Lumbar Abscess.—The following two cases are almost identical in character.

CASE II.—Joseph Leach, of Bradford, was admitted into the Leeds Infirmary on January 5th, 1872, having suffered for some time from frequency of micturition, attended with pain and irritability of the bladder and discharge of pus in the urine. He also complained of pain in the back and left loin, which had commenced shortly before his admission. On examination, obscure fluctuation was detected in the left loin, which induced me on February 1st to introduce the needle of the pneumatic aspirator, by which half an ounce of pus was removed.

February 8th. Six ounces of pus were removed by the aspirator, and on February 15th five and a half ounces. The patient was relieved by these withdrawals of pus, the pain and vesical irritability being diminished. As the relief, however, was but temporary, the operation was not further repeated. The patient continued to lose strength and to suffer more pain; and, leaving the hospital on April 15th, died a month after his return home.

CASE III.—Mrs. —, aged 30, is at present in the hospital, complaining of pain and irritability of the bladder, and pain in the right loin; the urine containing large quantities of unaltered pus. Fluctuation can be detected on deep pressure, both in front and behind the right kidney. On December 5th, the needle of the aspirator was introduced into the back of the loin at the edge of the erector spinæ, and six ounces of fetid pus withdrawn.

December 9th. Since the operation, she had suffered rather more pain in the loin, and had had no diminution of irritability of the bladder; but for three or four days the quantity of pus in the urine was much diminished.

In both these cases, the question of the existence of fluid and of pus was settled by the aspirator; and in both instances the abscess in the loin appeared to communicate with the kidney or ureter; and the pus, entering the bladder, set up a most distressing form of vesical irritability. The relief, however, obtained by the withdrawal of the pus, was in the one case so doubtful, and in the other so transient, that I do not feel encouraged to continue the use of the aspirator as a means of further treatment in such cases.

ON MOLLUSCUM CONTAGIOSUM.

By DAVID FERRIER, M.D.,

Professor of Forensic Medicine in King's College; Junior Physician to the West London Hospital.

In the eighth volume of the *St. Bartholomew's Hospital Reports*, Dr. Dyce Duckworth gives a very careful analysis of the facts for and against the contagious nature of this affection, as well as of the various theories as to its production. That the disease is in some measure contagious, appears to be satisfactorily established. A case which has just come under my notice at the West London Hospital would confirm this view.

A. H., aged nine months, had numerous mollusca, twenty-two in all, situated on the lips, cheeks, and neck, some pedunculated, others sessile, varying in size from a pea to a millet-seed, the largest being on the lips. Two others were situated on the buttocks. They began to appear five months ago. Some had fallen off of their own accord, and had been succeeded by others. The mother of the child had two well marked mollusca on the left breast; they had existed for some time, and, as far as could be learned, came after the appearance of the tumours on the child's lips. The mother attributed the affection to contagion from a little girl, the daughter of a neighbour, who had "warts" on the face and different parts of the body, who used to frequent the house and kiss the baby. This girl I could not trace, as she had left the district. Whether the primary affection were strictly traceable to contagion or not, the case appears to establish the communication of the disease from the child to the mother, as has been recorded in other instances. The tumours speedily disappeared on being evacuated and touched with perchloride of iron.

The chief interest of the case to me was, that it afforded me an opportunity of carefully investigating the parasitic theory of the disease, propounded first by M. Hardy, and subsequently by Mr. Balmanno Squire. M. Hardy describes, among the well known elements of the follicular contents, spores and branched mycelium containing spores. Mr. Squire describes spores resembling those of the *achorion Schönleini*, large and faceted; but no mycelium. To the irritation caused by this fungus he attributes the hypertrophy of the follicles and their secretion. I have made repeated examination of the expressed follicular contents with a view to determine the question; at the same time

being favourably disposed to this theory, as most satisfactorily accounting for the contagiousness of the disease. When the secretion was treated with caustic potash, and examined under the microscope, it gradually became clear from saponification of the fat, and the outlines of the epithelial cellular contents became sharp and distinct. In the secretion so treated, especially the soft central part from the large tumours, I have seen one or two unmistakable torula-cells in the act of germination. They did not differ in size or otherwise from the torula-spores of penicillium. But, in addition, a great many other spore-like bodies were to be observed in the angles of the cells, apparently multiplying by germination, and even lengthening out into mycelium. They were of various sizes and forms, and had a peculiar vacuolate aspect. They may readily be mistaken for true spores. I have come to the conclusion that they are, however, artificial products of the action of the caustic potash on the fatty matters. I mention these appearances in order that the deceptive effect of the action of reagents may be guarded against. In the contents of the follicles, after several days' maceration in ether, I have failed to detect any spore-like bodies; nor have I been able to produce any appearance of such by treating them subsequently with caustic potash. In the small and still firm tumours, before they have undergone central fatty degeneration, I have not been able to satisfy myself of the existence of any true spores by any method of treatment. In order to determine whether they might exist in a form undiscoverable by the microscope, I adopted the method of cultivating the secretion in Pasteur's solution, consisting of materials favourable for the growth of fungi. In the soft secretion so treated, after a fortnight's cultivation in a closed tube guarded against external contamination, I have found, along with very beautiful specimens of *sarcina*—derived, no doubt, from the blood, in the manner which I have on a former occasion shown—a copious development of torula-cells in no respects differing from those of penicillium. Some of these may have had their origin in accidental introduction into the tube; but the mode in which they were developed in and around the fatty secretion indicated that there was considerable multiplication of elements existing in the secretion. This, however, I look upon merely as an accident, and do not regard these spores as having any connexion with the causation of the disease. It would be more remarkable not to find such fungi, considering their cosmopolitan nature and the possibility of their access to the contents of the follicle through its orifice.

