

expired, rather suddenly, after one of the paroxysms just described.

The powers of the left hand and arm were unaffected throughout, with this single exception, that for a short time on the 9th of July the fingers were spasmodically bent on the hand. He helped himself to a cup of coffee without difficulty with that hand about half an hour before his death.

The principal agents employed in his treatment were blisters, and mercury both internally and by inunction. Latterly opiates were given to lull the pain, and alkalies for the sickness, but these last had little or no effect.

The body was examined twenty-six hours after death. On opening the head the ventricles of the brain were found to be enormously distended with perfectly transparent serous fluid; the quantity was not measured, but must have amounted to at least half a pint; one of the ventricles was, in fact, accidentally opened by the saw, in removing the skull-cap, although the brain was by no means deeply wounded. The convolutions of both hemispheres were so much flattened by the pressure, that the sulci between them were entirely effaced. On pursuing the examination, the explanation of this state of things was found in the condition of the *venæ Galeni*, which were flattened, and contained no blood; the return of blood through them had been obstructed by the pressure of underlying disease, and dropsy of the ventricles had resulted. A few transparent, and very minute granulations, which were only visible when looked at obliquely, were scattered over the arachnoid at the base of the brain. With this exception the state of the cerebral membranes, whether of the surface or ventricles, was perfectly normal; they presented no trace of inflammation, and the structure of the brain itself was sound. The inferior aspect of the right lobe of the cerebellum was attached to the *dura mater* by slight adhesions. On further examination this lobe was found to be the seat of three distinct abscesses; of these, two were situated between two of the deep folds which traverse the lower surface of the cerebellum. It is important in reference to the history of the case to remark, that their presence involved no breach of fibre or other structure, although from their size they must have exerted severe pressure on surrounding parts. One of them was about the size of a Spanish nut, the other would have easily contained a large walnut. Both were lined by a distinct membrane, of new formation, to which a layer of concrete pus of some thickness was adherent. These characters were best marked in the smaller of the two abscesses, which, if any inference may be drawn from such appearances, seemed to be the older of the two. The third abscess was still larger, and was formed at the expense of the substance of the cerebellum itself. The central part of the right lobe was almost entirely converted into pus, so that the whole of this lobe might be represented as a bag of matter, whose walls were formed by grey substance. The small portion of white substance still remaining was broken up, and consisted chiefly of diffuent pulp. At one point, corresponding to the root of the rhomboidal body, a small extravasation

had occurred. This abscess was lined by no membrane, and had no definite wall, the part in which the suppuration was complete shading off gradually into broken-up nervous tissue. The pus it contained was also much more fluid than that of the other abscesses. From these characters there can be little doubt that it was the most recent of the three. The left lobe and other parts of the cerebellum were free from disease. On examining the interior of the skull itself, a yellow spot, about the size of a pea, was discovered over the petrous portion of the right temporal bone. The *dura mater* was here separated from the skull beneath by a thin layer of concrete pus lying upon the carious bone, but there was no trace of inflammation or other disease in the cerebral aspect of the membrane. Over this space the bone was destroyed in its whole thickness, so that on lightly scraping it with a scalpel the cavity of the tympanum was brought into view. This cavity was filled with opaque lymph, of a reddish yellow, but on the removal of this the proper bones and muscular apparatus of the ear were seen to be still in place. The tympanum was slightly thickened and opaque, but with this exception was sound, as was also the *meatus externus*. It was ascertained that the lungs were free from tubercle, and that the heart was healthy, but the other viscera were not minutely examined.

CASE OF EPIDEMIC MUMPS,

COMPLICATED WITH PAROTITIS, ORCHITIS, NEPHRITIS, ALBUMINURIA, CONVULSIONS: RECOVERY.

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Read at the Quarterly Meeting of the Bath and Bristol Branch.

THE subject of this case was a young gentleman 12 years of age, of fair complexion, red hair, and in good general health. He was at school and was first seen by Mr. Giles, of Frome, on the 7th of November last, suffering from a slight cold and sore throat.

On the 10th, being the fourth day from the attack, the parotid and submaxillary glands were swollen, principally on the left side, but the health did not fail, the patient eating and going about as usual. Other boys in the school were also affected with the mumps at this time.

The swelling of the salivary glands persisted till the 22nd, (twelve days,) when it receded, and on the 24th the testicles became affected, the *left* chiefly. The tumefaction of the testicles subsided in the course of two days, and now a slight puffiness of the face was observed, and slight delirium was manifested during the night. On the following morning the boy was collected and cheerful, but in the course of this day there came on drowsiness, and at half-past five o'clock he was seized with violent convulsions and extreme restlessness, getting out of bed with great strength. The convulsions were frightful and continued nearly four hours, during which, first the right arm, afterwards

the left swung round with rapidity. The convulsions having ceased, the patient was left in a state of coma, there being complete insensibility and stertorous breathing.

