ligature, upon the healing of the wound, will require more extended experience. My own observation is, thus far, certainly in its favour. Some of the wounds, in which several vessels were twisted, have healed quite up at once without a drop of pus, which could not have taken place if ligatures had been used. In the last amputation in the thigh, the patient being a man aged 50, the wound healed by first intention, with the exception of a small track at one part, which soon closed. In two of the amputations in the leg, sloughing occurred from causes quite independent of the torsion; and there was no secondary hæmorrhage. In such cases as excision of the knee, torsion promises to be especially valuable, enabling us to secure, without the presence of a foreign body, any small vessels that may bleed or be likely to bleed. I have used it in two cases of excision of the knee, and in both the wound healed up at once.

I think, therefore, that, in amputations and other operations, all vessels short of the size of the femoral artery, as a general rule, may and should be secured by torsion; that the healing of the wounds will be thereby expedited; and that, in the greater number of operations, the ligature may with advantage be superseded by torsion.

The femoral artery may also be twisted with success. It was so in the three instances that I have tried; but it must be admitted that my experiments throw a doubt over the applicability of torsion to arteries of large size.

ON THE VALUE OF THE PREPARATIONS OF IRON IN THE TREATMENT OF INFLAMMATION AND SOME OTHER FEBRILE CONDITIONS.

By R. W. CRIGHTON, M.D. Edin., Leamington.

THE valuable paper of Dr. C. Bell and Mr. G. H. Bell of Edinburgh on "The Treatment of Erysipelas by the Muriated Tincture of Iron" (*Monthly Journal of Medical Science*, 1851) induced me, shortly after reading it, to employ this agent not only in erysipelas, but in other inflammatory affections, as pleurisy and pneumonia, in which I used it alternately with tartarised antimony (*Monthly Journal of Medical Science*, 1852). The rapid recovery of the patients under this method of treatment was so marked that I have never since omitted the iron in the treatment of the various forms of inflammation—using it as the main agent in certain cases of a peculiarly asthenic type, or giving it in a combined form in smaller doses, while the secretions of the skin and alimentary canal were freely stimulated in plethoric subjects.

The occurrence of an extensive epidemic of diphtheria in 1859 gave me a wide field for testing the effects of iron in this disease; and after treating a few cases, I was led to adopt a combination of the muriated tincture of iron in doses, varying according to age, of four minims, ten or fifteen minims, with one to two drachms of the liquor ammoniac acetatis (*Edinburgh Medical Journal*, 1860) every two or three hours. The resulting compound I have ever found invaluable in the early stage of all inflammatory affections. Free action of the skin is quickly produced, the pulse is lowered, and in many cases, as in tonsillitis, the inflamed organ recovers its natural condition as quickly as the skin does when the muriated tincture is administered uncombined in a case of erysipelas. In the early stage of typhoid fever, I know of no means more likely to mitigate the symptoms and calm the patient than the combination of the muriated tincture of iron and the acetate of ammonia, but in larger doses than seem to be tolerated in most other diseases. A medical friend, to whom I recommended the employment of the combination some years ago, has since assured me that he has observed many cases of typhoid fever apparently cut short by its use, and that he never omits it at the commencement of the treatment in any case.

In scarlatina, the early use of the ferruginated diaphoretic, and afterwards of the iron singly, or in combination with quinine and nitric ether, will, in most epidemics, effect all that can be accomplished by medicines. In the inflammatory form of Bright's disease, occurring from sudden chill, I have seen a speedier convalescence obtained by means of this combination than by any other plan of treatment.

I will only notice one other class of cases where it has, in my hands, proved eminently useful; viz., in puerperal metritis and peritonitis. When given at the very commencement, in conjunction with the application of turpentine stupes to the abdomen, a few hours will often find the patient transferred from a state of extreme suffering and danger into one of comparative ease and safety.

