ON THE USE OF THE MINERAL ACIDS IN THE TREATMENT OF INFLAMMATORY DISEASE OF THE CERVIX UTERI.

By J. HENRY BENNET, M.D.

THE recent discussion in the JOURNAL on the value of nitric acid in the treatment of chronic inflammatory disease of the cervix uteri shows how constantly we are going over again and again the same ground in medicine and surgery, for want of knowing what has been done by those who have preceded us. The entire subject is discussed in all its bearings in my work on *Uterine Inflammation*, the first edition of which was published in 1845, the second in 1848, the fourth and last in 1861 (page 291). The following extract from page 299 will illustrate this fact.

"The mineral acids which may be employed when a more energetic caustic than the nitrate of silver is required are the acid nitrate of mercury, nitric acid, hydrochloric acid, and sulphuric acid. I have given each of these preparations in succession lengthened trials, employing them separately and successively in all cases in which this form of caustic appeared indicated, and see no reason for modifying the opinion which I have long entertained; viz., that the acid nitrate of mercury is more efficacious than the other acids. It appears to bring the ulceration more rapidly into a healthy healing state. After that, I prefer pure nitric acid, although the extent to which it fumes on being applied is a slight disadvantage. Any of these acids, however, may be employed in the absence of others."

The above extract embodies the surgical history of the mineral acids in the treatment of chronic ulceration in every part of the body: anus, rectum, uterus, vagina, vulva, nares, fauces; indeed, in any region (skin or mucous membrane) in which chronic inflammatory ulceration can be brought to light. Any of the acids will do; but I prefer the acid nitrate of mercury and nitric acid to the others; and of the latter two I prefer, along with the French surgeons generally, the acid nitrate of mercury to pure nitric acid. I think the former has some of the special detergent properties which we recognise in the various mercurial ointments so much resorted to in the treatment of chronic inflammation of the skin. At the same time, I admit that nitric acid will do nearly as well, and I have always used it when I have not had the other at hand. The fear of salivation is altogether visionary. I have never seen any but the slightest evidence of such condition, such as is sometimes, but very rarely, produced by a few grains of blue pill or grey powder.

At the same time, as Dr. Tilt very justly remarks, the mineral acids cannot be presented as substitutes for nitrate of silver or stronger agents, potassa fusa or the actual cautery. Each has its indication its period of use, and one cannot be considered the substitute of the other. The object is to modify vitality, to substitute healthy reparative inflammation for unhealthy destructive inflammation. The course of treatment I have recommended in my work since 1845 is—1. Emollients and antiphlogistics; 2. Astringents and slight vitality modifying agents, such as the nitrate of silver in solution or in substance; 3. Stronger vitality modifying agents, such as the mineral acids; 4. Agents of this character that act on the deeper tissues and profoundly modify vitality. An experienced practitioner will begin at the lower part of the ladder, and ascend, if necessary, success often crowning his efforts before he reaches the more active agents. We are not warranted in using a paving-stone to kill a fly, as in *Æsop's Fables*.

In conclusion, I would again remark that the above rules may be said to be the principles that guide us in the treatment of all chronic inflammations of the skin, mucous membrane, and subjacent tissues, when accessible to surgical treatment.

Mentone, France, December 30th, 1875.

THREE CASES OF LIGHTNING-STROKE.

By WALTER R. S. JEFFERISS, M.D., C.M. (Edin.).

Parochial Medical Officer, Lochmaben.

THE scanty information which we obtain from works on this subject induces me to offer the following observations on three cases which came under my care during the past summer. Two very severe thunderstorms visited this locality on June 17th, and again on July 2nd, striking down people on both instances, and also killing several of the lower animals.

On June 17th, a severe thunderstorm, accompanied with vivid lightning and very heavy rain, overtook a number of farm-labourers work-

ing in an open turnip-field at some considerable distance from a fir-plantation. All the parties were hoeing side by side, and all were about two hundred yards from the plantation. The party consisted of three persons, a man, a young woman, and a boy. When the first peal of thunder was heard, immediately after a flash of lightning, the man felt his hat thrust firmly on his head, as if some one had pressed it down with their hands. He also was called for by the boy to come and look to the young woman who was lying on the ground, speechless, moaning, and cold. The boy also seemed confused and unsteady in his gait, and complained of great pain in the right leg, with coldness of the body generally.

I, being close at hand, was called in to see them, and found the young woman just recovering from the faint in which she had been. Her skin felt very hot; her face was very red and scorched; the eyebrow of one side was singed off; there was also a scorch across the chest, and one arm was very red and sore, as if it had been scalded; and one leg, especially about the calf, was discoloured and painful, as if the blood were congested in the part. The pulse was quick and firm; the eyesight was dim, and she said she had never heard any thunder or seen any lightning, although she thought her sight was affected, because she constantly saw flashes of light before her eyes since she fell down in the field. She complained of severe headache, with a rumbling feeling in the bowels, and felt very nervous and shaky, as if she had just recovered from some accident. She also perceived a peculiar sulphurous smell about her clothes and person, which was confirmed by those about her. She felt very weak, and scarcely able to move her legs; but there was no distinct paralysis of any part.

