turally as he lay in bed. On the 17th, I temporarily reintroduced the catheter with ease, and again on the 19th.

During this period, from about January 2nd, the patient had refused to take any medicine, and, during certain parts of the period, was so profoundly prostrate, that his friends thought it quite useless to attempt to do anything more for him. At times, we found the irregularity and intermission in the action of the heart so great, that there could not be counted at the wrist twenty distinct beats in the minute; and, of course, there were corresponding symptoms of hypostatic congestion of the lungs and congestion from blood-poisoning. On finding him able to be sufficiently raised in bed, on January 19th, we ascertained that the affection of the lower and middle lobes of the right lung had passed through the stage of congestion, or congestive pneumonia, into the state of complete infiltration, or asthenic hepatisation, of the parts. We then ordered the inunction of an ointment composed of compound mercurial ointment, iodide of potassium, and croton oil; and the administration of a mixture of infusion of senega, iodide of potassium, bicarbonate of potash, carbonate of ammonia, tincture of squill, and compound tincture of camphor. But he did not take the whole of one bottle. From this time, he never required any operative proceedings, and did not take any more medicine, except a little castor oil when needed; he slowly improved, gradually increasing in appetite and strength. He could, on February 27th, come downstairs during the greater part of the day, and was about to resume his outdoor duties; he could urinate quite as well as he could before Michaelmas, and merely required to pass urine once or twice in a night: and the blocking up of the lung had also been removed by absorption in a marvellous degree.

Without the aspirator, the poor man whose case is above related must have perished miserably, as, from the size and the projection backwards of the prostate, it would have been impossible to tap *per rectum*, and it is not likely that an ordinary trocar and cannula could have been passed into the bladder, above the pubes, daily and twice a day, during twelve consecutive days, with safety, to say nothing of the pain and shock of so considerable an operation in a patient so profoundly prostrate, with low congestive inflammations and low febrile symptoms, that on many occasions he appeared to be within a few hours only of death; and to have attempted to have kept an ordinary cannula tied in above the pubes during that period would probably have terminated in a fatal result.

CASE OF DROPSY: TREATMENT BY ACUPUNCTURE.

By W. MUNRO, M.D., C.M., Cupar Fife, N.B.

THE following short *résumé* of the treatment, or rather the important part of the treatment, of a severe case of renal and cardiac dropsy, may be of interest. In such a case, of course, life could only be prolonged; but in those, rarely seen in this country, but not uncommon in hot climates in which there is no organic disease, it may be saved.

On May 14th, 1873, I was called to see A. B., and found him propped up in bed, suffering from dyspnoea. Both legs were much swollen. His heart was enlarged. There was albumen in the urine. I tried various diuretics, but he continued to grow worse, the legs swelling more and more until the skin was tense and glistening, and white in colour. There was also oedema of the back.

On May 21st, he was fast suffocating, and could not have lived another day. I began puncturing, first making twenty or thirty holes in each leg with small sewing needles. As the water escaped, he began perceptibly to improve. I now punctured three times a day for some days, watching for any signs of inflammation, and dropping to once or twice a day when it did appear. Whenever I did not puncture often enough, however, A. B. became worse, and care was required in keeping between the two extremes of doing it so often as to produce local mischief, or not often enough to give relief. I found very soon, however, that I could use larger needles, and ultimately preferred a short thick darning needle, which I held between the middle and third fingers and pressed in with the thumb-nail. I found that the thick needles, making larger holes, obviated the necessity of puncturing so often, such holes not closing up soon as smaller ones. I gradually lengthened the period between puncturing to every second day and every fourth day, but three times over was compelled to shorten the time, the water having collected so fast. On these occasions, and on one of them in particular, A. B., who was gasping for breath when I began, to my surprise was much easier *before I had finished puncturing*, and in two hours was relieved entirely of the dyspnoea. I found that the addition of five or six punctures

with a lancet-point assisted me in lengthening the intervals, the holes remaining longer open than those from the needles. The patient's health improved so that he was able to get up and walk about, and in September he was able to leave home for a short time. At that time, I was only puncturing the legs once in ten days or so. He became worse again, however, in October, when he had to be much confined to the house. In November, he caught a cold, resulting in pneumonia. At this time, I was forced to puncture about every third or fourth day. He passed through the pneumonia; but it had been too much for his strength, and he died on December 17th from exhaustion, having thus lived seven months, as I firmly believe, by the assistance of acupuncture.

I have avoided giving details; but I may say that I tried all kinds of diuretics, with only temporary increase of the quantity of urine passed, and ultimately gave up the use of any medicines except such as were required to palliate troublesome symptoms.

From all that I saw of the case, I was quite hopeful of getting him over the winter, and consider that in one sense he was prematurely cut off by the exhaustion caused by the pneumonia. Otherwise there seemed to be no limit to the length of time his life might have been prolonged.

I may say that at first there was absolutely no pain caused by the treatment. Afterwards, as the size of the legs fell and the skin became more natural and sensitive, there was soreness, but, in spite of this, the patient insisted on the puncture being done, looking on it as his sheet-anchor.

Five years ago, I treated a negro girl in St. Kitts, suffering from anæmic anasarca (caused by poor living), there being in her case no organic disease, by puncturing the legs with a needle. She was completely swollen all over the body, and had continued so for some time in spite of treatment; but the relief afforded by the punctures, which I only used twice, seemed to assist nature so much that in a week or two the anasarca quite disappeared, and she recovered.

I have omitted to mention that I found bathing the feet in hot water assist the flow of water from the punctures, which was sometimes so great that cloths wrapped round the leg had to be changed every half-hour, being thoroughly soaked.

I have thought it right to publish this case, so that others having such to treat may not give them up whenever they find diuretics and other medicines of no avail, and also to point out how much more irritation the skin can stand than might be expected. When I first began, fears of sloughing of the skin and such like evils used to stand like phantoms before my mental vision, making me, as I now know, more timid than I otherwise might have been in using large needles. But no more mischief was ever done than a slight erythema being brought on, which possibly at the same time might have been caused by the state of the patient, and which was easily got rid of by lead lotion.

THE RELATION BETWEEN ARTERIAL TENSION AND ALBUMINURIA.

By F. A. MAHOMED, M.R.C.S.ENG.,
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IN the number of the BRITISH MEDICAL JOURNAL published on May 9th, Dr. George Johnson does me the honour of criticising my paper recently read before the Royal Medical and Chirurgical Society. Assuming that "the increased arterial tension is the result of contraction of the terminal muscular arterioles", Dr. Johnson doubts the possibility of this increased tension being a cause of albuminuria; for he believes that, the tension in the arteries being increased by the contraction of the arterioles, the tension in the capillaries is actually diminished, I cannot, however, admit Dr. Johnson's assumption. On the contrary, I believe that the increased pressure commences in the capillaries themselves, and that it is brought about in the following manner. All physiologists admit an attraction existing between the blood and the tissues when in a normal condition, which varies with altered conditions of nutrition and secretion. This "chemico-vital" attraction for the blood, possessed by the tissues, has been termed "capillary power". It is undoubtedly an important element in the circulation, and its existence has been abundantly demonstrated by experiment (*Principles of Human Physiology*, by Dr. Carpenter, 7th edit., p. 300). Destroy this attraction by a blood-poison of any description, and the difficulty of capillary circulation will be increased; a condition of partial capillary stasis will be produced. The "capillary power" being diminished, the *vis a tergo* must be increased; hence arises high tension in the capillaries and