ANOTHER CASE OF POISONING BY HOMŒOPATHIC CAMPHOR.

By GEORGE JOHNSON, M.D., F.R.S.,

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I AM indebted for the particulars of the following case of poisoning by homœopathic solution of camphor to my friend Mr. Gooch of Eton. He had read my last paper on the subject in the JOURNAL (Feb. 6th, 1875), and, thinking that the case of an Eton boy whom he had attended some time since would interest me, he has been so good as to send me a brief report, with permission to publish it in the BRITISH MEDICAL JOURNAL. The following is Mr. Gooch's narrative.

"About three years since, I was called to see an Eton boy, aged 14, who was supposed to have fainted. I found him lying on his bed, almost pulseless, and quite insensible, with his extremities cold, and his face and lips pallid. He had shortly before had his dinner, and I thought that, perhaps, he might be suffering from an attack of indigestion. Whilst I was administering stimulants, and applying hot bottles, etc., to his feet, a servant accidentally found a small bottle on his table, which was labelled, "Rubini's Homœopathic Camphor"; and, thinking that he might have taken some of its contents, I gave him, with difficulty, an emetic. This had the immediate effect of causing him to vomit his dinner, which was mixed with an immense quantity of camphor, which scented the whole room most powerfully. In about half an hour, he became sensible, and told me that he had a cold, for which he had purchased the camphor; but, instead of dropping two or three drops upon a lump of sugar, as directed, he poured it out on the sugar, and after taking it, immediately became insensible. In the evening, all the effects of the drug had gone off; he passed a good night, and had no unpleasant symptoms afterwards.

"He was a strong, healthy-looking boy. The bottle found in his room was very small, holding about half a drachm, and it was about half full when I saw it; so that he may have taken about fifteen drops of the solution, if an ordinary lump of sugar would hold so much."

This is the seventh case of poisoning by the homœopathic concentrated solution of camphor that has come to my knowledge during the last two years. I suspect that, if all the cases of this kind that have come under the notice of the profession within the United Kingdom during the same period were published, the list would be a very long one, and it might serve as a warning of the danger which attends the incautious use of this highly concentrated poison.

Since the above was written, I have read with much interest the two cases published in the last number of the JOURNAL (p. 243), by Dr. Legat and Mr. Ellerton.

ON SOME POINTS IN THE DIAGNOSIS OF BRIGHT'S DISEASE.

By CHARLES MACLEAN, M.B., Applecross.

IT may appear a work of supererogation to speak of the powers of the microscope in the investigation of renal disease, but we really cannot be too much impressed with the value of that instrument in diagnosis; and the chief object of this paper is to show how it can be made the principal medium in the performance of a delicate test towards the detection of true albuminuria when the urine contains blood. Bright's disease may easily be complicated with hæmaturia—indeed, it is often so; and it frequently becomes a question, whether the albumen in the urine of a patient is or is not to be explained by the presence of effused blood. We have, in fact, to find out how much blood-albumen the urine contains, and how much albuminuric albumen. The former can be estimated by counting the number of red blood-corpuscles to be seen on a given extent of the microscopic slide; it being known how much albumen, say in the ounce of urine, shall correspond to a given number of discs. The amount of albumen in the urine is easily found by coagulating, filtering, and drying that contained in a like quantity of urine (an ounce), and weighing it.

I find that, when forty blood-discs are to be seen in the whole field of an "Oberhauser" microscope, using object-glass No. 7 and eyeglass No. 4, if there be effused blood in the urine, the albumen contained in an ounce, on being dried, weighs one grain; therefore, whatever there is of dried albumen from the ounce of urine, over and above the proportion of one grain to the forty blood-discs, seen as above, must be the product of true albuminuria. I have a case of granular disease of the kidney in which the albumen obtained from one ounce of the urine, independently of blood, weighed eight grains when I saw it first.