The case of the boy was evidently of a slighter nature, but, from a scientific point of view, more interesting than that of the girl. He seemed very much frightened and very cold, tremulous and sore, especially in the neighbourhood of the knee, elbow, and wrist-joints. There was no broken skin anywhere, as in the former instance, but there was a scorch on one leg, which bore an exact resemblance to part of a Scotch fir; thus giving an example of the so-called electric photographs of some writers. The impression was very decided, and remained distinct for nearly two days; but after that it gradually faded.

Both cases were treated with stimulants at the time of the accident, with cold soothing applications to the head and other painful parts. The boy required no after-treatment further than rest for a few days from his work. The girl remained in a nervous excitable condition at night for a few days, requiring sedatives to induce sleep, but gradually recovered within a fortnight to her usual state of health.

To the south-west of the place where this accident occurred, six sheep were killed by the lightning; and, having an opportunity of examining their carcasses afterwards, I found no marks of the electricity, either externally or internally, upon them. All of them probably died of shock from the return-stroke.

With regard to the people who were struck, their bodies bore evidence of the passage of the electricity; although their clothes were uninjured, and metallic articles on their persons, such as money and earrings, were left without apparent marks or alteration in their magnetic condition.

The third case occurred on July 2nd of the present year. During a severe thunderstorm, a post-runner was struck by the return shock, and complained much of headache and confusion of intellect. He was unmarked by the lightning, and gradually recovered himself under rest and tonics. At the same time, two lambs which were grazing within a few yards of the post-runner were struck down and killed, and they bore no trace of external injury.

CASE OF DEATH FROM INTRACRANIAL ANEURISM OF THE LEFT INTERNAL CAROTID ARTERY IN A BOY THIRTEEN YEARS OLD.

By JOHN BROADBENT, M.R.C.S. and L.S.A., Manchester.

ON May 1st, 1875, about 3 P.M., John F., a piccer, aged 13 years, came home from work complaining of feeling ill, and having pains in his head. Shortly afterwards, he vomited twice, and had a fainting fit. After this, he went to bed, still complaining of headache. He slept during the night, and, the following morning, said he felt better, and he took his breakfast as usual. About eleven o'clock, he was preparing to get up, when he was seized with convulsions, his hands being bent inwards, and the mouth drawn to one side, but his mother could not say whether to the right or the left. I saw him about an hour afterwards. He was quite comatose; the pupils of both eyes were

widely dilated, the right rather more so than the left, and both were insensible to light. The pulse was quick and feeble. There was no stertorous breathing. He had occasional convulsions up to 3 p.m., after which he lay quite still till he died, two hours afterwards.

Post mortem examination, forty-eight hours after death. The body was moderately well nourished. On removing the calvarium, the vessels were found greatly congested; and on the left side, in the cavity of the arachnoid, there was a thin layer of blood effused over the whole surface of the left hemisphere. Upon carefully washing away the clots, the blood was found to have escaped from the rupture of an aneurism, about the size of a pea, on the left internal carotid artery. The brain was healthy, with the exception of a small portion of the middle lobe, at the inner part of the fissure of Sylvius, which was broken down by the effused blood. There was no disease of the heart or arteries, and the other organs were also healthy.

Death from intracranial aneurism at so early an age as thirteen years is very rare. Sir William Gull, in reporting some cases of aneurism of the cerebral vessels in *Guy's Hospital Reports* (vol. v, page 284) says that the youngest recorded case in which aneurism within the cranium has been fatal is fourteen years. Since then, however, Dr. Church has recorded in the *Pathological Transactions* (vol. xx, 1869, page 109) a case of death from intracranial aneurism in a boy thirteen years old. In this case, there were long vegetations on the mitral valve and hypertrophy of the heart, which condition, Dr. Church says, has been found in most recorded cases where mention of the state of the heart is made. In my case, there was no disease of the heart; and the previous history was that the boy had never suffered from any illness or cerebral symptoms since he was nine months old (when he had convulsions) until the present attack.

OBSTETRIC MEMORANDA.

PERCHLORIDE OF IRON IN UTERINE HÆMORRHAGE.

I HAVE read many articles on the above subject. The profession generally admit the value of the perchloride, but there are a few who doubt its utility, and even assert that it is a most dangerous remedy. I wish to record the following case, and add my testimony in favour of so valuable an application.

