The details of the following case illustrate how such a proceeding may be accomplished. A girl, aged 15, who had suffered for many years from various forms of scrofulous disease, experienced considerable inconvenience from an unsightly cicatrix, situated on the upper part of the right cheek, over the junction of the malar with the superior maxillary bone. The principal deformity arose from its firm adhesion to the bone. The tissue forming the cicatrix was very thin, and there appeared to be little, if any, interposed structure between it and the bone, while the patient had a fat chubby face, so that the deep depression which thus resulted was rendered the more disfiguring. A thin bladed narrow knife (a tenotomy knife) was inserted at the distance of about a quarter of an inch from the outer margin of the cicatrix, and passed obliquely down to the point of adhesion, which was then freely divided, care being taken to keep the point of the knife close to the bone. When division had been satisfactorily accomplished, the opposing raw surfaces were separated by drawing the cicatrix away from its old position, and retaining it in its new one by means of sticking plaster. In this way, the two surfaces were allowed to heal without the possibility of their again becoming united. In four days time, the cicatrix was allowed to slip back into its former locality, when it was found that considerable improvement had resulted, although it was impossible, as it is in all similar cases, for the deformity to be quite removed, on account of the loss of cellular tissue, fat, etc., which had taken place.

I have resorted to a similar operation when the cicatrix has been situated beneath the margin of the lower jaw, and with even better results. The proceeding is, however, still more satisfactory when the band of adhesion is connected with soft parts only, as where the cicatrix is situated in the neck beside the sterno-mastoid muscle. When the cicatrices are more complicated, it is often expedient to resort to a somewhat more extensive use of the knife, and entirely remove the disfigured integuments. This may often be accomplished to the credit of the surgeon and satisfaction of the patient.

The operation consists in entirely removing the cicatrix, and uniting the lips of the wound in such a way that a mere linear scar results. The advantage of such an operation is at once evident, especially if the deformity to be removed be the only one situated in a part of the body usually exposed to observation.

I may quote the following case as illustrating the advantages to be derived from such a method of treatment. A young lady consulted me, in the autumn of 1859, on account of an ugly scar, about two and a half inches in length, situated on the right shoulder, in such a position that she was unable to wear a low dress. Under the influence of chloroform, it was removed, great care being taken perfectly to adjust the margins of healthy integument, so that a mere linear seam should result. This was accomplished by means of delicate wire sutures; admirable union ensued, and, in a week, she left London, well satisfied with the result obtained.

I could quote many instances in which a judicious application of the knife was followed with decided advantages, but the above case is sufficient to prove the fact.

For the adjustment of the lips of the wound, I am in the habit of using a fine metallic pin, with the figure-of-8 suture, such as is employed by continental surgeons, in preference to the sewing needle armed with either silk or wire.

It occasionally happens that the cicatrix resulting from suppuration of lymphatic glands is so extensive that neither of the above operations will prove of any service. It then becomes advisable to remove the cicatrix and transplant a portion of adjacent healthy skin—in fact, a true Tagliacotian operation is needed. It is fortunate, however, that such a severe measure is seldom required; although I have resorted to it in instances in which the lower eyelid has been extensively disfigured,

and serious conjunctivitis, and other affections of the eye, have resulted from inability to close the eyelids.

When mere bridges of integument cause additional disfigurement to a cicatrix resulting from destruction of a gland, they may be removed by means of the scissors or knife, without causing any special pain or annoyance. Situated on the anterior surface of the arm are one or more lymphatic glands, which sometimes become greatly enlarged and suppurate. The destructive action not unfrequently involves the flexor muscles and tendons, and the consequence is, that a serious amount of contraction of the fingers ensues.

I have very lately seen, in the practice of my friend Mr. Fergusson, a case illustrating these various features. The patient, a young lady, had suffered from scrofulous suppuration of one or more of the lymphatic glands in front of the arm. Two or three of the fingers were considerably flexed, and could not be extended, by reason of the contraction which had ensued in the muscle supplying the tendon—superficial flexor of the fingers. Division of the contracted tendons was resorted to, and the patient regained an excellent use of the fingers.