The therapeutic value of the combination of the muriated tincture of iron with the acetate of ammonia in the diseases in which I have employed it is, I believe, due to its power of establishing early and free diaphoresis, of stimulating the capillaries to contraction, and furnishing to the blood the means of renewing its red corpuscles, which undergo

an unusually rapid disintegration in inflammatory and febrile diseases. But, whatever the true explanation of its mode of action may be, the curative effects of the combination I consider to be so great, as to induce me to state that, in many of the diseases in which I have used it rather extensively, I believe there are no other therapeutic means at present in use which are capable of furnishing equally valuable results. I would wish it to be distinctly understood that I by no means ignore the many other indications which have to be followed in the treatment of inflammation, such as the relief of pain by means of opiates, the use of blood-letting in certain cases where there is great danger from over-distension of the venous system and the right side of the heart, and the good effects of the preparations of iodine and mercury in rousing the absorbents to remove exudations and effusions when these have occurred. All that I desire to claim for iron, is that it is entitled to be considered *one of the chief indications* to be pursued in its treatment. Many suggestions in therapeutics, worthy of a better reception, have been at once unceremoniously thrown aside by practical men, as unworthy of their confidence, on account of the enthusiasm of their supporters not having sufficiently limited the useful range of their application. In the present state of therapeutics, the old classic warning seems particularly deserving of attention:

"Est modus in rebus; sunt certi denique fines,
Quos ultra citraque nequit consistere rectum."

OPHTHALMIC CASES.*

By A. SAMELSON, M.D., Manchester.

Absence of Iris.—After an interval of five years (see *BRITISH MEDICAL JOURNAL* of Nov. 7th, 1863), two cases of total absence of the irides presented themselves at the Manchester Royal Eye Hospital within less than three weeks, in last August and September. In the first case (Ann Jones), a girl from Preston, fourteen years old, of short stature and low forehead, articulating somewhat imperfectly, and rather prone to cry, but otherwise quite intelligent and docile, the corneæ are small and somewhat hazy; both lenses present whitish-grey, deep-seated, and irregularly stellated opacities, preventing any details of the fundus from being seen. There is moderate nystagmus. Fingers are counted at nearly ten feet distance. No trace of ciliary processes can be seen. The tension of the eyeballs is manifestly increased (+ T 2). The conjunctival secretion is, by the continual oscillating movements of the eyeball, throwing the mucous membrane into plaits, churned up into a whitish cream resembling a precipitate of lead, and gathering about the outer sclero-corneal junction. Her brother and sister are said to have perfect eyesight. The right lens, as the rather more opaque of the two, was subjected to a cautious division in September, since when the patient has not again been seen.—The second case, which was shown to the Society, is that of Hannah Burns, a healthy plump girl of eight years of age, the eldest of four sisters, and the only one whose eyes are imperfect. There is slight rotatory nystagmus; each lens is the seat of an irregularly serrated, rather deep-seated opacity, *plus* an anterior polar dot in the left lens. The peaks of the ciliary processes are distinctly perceived when the eyes are directed extremely downwards or outwards. Although the whole of the space within the corneo-scleral junction reflects a red light under the ophthalmoscope, there is this peculiarity, that, about a line and a half inwards from the corneal margin, a clearly defined, very thin, white, circular line, separates the central space, within which is the seat of the opacity, from the entirely transparent periphery without. Nothing of the fundus can be seen in detail. The vision is but little less perfect than in the former case. The mother refers the defect of the child's eyes to a fright which she had, when pregnant, from a cat leaping at her.

Synchysis Scintillans.—Mary Lockyer, aged 72, who seven years ago received a severe injury to the left side of her head, and lost her right and at present atrophied eye, in consequence of a stone thrown at her by a boy in the street, noticed something being the matter with the remaining left eye about the beginning of last August. With a + 6 lens, there is S 4, and No. 4 Moorfields is read in daylight. The ophthalmoscope shows the optic disc to be of a manifestly whitish colour, and its arteries extremely attenuated. An abundance of bright, loose, roundish particles, of various sizes, but mostly punctiform, are seen, like a silvery shower, to move about in the vitreous humour, every now and then hiding the optic disc from view. They can, when the pupil has been dilated, be perceived by the naked eye.

