DR. BEALE'S VIEWS ON PUS-CELLS.

BY JOHN HUGHES BENNETT, M.D., F.R.S.E.

THE well-known corpuscles found in pus I, with most pathologists, call pus-cells. To this Dr. Beale objects. He says they are not cells. He admits that they are like young mucous and epithelial cells to look at; that they exhibit similar reactions, and are even alike in chemical composition; but they are not the same, because "each has a different life-history and performs a different function". If the bodies spoken of be not cells, why does Dr. Beale speak of them as such? Are distinctions between the various corpuscles only to be determined by their supposed life-history? This would be difficult, if not impossible, especially if the peculiar views of Dr. Beale are considered. Parts of the animal textures, and even of cells, which most physiologists believe to exhibit the clearest attributes of life, in his opinion are dead; for example, the striated substance of muscle and the exterior portion of a ciliated cell. Differing as we do on these fundamental points, Dr. Beale must pardon me for thinking that little benefit would result from entering into a discussion with him on the topics referred to.

But, with regard to pyæmia, I am surprised that Dr. Beale should have penned the last paragraph of his communication, because I so fully agree with him as to the confusion that would result from confounding what practical surgeons call pyæmia with suppuration of the blood, that, as I endeavoured to explain, I introduced the term leucocythæmia for the express purpose of avoiding it. It was with no intention of making "strictures" on the discussion, as Dr. Beale calls it, but with a desire to point out how the terms employed necessarily introduced a confusion which might be avoided. I regret that I have been misunderstood, and beg, therefore, to repeat that what is called pyæmia is not purulent blood, as the word itself indicates, but ichorhæmia—a poison evolved from ichorous or decomposed pus—a variety of septicæmia or toxæmia. As to the discussion itself, I regard it not only as one of great interest, but as having been most ably conducted, and likely to conduce to an advance in our theoretical and practical knowledge of a most important morbid condition.

Nice, March 23rd, 1874.

THERAPEUTIC MEMORANDA.

THE USE OF COCA.

IV.

I HAVE employed coca for about two years at the Royal Southern Hospital, in the form of a tincture prepared by the Apothecaries' Company of this town, from leaves supplied, I believe, by Dr. Petrie, to whom I also was indebted for a sample. I have administered it in phthisis pulmonalis, in simple debility, and in one case of diabetes where there was great emaciation. The patient suffering from diabetes—Grace Hind—had been in hospital for four months, and the urine under the use of opium had been very greatly diminished in quantity. As emaciation continued, I prescribed a drachm and a half of the tincture of coca three times daily, in addition to her opium; and gave directions that she should be weighed. The drug was commenced on November 11th, 1872; and I find it noted on the 27th of the same month, that she had gained four pounds in weight. Its use was maintained until January 13th, 1873; but the increase in weight did not continue. The patient was discharged in the following month. There was no appreciable effect produced by the coca, either on the quantity or the specific gravity of the urine. In experimenting on myself, however, it has seemed to diminish the quantity of urea eliminated, as tea certainly does with me. Thus, on collecting the urine of two days, and carefully estimating the urea, I found the following results. When no coca was taken—all other conditions being as nearly as possible similar—there were voided in the twenty-four hours 35 ounces of urine, of specific gravity 1027, and containing 420 grains of urea. With one drachm of the tincture of erythroxylon four times daily, the amount was 35½ ounces, the specific gravity 1020, and the quantity of urea 315 grains. In phthisis, I could not see that the drug did any good, and I therefore discontinued employing it after a time.

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THE USE AND DOSE OF CROTON-CHLORAL HYDRATE.

I HAVE now used croton-chloral hydrate in several cases, and my experience of it is as follows. For producing sleep, it is inferior to hydrate of chloral, being more uncertain in its action, and leaving in some cases an unpleasant sensation of fulness in the head, and in one case impair-

ment of vision. I have never used a combination of it and hydrate of chloral. The cases where it will be found most useful are those of neuralgia, where it is desirable to relieve the pain, and not necessary to produce sleep; and in these I have found small doses (a grain and a half), repeated at frequent intervals, most successful.

