2.40 P.M. The face was certainly not so dark. The respirations were 15 in the minute, deeper and more prolonged. The pulse was of better volume, about 65 per minute. The pupils acted now under the stimulus of light, and tended to remain more contracted. He was still insensible to the voice or to pinching; but moved slightly when the position of the sponge was changed on the chest.

3.15 P.M. He had found his voice. He objected suddenly and forcibly to the galvanism, and had just raised himself up in the bed.

When the man had thoroughly recovered, I made further inquiry, and was at once answered, that he had inhaled the chloroform with the full intent of destroying himself; that he was quite uncertain either what quantity he had employed, or for what length of time he had breathed the drug; and lastly, he was very emphatic in his statement that he had not swallowed any.

It is probably not too much to say that, but for the remedial measures employed, this man would certainly have died. The profound insensibility to stimuli, the infrequent respirations, with the slow and flickering pulse, were sufficiently reliable indications of impending death. The impression on my mind certainly was, that he had swallowed the drug in some quantity; the odour about his breath, the absence of any arrangement for convenient inhalation, etc., tended to mislead me; the fluid, too, with which the stomach was just once washed out gave very sensibly the smell of chloroform.

The case simply tells us the use of galvanism, persisted in with but few intermissions, for very nearly an hour before sensibility returned; and having this ultimate satisfactory result only, it would seem, from the rendering more active the respiratory movements; so eliminating with greater rapidity the poisonous agent, and counteracting the tendency to death by paralysis of the medulla.

For the treatment of dangerous symptoms occurring at a much earlier period of chloroform inhalation, distinctive rules are as yet wanting; and these, it is much to be hoped, will result from the inquiries of the Chloroform Committee of the Royal Medical and Chirurgical Society. If in the mean time any reader of the *BRITISH MEDICAL JOURNAL*, who has practically put the matter to the test, would state the best mode of using galvanism, with the most convenient apparatus, in the treatment of syncopal seizures in patients under the influence of chloroform, he will confer a positive benefit on his professional brethren.

SEVERE DYSMENORRŒA—SUCCEEDING PROFUSE MENORRHAGIA—CURED BY THE RUSSIAN VAPOUR-BATH.*

By JAMES WILLIAMS, M.D., Accoucheur to the
Malvern Lying-in Charity.

H. M., æt. 25, of fair complexion, small but well developed, commenced menstruation at 15; after a few months regularly she removed to a neighbouring town, when the catamenia entirely disappeared, but at the usual periods she suffered from bad headaches, nausea, backache, etc.

On her returning to Malvern, the discharge reap-

peared and continued with great regularity, but became excessive in quantity, and in the course of two or three years produced so much languor and debility as to seriously interfere with her duties. At this time she was induced to place herself under hydropathic treatment, which in this case was not so successful as is ordinarily reported. She was directed to use tepid, and afterwards cold Sitz baths during the continuance of the discharge. The effect of this treatment was to check the discharge; to render it gradually more painful, clotted, shreddy, bright red, and inflammatory in appearance.

The pain frequently extended down the legs, rendering walking impossible, and also induced great irritability of the bladder. This symptom became peculiarly distressing, the patient being unable to retain the urine more than half an hour at a time, even after the menstrual period had passed away; she also experienced pains for days before the discharge appeared, and then the agony was such as frequently to induce vomiting, and also to confine her to a couch or bed for the remaining four or five days of the period.

As I have stated, headache and languor remained, so that the patient scarcely recovered from one attack before another ensued. I determined, under these circumstances (the patient having been under a long previous course of medical treatment without benefit or relief), to give her the chance of recovery by the vapour bath. Her period being due in nine or ten days, she had only time to take three baths on alternate days. The discharge came on while she was in the third bath (two or three days earlier than usual), and with only a slight spasm; but, from the patient's having to walk some little distance, the pain became severe, requiring opium, hot mustard fomentations, etc., to render it tolerable. She recommended the vapour bath on alternate days, but the next period was, nevertheless, a very painful one, and required an opiate injection, with morphia internally and saline aperients.