My attendance being now requested, I reached Frome at one o'clock in the morning of the 28th, and saw the patient in consultation with Mr. Giles. I found him lying on his right side, comatose, the respiration thick, heavy, frequent, and stertorous; when roused, he opened his eyes and looked around vacantly; when asked, he gave his hand and put out his tongue, but relapsed immediately into the comatose state. The pupils were dilated; the pulse 124, rather sharp, but yielding; the tongue dry along the middle and much furrowed; the face had rather a doughy aspect, and, under the eyes, was oedematous, more on the right side upon which he was lying; the belly was tympanitic and the depending integuments of the right side puffy; the skin natural; the bowels open; the urine had been scanty for two or three days, and on the last occasion was passed unconsciously.

In regarding the character of the symptoms it struck me at once that the attack of convulsions was associated with an albuminous condition of the urine, but no urine being at hand, it could not be tested at this visit. The nurse was instructed to save any that might pass.

Already the patient had been bled to eight ounces, a mustard cataplasm had been applied to the scrotum, a blister to the nape of the neck, and a saline aperient administered. This judicious treatment having been adopted by Mr. Giles, and the coma having become rather less profound, it was determined to wait for a few hours the further effect of these remedies, the patient to take in the mean time a few grains of the bitartrate and nitrate of potash, and two grains of mercury with chalk.

At nine o'clock in the morning we met again and found the patient better in every respect. The coma had passed into tranquil sleep, and the boy being now awake, was sensible and coherent. The pulse was reduced to 108; the tongue moist; the belly less flatulent; and two greenish billous dejections had passed, as also a small quantity of urine, of which about one ounce had been caught. He had taken fatinaceous food. The urine being examined was pale and dingy, with a greenish tint and less refractive power than natural, characters indicating the presence of albumen, which, on the application of heat, was manifest, the urine becoming white and opaque.

From this evidence there could be no longer doubt that the pathological congestion of the salivary glands had been transferred, not only to the testicles, but also to the kidneys, and that the cerebral symptoms resulted from this complication. To the kidneys, therefore, our attention was directed.

The remedies prescribed were dry cupping on the loins, bitartrate of potash in the dose of ten grains, every four hours, and chalk, with mercury, in the dose of two grains every night; and it was particularly desired that the surface of the body should be kept warm and the temperature of the chamber raised to about 65 or 70 degrees.

On the next day the albuminous condition of the urine was much diminished, and in twenty-four hours more had disappeared altogether; nor was it detected by Mr. Giles on any subsequent examination.

On the 3rd of December the boy got up, partook of some mutton, and saw his father for a few hours, after which there was some return of the head symptoms, as manifested by pain and confusion of ideas. This threatened relapse was met by Mr. Giles, by leeches, cold lotions, and aperients, and from this time the patient recovered without any further untoward symptom.

The foregoing case presents an ordinary example of epidemic mumps, in which the inflammatory affection of the salivary glands, attacking the left, more than the right side, was transferred to the testicles, the left particularly. The occurrence also of cerebral symptoms, in connexion with this metastasis, is not unfrequent, and has been the subject of remark by the few authors who have written on this disease. The chief interest which attaches to this case is the condition of the urine and kidneys in connexion with that of the brain—a connection not observed hitherto, as far as I know, there not being any allusion to the kidneys or to the albuminous state of the urine in the recorded cases of cynanche parotideæ with metastasis to the brain. The great body of evidence which has been published since the discovery of Dr. Bright has confirmed his observation, and has left no doubt of the fact of the general existence of disease of the kidneys, where there is albumen in the urine, and of the additional fact of oedema, dropsy, coma, epileptic convulsions, and apoplexy supervening on, and being induced by, this condition of the kidneys and urine.

Without the convincing evidence of morbid anatomy in conjunction with observation during life, the concatenation and association of nephritis, albuminuria, and convulsions, as cause and effect, could not be maintained, so slight, and sometimes null, are the signs referable to the kidneys.

In the case now related there had not been any complaint of pain, uneasiness, or other sign in the lumbar region indicative of disease there. Nothing to call the attention to the kidneys. The presence of convulsions, the slight oedema under the eye, and the now known dependence of these phenomena on a special pathological condition of the kidneys, drew our attention to these organs, when the secretion of urine being found to be scanty, almost to suppression, and the urine itself albuminous, the precise nature of the case was revealed.

