serviceable as counterirritation at the surface of the perineum. But it is necessary to continue it for a period of four to six, or even, sometimes, of eight weeks; and, if it be thus persevered in, benefit is almost certain to follow. It may be accomplished by rubbing a moistened stick of nitrate of silver on the skin in front of the anus, over the bulb of the urethra, so as to blister a portion of about an inch and a half long by one inch wide. The method, however, which I prefer, and now always employ, is an application to the part described, of strong acetum cantharidis in the form of "Bullin's blistering fluid"; the soreness to be kept up by the daily application of a piece of blistering paper, or by occasional reapplications of the fluid originally used. It occasions some trouble to the patient at first; but by keeping applied to the part an abundant supply of simple ointment, little pain is experienced after the first blistering. In applying the blistering fluid, care must be taken not to allow it to run downwards to the margin of the anus; nor should it come into contact with the scrotum. It is difficult to overrate the value of this treatment for the cases in question, provided it is used freely and perseveringly. At the same time, the state of the digestion must be improved, the vigour of the system be promoted by tonics and generous diet; and exercise is to be permitted and increased by degrees, as soon as the power of taking it without inducing pain is acquired.

The digestive organs being in tolerable condition, the use of iron is almost always attended with benefit. The sulphate, combined with sulphate of quinine, and made into pills with some extract of rhubarb, and a little extract of nux vomica, is an advantageous form of tonic for these cases, in which it is desirable to maintain regular action of the bowels, impaired as it usually is, by inability to take much exercise. A little of the watery extract of aloes can be combined, if it be necessary to employ more decided aperient action.

The tincture of the sesquichloride of iron in full doses is also a very efficient remedy, provided the bowels are not permitted to become unduly constipated. I prefer this form of iron to any other, including the recently introduced hypophosphites, for the great majority of patients suffering from this affection.

When there appears to be little or no active disease of the prostate, and we have only to deal with the sequel of a severe acute attack, in which convalescence is progressing, but very slowly, there is less positive indication for counterirritation to the perineum, although it is still calculated to be sometimes useful. One of the most prominent conditions in such a case is the persistence of enlargement and induration, due to inflammatory deposit which took place during the acute stage. This is the enlargement which belongs to the period of youth, and has before been pointed out as the condition so frequently confounded with the hypertrophy of advancing years, but from which it differs in every respect.

The improvement of which these cases are susceptible has also often been regarded as affording evidence that we possess the means of readily reducing by medicine the volume of a hypertrophied prostate; a conclusion which unhappily, at present, must be regarded as not supported by experience. In promoting absorption of the inflammatory products, the iodides and bromides are undoubtedly useful, and may be administered both internally and locally; always combining with their action every means which tends to improve the secretions, to nourish the body, and promote the vigour of the nervous and muscular systems. This treatment I have fully described in my work on the *Enlarged Prostate*, and need not enter further upon here.

CASE ILLUSTRATING THE ANTAGONISTIC EFFECTS OF OPIUM AND BELLADONNA.

By WILLIAM NEWMAN, M.D. Lond., Fulbeck.

MRS. T., aged 55, anæmic and debilitated, was under treatment for some time with mitral disease.

June 16th. An emplastrum thuris cum belladonna was applied to the cardiac region, in the hope of quieting the excessive palpitation.

June 19th. She was seized with severe neuralgic pain. For the relief of this symptom, three doses of acetate of morphia, one-fourth of a grain in each, were supplied. The pain was absent in the evening; yet from some error of the attendant, one dose was given at 9 P.M., and another shortly after 12 P.M. The third dose was mislaid. It would seem that the patient slept heavily during the greater part of the night. She awoke about 6 A.M., and found four pills loose in the bed. Two of these she swallowed at once; the other two were retained untouched. She can give no explanation beyond saying that she took the dose in the hope of having more sleep.

June 20th, 7 A.M. Her daughter found her sitting up in bed, highly excited, "not herself at all". The face was flushed and dark; the eyes were very glistening. She was talking much and incoherently.