The first case in which I used it was that of a lady who had suffered severely for months from trigeminal neuralgia, and had well-nigh exhausted all the usual remedies. A few doses of the mixture, of which I shall give the form, relieved the pain; and, by the use of iron and other appropriate remedies, she has recovered, and has not had any recurrence of the disease. In a case of severe spinal neuralgia in a young lady, it proved equally valuable. In both cases, I used the croton-chloral hydrate in combination with the bromide of potassium; and, as some may attribute the good effects to the latter, I should add that both ladies had used the bromide for the very same attacks, and had discontinued it as useless. I do not mean to convey that it will always succeed, as I have been disappointed by it in one case. The prescription was as follows: Croton-chloral hydrate, 24 grains; bromide of potassium, 2 drachms; distilled water, 8 ounces. A tablespoonful is taken every two hours until pain is relieved. As croton-chloral hydrate is very sparingly soluble in cold water, it should be rubbed up in a mortar in lukewarm water.

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SELECTIONS FROM JOURNALS.

DISEASES OF WOMEN.

INCISION OF THE CERVIX UTERI.—Dr. Olshausen of Halle (Volkmann's *Sammlung Klinischer Beiträge*, No. 67), being convinced that incision of the cervix uteri is indispensable in the treatment of contraction, but that it is often employed without the necessary limitations, gives the following indications of the proper course to be followed. This treatment is not adapted to all cases of sterility attended with flexion and narrowing of the internal orifice, but chiefly to cases of dysmenorrhœa dependent on abnormal narrowness of the external os uteri; also to sterile women with a simply virgin state of the part, in whom the sound detects a relative narrowness of the external orifice. If there be at the same time elongation of the vaginal portion, he recommends that it be shortened by operation. The incision is best made with the knife recommended by Marion Sims. The after-treatment must be directed to prevent too rapid healing; but Dr. Olshausen disapproves of dilatation by tents, as septic poisoning has been known to follow their use. He prefers making the incised part as yielding as possible, and preventing rapid union by the application of the actual cautery or of solution of perchloride of iron. In cases complicated with anteversion, incision alone is seldom sufficient. In such cases, Dr. Olshausen has successfully removed a wedge-shaped portion of the anterior lip of the os. He expresses a guarded opinion against the means hitherto adopted for incision of the interior os.—*Centralblatt für die Medicin. Wissenschaften*, January 31.

TREATMENT OF UTERINE FIBROIDS BY THE HYPODERMIC INJECTION OF ERGOTINE.—At a meeting of the Griefswald Medical Society last year, Dr. Bengelsdorf related four cases of uterine fibroid tumour which he had treated by the subcutaneous injection of ergotine. In two patients, aged respectively 61 and 49, in whom menstruation had ceased, twenty-one injections in each produced no result. In a third patient, in whom the tumour produced much distress from pressure on the urinary bladder, and in whom the menstrual discharge was prolonged and excessive, nineteen injections of ergotine greatly diminished the discharge; the tumour, though not apparently reduced in size, became more movable; and the urinary trouble was removed. In a fourth case, attended with chronic metritis, menorrhagia, and painful defæcation, sixteen injections of ergotine produced great relief of the symptoms, without exerting any notable influence on the tumour. He believes that this treatment is useful in cases of uterine fibroid, but with certain restrictions. In the first place, it is not likely to be of use in cases of fibroid tumours which have lasted beyond the cessation of menstruation, because the supply of blood to the new growth is no longer kept up by the increased vascularisation of the uterus during the menstrual periods—and it is by constricting the vessels that the ergotine acts. Secondly, he does not find that the remedy, when it acts, does so with such rapidity as has been stated. The result obtained in his fourth case has led Dr. Bengelsdorf to use the subcutaneous injection of ergotine in cases of chronic metritis, especially in young subjects; and he has found it more useful than the administration of extract of ergot. In almost all the cases which he has thus treated, the uterus