It would be as fallacious to look upon coagulation by heat and nitric acid as conclusive of a case being one of albuminuria, without taking other circumstances, such as the presence of blood, etc., into account, as it would be to exclude the possibility of that disease being present merely because of the urine containing blood. It may be mentioned, that the urine has a distinct tinge of blood when as few as ten discs are to be seen on the field of the microscope. I had occasion to examine the urine of a lady, a visitor in this neighbourhood, who, before she left home, received a note from her medical attendant saying that she had had a severe attack, in which the noticeable symptoms were dark smoky-looking urine, which contained blood-discs, and which coagulated distinctly on the application of heat—essentially a tautological statement. The coagulation was twice referred to as an important point; whereas I think it quite likely that, if a test of the kind described in the foregoing remarks had been applied at the time, it would have been found that hæmorrhage sufficiently accounted for all the coagulation. I found the urine quite natural in every way, except that it contained great numbers of crystals of oxalate of lime; and the conclusion to which I came was, that the bleeding had been caused by a concretion of oxalate of lime forming in the kidney.

The importance of examining the urine in the diagnosis of disease cannot easily be exaggerated. The facility with which we obtain evidence in this way, and the certainty of the information when obtained, make the omission on our part of this means of diagnosis the more inexcusable. I was recently called to a case, in which the only observable symptoms were epigastric pain, nausea with feeling of great weakness, and a subacute bronchial affection. As the latter complaint did not appear to me to be capable of accounting for the constitutional symptoms, I examined the urine and found it loaded with albumen; and the microscope revealed numerous granular casts. All doubt as to the nature of the disease was thus at once dispelled. There was here not the least lumbar pain complained of, and no unusual feeling on micturition.

I had an instance of the great value of the microscope some time ago in a case of hæmaturia. It was an alarming case; and life seemed at the time in danger from the large quantity of blood lost, for pint upon pint of bloody urine (or, more properly speaking, of diluted blood) was passed. I gave the patient gallic acid to begin with, until I should examine the urine microscopically. This treatment made little or no impression, however; and, when I brought the microscope into use, I found crystals of the ammonio-magnesian phosphate in abundance. Thereupon I combined sulphuric acid with the gallic, and the almost immediate result was an abatement of the bleeding. The mineral acid probably dissolved any irritating particles of the triple phosphate that may have formed. The patient had a milder attack afterwards, but it yielded readily on the application of the same remedy.

THERAPEUTIC USE OF THE CONTINUOUS GALVANIC CURRENT.

By THOMAS E. CLARK, M.D.,

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I SEND three cases treated by myself by the continuous galvanic current, believing that it is a subject of interest to the profession.

CASE 1. *Endometritis cured by the Continuous Galvanic Current.*—S. H., aged 39, a married woman, has had four children. After her fourth confinement, she suffered severely from leucorrhœa, bearing-down pains, tenderness in the left iliac region, and dysmenorrhœa. This continued for six months, when she was able to go about the house; this was in 1870. I saw her in June 1871, and, upon examination, found the fundus uteri lying obliquely and to the left, the os uteri patulous, and superficially ulcerated; and, during the introduction of the speculum, a porter-coloured fluid of a very offensive character flowed from the os. Under the local use of nitrate of silver, and the internal use of bromide of potassium, iron, and sumpbul, with rest, she became very much better, and indeed reported herself well. However, in the November following, she caught a severe cold, and all the old symptoms recurred. She was now confined to her room and bed, and no treatment seemed to have any beneficial effect upon her case. I saw her in June 1872, and ordered her away for a time to recruit her shattered nervous system, and at intervals of a week, applied the nitrate of silver; she also continued the bromide of potassium and iron mixture. At the end of August she returned home, and I recommended the continuous current, with the idea of altering the secreting property of the lining membrane of the uterus. Accordingly, I introduced a partly insulated wire into the cavity of the uterus, and attached

it to the negative pole; the positive was connected with a moistened sponge, and applied over the pubes for twenty minutes. This was repeated three days; after which treatment, I had the satisfaction of finding that the offensive discharge ceased, and never returned. It was some months, however, before the hysterical condition subsided; but now, after two years, she has continued perfectly well, and is able to undertake all her usual household duties.