At 12 A.M. I saw her. The first thing that attracted my notice was the exceeding dilatation of the pupils, the iris being but a mere ring. The pulse was rapid and feeble; the heart's action was tumultuous to a degree. There was continual busy delirium, snatching at the bedclothes, etc. There had occasionally been a few minutes' drowsiness, but no sleep since she was first seen at 7 A.M. She complained much of dryness of the mouth and throat.

5 P.M. The symptoms were less marked, and she was much quieter.

The next morning, all traces of the excitement had disappeared.

Some days passed before the mystery of the pill found in the bed was cleared up. Some more pills were then detected by her daughter in the bed, and were submitted to me for inspection. In appearance and smell, they were identical with those mentioned as remaining from the first find on the morning of the 20th inst.; and more close examination showed the moral certainty that in both instances they had been detached from the plaister mass.

I have thought the above case worthy of notice not only because the facts are well authenticated, and because the testimony (of the daughter especially) is thoroughly trustworthy, but also because morphia and belladonna were present in the system together. Several observers have remarked the antagonism between these two drugs. Mr. B. Bell (*Edinburgh Medical Journal*, July 1858), after reviewing the history of what was then known on the subject, has given some cases where the subcutaneous injection of morphia relieved materially the symptoms of belladonna poisoning consequent on a similar use of a solution of atropine; and he refers also to a converse instance by Dr. Anderson, where the coma of opium-poisoning was mitigated by the internal administration of tincture of belladonna.

I believe that I have even recently met with some paper in one of the medical journals bearing on this matter, but I am unable to refer to it at this moment.

The symptoms of poisoning by belladonna were in this instance sufficiently well marked. The actual quantity of the extract swallowed, detached from the plaister on the chest, must have been very small; for not more than a drachm and a half was employed on the plaister three inches square. Dr. Taylor, in his work on *Medical*

Jurisprudence (6th ed., p. 216), refers to some cases where large doses of the extract were taken with impunity, due to the inferior character of the extract employed. The specimen of the drug used in the case I have mentioned was obtained from the General Apothecaries' Company, Berners Street, and had been carefully preserved. Other cases have proved its efficacy.

It seems, however, that the point of this accidental experiment is the complete absence of sleep from the moment that the belladonna had fairly entered the system; the immediate dilatation of the pupil replacing the contracted state that morphia would tend to produce; there being thus not merely the masking of the effects of the morphia, but absolute control and replacement by the symptoms due to belladonna.

I may mention also that I have had full reason from prior experience to be satisfied of the great susceptibility of this patient to the action of opium in any of its forms.

Reports of Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, JUNE 25TH, 1861.

B. G. BABINGTON, M.D., F.R.S., President, in the Chair.

CASE IN WHICH THE CORPUS CALLOSUM AND FORNIX WERE IMPERFECTLY FORMED, AND THE SEPTUM LUCIDUM AND COMMISSURA MOLLIS WERE ABSENT. BY J. LANGDON H. DOWN, M.D.

THE patient, a boy, aged nine years, was an inmate of the Asylum for Idiots, Earlswood, and had been under the daily observation of the author for two years and a half. He was the firstborn of three children, of whom the second (a boy) is also idiotic; the third and youngest (a girl) healthy and intelligent. No consanguinity existed between the parents. Prior to the birth of this child, and also to marriage, the mother had suffered intense pain in the side, caused, according to the opinion of Sir Benjamin Brodie, by renal oxalate of lime calculus. During pregnancy opiates had been largely resorted to; the parturition was normal. At nine years old, the time of his death, his mental capacity was very limited; he could only say two words, and had scarcely learned anything. A *post mortem* examination was made thirty-three hours after death. The encephalon weighed 2lbs. 8 oz. avoirdupois. The antero-posterior diameter of the cerebrum was 6½ in.; the width 5½ in. The antero-posterior diameter of each half of the cerebellum was 2½ in.; its entire width 3½ in. The size, form, arrangement and colour of the convolutions of the cerebrum were normal. On removing the encephalon from the cranium, the hemispheres separated to an unusual extent, without bringing into view the great commissure of the brain. On separating the hemispheres the interiors of the lateral ventricles were exposed, and covering the floor of the interval the velum interpositum appeared, anterior to which and on the same plane was a narrow band of medullary structure. The velum interpositum being removed, neither fornix nor septum lucidum could be discovered, nor was there any trace of the commissura mollis. The medullary band, the only representative of a corpus callosum, had anteriorly and posteriorly crescentic thinned margins, and measured at its narrowest part, which was slightly to the left of the mesial line, one-third of an inch. At a further stage of the dissection the lateral representatives only of the fornix were discovered. The rudiment of corpus callosum was situated opposite the widest portion of the corpora striata, and did not exceed one-sixteenth of an inch at any part of it; its fibres spread out anteriorly

