the knife must traverse. When the bleeding goes on to too free an amount, it is useless, in the small central wound, to search for the bleeding-point, even if there were any one vessel to tie; but usually, as I have said, it is the bulbous structure which affords the blood, and the plug is the proper remedy; and I am free to allow that, with the plug fairly pushed in *above* the tube chiefly, arrest is easy—more easy, indeed, than to compress the artery of the bulb by the plug in lateral lithotomy.

If, then, it be admitted that the median operation is unsuited for children; that, for the average of cases, the mortality is as great as in lateral lithotomy; that the operation is more difficult; that hæmorrhage is more troublesome, and wound of the rectum more frequent, than after lateral lithotomy—it will naturally be asked, What are the advantages of the central operation? and to what cases is it applicable?

My present experience teaches me that it is advantageous and suitable only for those patients in whom the stone is of small size—about that of a date or a filbert—and where, for some sufficient reason, lithotomy is not available. Within these narrow limits, median lithotomy is admirable; the incisions are small, and there is but little fear of bleeding or injury to the rectum; the recovery is rapid; the bladder retains the urine, and voids it voluntarily almost from the first; the patient is saved from much of the discomfort of lying in wet sheets with an urinous smell; and the wound heals almost by the first intention. I repeat that, within this limit, the operation is excellent; and every patient who is cured by it may rest assured that he is cured with as little pain, discomfort, and injury, as surgical science is capable of. Beyond this limit, the path becomes thorny and dangerous; and, in the lung run, he who treads it will, I firmly believe, repent and fail to obtain the success which is so dear to all lithotomists. I have traversed that path, but prudence bade me retrace my steps; and I have ventured to think that this imperfect record of my doings may interest some, and enable others, who perchance have fewer opportunities, to profit and guide their practice by my experience.

THE USE AND ABUSE OF NUX VOMICA AND ITS ALKALOIDS.*

By JAMES THOMPSON, M.D., Leamington.

FOR the sake of form, I have named this paper on the use and abuse. Of the first, the *use*, I intend to say but little, as this is known well to all; the *abuse* will be what I desire to make some remarks on. My attention was drawn to the subject by some cases which I have had during the present year, and, as I can find no reference to it in any works on therapeutics which I have been able to consult, I have deemed the subject not unworthy of being considered in this Section. I remember, when a student, spending some time in a house where homœopathy was followed, and the inmates seemed, at all hours of the day, to amuse themselves by swallowing globules and tinctures, the active ingredient of which was said to be derived from *nux vomica*; thus, during the day, they took a sufficient amount of this powerful tonic to feel invigorated and stimulated.

The matter passed out of my mind until recently, when an American gentleman came under my care; he had been sent to England for change of air and scene. He had, from his account, suffered from some cerebral attack, due to excitement and overwork in commercial pursuits. His American physician had prescribed Easton's syrup in drachm-doses three times a day. When I saw him, he was taking such doses several times a day, and had done so for a long time. He was in a highly nervous state, sleepless and excited in manner; he took a dose of syrup, and then felt better; but the stimulation was temporary, and then he was more depressed than ever, and he required another dose before he could attempt anything. At first, I did not realise the cause of this state. Medicine and regimen were of no avail, as he continued to take the syrup. After some persuasion, he consented to give it up, although he declared he thought he would die. I advised a course of mineral water, a Turkish bath twice a week, and a shower bath every morning. In a fortnight's time he was all right, and has continued so up to the present time.

Now this patient seemed on the verge of what was very like delirium tremens, and I have no doubt that the strychnine in the syrup was the cause. He drank nothing save a couple of glasses of sherry at dinner and lunch.

Among my patients I have a highly hysterical lady of middle age, much in society, who, when she is going out, takes twenty or thirty

drops of tincture of *nux vomica* in a little water. Formerly she took sal volatile, and she says she finds the tincture much the more potent. She is aware of the power of the drug, and she only uses it on particular occasions. When much is used, she finds herself so excitable that she takes some aperient medicine for some days and a dose of chloral at bedtime. I find, on inquiring, that a medical man, whom she met at an hotel when travelling, had first suggested it to her.

A medical friend, whom I asked if he had ever noticed any deleterious effects from the use of these medicines, admitted that every day he longed for 11 A.M. to come, as, for a very long time, he had taken a dose at that hour, and that he could not get through his work without it. I made an experiment on myself to ascertain the exact effects, and, although I never take any stimulant before dinner, I soon found I could not get on without it. I took the syrup in drachm-doses once daily for three weeks, and in the fourth week I found myself so shaky, with crampy pains in the abdomen and legs, that I was warned to give up. The next week I was low and depressed, but soon recovered. I satisfied myself that it was producing much the same effects as repeated nips of brandy or glasses of sherry.

From inquiries I have made, I am satisfied that this form of indulgence is on the increase. Prescriptions containing preparation of strychnine are treasured up, and sent to the chemist to be dispensed whenever the holder feels a little low. I am much impressed with the necessity of marking such prescriptions, so that they may not be dispensed without a countersign. Recently a patient drank at a draught eight ounces of a mixture, which she had found comforting on a former occasion; it produced most serious symptoms, and might have proved fatal had not assistance been speedily summoned and active measures taken.

RETROSPECTIVE JOTTINGS.

By C. M. DURRANT, M.D.,
Physician to the East Suffolk and Ipswich Hospital.

It has been often, and truly, remarked that a very large field of unproductive but valuable matter has been, and still is, allowed to lie waste for want, not so much of cultivation, as of circulating for practical purposes the extensive experience which almost every medical practitioner possesses, even if he be only of comparatively few years' standing. To leave metaphor, I would say that, if only one-half of the practitioners throughout the three kingdoms were to detail the practical facts which have been impressed upon their own minds, the profession would possess an amount of experience that, if properly collated, would be invaluable. Believing, as I do, that the advance of our knowledge of disease will be in proportion to our future understanding, with certainty, the functions and derangements of the nervous system, how helpful would be a constant afflux from all parts of the kingdom, especially in reference to the conditions of this economy. That we are continually passing through cycles of diseases, mainly caused by disturbance of nerve tension, cannot, I think, be doubted; and although in our present ignorance we attribute, with the vulgar, all kinds of noxious influence to the weather, I am persuaded that the time will come when we shall be able to associate, with far more certainty than at present, meteorological and barometric changes with direct nervous influences, either functional or organic.

How frequently do we notice a complete absence of expected disease during weather to which we, in our present wisdom, feel disposed to attribute everything that is bad; while, on the contrary, how often, in the finest, and apparently most health-giving weather, do we find the largest amount of sickness, and often a wide-spread epidemic. To take a simple example, I need only allude to ordinary catarrhal affections, to show that, if the peculiar paresis upon which these depend were better understood, the accumulated evidence of the many would become very valuable in reference to locality as an exciting disturber of nerve influence. Again, the phenomena of asthma, chorea, and many other affections that occur, more or less, in groups, might be largely elucidated by the repeated addition of wide-spread observation.

I merely set down these ideas; believing that, if they were worked out, a mass of what is now but wasted experience would furnish, in time, a basis upon which the most valuable data might be obtained and a more exact knowledge acquired.

SPINAL AFFECTIONS.

I do not know whether it has struck other practitioners, but I have been impressed myself with the fact of the increase of spinal paralysis generally, and of certain forms of the malady in particular. In referring to this, however, I confine myself strictly to the symptoms produced

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