Looking at the course which the disease had taken, first, the affection of the salivary glands, which subsided, then of the testicles and kidneys, it may be concluded that the action set up in the testicles and kidneys was of the same character as that which was manifest in the parotids, namely, a pathological congestion, an inflammation, which constitutes the acute form of Bright's disease, designated by some late histological observers, as *desquamative inflammation of the kidneys*; a term not free from objection, as it locates the inflammation in

the tubules, the product being degenerated epithelial cells and fibrinous casts. But, as I believe that in this acute form the proper tissue of the kidney is involved, if not the main seat, and that interstitial deposit takes place in it, as in the parotids and testicles, we may be safe in regarding the nephritic attack as an acute pathological congestion, and, as such, amenable to an anti-phlogistic treatment—a point of much practical import.

Albuminuria, a main diagnostic feature in the present case, occurs also in the other form of Bright's disease, named by Gluge *stearosis*, on account of the deposition of oil-globules, in the epithelial cells of the urine tubules; but this form, being chronic, does not bear on the subject under consideration.

The cerebral symptoms, regarded as arising from inflammation of the kidneys, and the consequent suppression of urine, would urge the necessity of vigilance during the course of a disease so prone to metastasis, and of attention particularly to the quantity of urine, as also to the testing of its character; and should the quantity prove to be slight, and albumen to be present, we should then not hesitate to abstract blood as the best means of arresting the threatened or existing nephritis, and of preventing the occurrence of cerebral symptoms. The abstraction of blood from a vein, and locally, is most essential, and next to it the use of diaphoretics; but mercury is admissible only as an alterative, general experience having shown that it aggravates rather than relieves, and on some occasions even produces the disease. It is important, moreover, that the surface of the body should be kept warm by suitable clothing, and that the temperature of the chamber should be regulated, especially in the cold season; and indeed, in every case of mumps, the patient should from the onset be confined to the house, exposure to vicissitudes of temperature being the frequent exciting cause of metastasis.

28, Brock Street, Bath,
October 1, 1851.

ON

THE TREATMENT OF HABITUAL OR CHRONIC CONSTIPATION.

By HENRY COLLETT, Esq., WORTHING.

HABITUAL or chronic constipation is one of the most common amongst the miseries of human life: it is a "thorn in the flesh" to thousands of sufferers, while also it is a source of revenue to a vast number of advertising vendors of antibilious, digestive, and other kinds of pills, the use of which serves but to increase the evils they profess to remove; the result is, that it becomes as necessary for the sufferers to resort to the daily use of pills as to eat food, to prevent all the physical and mental disquietude consequent upon dyspepsia from constipation. But this is not the whole of my reason for bringing the subject under notice.

The cases which I shall relate will prove that many of the first authorities in our own faculty, in my humble opinion, have overlooked one of the most frequent causes of the complaint under consideration, and have failed in affording relief, while the very simple treatment which I propose, founded upon what I believe to be this cause, has been most successful and gratifying both to the patients and myself. Having been a sufferer myself I can speak the more feelingly upon my subject, for "*haud ignarus mali miseri succurrere disco*," and I feel satisfied, should the treatment be generally adopted where constipation, independent of organic causes exists, the habit of daily medicating would be entirely superseded.

Case 1.—Mrs. B., an interesting young woman, aged 23, married, with one child, consulted me under the following circumstances:—She was in every other respect perfectly healthy, but for three years had not been able to pass a motion without the aid of medicine. Sometimes the evacuations were scybalous, sometimes more or less fluid, but always scanty and void of proper form. Several attempts had been made to allow nature to perform her office, but obstinate constipation and much nervous and miserable discomfort were the invariable effects. Aperients and the enema were her only comforters. I learnt that she had consulted several eminent physicians and practitioners in Paris, in London, and in the provinces. All gave her some favourite aperient, until at last one told her that nothing but a miracle could cure her. Such were the unpromising features of the cases that I scarcely ventured to prescribe, but having my own case as a precedent I tried the plan here. I prevailed upon her to promise to discontinue all aperient medicines for a week, to leave off the use of white bread, entirely to eat brown bread (made of wheat meal, only partially sifted, for some is made of rye which I do not recommend) and drink a glass of cold spring water the last thing at night, and in the morning immediately on rising. She ridiculed my advice, but adopted it. The first day past and no evacuation, but the second day gave birth to a large well-formed stool, which gave feelings of comfort and satisfaction, to which she had been a stranger for years, and every day after she had a daily relief up to the time of leaving this neighbourhood, four months after the date of commencing the treatment, during which time she took only one dose of castor oil, because she thought herself bilious, but steadily pursued the diet recommended,

Case 2.—Mr. A., habitually constipated and constantly taking aperients for years past, adopted the plan above recommended, now passes large and healthy evacuations daily, without straining or any effort, and expresses himself so much relieved that he is recommending the remedy to numerous friends. On mentioning it to a physician of eminence, an intimate friend of his, his reply was,—“Oh! you are rasping your inside;” an explanation of the plan, which in the sequel, I hope to prove erroneous.