The existence of a vegetable parasite as the cause of this disease appears to me to be entirely negatived by the result of my investigations. What the real cause of the disease is, remains yet to be discovered.

CASE OF POISONING BY ACONITE TREATED BY DIGITALIS: RECOVERY.

By WILLIAM DOBIE, L.R.C.S. & P.E., Keighley.

I WAS requested one morning, between 12 and 1 A.M., to visit a veterinary surgeon who was supposed to have taken poison. The place where he lodged was scarcely a hundred yards from my house, and only a few minutes elapsed before I saw the patient. He was stupidly drunk in bed, and unable satisfactorily to answer questions. His landlady, however, informed me that he returned home the worse for drink about midnight; that he went direct to his surgery, took out a bottle of medicine, and went up stairs to bed; that shortly afterwards he rang the bell, and said he had taken a large dose of poison, which was certain in a short time to prove fatal. There was a two-ounce bottle, with its label defaced, lying by the bedside. The bottle contained about half a drachm of a brown-coloured liquid, a portion of which I applied to my tongue, and was satisfied, by the characteristic tingling induced, that it was aconite. Up to this time there were no symptoms of the patient having taken poison. There had been no vomiting, the breathing was natural, the pulse of fair volume and strength, and the extremities were warm. An emetic was prescribed; and, in conjunction with my late partner, Dr. Ramsay, I visited the man again in less than half an hour. By this time he had vomited freely; a considerable discharge had also taken place from the bowels; there was evidence, too, of failing circulation; the pulse was rapid and feeble, and the feet and hands were getting cold. The use of stimulants was clearly indicated; and, in order to give ammonia and brandy, we raised the patient's head. This brought on alarming prostration; the breathing became laboured; the pulse, at the wrist, irregular, intermittent, and finally imperceptible; there was a quantity of frothy mucus discharged from the mouth and nostrils; the skin became dusky; a cold clammy sweat bedewed the face and forehead: in a word, the patient was dying. We quickly replaced his head upon the pillow, and, as he was unable

to swallow, injected subcutaneously twenty minims of tincture of digitalis, and then applied galvanism to the cardiac region, and continued its use for about twenty minutes, at the end of which period the patient began to rally, and in a few minutes more was able to swallow a mixture of ammonia, brandy, and a teaspoonful of tincture of digitalis. Marked improvement followed the administration of the mixture, and it was twice repeated within an hour, by which time the breathing had become easy, and the circulation re-established. We remained with him about half an hour longer, and, before leaving, gave him a cup of strong coffee, which, however, was vomited. I saw the patient again the following morning, when he expressed his surprise at being alive, as he had taken, he said, an ounce of Fleming's tincture of aconite.

REMARKS.—I sent what was left of the aconite to Messrs. Harvey and Reynolds, chemists, Leeds, and they informed me it had been prepared with "cleaned" methylated spirit, and was of rather more than the average strength—that is to say, two minims of it killed a young sparrow in three minutes and a half, while the same quantity of a fresh specimen took half a minute longer to accomplish a similar result.

The case seems to afford decided evidence regarding the action of digitalis. While making due allowance for the combined influence of the electricity and stimulants, it is difficult to conceive if the doctrine, which is far from obsolete, be true, that digitalis is a cardiac depressant, why its administration in this case should not have rapidly proved fatal. Such a conclusion carries with it the force of a demonstration. The old view which prevailed as to the action of digitalis seems to have been the result of an erroneous interpretation of facts. Diminished frequency of the pulse followed the administration of the drug, and it was therefore rashly concluded that the heart's action was thereby weakened. The fallacy consisted in believing that pace meant strength. A slower pulse is not necessarily an evidence of weakened circulation, but generally of the opposite.

It is but fair to state that the idea of using digitalis in this case was probably due to a conversation that we had had a short time before with Dr. J. M. Fothergill, the author of the Hastings Prize Essay for 1871.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

REPORT ON THE TREATMENT OF SICK-HEADACHE.