CASE II. *Lipoma cured by Electrolysis.*—A. A., aged 66, had a fatty tumour over the left shoulder. Thirty years ago, a fatty tumour was removed from the upper part of the left shoulder, and soon after the healing of the wound, a small swelling was observed close to the cicatrix; this caused no pain, and grew very slowly till within the last eighteen months, when its growth was more rapid, the skin becoming thin and shining, and two ulcers formed, one of the size of a two-shilling piece, and the other of the size of a shilling. In 1868, the patient had the appearance of being deformed, having a large swelling over the left shoulder, extending from the spine of the scapula upwards, and outwards to the acromion, measuring twenty-one inches in circumference, and fourteen inches transversely from base one side to the base on the other. There were two ulcerated patches as above stated, the skin appearing extremely thin, and large veins crossed its surface. The feel was semielastic, and pressure produced a lobulated appearance. I suggested its removal by the knife, but this she declined. I then advised the continuous galvanic current, and she decided to try it. A battery of sixteen cells was the one used. Three needles were passed into the tumour at its circumference, and connected with the negative pole, the circuit being formed by means of a moistened sponge attached to the positive pole, and placed on the tumour. The application lasted twenty minutes, was repeated at intervals of a week or fortnight; and, after four applications, the size had decidedly lessened, and the ulcers entirely healed. The process was continued in all fifteen times, and varied in duration from twenty to forty minutes. The only sensation complained of was a sense of heat; there was no bleeding, and the patient, who came from a distance, was in no instance prevented from returning. The time occupied with this case was nearly twelve months, and, at the end, the tumour had entirely disappeared, leaving only a small hardened portion, not larger than half a walnut.

CASE III. *Prostatorrhæa cured by the Continuous Galvanic Current.*—R. S., aged 45, had suffered severe dragging pain in the perineum and around the back and groins, coming on after micturition or defæcation, and lasting several hours, although he was seldom free from a sense of discomfort; there was also a mucous discharge from the urethra during the act of defæcation and at the end of micturition, with a feeling of burning pain along the urethra, and this would continue for several hours. He had been under treatment for two years before seeing me. I examined the urethra; No. 10 catheter passed easily without pain, except over the prostatic portion. The finger in the rectum demonstrated a flattened elongated prostate. He was greatly depressed from the continual suffering. I tried a variety of treatment; suppositories of opium and belladonna; the bromides with bark, etc., but to no purpose. There were several consultations held (one gentlemen saying he believed it was malignant disease of the prostate). After some months of suffering and no benefit from remedies, I determined to try the continuous current. Applying the negative pole in the rectum, and the positive, a moistened sponge, to the perineum, I continued it for five or ten minutes. This was repeated a dozen times, and the patient's trouble entirely disappeared. This was at the end of 1873, and he has since continued in perfect health.

ON THE CAUSES OF DEATH AFTER OPERATION FOR STRANGULATED HERNIA.*

By F. H. EDMONDS, L.R.C.P.Lond., Rochester.

ABDOMINAL hernia being unfortunately a common disease, and the strangulation of a hernia being sudden in occurrence and rapidly fatal in its course, we, as general practitioners, have to be prepared to meet it at once, and to undertake its treatment without the advantage of a consultation with a surgeon, fortunately permitted us in other surgical diseases. It is, therefore, necessary that we should pay every attention to the detail of all cases coming under our care. In the following four cases, the operation was performed by Dr. F. J. Brown in three, and by Mr. Nankivell in one; and I have to thank these gentlemen for their kindness in permitting me to lay them before you, and direct your attention to the points which appear to me of practical interest. My connection with the cases was that of administering chloroform and making the *post mortem* examination.

* Read at the West Kent District Meeting.

CASE I.—Amos Saywell, aged 24, admitted to St. Bartholomew's Hospital, Chatham, on September 5th, 1870, had suffered from inguinal hernia for some years, and had been once before relieved at the hospital by taxis. The operation was performed by Dr. F. J. Brown, twenty-four hours after strangulation, twenty-two hours after admission, under chloroform. The sac was opened. About one hour after the operation, the patient vomited a quantity of fecal matter, with large quantities of serous fluid. Mr. Nankivell and myself being at the bedside, we gave brandy. The vomiting continued; and, as the patient seemed to be choking, we used Silvester's system of artificial respiration for a few minutes; but the patient died, with marked symptoms of apnoea.