Retinitis Pigmentosa.—Archibald Anderson, a cabinet-maker, from Peebleshire, aged 26, of robust health, perfectly equal to his trade, and earning high wages, but hard of hearing, and of somewhat thick and

* Presented to the Manchester Medical Society.

laboured speech, reads No. 1 Moorfields at 4", and has S $\frac{2}{3}$ (with — 30, even $\frac{2}{3}$). There is a slight periodic divergent squint of the right eye; and there is most thorough night-blindness, with corresponding extreme contraction of the visual field. The optic discs are somewhat small, of a greyish pink; and the main vessels issuing from them are of small size. The retina of each eye, in its equatorial portion, is the seat of the characteristic pigment-clusters, which are, however, far from abundant. The parents of the patient are first cousins. The mother is said to be blind of one eye; but, amongst his brothers and sisters, only one of the latter to be affected like himself in her sight. When the tongue is stretched forward, an uncommonly wide space is seen to separate the anterior and posterior pillars of the soft palate, the former joining the edge of the tongue in a more forward situation than usual. There is nothing abnormal to be found externally to account for the defect in his hearing. The rather faint tick of a watch is only perceived when the latter is put in close contact with the concha auris.

Hemipia.—Robert Partington, a cotton-spinner, of Harwich, near Bolton, aged 40, of slight make, but good general health, was, without any known cause, in the beginning of last August, seized with a violent headache. This lasted three days, on the second of which he suddenly, whilst at dinner, perceived that he could see nothing of any object situated to his right side. When first seen, on September 9th, he was, and has ever since remained, entirely free from any other ailment than the hemipia just referred to. The boundary between the intact and extinct portions of his visual field lay precisely in the middle line of the face, as passing along the dorsum nasi. The ophthalmoscopic evidence has all along remained absolutely negative. Within the left half of the field of vision, sight is perfectly normal. Gradually, a small portion of the affected halves of the retina (the inner half of the right, the outer of the left eye)—viz., about as much as represents an angle of twenty degrees—has resumed its activity. The treatment followed, so far, has consisted of counterirritation, Faradisation, and the internal administration of iodide of potassium.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

THE TREATMENT OF ACUTE RHEUMATISM.

ST. BARTHOLOMEW'S HOSPITAL.—Dr. Farre's ordinary mode of treating acute rheumatism is the "alkaline." He usually commences with three five-grain doses of calomel, followed by haustus sennæ; and repeats this daily till the evacuations are natural. At the same time, he gives the bicarbonate or acetate of potash, in twenty- or thirty-grain doses, every four or six hours, according to the severity of the attack, generally using the former, but preferring the latter when there is synovial effusion. When there is little or no perspiration, or when the heart is much excited, he adds ten or fifteen grains of nitrate of potash. He not unfrequently also, gives one grain of opium every night. For local treatment, especially of the smaller joints, he relies chiefly on the tincture or liniment of iodine, using the tincture for women and children, the liniment for the robust; one or the other of these is used in almost every case, and with nearly certain relief. When, however, there is synovial effusion, Dr. Farre uses either mustard or cantharides plaster. Mustard is always useful, especially when applied to the larger joints, as the shoulder. The appetite being always faulty, Dr. Farre gives milk diet until the tongue is clean, or cleansing. Meat given before it can be digested immediately brings back pain in the joints. He keeps the patient between blankets. As soon as the pain has gone, and the tongue is clean, he gives bitter tonics, omitting or diminishing the alkali if the urine is alkaline or neutral. If the tongue remains white after the pain has gone, he gives acids instead of alkalies with the bitter. Warm baths, he believes, are useful and refreshing when the patient can be moved without much pain. This treatment Dr. Farre has adopted, with little variation, for many years, and is very well satisfied with the result. The relief generally commences in forty-eight hours, often before. In some cases, however, the rheumatism shews a disposition to return. These, he treats, as Dr. Nevins does, with quinine and iodide of potassium, and, in most cachectic cases, gives quinine early (as soon as the evacuations from the bowels are healthy), either with or without iodide of potassium. In the same cases, too, he gives cod-liver oil. Iron he only uses when the patients, during convalescence, are pallid. His treatment, then, consists in calomel purges, bicarbonate or acetate of potash, tincture of

iodine or blisters; blankets; milk diet till the pain subsides; then bitter tonics, with smaller doses of potash, or with iodide of potassium, or with acids.

