employed with palpable advantage. The tongue now became moist, the countenance more expressive, there was less heat of skin, less thirst—all most favourable indications. On the 14th the bark and acid were prescribed. On the 16th the deafness had left him; and now there is a craving appetite, clean tongue, healthy actions from the bowels, and a confirmed state of convalescence.

(To be continued.)

ON THE TREATMENT OF INTERNAL INFLAMMATION BY OPIUM.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In answer to the letter of "A Member," which was inserted in the Journal of the 18th inst., I beg to send the accompanying paper, and I hope that the system of question and answer which it brings to our notice will receive from the Association that support which its importance demands. It is an excellent mode for obtaining opinions on particular points of practice, and if some of the questions were put so as to admit of brief replies, we might hope to obtain a portion of that experience—the accumulation of years—which at present we but too frequently lament to see taken by the general practitioners to the grave. We should, I say, receive the support of many who are possessed of ability and inclination to contribute, but who are prevented from doing so in consequence of the incessant claims upon their time, which a large general practice necessarily entails.

If the Journal should succeed in doing this, it will confer an inestimable boon on our profession, and add another laurel to the wreath of the distinguished founder of the Association.

I am, Sir,

Your obedient servant,

RICHARD CHAMBERS, M.D.,

Physician to the Essex and Colchester Hospital.
Colchester, Nov. 20, 1846.

We cannot, I think, rely upon opium alone in the treatment of any inflammation; we must only regard it as an adjuvant—but an essential and most invaluable one. Considered in a comprehensive sense, the value of opium depends upon its power of blunting nervous sensibility, and thus diminishing the sensation of pain. Pain exercises a double action; in some cases it exhausts vital power; in others, again, it re-acts upon the vascular system, and it keeps up inflammatory action. When we remember the extreme sensitiveness exhibited by serous membranes when in a state of inflammation, we would from this cause alone, be disposed to regard opium as more especially applicable in the treatment of inflammation when it attacks those membranes, and so it is universally found to be.

It is in peritonitis more particularly, that we are enabled to see the effects of opium, as the proximity of the brain, lungs, and heart, and the liability to co-existing inflammation in either of these organs, render opium less eligible in the treatment of inflammation affecting their serous coverings. If we were called upon to treat peritoneal inflammation, at its first onset,

one venesection, followed up by a full dose of opium, as recommended by the late Dr. Armstrong, would effect a cure. As it is, however, but very seldom that we are consulted in the primary stage, we are compelled to call in the aid of mercury or antimony, to restore the equilibrium of the capillaries.

Opium only professes to relieve pain; but we must bear in mind that in many cases, if this were not done, the system would yield to the disease before either antimony or mercury could exercise a curative influence—and in all, the duration of treatment is considerably abridged by it.

The principle here contended for admits of a very general application in the treatment of diseases, but more particularly in cases of neuralgia, in which affection I have frequently found the internal administration of tonics, combined with the local application of narcotics, cure cases that had previously resisted the use of every description of tonic.

I may refer your correspondent to the last volume of the Journal, for the particulars of a case of strumous peritonitis, successfully treated by the combined use of opium and mercury. So to speak, the mercury cured the disease, but the opium saved the life. In fact both were essential to the cure, and I am in a position to state, that a more apparently hopeless case never terminated so favourably; in fact it was pronounced to be irrecoverable by two experienced medical men.

I had an opportunity lately of seeing a case in which opium was freely used; and, although the patient died, I am not the less satisfied with the benefit which the opium afforded. A short sketch of the case may prove of interest.

A carrier aged 60, for years the subject of a reducible hernia, was admitted into the Colchester Hospital, November 8, 1846. About a week previous to his admission he was seized with slight indisposition, accompanied with abdominal uneasiness; it did not, however, prevent him from attending to his ordinary work till two days previously; the next day he was much worse, and for the first time discovered he could not return the hernia. On admission he felt weak, and complained of tenderness all over the abdomen; there was no sickness, and the bowels had acted the day before. He was immediately attended by Mr. Partridge, who resorted to the usual means for returning the contents of the hernia, but all attempts proved ineffectual, and as there were no very urgent symptoms demanding an operation, its consideration was deferred till next morning, the 9th, when he was met by his surgical colleagues in consultation. The hernia was still irreducible; and although the bowels were acted upon in the night, as there was an increase of the tenderness over the lower part of the abdomen, and the non-reduction of the hernia tended to depress the patient, an operation was decided upon, and performed by Mr. Partridge, with his usual coolness and dexterity. On opening the sac, there was an immediate issue of several ounces of sero-purulent matter; altogether about a pint was discharged. No stricture could anywhere be detected, and the intestine was quite healthy. It was found impossible to return the contents of the sac, from a cause that will be subsequently stated; a pledget of wet lint was placed over the wound, and it was resolved to afford him the only chance that there

appeared to be for him under the circumstances, to place him under the influence of opium and mercury. I may remark that in what was done, we had the aid of all our colleagues, but as Mr. Partridge and myself were the attendants of the week, the case came more immediately under our care. He was ordered the following pill, at first every second hour, but after taking three, it was changed to one every hour:—

