A powerful vigorous looking man, who had enjoyed good health previously to his present illness, came under my care in St. Mary's Hospital during the last summer. He was suffering severely from dropsical symptoms; the lower part of his body was cedematous; and there was serous effusion in his peritoneum and pleura. His breathing was much oppressed and very painful. His face was dusky. The cause of all this mischief, which had arisen rapidly, was organic valvular disease of the heart. The remedies prescribed gave him no relief. On the third day of his residence in the hospital, he was evidently worse: he could not lie down. I ordered him at once to be bled, and stood by him while about twenty-six ounces of blood were taken from his arm. He felt immediate relief. The next day, I found him decidedly better. On the third day after the bleeding, he was able to lie down in bed. In the course of a week, he was walking about the ward, and soon afterwards left the hospital convalescent, and, as he himself thought, quite well, but, of course, with his organic disease of the heart unchanged.

In this case, the good effects of the bleeding were too immediate and lasting to leave any kind of doubt as to their reality; and I see not how it is possible to ascribe those effects to any other cause than to the influence exercised by the bleeding over the heart. There was here no inflammation to relieve; and it is very certain that the bleeding could have no direct power in removing the effusions which were mechanically pressing upon and impeding the function of the lungs and other organs. If it should be suggested, that the bleeding promoted the action of other remedies, I would answer, that it could not fail to do so, in that it relieved the heart; but that the benefits of the bleeding were distinctly manifested before those remedies displayed their due effect.

To show the good effects of bleeding in pneumonia, I will relate the case of a man who was some months ago under the charge of Dr. Chambers, in St. Mary's Hospital. This man's disease was inflammation of the upper lobe of the right lung. Complete dullness on percussion, and loud bronchial breathing heard over that part, clearly indicated that consolidation of the lung had taken place there. There was no coexisting sign of pleurisy. The patient suffered severely from pain in the side, and his breathing was much oppressed. He was therefore ordered to be bled, and from twelve to fourteen ounces of blood were taken from him. The bleeding brought great and immediate relief; and, on the following day, the condition of the man was entirely changed. He was then found breathing tranquilly, and the pain had left him; but the stethoscopic signs were unaltered, and the condition of the lung was unchanged. The bleeding could have had no direct influence over the inflamed lung; it admitted air no better now than it did the day before; and it is evident that no amount of bleeding could have removed the exudation into the air-cells and pulmonary tissue, which caused the dull percussion. How then did the bleeding work this, so manifestly beneficial effect? Solely, I think we must conclude, through its action upon the distended and oppressed heart.

The following case illustrates the benefits of bleeding in a case in which the chief cause of the cardiac congestion was pressure of the abdominal organs upon the diaphragm. A lady, of delicate health, and subject to palpitations of the heart, while driving out, a few weeks before her confinement, was suddenly seized with great difficulty of breathing. On reaching home, she was immediately visited by a physician to one of our county hospitals, a gentleman well known to many of the Fellows of this Society. He at once ordered her to be bled, and largely bled, notwithstanding her puerperal condition and delicate state of health; and I cannot doubt, from what he told me a few days afterwards when I saw the lady, that the bleeding had saved her life. The cold air, we must suppose, produced congestion of the lungs, which were already prevented from acting freely by the upward pressure of the diaphragm, the necessary consequence of which must have been distension of the right side of the heart.

As an instance of this congested condition of the heart resulting, secondarily, from cerebral injury, I will relate the following case. A strong man, in the prime of life, fell, and in falling struck his head. He was brought to the hospital quite sensible. In the course of twenty-four hours, he became highly excited, his breathing grew difficult, and there appeared signs of extreme pulmonary congestion. The house-surgeon, led by these signs, would have bled the man, but waited for the surgeon's arrival—such is the dread we now-a-days have of the lancet. When the surgeon arrived, the matter was beyond his help, for the patient was dead. On examining this man's

body, I found the brain and its membranes in appearance perfectly healthy, with the exception of one red congested spot, the size of a florin, situated upon the upper and anterior part of the right lobe. This spot corresponded to the place where the injury had been inflicted on the scalp; the membrane was merely congested. There was assuredly no cerebral lesion here, such as would account for his death. The lungs were most highly congested with black fluid blood, and the right side of the heart was much distended. The heart itself, when emptied of blood, was small and covered with fat; and its muscular tissue was pale, flabby, and attenuated: the organ did not correspond to the size and vigorous look of the man's body. Now, is it not necessary to look to the heart here, rather than to the brain, as the immediate cause of death? We may argue thus:—that the violent blow on the head, in so far as it produced concussion of the brain, diminished the nervous energy of this organically enfeebled heart; and that, in consequence, the organ had become unequal to the task it had to perform ordinarily, and therefore permitted the blood to accumulate in it; the mischief being, no doubt, increased by defective action of the respiratory function. In a case of this nature, it is evident that venesection is the only remedy which can be of service; and is it not very probable that it would have assisted the organs, and freed them from a task to which they were unequal? The weakened heart was equal to its ordinary duties, but unequal to meet such an extraordinary occasion; and therefore it failed. Bleeding would have relieved the embarrassed organ.