The vapour bath was recommended on alternate days, followed by a tepid (and at first) warm shallow bath. This plan I invariably adopt now, as I find it generally approved by the patients, and it seems to brace up the skin more effectually than the shower bath, which I formerly used; and the shock of the latter is undesirable also, particularly in nervous subjects.

Her next period was decidedly easier, and came, as before, in the bath with little pain; the discharge was darker in colour. She went home in a carriage, and was quite well in a few days, except the irritability of the bladder, which still continued. It occurred to me that alkalies, etc. would relieve this symptom, but I feel bound to confess that medicine had no influence upon it.

I now made a local examination, suspecting vascular tumour of the orifice of the urethra (as described by Sir C. M. Clark), and found this to be the case. I therefore applied a weak solution of nitrate of silver, which gave obvious relief, and by continuing it occasionally for a few weeks, the patient was enabled to retain the urine several hours.

By continuing the use of the baths on alternate days, the pain at each period was reduced to a moderate degree, and became quite tolerable; and with this change the discharge became dark coloured and natural, and free from the shreddy and coagulated state. She now regards herself as *cured*; she has become four pounds heavier during the three months she has been under treatment, which is sufficient evidence that the vapour bath has not reduced the patient's muscular tissue.

In this case I made an early examination of the

* The vapour bath, to which I refer, encloses the whole person, and is sufficiently large to allow the patient to recline or move about, if he wish to do so. It is also heated by *superheated vapour*, which acts upon the whole mucous membrane of the lungs, as well as upon the external surface of the body. By this arrangement, the temperature is seldom required higher than 100° or 110°, or about 30° less than the Turkish bath; and, at the same time, the unpleasant dryness of the latter is avoided. The patients are never in the slightest degree liable to take cold after its use.

os uteri, but from the extreme irritability of the external parts, it was by no means easy to do so. The orifice of the uterus was contracted, but permeable and healthy in appearance. It did not, therefore, appear desirable to apply leeches, as I have formerly done for dysmenorrhœa; and the conclusion to which I came was that the case partook more of the nature of rheumatic neuralgia, particularly when I remembered its early treatment by cold sitz-baths, etc. I had also in mind the views of quaint, clever, observing Gooch, who even recommended the use of colchicum, guaiacum, etc., in similar affections.

I think it must be evident that the treatment in this case has been eminently successful, and it must be also granted that in all cases of a like nature (particularly in unmarried females) the remedy deserves a trial, especially where no evidence of ulceration or other organic symptoms exist.

This patient continues to take an occasional bath, as a luxury, perhaps; but she always remarks that the succeeding period is easier, particularly if used a short time previously.

It may be imagined that the caustic application had some influence in curing the uterine spasm, but it was only applied occasionally to the external urethral orifice; moreover, the vesical irritation had only been superinduced from local association, and entirely disappeared with the dysmenorrhœa. Altogether the case is illustrative of what may be effected by general influences on the whole cutaneous and nervous surface, rather than by leeches, dilatation, etc. in cases and persons where such treatment should be obviously avoided.

The above case continues a complete success, more than twelve months having elapsed, during which time I have tried the remedy in several less severe cases where a few baths have been sufficient to give decided relief, particularly where the affection has been connected with "spinal irritation" and tender vertebrae.

MISS NIGHTINGALE, whose continued delicate state of health, we regret to state, causes her many friends much uneasiness, has expressed her intention, through Dr. Foote, of training, at the expense of her fund, properly recommended persons to serve as nurses in Constantinople. The want of such attendance has been long severely felt in our locality, the only existing provision of the kind being that afforded by the Sisters of Charity, the Prussian deaconesses, and a few ill-trained midwives, who afford but a very inadequate supply for the demand for their services. (*Levant Herald*.)