It is nearly twelve months since we published in our Hospital Reports the results of the experience of a large number of leading British physicians regarding the treatment of this distressing affection. The substance of the report amounted pretty much to this: that the relief afforded by the medical man was, as a rule, so trifling, that the patient took the matter into his own hands, and found by experience the best way to obviate or alleviate the attack, or made up his mind that the affection was incurable. Bromide of potassium was, however, noticed as a drug occasionally capable of affording relief. Dr. Williams, of the Sussex Lunatic Asylum, also recorded the experience, at that institution, of Indian hemp as a remedy, and stated the opinion of his colleague Dr. Greene and himself, that this drug was worthy of extended trial. Since the appearance of our report, guarana or paullinia powder, a remedy for sick-headache which has been employed in France and elsewhere for some years, was brought prominently before the notice of the profession in this country by Dr. Wilks, in a communication published in the JOURNAL of April 20th. Dr. Latham of Cambridge, Dr. Samelson, and Mr. Bradley of Manchester, have, since that date, contributed in these pages to our knowledge of the drug. With the view of bringing this remedy more prominently before the profession, and in the hope that a more extended trial of guarana will result, we present our readers with a few notes collected from those who have had experience of its use. The results obtained are very various, and show that our knowledge of its *modus operandi* is most incomplete. An extended trial of guarana, and a careful observation of the class of cases in which it is of value, will probably ere long lead to a more definite knowledge of its therapeutical value. We are glad to have the opportunity of recording the views of Dr. Wilks on guarana and the

other remedies which his special attention to the subject has led him to employ since the publication of his first paper in the JOURNAL of January 6th. The opinion entertained by him regarding the value of cannabis Indica is shared by another of the writers in the report. Indian hemp seems deserving of a full trial. We shall be glad to receive further communications on the treatment of sick-headache by guarana.

GUY'S HOSPITAL.

Dr. WILKS thus writes regarding the treatment of sick-headache. "As regards the treatment of headache, I have until late years been able to do little more than recommend to my patients the avoidance of all those circumstances which they know from experience would induce an attack. I allude, of course, to nervous headache, for I believe that this is almost the only form for which we are consulted; a temporary disturbance of the head arising from various causes, requiring no medicine, or but a casual dose. The connection of headache with gout has already been alluded to in the JOURNAL by several writers, together with the treatment which the association suggests. During the last three or four years I have been able, with others in my profession, to do something more positive than preach hygienic principles to my patients, having in our possession three remedies which have been doing eminent service in this terrible complaint. In the first place, there is the bromide of potassium, which is so valuable a medicine in many cases of sick-headache that it can scarcely be superseded by a better remedy. The patient, who is very often a gentleman, comes home with a splitting headache, fatigued and worried after a hard day's work; he takes fifteen or twenty grains of bromide of potassium, presently goes off to sleep in his easy chair, and wakes in an hour well. I have known this occur in so many instances, that I cannot hesitate in my belief as to the efficacy of this medicine. It is one which I always first employ, having seen such eminent advantages follow its use. I have known many patients declare, that the bromide was the first medicine they had taken in their lives which had had the slightest effect in relieving their headache.

"About two years ago, I commenced to use the cannabis Indica, and I have no hesitation in saying that in this drug we possess a most valuable remedy against headache. I have never given it in large doses with the object of counteracting the pain by producing an immediate effect, but have employed it in doses of a few drops three times a day, and continued for some weeks. In several cases where my patients were subject to constant headache, great benefit was experienced, several of them having written to say that they had got rid of their trouble, or it had been less frequent. In a large number of cases in which I have prescribed the remedy, I have not been informed of the result. I consider it superior to all other remedies in this respect that, if efficacious at all, it preserves the patient from his malady; whereas other medicines do little more than arrest the attacks when they have commenced. I have not given cannabis in the manner recommended by Dr. Williams (of Hayward's Heath), in the form of a dose of the extract daily.

"Thirdly, guarana has been introduced to our notice as a remedy for sick-headache, and here, again, we have a very valuable addition to our *Pharmacopæia*. In many instances, especially those of ladies, I have had the most positive assurance given to me of the power of this drug in arresting headache, so that not the slightest doubt can be entertained of its immense value. A dose is usually taken when the headache is approaching; and if this is not quickly successful in arresting it, a second powder is swallowed; after an hour or so, if the remedy is to be useful, the headache has disappeared. I know of several cases in which the greatest enthusiasm is expressed by patients as to its merits. At the same time, I am constantly hearing of cases where it has failed. I am now trying it in smaller doses by daily administration.

"I feel certain that these three drugs—bromide of potassium, cannabis Indica, and guarana—constitute a most important addition to our nerve medicines, and that in them we have remedies against a terrible complaint which, a few years ago, constituted the opprobrium of medicine. I might say that I know of cases where galvanism has very speedily cured a pain in the head; and I can call to mind the case of a lady, where the application of the bisulphide of carbon invariably relieved the most severe headaches."

ST. BARTHOLOMEW'S HOSPITAL.

Dr. ANDREW has employed guarana in a few cases, and has found it successful with patients who had found relief in no other drug.

Dr. HOLLIS writes:—"My experience of the exhibition of powdered guarana in the treatment of sick-headache is entirely personal and very limited. Suffering from a severe frontal headache a few days ago, with