ping are especially observed when the ulcer is callous, as it is called,—that is to say when its edge is raised, indurated, and white. You will be surprised to see how quickly ulcers of long standing will sometimes heal up under moderate pressure, with well applied strips of plaster. The great success attending the employment of this plan of treatment in some cases has led to its indiscriminate adoption, and has necessarily caused it to fall into some disrepute. It does not answer when the ulcer is angry, or the surrounding integuments red and irritable. The emplastrum plumbi spread on calico may be sometimes advantageously substituted, when the skin is likely to be fretted by the resin of the emplastrum adhesivum. It is not always necessary to keep the patient in bed while under this treatment; indeed, the exercise of the limb and of the body may occasionally assist in the cure.

When the ulcer is angry, irritable, and painful, and the patient restless and unable to sleep, great benefit is often derived from the employment of opium, in doses of half a grain or a grain, given two or three times a day. If the surrounding integuments be adherent to the subjacent parts, and shiny from former inflammation or ulceration, the cure has to be effected by cicatrization alone, unaided by contraction,—is consequently very tedious, and the case is most unsatisfactory, because the ulcer is sure to break out again as soon as the patient walks upon the limb.

An ulcer which has shown little disposition to heal, will sometimes close up rapidly after an attack of erysipelas, or any other illness; and the sudden healing of an ulcer which has lasted for a long time is very likely to be followed by some other disease,—a cutaneous eruption, indigestion, or even apoplexy. When you inquire into the history of a chronic ulcer, you will often find that it was preceded by some disorder of the health, which subsided upon its appearance; and, if the ulcer has been at any time healed, the patient will often state that during that period he felt unwell, suffered under easy sinking sensations at the pit of the stomach, diarrhoea, loaded condition of the urine, loss of appetite, indigestion, giddiness, or some other disorder of the system. Sometimes the ulcers occur in women at the time of the cessation of the catamenia, and are a substitute for the flushings and other ailments often attendant upon that change. It is the more important to inquire into the particulars of all these cases, because during the time that the patient is under treatment, on account of the ulcer, these various constitutional symptoms are not generally present, and we are, therefore, likely to fall into the error of regarding the ulcer as the only ailment, and to imagine that in healing it we are curing our patient.

Attention to the constitutional symptoms forms, therefore, an important item in the treatment of chronic ulcers, and you should consider, not merely those symptoms which exist at the time, but those also which preceded the ulcer, and those which, from your observation of the patient's constitution, are likely to follow if it be closed. The particular course to be adopted in reference to these symptoms must vary with the circumstances. When the ulcer is of long standing, it is not

wise to close it up completely, for no course of general treatment can ensure your patient against the occurrence of some other disease. Even the imitation of the plan which nature has adopted,—viz., the furnishing a vent by means of a seion or issue answers but imperfectly, and the patient is often content to bear an ailment which has become habitual, rather than encounter a new disease under the name of a remedy.

A very troublesome ulcer with indolent, granular, or warty surface sometimes forms under the cuticle of the fingers, or palm of the hand, where it has been thickened by pressure, or under a corn upon the sole of the foot or at the heel. The only plan of treating these cases which I have found effectual has been, after paring away the thickened cuticle, to apply nitric acid to the surface of the ulcer, so as to destroy the warty structure, and present a fresh surface, upon which the healing processes may do their work.

ON THE TREATMENT OF HERNIA WITH OPIUM.

By BUTLER LANE, M.D., M.R.C.S.E., Ewell

In the *Provincial Journal* of April 21st, 1847, I published a paper advocating the treatment of hernia with opium, and I now again take an opportunity of adverting to the subject, with the view to urge my professional brethren to give a more general trial to this simple and efficacious mode of treatment. The striking case related by Mr. Mayo, of Winchester, in the *Journal* of June 16th, 1847, and the editorial reference to other cases successfully treated by the opiate plan, I hoped would have elicited some further communications. Such, however, has not been the case, but if those who have given the opiate treatment a trial, whether successfully or unsuccessfully, would inform me on the subject, I should be happy to embody the results of their experience for the general advantage.

Since my former communication the two following cases have occurred to me:—The first was one of inguinal rupture in a young man. On a former occasion, some months previously, I had reduced it with some little trouble, but now, from over exertion in bell ringing, it was forced down into the scrotum, and presented the volume of a small orange, firm and elastic to the touch, and affording the usual impulse on coughing. The taxis failed in its reduction, as also did the application of cold. There was then no sickness, and the pulse was quiet. An aperient was given, and the bowels were relieved, but, as I doubted whether action had taken place through the entire course of the alvine canal, it was repeated. The second dose operated three times, and caused much burning stinging pain in and at the neck of the tumour. It was thus evident that the hernia was incarcerated, but not yet strangulated. The next day the tumour was found the same. An attempt at reduction was again made by myself, and subsequently by my friend Mr. Allan, of Epsom, without success. Towards evening some

