may be stated that the liver was a genuine "nutmeg"; that the kidneys were thoroughly disorganised (the cortical substance being barely distinguishable); and that the spleen was exceedingly soft. The heart was small and fatty. The lungs were fairly healthy, but there were extensive adhesions in the right pleural cavity. The head was not examined.

THE ACTUAL CAUTERY IN THE TREATMENT OF CORNEAL ULCERATION, &c.

By SIMEON SNELL, M.R.C.S.Eng.,

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ALTHOUGH for some time used by various ophthalmic surgeons on the continent, the actual cautery in the treatment of corneal ulcers does not seem to have been much adopted in England; hence I need, I think, no excuse for recording this brief note.

As to its value, there can, I imagine, be little doubt. In hypopyon ulcer, it in many cases replaces the "Saemisch incision," which has done much for this destructive class of affections, and yields frequently very capital results. Three such cases are at present under my observation. In each the ulcer, directly after the cauterisation, has assumed a healthy appearance, commenced to heal, and the pus in the anterior chamber has disappeared. In an example also of the uncommon condition, bullous keratitis, and which I propose to record hereafter more in detail, the use of the actual cautery yielded excellent results. A case just now of marginal pustule, which seemed disposed to perforate, healed quickly after a slight touch with the cautery. Other cases will suggest themselves for its use, but I have touched upon sufficient for the brief limit I have set to this note.

The application of the cautery is not so painful as first impressions would lead one to fancy, and practically little complaint is made of its employment. It does not necessitate the administration of an anæsthetic. The cauterisation has in some instances to be repeated, and I need hardly add, its application is superficial. By some an iron bulb cautery has been used, and, indeed, I have, in some cases, employed one. Platinum presents, I fancy, however, advantages. It does not readily oxidise and discolour, nor do the organic particles tend to corrode it. Messrs. Pickard and Curry, of Great Portland Street, have made for me a little cautery, which answers well, I think, the purpose for which we require it. It is depicted in the woodcut. The bulb is of platinum, and is about two millimetres in diameter. It is readily heated in the flame of a spirit lamp. Of course a cautery could be employed attached to a battery, or with I suppose the thermo-cautery, but for ocular purposes the advantages would seem doubtful.

TROUBLESOME FREQUENCY OF MICTURITION.

By W. E. STEAVENSON, M.B. Cantab.,

Electrician to St. Bartholomew's Hospital.

THE question of troublesome frequency of micturition has lately been the subject of many questions and suggestions in the BRITISH MEDICAL JOURNAL, chiefly with regard to its treatment. This condition exists in others besides hysterical women; many cases have been quoted of children of various ages, and men; with no other urinary trouble, stone, diabetes, or any other recognised or ascertainable cause, who are constantly troubled by the necessity of frequently passing urine. If this desire is not satisfied, it results in an uncomfortable wetting of the clothes. Many of these cases in young children can be cured by proper training, and are only the result of a careless and dirty habit. Again, they may be caused by a long and irritated foreskin, or by reflex action due to worms; sometimes by the presence of oxalic acid in the urine. In the somewhat numerous cases which came under my observation when resident at the Hospital for Sick Children, Great Ormond Street, it was found that they, as a rule, readily yielded to treatment when the cause was obvious, but were most intractable when no cause could be ascertained. We never tried the effect of electricity upon them; but many of the cases were due, I think, to an abnormal condition of the nervous supply of the bladder, or an increase of reflex excitability of the spinal cord. When we consider that the micturition centre is in the lumbar region of the cord, the stimulation of it by electricity seems to

be a rational mode of treatment, if in any way it does not perform its proper functions. On the continent, for some time past, and lately in this country, these cases of frequent micturition have been treated by electricity, with the most beneficial results. One electrode, in the form of a spinal disc, connected with the positive pole of the battery, has been applied to the lumbar region, and the other electrode above the pubes or to the perineum, and a weak current passed for a few minutes daily, followed by a relief of the symptoms, from the commencement of the treatment, and complete cure usually within a fortnight.

In the first case described in the JOURNAL, which has called forth these remarks, oxalate of lime was discovered in the urine. In the letter from "M.D.," who mentioned the case of an officer from India troubled in this way, reference is made to the effective treatment of these cases by a blister to the back of the neck. Probably, a blister so applied, acts somewhat in the same way as electricity, by its effect on the spinal cord, and, through it, on the micturition centre in the lumbar region. The known action of strychnine on the cord also, points out its use as a rational mode of treatment, as mentioned by "L.R.C.P." in the recent correspondence. But, of all remedies, the passage of a weak galvanic current from the lumbar region to the region of the bladder, or its neck, appears to be the most efficacious in those cases where no reason can be ascertained for this frequent desire to pass urine.

CLINICAL MEMORANDA.

THE TREATMENT OF INFANTILE PARALYSIS.

IN regard to the treatment of infantile paralysis, I cannot do otherwise than insist upon the fact that, the majority of cases derive no benefit from electro-therapeutics. It may be conceded that some few are benefited, and, against these, we may balance about an equal number which are injured.

There is but little advantage in suggesting new names for this disease—at least, in adopting such a substitute as Dr. Barlow proposes, for the term "regressive" has no pathological meaning. We all know what is meant by infantile paralysis, and the fact that it occurs in rare cases among adults, is no argument for its disuse.

The case which Dr. Barlow mentions would, in my opinion, have done just as well without electric treatment. The question of *quid mali* has to be examined and considered, as well as that of the *maximum bonum*, by those who attribute special benefits to electro-therapeutics.

ROBERT LEE, M.D.

THERAPEUTIC MEMORANDA.

GELSEMINUM IN TETANUS.

REFERRING to Dr. J. B. Read's paper as to the use of the liquid extract of *Gelsemium sempervirens* in the treatment of tetanus I would make the following remarks. During the session of 1873-74 I communicated to the Liverpool Medical Institution a paper on the physiological action of that drug, and as the result of many observations and experiments, came to the conclusion "that the principal effects produced by large doses are extreme muscular relaxation without either stupor or delirium. In these respects," continues the paper, which was published in April 1875, "its action seems somewhat akin to that of *Conium maculatum*, and these effects would seem to point to its probable utility in tetanus and other disorders attended with severe muscular spasms."

During the following session, Dr. Spratly of Rock Ferry, honorary surgeon to the Birkenhead Borough Hospital, communicated to the Liverpool Medical Institution a report of several (I think three) cases of traumatic tetanus, which he successfully treated by means of gelseminum in the manner indicated by Dr. Read, the doses of the drug being very large, and the effect in each case eminently satisfactory. One of these cases, which, by Dr. Spratly's courtesy, I had an opportunity of seeing was very severe.

WILLIAM CARTER, M.D.

Liverpool.

THE ACTION OF HYOSCYAMINE.

LATELY I had occasion to use hypodermic injections of this alkaloid in the case of a gentleman, aged 58, suffering from a second attack of acute mania. On a certain day I injected 1-40th of a grain (Merck's). The patient fell asleep in a few minutes, and slept quietly for four or five hours, but on awaking his condition was not much improved. An attempt was made to give the hyoscyamine in