Such is a brief notice of the advantages which may often be afforded by the surgeon in cases of disfigurement and deformity arising from tuberculous and simple destruction of the lymphatic glands; but while I have endeavoured to point them out more forcibly than, perhaps, other authors on scrofulous diseases have done, yet I cannot too urgently insist on the importance of due attention being paid, both by the patient and the practitioner, to the various destructive and reparative processes which ensue when the external lymphatic system is invaded with tubercle; believing that, in the treatment of this disease and its results, prevention is, on all occasions, better than cure.

POISONING BY ACONITUM NAPELLUS.

SYMPTOMS OF POISONING FROM A MINIMUM DOSE OF FLEMING'S TINCTURE OF ACONITE.

By THOMAS SKINNER, M.D., Obstetric Physician to the Liverpool Dispensaries.

HAVING perused, both with pleasure and with profit, Mr. Duckworth's excellent "Observations on the Physiological Action of Aconitina," in a late number of the JOURNAL, and being aware that medical literature is not overburdened with correctly observed cases of poisoning by aconite, I beg to offer the following particulars of a case of the kind, with a few remarks.

In the summer of 1850, when a student of medicine of the second year, and ruralising in the fishing town of Musselburgh, near Edinburgh, I was asked to prescribe for a strong and healthy woman, about thirty years of age, who had long been a martyr to chronic and sub-acute rheumatism. She showed me prescriptions she had had dispensed at various dispensaries and apothecaries' shops; and, so far as I knew at the time, aconite was one of the few remedies she had not tried.

As I was anxious to initiate myself in the art of pharmacy, I determined to some extent to be my own druggist. I procured from Messrs. Duncan and Flockhart of Edinburgh some of Fleming's tincture of aconite, as also some guaiacum and sassafras woods and bruised liquorice-root. With these and some raisins, I made the following mixture:—

R. Tr. aconiti 3ss; decocti guaiaci (E. P.) 3xv,—of which the patient was to take one tablespoonful every eight hours, and an extempore vapour bath every night before going to bed. This treatment was continued for three days, when the catamenia appeared, and it was stopped. The only unusual sensations then experienced by the patient were numbness and tingling of the tongue,

of the palms of the hands, of the tips of the fingers, and of the soles of the feet.

Three days after the cessation of menstruation, she resumed the mixture without the baths; and, as the degree of physiological action previously developed was slight and the rheumatism remained unrelieved, I increased the dose of the mixture to two tablespoonfuls instead of one three times a day, which is equal to two minims of Fleming's tincture every eight hours.

On going to bed, she took one dose of the mixture, which made her vomit soon after it was swallowed. She again experienced the numbness and tingling as above stated. About eight o'clock in the morning, she took the next dose, which was also followed by sickness and vomiting, and which latter symptoms lasted until I saw her about 11 A.M. The following was her condition:—Countenance pale and exsanguine; pupils widely dilated. The muscular system was so weak and relaxed that she could barely stand or walk; the pulse and the heart's action were very slow and faint; respiration laboured; and she felt deadly sick at the stomach, with occasional attempts at dry retching. She complained very much of loud noises in her ears, which were likened to "hundreds of omnibuses rolling swiftly past her on every side". She felt excessively faint, and frequently said that she thought she was sinking. She had also an uncontrollable desire to lie down and sleep. The tingling and numbness were present, but they were not so much complained of as the more alarming symptoms I have just narrated.

I immediately despatched a messenger for my friend Dr. Sanderson of Musselburgh, and at once administered a smart emetic of mustard and capsicum, with some strong water of ammonia in it. When I saw that the stomach was thoroughly emptied with the emetic and abundance of warm water, I gave her, in divided doses, two wineglassfuls of rum in strong bitter coffee. In about an hour, there was not a single symptom of poisoning left; but she felt very weak during the remainder of the day.

Our associate Dr. Alexander Sanderson very kindly came to my assistance, but he was too late to witness any of the poisonous symptoms.