SINGULAR AND IMPORTANT SURGICAL OPERATION UNDER DIFFICULTIES. On Saturday last the eminent surgeon of Weymouth, Dr. Scard (being on a visit to George Wallace, Esq., of this town), accidentally met a gentleman named Peckham, a resident Christchurch. The latter had been suffering from a tumour, commonly called a "wen," formed over the occipital artery. It had assumed an unsightly form, nearly as large as an egg. On the suggestion of Mr. Wallace, Mr. Peckham agreed that the doctor should at once operate on it; but the latter being without his instruments, except a common lancet—no forceps or other instruments usually used on such occasions—what was to be done? However, by the aid of a silver spoon, the talented doctor totally eradicated the tumour with his lancet, and then showed it to his patient! The operation lasted two minutes only, and Mr. Peckham is now doing well, to the gratification of a large circle of friends, who join him in much deserved gratitude to his kind-hearted and unexpected benefactors, Dr. Scard and Mr. Wallace. (*Southern Times*.)

Transactions of Branches.

BATH AND BRISTOL BRANCH.

ON THE NATURE AND TREATMENT OF NON-SYPHILITIC PSORIASIS.

By JOHN KENT SPENDER, Esq., Surgeon to the Eastern Dispensary, Bath.

[Read October 22nd, 1863.]

I HAVE chosen non-syphilitic psoriasis as the subject of a short paper this evening, because observation has led me to believe that we have still something to learn about its aetiology, and a good deal to learn about its successful treatment. I do not profess to offer anything particularly new on the first topic; but the experience gathered from about two hundred cases which have come before me in private and dispensary practice during the last six years, has enabled me to verify certain methods of treatment, some of which are not noticed at all by writers on the subject, or noticed only in a most casual way.

I hope most of us will remember that a schedule of "therapeutic inquiry" about non-syphilitic psoriasis has been issued by our Association under the superintendence of Dr. Handfield Jones, than whom a more qualified "reporter" could not be found. But a plain person may bluntly ask, How am I to know what psoriasis is syphilitic, and what is not? Syphilis is the most subtle of hereditary diseases; vital pathologists are more and more inclined to trace its hidden workings in the malformations and deteriorations of even the third or fourth generation from the original sinner; and Mr. Erasmus Wilson boldly declares that all psoriasis, as well as lupus and kelis, are to be traced to some syphilitic contamination. I cannot see how we are always to eliminate every source of fallacy—how we are to obtain those simple naked data which shall entitle us to affirm with rigid precision that a given specimen of cutaneous disease is non-syphilitic—that is to say, that it has nothing to do with syphilis whatever. Patients sometimes conceal their delinquencies even to their own hurt; and even when we have all the facts before us, we must sometimes be at a loss whether or not to attribute an individual case of psoriasis to an acknowledged primary syphilitic sore contracted fifteen or twenty years before. The action of remedies may help to remove the difficulty, but an *a posteriori* diagnosis is not a very remarkable triumph.

After we have decided, at least to our own satisfaction, that a particular example of psoriasis is of non-syphilitic origin, we shall naturally proceed to examine its anatomical characters, and try and satisfy ourselves beyond all contradiction, that it is psoriasis, or that psoriasis has some generic affinities with it. A formal dermatologist will be uneasy until he has classified it with specific nicety, but Mr. Erasmus Wilson has cruelly demonstrated how one variety of skin disease may be scratched and irritated into another, and how a score of trivial casualties may determine the predominance of pustules, vesicles, or scales; and there are abundant other contingencies which have their influence. And thus it comes to pass that to construct, demolish, and reconstruct systems of cutaneous diseases, is as old as nosology itself; and the exercise of doing all this will never end until the morphology of the skin occupies a higher place in our physiological studies.* "Our little systems have their day," the poet says.

* Those who desire that their physiological knowledge shall not lag behind their practice, will read an admirable (though rather dry) article on the Anatomy and Functions of the Skin, in the current number of the *British and Foreign Medico-Chirurgical Review*.