symptoms of constitutional irritation became manifest, —viz., accelerated pulse, dark-coloured vomiting, with local and general abdominal pain and tenderness. No further action of the bowels had taken place. Opium was now resorted to in grain doses every hour, and by the time the man had taken six doses he was powerfully narcotized. Still the hernia was not returnable, though all pain had disappeared. A castor-oil enema was thrown up the rectum with an œsophagus tube, but after some time it returned untinged with fecal matter. The stomach being no longer irritable, it was thought desirable to administer a mild aperient draught, and leave the patient for the night. On an early visit the following morning, all trace of the tumour had disappeared, though how or when, the patient was quite unconscious. The bowels were relieved soon after, but so strong was the opiate influence, that I believe the man slept almost incessantly for the next twenty-four hours.

The second case was that of a shepherd, who had strained himself in managing some sheep. On the left side I found an old irreducible and painless inguinal hernia; on the right side was a smaller femoral one, about the bulk of a small egg, which, according to his own account, had not been reduced for a month or two, but was now increased to double its original size by the injury which he had received two hours previously to my seeing him. He had made many ineffectual attempts to reduce the rupture, and I also failed with the taxis. The tumour was tender, painful, and very tense; the entire abdominal surface was also painful and acutely sensitive to the slightest pressure. There was nausea and retching. Being called away suddenly, I placed two grains of powdered opium, with the same of calomel, on the man's tongue, and left him on his back. On my return, in three-quarters of an hour, I found that the hernia had wholly disappeared, and that my patient was quite relieved. He told me that after I had left him about fifteen minutes, he began to feel easier, and experienced a gurgling and rumbling in the bowels. He then made moderate pressure on the tumour, and it quickly disappeared.

I have also been favoured with the narration of a case which occurred in the practice of Dr. Thorn, of the Harrow Road, Paddington, of which that gentleman ascribes the successful issue to the adoption of my recommendation of the *opiate treatment*. It was a case of inguinal hernia, occurring in an old lady, aged 68, who obstinately refused the application of the taxis and other appropriate means. There was obstinate constipation, which had existed ten days; the vomiting was also stercoraceous; there was hiccough and intermitting pulse. Purgatives and other medicines were useless, and she seemed fast sinking into a state of collapse. Tincture of opium was then resorted to; and half an ounce was given in small and gradually increased doses, at intervals of two hours. With this she rallied, becoming more comfortable and easy, and an enema brought away a quantity of feculent matter, with blood and membranous substance. Pain and sickness still continued, probably from the supervention of inflammatory

action; but, with the sanction of Professor Fergusson, the opiate treatment was persisted in, combining calomel with Pulvis. Opii. Sixteen grain doses of the opium were given, with double the quantity of calomel, at intervals of two hours. Subsequently half an ounce more laudanum was administered, in moderate doses, and a further quantity of opium, with calomel, was rendered necessary, by a subsequent attack of enteritis. The patient is now in health, and, as Dr. Thorn emphatically remarks, remains "*a living testimony of the efficacy of opium.*" The case is certainly a remarkable instance of bold and successful practice.

The advantage to be derived from the administration of opium in hernial cases, may, I believe, be regarded as two-fold. Firstly, in subduing the general and local irritation, it will materially augment the chance of reduction; secondly, should it finally be necessary to resort to the operation, I am confident that the treatment in question will place the patient in the condition most favourable for the performance thereof, more or less anticipating and preventing the constitutional disturbance which would be liable to occur. The partially anæsthetic condition, as we may term it, which is instituted by the administration of opium, is of a decidedly genial character, tending rather to promote than depress the vital powers, a fact well illustrated by Dr. Thorn's case, and which indeed must be familiar to all practical men. In the first of the cases which I narrated in my former paper, the conversion of a state of almost mortal collapse into one of happy inebriety was most striking, and in a case which I believe will shortly be brought under the notice of the readers of this Journal, wherein the operation was necessitated after the opiate treatment had been resorted to, I have been informed that the insusceptibility of the patient to constitutional irritation was remarkable, even though subsequent mortification of the gut took place, occasioning the temporary formation of an artificial anus. It may be made a question, whether there is no risk of masking the acute symptoms of strangulated hernia, and thereby causing the operation to be delayed, to the material diminution of its probable success. Now, to those cases where the operation is obstinately refused, this argument will not apply, inasmuch as the opiate treatment may be regarded as a compulsory alternative; and I feel convinced that as a general rule, even in other cases, where an operation would readily be submitted to, no advantage would be lost by giving the opiate treatment a due trial. A greater delay than it would require, is often at present accorded, without even a rational prospect of relief, and without the constitutional benefit being realized, which I anticipate from the opiate treatment. Supposing the necessity of an operation is somewhat urgent in the judgment of the surgeon, I cannot believe that a dread of masking symptoms need deter him from administering opium; no man would be justified in knifing a case without the previous trial of some milder means; therefore let him fix the latest minute to which he deems the operation may be deferred, and if, when the hour of grace has expired, the administration of opium,

simply or in combination with other remedial measures, shall have afforded no *essential relief*, then let him be "*bloody, bold, and resolute.*" I should not deem either abatement of pain or arrest of vomiting, individually, to constitute *essential relief* in themselves, but if the subdual of those two distressing symptoms were combined with considerable constitutional relief, (I do not mean narcotic stupor,) then, although defæcation should have taken place, some further delay would surely be justifiable.