REMARKS. As there may be some reasonable doubts raised about this case, I will endeavour to dissipate them at once.—1. As to the purity of the drugs. The name of Messrs. Duncan and Flockhart, who supplied me, leaves further comment unnecessary. 2. There might have been too much of the tincture put into the mixture. To check this source of error, I measured the remaining contents of the half-ounce phial given me by the druggists: it contained three and a half drachms. 3. The patient might have taken too much at a time. Not so; because I found about eight fluidounces and a half of the mixture left of the fifteen ounces which were originally in the bottle given to the patient. 4. and lastly. May not the tincture have floated to the top and been swallowed in the first dose, particularly after standing a few days? I believe not. The history of the symptoms will not support this explanation; besides, the patient was cautioned to shake the phial before taking a dose, and the same caution was inscribed upon the label on the bottle. For a still stronger reason I do not believe this to have happened. I have been informed by my friend Professor Fleming himself, that his tincture of aconite is perfectly miscible without subsequent separation in such a mixture as the one here alluded to.

I may be in error, but I am nevertheless quite convinced in my own mind, that the symptoms in this case (possibly idiosyncratic) were arising from the ingestion of not more than four, or, what is much more likely, of only two minims of Fleming's tincture of aconite. I may state that I have seen similar susceptibility to the poisonous influence of belladonna. I have seen dryness of the fauces, delirium, dilatation of the pupil, double

vision and almost total blindness, from one eighth of a grain of the extract in the form of pill with sulphate of zinc. I have also seen half a grain of the same extract in the form of a rectal suppository produce a somewhat similar effect. Both of these cases were in ladies who were extremely sensitive to every form of narcotic, and who were possessed of highly developed nervous temperaments. It was not so, but the very reverse, with the patient particularly alluded to in this paper. I may here remark, that my patient was not the subject of any ascertainable organic disease of the heart, and that I do not believe the symptoms were in any way associated with hysteria. I beg also to state that the patient was not previously informed of the symptoms or of the dangerous nature of aconite. I am sorry to add that the rheumatism was no way influenced for better or for worse.

In conclusion, there seems to be some strange and unaccountable difference among observers about the condition of the pupil in poisoning by aconitum napellus and its active principle. Mr. Duckworth concludes as the result of his observations with the alkaloid on the constitutions of rabbits and cats, that, "*as a rule, the pupil is more or less contracted, dilating enormously a few moments before and at the time of death.*" Now, although I believe Mr. Duckworth to be perfectly right as regards the animals he experimented upon, I doubt if it can be proved that the observation extends to man. I cannot say how near my patient was to death, or how distant: all I can say is, that I have no wish to see another in similar circumstances. Whether she was *in articulo* or not, when I first saw her the pupils were enlarged, dark and bright; and when she was well and in health, I know that they were not so. In Dr. Nevins's case, quoted by Mr. Duckworth, a young lady, an hour after taking a fluid-drachm of the official tincture of aconite, had her pupils "so dilated that no iris could be seen, and this condition lasted till the following day." (JOURNAL, 1861, p. 225.) In the extraordinary case of poisoning by two and a half grains of aconitina, which occurred in the practice of the late Dr. Golding Bird, the pupils acted to the influence of light. (Lancet, January 1st, 1845, and Medical Gazette, January 6th, 1848.)

MEDICAL DEGREES IN AUSTRALIA. During the past year Melbourne University has been placed on a par with the British Universities—its degrees taking equal rank with time-honoured Oxford and Cambridge; but as yet, no steps have been taken to establish a Medical School. A young man may now fit himself to become a clergyman or a barrister without leaving the colony, and it has lately been intimated that a School of Engineering was being formed; but a medical student must needs go to Europe, spend three or four years there, and if he return to practise here, has then to set to work to become practically acquainted with the peculiarities of disease in the colony, all which he might have had under his observation during his pupilage if he had been professionally educated on the spot. (Australian Medical Journal.)

ONYCHOMYCOSIS. Professor Virchow exhibited to the Berlin Medical Society a specimen of a nail affected with what he terms *onychomycosis*. It consists of a vegetable parasite, first described as affecting the fingernail by Meissner, and frequently observed by Virchow in the nail of the great toe, at Würzburg. It occurs far less frequently in Berlin. The preparation exhibits the characteristic white appearance of the surface of the nail, due to the presence of a fungus situated deeply at the bottom of the nail. It resembles *Porrigio Farosa*, but is not identical with it, porrigio of the nail being less deeply placed than onychomycosis. (Deutsche Klinik, No. 38.)