I need not refer to any specific instance of the uses of small bleedings in the course of thoracic aneurisms, and of diseases of the heart, because every one will, I think, at once admit their great utility in relieving the painful and suffocating feelings which so often attend these diseases.

[To be continued.]

THE ESSENTIAL OILS IN THE TREATMENT OF PUERPERAL FEVER.

By H. DOVE, M.R.C.S.Eng., Norwich.

THE oil of turpentine has for several years been used in this city and neighbourhood in a great variety of forms of puerperal fever with much advantage, and occasionally with almost magic effect. It is usual to commence the treatment with half an ounce of turpentine and an equal quantity of castor oil, repeating a drachm of the former every four hours. I have seen the turpentine fail in cases well suited for its peculiar action, and I have also seen it add to the intensity of the disorder, and hurry on its fatal result.

Considering what a nauseous medicine turpentine is, that it irritates the kidneys, suffuses the eyes, and produces more or less head symptoms, I was induced to try, in its stead, the essential oils, selecting that of peppermint, and giving thirty or forty minims in divided doses during the twenty-four hours. I have now used this oil in seven cases, and in another case, the oil of caraway, with all the advantages and none of the disadvantages of the turpentine. The dull colour of the complexion, cedematous condition of the surface, and offensive evacuations usually observed in puerperal fever, point out the necessity of commencing the treatment with at least one stimulating dose of aperient.

For illustration, I will detail the most severe of the eight cases.

Mrs. G., a delicate woman aged 20, primipara, attended by a midwife, had an easy labour, and did well for four days; but on the fifth, she complained of chills, profuse perspirations, headache, intense thirst, vomiting and purging of offensive matters, and pain and distension of the abdomen. She was restless, her countenance was anxious, breathing short and hurried, tongue covered with a white fur, pulse 160; the lochia and urine were scanty; the skin was of dull colour and cedematous. A dose composed of tincture of rhubarb and castor oil, of each half an ounce, with five minims of the oil of peppermint in a little water, was immediately administered, and thirty minims of the oil of peppermint were given in divided doses, during the twenty-four hours. A spirit lotion was applied to the head, and mustard poultices to the abdomen.

On the following day, the vomiting had ceased; the headache was relieved, and the pulse was considerably reduced. The purging, thirst, and perspirations continued for a few days and gradually ceased. In this case convalescence was slow, differing from the others, in which convalescence was remark-

ably rapid. Instead of the loathing usually expressed where turpentine has been used, there was an evident desire to take this oil, and, indeed, to continue it, when the necessity for it had ceased.

My belief is, that almost all the essential oils would do just as much good as the turpentine, and I do not think that I shall have recourse to the turpentine again.

OBSTINATE CHRONIC DISCHARGE FROM THE NOSTRIL REMOVED BY EXTRACTION OF A CARIOUS TOOTH.

By ALFRED FREISCHMANN, Esq., M.R.C.S., L.S.A., L.M.,
Associate of King's College, Wrexham.

MISS ROSE S., a little girl, aged 5 years, had been troubled for about three months with a constant, though not profuse, discharge of slightly purulent mucus from the right nostril; it appeared to be the sequel of a cold. The mucous membrane, so far as it could be examined, was healthy, and there were no indications of any morbid growth. She was ordered a strong injection of gallic acid, and took concurrently small doses of the sesquichloride of iron. The only advantage she derived was, that the discharge lost its purulent character; in amount it remained the same, though the treatment was long persevered in, and other local astringents tried. I suspected that there must be some undiscovered local irritation. Not being able, on careful examination, to find anything wrong in the nasal passages, I looked to the condition of the teeth; and, finding the right upper canine carious, removed it. The discharge was much lessened on the next day; and, in the course of a day or two, disappeared altogether.

This short account may, perchance, afford a useful hint to some one; at any rate, it is a good illustration of reflected irritation, and teaches us that oftentimes the *fons et origo mali* is not just where we might expect to find it.

Transactions of Branches.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

PARAPLEGIA IN RELATION TO RENAL DISEASE.

By WILLIAM HINDS, M.D., Birmingham.

[Read February 10th, 1859.]