I will not further trespass on the valuable columns of our Journal, but trust that what I have written may induce some of those to whom the field of surgical experience is more widely open than to myself, to give a trial to the opiate treatment, fairly examine its merits, and faithfully report the results of extended experience.

Ewell, Surrey, May 1, 1849.

ON THE

USE OF THE EXTRACTUM COTYLEDONIS UMBILICI IN EPILEPSY.

By JOSEPH BULLAR, M.D., Southampton.

The large number of epileptics who are not treated at all, is one of the strongest proofs of the insufficiency of our present means, and the best apology for bringing forward a new remedy, and as this remedy is an indigenous plant which is now in full leaf, and grows plentifully in many parts of England, many of the members of our Association may be induced to try it. I will, therefore, shortly state my experience.

Several years ago the expressed juice of the cotyledon umbilicus or napplewort was recommended to a lady who had compound epilepsy, which had not yielded to medical treatment, and under its use the disease was entirely removed and has not returned. The patient was under the care of my friend Mr. Salter, of Poole, who watched the case with much interest, and mentioned the fact to me. Subsequently, my brother, Dr. W. Bullar, recommended the juice for a child in this neighbourhood, where the plant grew, and the epilepsy was cured. Rather more than a year ago I requested Mr. Randall, chemist, of Southampton, to prepare an extract of the expressed juice, in order to give the remedy a trial, and from the experience I have since had, I have no doubt in my own mind of the anti-epileptic power of the medicine, although sufficient time has not yet passed to bring forward cases as perfect cures. Mr. Salter, having, however, published the case just mentioned, in the *Medical Gazette*, and alluded to the use which I have made of the extract, which has interested many, I am rather anxious to state what results may be fairly expected, in order to prevent disappointment to those who may use it.

From the experience I have had in a considerable number of cases, (several of which were of a very hope-

less kind,) long perseverance is necessary, and if the number and violence of the fits are lessened, there are good grounds for hope and further perseverance. In all the cases there has been a marked diminution in the violence and frequency of the attacks; and as, in two cases, (one of which I heard to-day,) it has first increased the violence of the fit, and as in others there have been transient symptoms of increased nervousness and headache, requiring a short suspension, I am in hopes that it may prove a true anti-epileptic. It is certainly in many cases *nervo-tonic*, as the improved nervous tone is shown by quieter sleep, fewer dreams, better spirits, more ability to take exercise, and a consciousness of general improvement. It has no other action on the body that I am aware of. It certainly produces no action on the bowels, for when there has been costiveness (which is so commonly the case in epileptics) the usual medicines to keep up a natural action have been required. I have used it with the precautions quinine requires in ague, attending to the general health, and endeavouring to remove and rectify faulty secretions, or any obvious local disorder. Some of the patients to whom I have given it have been in fair bodily health; in others the nervous system has been weak and excitable; in others weak and exhausted. In children it is advisable to begin with a few brisk purgatives, in case the epilepsy may depend on worms; and in young men the state of the urethra should be examined, as that state of debility kept up by seminal discharges, consequent on an irritable urethra, which so disposes the system to epilepsy, counteracts the beneficial influence of the medicine. If there is habitual costiveness, a simple dinner pill (as the compound rhubarb,) is necessary. When, with an excitable nervous system, there is a foul tongue, yellowish eye, turbid acid urine, and offensive motions, the state of the blood on which this depends must be corrected by a course of aperients, which excite the gastro-intestinal mucous membrane, liver, and kidneys, to throw off the impurities, without weakening the general powers, (aided by diet and hygienic means,) for unless the fluids are thus filtered and purified, no specific remedy can with any reason be expected to have a fair chance. I will briefly relate two cases which have impressed me strongly with the powers of the medicine, and the importance of steady perseverance.

One of these patients had been epileptic for some years; she was of an excitable nervous system, and had suffered much anxiety. During the year which preceded the use of the cotyledon, she had attacks of epilepsy every three weeks, the attacks consisting of eight or nine fits, lasting from twelve to twenty-four hours. She has, with few intervals, taken the cotyledon since April 1848, and she has had but one fit during the last seven months, and that a slight one. Her health was improved.

The second was a younger woman, about 22, who had been epileptic since she was six years old. She was muscularly strong, and her general health good, except costiveness, and slight leucorrhœa. The fits occurred once or twice a week, occasionally (but rarely)