POST MORTEM EXAMINATION, thirty-nine hours after death.—Rigor mortis was strongly marked. Sero-fæculent matters issued from the nostrils. The right pleura contained about one pint of fluid; the left pleura was toughly adherent to all the walls of the thorax. The right lung contained a quantity of fluid in its bronchi, of the same character as that vomited; the left lung contained a little fluid of the same nature. The hernia had been reduced. There was a small spot of congestion on the convexity of a convolution of the ileum near the abdominal ring. The intestines were generally hyperæmic, and were distended by what proved to be, on puncture, large quantities of fluid of the same character as that vomited. There was no complete constriction of any part of the intestinal canal. The peritoneum appeared healthy.

This case is curious from the enormous quantity of fluid secreted by the intestines in a short time. It appeared that the death was due to a continuous stream of fluid issuing from the pharynx during attempts at inspiration, and, in fact, *drowning* the patient. This view is supported by the *post mortem* appearances of the lungs.

CASE II.—William Johnson, aged 36, admitted March 27th, 1873, had had left inguinal hernia for eight years, and had worn a truss. The truss broke the day before admission, and the hernia became strangulated. Mr. Nankivell operated, opening the sac. Vomiting continued to a slight extent until death on March 28th.

POST MORTEM EXAMINATION, twelve hours after death.—Rigor mortis was well marked. On dissecting the anterior wall of the abdomen and examining the lower part, there was found an epiplocele of the right side. On the left side, the hernia had been returned from the canal; but a small piece of intestine had insinuated itself into a pouch formed by the division of the internal oblique and transversalis muscles, and was here constricted without showing any external signs, owing to the patient's obesity.

In this case, the corpulence of the patient was the cause of death. The deposit of fat in the areolar tissue between the muscles made it more easy to separate the muscular layers, and the thickness of the subcutaneous fatty layer had prevented the diagnosis during life of the tumour caused by the knuckle of small intestine found between the muscles after death.

CASE III.—Sarah Barringer, aged 47, admitted on October 10th, 1872, suffering from inguinal hernia of the right side, which had been strangulated one day. Dr. Brown operated; but the patient did not seem relieved after the operation, and continued to suffer from sickness until death, on October 24th, *i.e.*, fourteen days from operation.

POST MORTEM EXAMINATION, twenty-one hours after death.—Rigor mortis was well marked. The abdomen only was opened. The omentum was spread evenly over the intestines, and adherent by a small point to the pubic bone. The inguinal hernia was completely reduced. The right femoral ring was occupied by a small knuckle of intestine; the end of this knuckle was ulcerated, and had given vent to fecal matter. The iliac fascia was stripped off the os pubis and ischium, forming a large pouch. Fæcal matter found in the operation abdominal wound was traced to the roof of the crural canal.

CASE IV occurred in the practice of my friend Mr. Robert R. Brown of Strood. Ann Bridger, aged 42, widow, had had a right femoral hernia for two years. This had been strangulated three days when Dr. F. J. Brown operated, returning the hernia without opening the sac. After the operation, Dr. Brown, Mr. Redmond, R.N., Mr. R. R. Brown, and myself placed our fingers in the wound, and found the crural ring clear. The patient continued vomiting, and died on the third day after the operation.

POST MORTEM EXAMINATION, twenty-two hours after death.—Rigor mortis was well marked. The hands were black and shrivelled; the body thin; the abdomen distended with flatus. There were patches of ecchymosis about the lower part of the abdomen. The wound was healthy, but without any attempt at adhesion or suppuration. The peritoneum was covered with fresh lymph near the region of operation. The intestines were much distended with flatus. Through the crural ring a knuckle of intestine seemed to project, but could not be felt from the wound of operation. On tracing it from the abdomen, it was found to have got under the iliac fascia, and into the pelvis between the fascia