances; typhus fever is the only disease in which we have noticed a like firmness. Occasionally a few drachms of colourless, or reddish turbid serum, were found in the ventricles of the brain.

“The *lungs* were generally healthy, except that congestion of them was frequently met with. Where large quantities of

spirits had been taken shortly before death, the lungs were often found in a state of extensive splenization; they appeared perfectly saturated with dark blood, which soon changed to a florid red on exposure to the air, except that which flowed from the large, severed bloodvessels, for this remained thick, dark, and tar-like. The parenchyma was heavy and semi-solid to the feel, but softened; for the finger could be easily forced through it. We must make particular mention of the infrequency of phthisis in drunkards; never have we met a tubercular abscess in them, even of the smallest size, while a small number of chalky tubercles was frequently noticed; and cicatrices also were often met with, and were marked by presence of puckering of the surface of the lungs, of solid bodies which were readily felt before the lung was cut into, and when this was done, they were found to consist of lumps or stripes of callous fibrous tissue, around which we rarely discovered a few discrete, grey, crude, small, tubercular granulations; in every instance these appearances were strictly confined to the upper third of the superior lobes, and the rest of the lungs was entirely free from either old or recent tubercular disease. The bronchi were almost always found reddened, somewhat dilated, and more or less filled with catarrhal secretions. The readers of the *London LANCET* will remember that Marshall Hall has lately recommended the constant application to the chest of folds of linen or flannel soaked in alcohol, as a cure for incipient phthisis; we should judge that this might prove serviceable.

“The *heart* was always flabby, enlarged, dilated, but little or not at all thickened, and its external surface loaded with fat. Fluid, dark, cherry-juice-like blood was often found in both ventricles, in the aorta and pulmonary arteries. Coagula are rarely or never found in the heart or large bloodvessels. In some cases where sudden death has been occasioned by the excessive use of ardent spirits, no other appearances are found in the body except the fluid condition of the blood, the above-described congestion of the lungs and membranes of the brain, with serous effusion under the arachnoid.

“The *stomach* represents various appearances; in some habitual drunkards the mucous membrane is perfectly white, but somewhat thickened, with distinct, flat, mamellonated elevations of small size. Dr. Middleton Goldsmith was one of the first to call attention to the fact, that when a large quantity of undiluted spirits had been taken shortly before death, the stomach was often found wrinkled, as if from the action of an astringent substance; the tops of the wrinkles or rugæ presented a punctated and vivid red appearance, while the depressions between were blanched, as if from the action of alcohol, and the whole mucous membrane was coated with a thick layer of blanched and very tenacious mucus. In other instances we found thickening and mamellation of the mucous membrane, with patches of slate-grey chronic inflammation, upon which spots of punctated, star-like, or diffused hæmorrhagic inflammation had supervened. In ten or twelve of the worst cases, in which from three pints to two quarts of liquor had been swallowed within thirty-six or forty-eight hours before death, we found extensive hæmorrhagic inflammation of the larger portion of the stomach, with effusion of blood in large patches under the mucous membrane. In several instances in which unknown persons were found in the river, with severe cuts or bruises upon their heads or bodies, we have been enabled to testify positively, from the above appearances of the stomach, and those of the liver and omentum presently to be described, that they had been deep in liquor just before they had fallen into the water, and that, in all probability, no murder had been committed, as the cuts or bruises would lead one to suspect.

“The *liver*, in moderate drinkers, was found a little larger than natural, somewhat softened, and its external surface spotted with patches of fatty infiltration, which extended but two or three lines into the parenchyma; the colour of the rest of the organ was nearly natural, and the edges retained their normal sharpness. In higher degrees it was considerably larger, the edges more obtuse, and the patches of fat larger and more numerous. In old drunkards the liver was very large, weighing at least six to eight pounds, often ten to twelve; the edges were very thick and much rounded; the parenchyma almost white with fat, soft, fragile, and the peritoneal covering could be torn off in very large pieces with ease. Granular liver was found in four or five cases only. The *gall bladder* was always large and filled with bile; gall-stones were found in two cases only, and, singularly enough, both on the same day; none were found either before or after.

“The *spleen* presents but few characteristic alterations. It generally retains its normal size, and is softened; occasionally it is rather larger than natural, but as a rule, the small size