and posteriorly on reaching the hemispheres. This was the only case out of fifty brains of idiots examined by the author in which the corpus callosum and fornix were imperfectly formed. Dr. Down referred to similar cases recorded by Messrs. Solly, Paget, and Reil, in which the patients were but little below the average standard of intelligence; and called special notice to the fact that in those cases the commissura mollis was present and extra large, while in the present instance it was entirely absent. He suggested that further inquiry would possibly lead to assigning a higher importance to the commissura mollis than had hitherto been attached to it.

CASES ILLUSTRATING THE CAUSES AND EFFECTS OF OBSTRUCTIONS IN THE ARTERIES, BOTH OF THE BRAIN AND OF OTHER ORGANS. BY SEPTIMUS W. SIBLEY, ESQ.

THE object of this communication was to review a series of cases which had occurred in the Middlesex Hospital, with the view more especially of testing the theory which ascribes these obstructions to the washing away of vegetations, etc., from the valves of the heart. The cases were divided into four groups. In the first group (eleven cases) were placed those instances in which softening of the brain was found associated with a plug in one of the cerebral arteries. In the second group were placed three cases in which there was softening of the brain associated with vegetations on the valves of the heart; but in these instances the state of the cerebral arteries was not ascertained. The third group was formed by two instances of cicatrix of the brain, which the author believed to have been produced by the plugging of a cerebral vessel. In the fourth group were placed ten instances in which there were fibrinous deposits in the internal organs, but in which the brain was not affected with softening. The cases were then analysed. It was found that in twelve out of the fourteen examples of softening of the brain there were fibrinous deposits in the internal organs; the remaining two cases were not complete. It also appeared that, in twelve out of the fourteen cases of softening of the brain, there were warty growths on the valves of the heart. In one of the remaining cases there was extensive atheromatous and calcareous disease of the aorta; in the other, the heart and vessels were healthy, but there was hepatisation of the lung. Other points relating to the fibrinous deposits in the organs were also analysed; and this was followed by a comparison of the symptoms in the cases of softening of the brain. The author proceeded to describe the phenomena which followed the sudden obstruction of an artery; the complete arrest of circulation; the attempt at its restoration; and the reason why in cases of the brain, spleen, and kidney, this attempt is not successful. The partially restored circulation is characterised by a zone of enlarged vessels around, and by a low form of inflammation in, the part affected. In consequence of this the nutrition of the part is damaged, and fatty granules accumulate among the cell-structures, thus causing the bright yellow colour which is seen in the so-called fibrinous deposits. As the circulation becomes more complete, the more plastic products of inflammation are formed, the yellow colour fades, the bright zone of enlarged vessels slowly disappears, and at length a cicatrix is formed. The paper concluded with a review of the arguments for and against the theory which supposes these fibrinous obstructions to have been washed away from the cavities of the left side of the heart. The author believed that obstructions may be formed in the arteries, or that they may be washed away from the heart; and after describing the mode in which obstructions formed in these two modes are to be distinguished from each other, he proceeded to give the reasons for affirming that in all the cases mentioned in this paper the plugs had come from the heart, from the arteries, or from an inflamed lung. The chief arguments made use of for arriving at this conclusion were: the