R. Pulv. Opil., gr. j.; Hydrarg. cum Creta, Extr. Conii., utr. gr. ij. M. Fiat pilula.

10th. He felt easy; had some sleep in the night; but is not at all drowsy; pulse 96. To relieve flatulence he had the following draught:—R. Ammon. Carb., gr. v.; Sodæ Sesqui-Carb. gr. x.; Aquæ, oz. j. M. Fiat haust. tertiis horis sumendus. Capiat pil. secunda quaque hora.

11th. Free from pain; is troubled with bilious vomiting; in other respects the same. R. Pulv. Opil., gr. j.; Calomel., Fellis Bovini, utr. gr. ij. M. Fiat pil. tertiis horis sumenda. Adde Magnesæ Sulph., dr. j. sing. haust. et sumat in forma effervescente cum Acid. Tart., gr. xij.

12th. Continues the same; bowels have not been relieved; vomiting continues; his strength gradually failed, and he died on the 14th.

Post-mortem examination, sixteen hours after death. The whole of the peritoneum presented marks of recent inflammation; about a pint of purulent matter existed there, and three flakes of lymph, as large as a gooseberry, were found floating about in it, and quite detached. A portion of the small intestine to the extent of four inches was in a state of sphacelus. The intestines adjoining the portion contained in the sac were pretty firmly agglutinated to the peritoneum by adhesions of a recent date, and to this cause, doubtless, must be attributed the resistance that was given to every effort to return the contents of the hernia into the abdomen.

The case was, in fact, one of pure peritonitis and enteritis, and I believe all the symptoms to have been totally independent of the hernia. It was, however, a case in every way deserving of attention, and one in which, if there had been no operation performed, the death may have been attributed solely to the hernia, and the medical man considered culpable for not operating. It offers an additional lesson of the extreme caution that ought to be used in giving judicial evidence tending to censure the practice of another. I believe that it is to the sphacelated state of the intestine that we ought to attribute the vomiting, and indeed the fatal issue. It is at once apparent that no treatment could have saved him; but having said that I felt satisfied with the amount of benefit conferred by the opium, I think it proper to state that it relieved his intense suffering, and undoubtedly made him hold out longer than he otherwise could; and to shew in what state the peritoneum was, I may mention, that covered as it was with lymph, pressure could every where be borne over the abdomen, and although the lymph was recent, the vessels did not anywhere present the injected appearance of *acute* and *recent* inflammation, going, I think, very far to prove, that inflammation had done its work before the commencement of the treatment.

In reference to the employment of opium generally, I may remark, that the constipation which it causes renders it obnoxious to some constitutions. If this

(as I believe it does,) arises from an arrest of the biliary secretions, the combination with mercury, rhubarb, or colchicum, will obviate it. In cases where any of these are not admissible, the ox gall comes to our aid; and whether it is by directly stimulating the secretion of bile, or acting as a substitute for it, there can be no question of its being able to counteract the constipating tendency of opium. But this power of causing constipation becomes available in the treatment of a very formidable disease—namely, in peritonitis from perforation of a portion of the intestinal canal; and as our object here is to arrest the action of the intestines, to enable the opening to be sealed up with organized lymph, it is evident, that to effect this object, the *uncombined* use of opium can only be relied on. Should the aid of mercury be required to combat the consequences of the inflammation, its administration must be postponed to an after period.

(To be continued.)

NEW CORNEA KNIFE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In performing the operation of extraction of cataract with Beer's knife, I have experienced upon many occasions two sources of inconvenience, more especially when the eye was deeply set, and the palpebral fissure small. First, in consequence of the length of the knife, the point often pricks the caruncula lachrymalis before a sufficient portion of the blade has passed across the cornea to admit of the section being completed; and, secondly, the edge of the lid may be cut by the sharp angle at the shoulder.

Either of these occurrences may be productive of annoyance, which it is as well to avoid;—first, by exciting an unnecessary degree of pain; secondly, by causing a sudden start on the part of the patient; and thirdly, by inducing an effusion of blood, which may be considerable.

To obviate these inconveniences, I have had a knife constructed according to the annexed sketch. Having now used it upon ten occasions, and having seen it used by others, I find that it enables the operator to transfix the cornea and to complete the section without incurring any of the annoyances above mentioned.

The dimensions are as follows:—

Entire length of the blade	1 inch 1-10th.
Length of cutting edge	9-10ths.
Greatest width of blade	3-10ths.

The pattern is with Mr. Weiss, Strand.

I am, Sir,

Your obedient servant,

WM. WHITE COOPER.

Tenterden Street, Hanover Square,
Nov. 27, 1846.