ST. THOMAS'S HOSPITAL.—The plan of treatment adopted by Dr. Peacock, in cases of acute rheumatism, is chiefly the alkaline and eliminative methods, giving full doses of the bicarbonate of potash, with nitrate of potash, and, not unfrequently, iodide of potassium; and, in the latter cases, usually combining the remedy with small doses of colchicum. Latterly, he has employed blisters freely, in such cases as admitted of their use; and, provided several joints are affected, so that four or five or six blisters can be applied at the same time, the beneficial effect is most striking: the local symptoms are very markedly and rapidly relieved, the constitutional disturbance is lessened, and the disease cut short; so that cardiac symptoms are prevented, or arrested, if in process of development. He has not, except in very exceptional cases, relied wholly on the local treatment; but has added it to the constitutional measures which were previously in use; and the additional benefit gained is often most striking. It is applicable especially to the more intense cases of rheumatic fever; but is also very useful in those cases which are of such common occurrence, where the disease develops itself in persons previously most reduced in health, and more particularly in persons who have previously had the disease, and often with cardiac complication. In such cases, if the disease be not rapidly arrested, the cardiac symptoms are almost sure to be aggravated; and the surest means of effecting that arrest, he believes to be the use of eliminative treatment and free blistering. Such persons, also, should not be reduced, if it can at all be avoided.

KING'S COLLEGE HOSPITAL.—The main points on which Dr. Johnson insists, are: that the patient should wear a large, loose, soft flannel dressing-gown, instead of a cotton shirt; this should be changed at least every other day. If the pains be severe, he gives moderate doses of opium—half a grain or one grain, with two grains of quinine, three times a day. If the bowels be confined, a Seidlitz powder may be given every morning. He generally gives moderate doses of alkalies—one scruple or half a drachm of bicarbonate of potash, with or without citric acid, every four or six hours. He is not satisfied that large doses of alkalies prevent cardiac complications; and he believes that they increase the tendency to rapid anæmia. In subacute cases, and in all cases where the skin does not act freely, he finds that hot air-baths are very useful. In cases of cardiac complication, especially pericarditis, with pain, he applies six leeches; then linseed-poultices. He abstains from blisters and counterirritation in the early stages of pericarditis. In cases of endocarditis, in order to lessen the tendency to deposit fibrine on the inflamed valves, he gives five-grain doses of sesquicarbonate of ammonia, with the alkaline mixture.

MIDDLESEX HOSPITAL.—Dr. Goodfellow, from a long experience, has eventually arrived at the conclusion, that large and frequently repeated doses of alkalies, chiefly the nitrate of potash, in doses twenty grains at a time, with smaller doses of other alkalies, are more effectual in cutting short the attack, and rendering the heart less liable to organic affection, than any other remedy. He, at the same time, applies cotton-wool to the præcordial region. If the joints be tense and painful, nitre poultices or wet compresses are applied; and, if they be less acutely affected, cotton-wool. He advocates flannel being worn to encourage perspiration. He strongly deprecates the practice of exposing the chest to the extent usually done, and percussing the præcordial region more than is absolutely necessary, as he believes that pericarditis may follow such a course, or, at least, existing attacks may be increased in severity.

WESTMINSTER HOSPITAL.—Dr. Fincham has employed the treatment by blisters for some time, and he is satisfied that, by this plan, the relief produced is very great, and the duration of the malady shortened. He is in the habit, however, as a rule, of combining with it alkalies in full doses; e.g., Pot. bicarb. $\mathfrak{z}\text{ij}$; pot. nitratis gr. x; liq. amm. acct. $\mathfrak{z}\text{ij}$; aquæ pur. $\mathfrak{z}\text{x}$ —every four hours; with a full opiate at night if the pain be very severe. He does not, however, think it advisable to continue the alkaline treatment for any lengthened period; but to give quinine, in doses of two or three grains, every six hours, when the urgent symptoms begin to yield, especially if the sweating is over profuse. He believes that, by giving quinine earlier than is generally the custom, convalescence is less tedious, and there is less chance of relapse. As regards cardiac complications, if pericarditis supervene, and there be sharp catching pain, he applies a few leeches, followed by linseed-poultices; should the pain be slight or absent, he omits the leeches. In all cases,

* Concluded from page 9 of last number.