Harriet Craig, the wife of a labourer, aged 35, had been under my care for six weeks previous to her confinement, during which she had frequent attacks of uterine hæmorrhage, and consequently was much reduced in strength. On November 26th, 1875, I was summoned to attend her in labour. When I arrived, I found she had been ill for some hours. She had frequent attacks of hæmorrhage, and only very feeble pains. The os uteri was fairly dilated; the membranes were ruptured—she could not say how long; she was weak, pale, and feeble. I asked Dr. Dougan of this town to see her with me, which he kindly did. In consultation, we agreed to turn the child and deliver by the feet. I did so in a few minutes. As soon as I got down one foot, we gave a dose of the ergot, which was quite useless. When the child was delivered, there was a frightful gush of hæmorrhage. I at once introduced my hand into the uncontracted uterus, to try to excite action, while Dr. Dougan pressed externally. We could not get the uterus to contract. I found that the placenta was partly detached and partly adherent. I removed it. The woman became weak and faintish, consequently the hæmorrhage ceased for a little; when she recovered herself, it immediately came on again. We had no strong solution of the perchloride of iron, nor had we an injecting apparatus at hand; however, I had the tinctura ferri perchloridi and a bit of sponge. I mixed one ounce of the tincture with three of water, and, having saturated the sponge with this solution, put it into the hollow of my hand, and introduced hand and sponge into the vagina, and then pushed the sponge in through the os uteri. It was not a moment in until the uterus contracted and caught the sponge firmly in the os. I left it in a short time, and it was with some difficulty that I was enabled to extract it. The hæmorrhage ceased with the contraction of the womb. At this critical moment, the woman's life was saved; she made a good recovery, and is now going about the house. It was fortunate that the sponge did not altogether pass into the uterus; if such had been the case, I believe it could not have been recovered, on account of the firm contraction which was produced, I may say, instantaneously. I had intended introducing both the sponge and my hand into the uterus, and then squeezing out the solution; but this was not required. I am not aware of any person using the tinctura ferri perchloridi on a sponge, as I have done in this case; but men will do many things when put to their wits' end. About fifteen years ago, I lost a patient similarly affected. I now firmly believe that if the perchloride had been used the woman's life

would have been saved; but it was not then known. All honour is due to Dr. Barnes for this most invaluable remedy.

JOSEPH PRATT, L.K.Q.C.P. and R.C.S.I., Medical Officer to the Markethill Dispensary, County Armagh, Ireland.

REPORTS AND ANALYSES AND DESCRIPTIONS OF NEW INVENTIONS IN MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

MACKENZIE'S LENTIL PULSE FOOD.

THIS is a very nutritious and digestible article of food, of which the merits are, in various forms, well known to the profession abroad, while here they have been largely *exploited* by dealers in "Revalenta" and "Ervalanta". For dyspeptics, such a food is often invaluable; and the form which Messrs. Mackenzie and Co. (Edinburgh) have introduced, and which they exhibited in the museum at the last annual meeting of the Association, is equal to any other pulse-food in flesh-forming value and its highly palatable qualities, while its price is much below that of many similar preparations sold under other names. The analysis by Dr. Stevenson Macadam speaks sufficiently in its favour to make further chemical analysis unnecessary.

DESCRIPTION OF A FORM OF STRETCHER.

By CHARLES R. KEETLEY, L.R.C.P., Assistant Demonstrator of Anatomy at St. Bartholomew's Hospital.

IN many cases of typhoid and other fevers, of peritonitis and other inflammations, of bed-sore, of various chronic diseases, in many surgical and in obstetric cases, it is very desirable to have a mode of moving a

patient from room to room, or from bed to bed, and a mode of changing the patient's bed and body linen without causing the least avoidable disturbance or excitement. For such cases this apparatus has been contrived. The chief principles on which it is constructed are: 1. It can be placed under the patient piecemeal, and afterwards easily, and without danger of mistake, fitted together again; 2. It is only a skeleton of webbing in the part which sustains the back and buttocks, and thus allows bed-sores and blisters to be easily dressed; 3. The cutaneous sensibility of the back is so extremely blunt, that the network of webbing, coarse as it is, feels like a whole and undivided piece. Its chief advantages are: 1. The most sensitive or feeble patient can be freely moved with no sense of discomfort, and no dangerous disturbance; 2. Bed-sores and blisters on the back can be easily dressed through its means, and even the back percussed or auscultated through it; 3. Its details can be easily modified by any needle-woman to suit the necessities of particular cases without altering the apparatus in principle; 4. It is light and portable; it packs into a parcel three feet long and five

inches in diameter.

In using it, the pieces s, s', s'', w, and w' are passed under the patient gently one by one, and the poles then slipped through the hems and loops. Two chains, each having one of the cross pieces B upon it, can sustain the patient while the bed is made, etc. The stretcher has been used with satisfaction at the Queen's Hospital, Birmingham, and at St. Bartholomew's Hospital, London. It is made by Messrs. Arnold and Sons, 35 and 36, West Smithfield, London.