THE object of the following paper is to bring under the notice of the members of this Branch certain lesions of the nervous system in connection with some form of renal disease. I have reason to believe that these lesions, resulting in more or less paraplegia in the relation mentioned, are not so generally recognised by the profession as they deserve to be. This relation is scarcely, if at all, mentioned in some standard works on medicine; while, at the same time, there has been manifestly wanting, in many cases of paraplegia—especially, perhaps, of *progressive* paraplegia—a clear and sufficient pathological explanation. That this obscurity actually exists, I may refer in evidence to no less an authority than Dr. Watson, who uses the following remarkable words:—"But in very many cases we detect no alteration that seems adequate to explain the paraplegia" which "creeps on slowly and insidiously." Now, Dr. Baillie's mode of explaining some of these obscure cases of paralysis of the lower limbs, as detailed in the *Medical Transactions*—namely, by supposing serous effusion to occur in excess into the spinal canal, originating within the cranium or in the canal itself—has completely failed to stand the test of investigation.

Paraplegia then, unconnected with actual disorganisation or disease of the cord itself, being duly recognised by the experience of able and practical authorities, we are free to inquire into those other conditions of the afferent or efferent nervous agents, or those relations of the sympathetic system on which this loss of power may sometimes depend.

Amongst the most important of these lesions at present known, I believe must be ranked that relation with diseased kidney, to which I have now to direct your attention.

In the autumn of 1857, the subject of paraplegia, in relation to disease of the urinary organs, was most ably brought before

the profession in a very valuable lecture, delivered by Mr. Spencer Wells, at the Grosvenor Place School of Anatomy and Medicine. That lucid exposition I read with intense interest, as probably many others did also. Several years ago, I had cases of incomplete paraplegia of the kind mentioned under treatment; but I never read these cases so satisfactorily to myself, as when I met with the facts brought forward in the lecture to which I have alluded.

I propose to bring under the notice of the members two cases of this affection. One of the patients died several years ago; and I shall give the results of the *post mortem* examination. The other case is still living, and open to the inquiries of any gentleman who may feel disposed to investigate the case. I shall first, however, quote one or two passages from the lecture of Mr. Wells, by which we shall get a clearer insight into the nature of these cases.

Since 1845, in which year Mr. Wells's attention was first drawn to this affection, he has had eleven cases under treatment; and, though he does not express as much, he seems to afford ground for the presumption, that one great reason was why the attention of the physician has not been more especially called to this important affection, is the fallacy of confounding cases of disease of the mucous membrane of the bladder, resulting from actual disease or injury of the spinal marrow, with those cases in which the causation may be said to be reversed, the spinal marrow being intact, while the origin of the disease is to be looked for external to the spinal canal. Mr. Wells observes:—

"When a patient comes to you with a tottering gait, complaining of weakness in the knees, a tendency to stumble in going up and down stairs, or on any uneven ground, and a certain loss of that muscular sense which enables us to walk without watching the feet to know where to place them at every step, your first impression will be very naturally that you have to deal with a case of spinal disease. Your first impression may be correct. As you proceed with your examination of the case, you may obtain evidence of some injury to the spine; some distortion of the bones; some displacement from caries of the bodies of the vertebrae or ulceration of the intervertebral cartilages; some point at which pressure, or a sharp pass, or a hot sponge, causes pain; some history of inflammation of the cord; some indication of the pressure of a tumour, or of an aneurism on the cord; or possibly some proof that the disease is within the cranium. But you may find nothing of the kind. You have to exclude all these; and you are driven to assume a diseased condition of the lower portion of the cord, perhaps a simple atrophy, of the existence of which you have no other proof than the paraplegic symptoms I have just enumerated. Let me assure you then that you may have all these symptoms, that they may go on to complete paraplegia, and the patient may die, and that then you may find the cord perfectly healthy, so far as our examination can teach us, while the kidneys and bladder are the seat of manifest disease."

Much credit is due to Mr. Stanley, of St. Bartholomew's Hospital, who, I believe, was one of the first to bring these cases prominently before the profession. His cases were published in the *Medico-Chirurgical Transactions* for 1833. The following is a note of one of them.

"The first of these cases to which my attention was directed, occurred in the year 1818, in a man admitted into St. Bartholomew's Hospital on account of paraplegia, combined with retention of urine. Both sensation and the power of motion were entirely lost in the lower limbs. On examining the spine, tenderness on pressure was discovered at the third lumbar vertebra, which, viewed in connexion with the other symptoms, was considered to indicate the existence of disease in the vertebrae; and an issue was accordingly made in this part of the spine. Considerable amendment of the symptoms followed. Sensation and the power of motion were in a certain degree regained, and the retention became changed into incontinence of urine. Here the improvement ceased, the general health failed, and he gradually sank.

"On a careful examination of the body, no disease could be discovered in the containing or contained parts of the vertebral column; the vertebrae, fibro-cartilages, spinal cord, and nerves, were all perfectly sound, as were also the brain and its membranes. In one kidney were numerous small abscesses dispersed through its substance. The other kidney was gorged with blood, and its substance was much softer than natural. The mucous lining of the ureters and of the bladder was very muscular, and the muscular coat of the bladder was thickened.