

Patients are almost always able to bear this species of counterirritation in preference to mustard poultices, and for a longer time, and the effects are certainly less painful, and as lasting. Here, also, however, the surface over which it is applied should be large. The remedy, if only partially applied, is of little value.

Among the medicines which promote expectoration, etc., I have found the most useful to be—

(c) Small doses of calomel, and tartar emetic in quarter grain doses, given at first. I give the calomel as an alterative, or occasional purgative, not with a view to touch the mouth. The tartar emetic is certain as an expectorant and sudorific. The secret of its employment, I believe, is to give it in the early periods—the first three or four days—and not to persist in its employment too long, else it weakens the patient a good deal, and depression of the system will not cure pneumonia. By the use of these remedies, the inflammation may be generally checked by the third, fourth, or fifth day, and the fever so reduced as not to require more active treatment. So soon as the fever, however, is reduced, and even before, if any irritative or hectic excitement supervenes, I conjoin cod-liver oil. I will not here give an explanation of its operation; I must be content to speak from practice, and this is highly encouraging. It possesses one advantage, my patient often looks better, fatter, and stronger at the end of his convalescence than he did previously; and this is always a favourable and agreeable result to both doctor and patient.

3. The mortality in pneumonia I have stated to be large in proportion as the tendency to death by exhaustion exists. To obviate this, from the first, I prescribe moderate quantities of beef tea. I would rarely give the patient the *diete absolue* of the French. The more prudent diet appears to be one of the nature of the middle diet of an hospital; and this even in what are called dynamic pneumonias, as opposed to the typhoid varieties, in which stimulants and nourishing aliment are from the first necessary. I have not yet tried the plan, but it appears to me as possible that admixture, in soups, of large quantities of salt, might be found useful in improving the character of the blood, dissolving the excess of fibrin, thus facilitating its removal, and generally by augmenting the quantity of chlorides in that fluid.

Such is the plan of treatment I would urge upon the notice of the Society.

Three principal objections have, in the course of the reading of this paper, been urged against my views. First, I have been blamed for travelling out of England to find statistics of treatment; and, therefore, it is believed the arguments adduced do not apply to this country. I deny this conclusion. The science of vital statistics proves that the laws of life and death in disease vary in different countries more apparently than really. But in my case I have had no option. This country is famed for its hospitals, and they are noble monuments of British generosity. But the responsibility lies heavy upon those who direct these institutions. The information they could convey is contained in closed books, and the cause of humanity derives no more good from them than from so many monasteries. Individuals profit, it is true, and so far benefit their own patients; but the public is none the wiser. I would have gladly and proudly selected English statistics in preference, if I could have done so.

Secondly. It has been said that while the paper I have written favours dietetic treatment, I have not adopted it. This may be true; but if so, it is because I have also wished to improve it by combining it with the science and practice of medicine, applied with, I trust, simplicity and common sense. At any rate, it is mild in comparison to the usual practice.

Lastly; it has been objected that I have not given any statistics of my own treatment. I admit this also; but I hope hereafter to do so, after larger experience, and in the expectation of deriving additional support from experiments made by others of my compeers. All I can say is, that since

I have relinquished blood-letting, my deaths have been but few and far between, and my recoveries more numerous. Life and death are not in the hands of man. These are overruled by a higher Power. But if a man believes a plan of practice he adopts to be successful, it is not the less his duty—in all humility, it is true, yet in all honesty—to make it known.

To recapitulate:—

1. It is impossible to state the normal mortality of pneumonia with our present data.

2. It is particularly affected by age, sex, and complication, on which, in estimating results, sufficient stress is not laid.

3. The results of different modes of practice seem to be:—

	Mort. per cent.
By blood-letting singly	14 to 20
„ tartar emetic singly	13 „ 20
„ blood-letting and tartar emetic conjoined	24 „ 30
„ chloroform	4½ „ 11
„ simple dietetic treatment	7 „ 12

4. The treatment I recommend is—

(a) Reduce the fever by aconite. (b) Relieve the local symptoms by dry cupping, Junod's apparatus, pediluvia, purgatives, blisters, avoiding as much as possible all obstruction of blood, local and general. (c) Promote expectoration by small doses of tartar emetic, chiefly at the beginning of the disease; and (d) give small alterative doses of mercury, if necessary; and, lastly, rather support your patient by mild emollient diet. In this manner you best avert the tendency to death, and diminish the mortality.

22, Montague Square, London, May 1855.

IMPERVIOUS RECTUM: SUCCESSFUL OPERATION.

By R. M. MANN, Esq.

ON reading the account of Mr. Jacobs' case of successful operation for imperforate rectum, published in our last JOURNAL, I am forcibly reminded of a similar one which came under my notice in May 1853. The mother, who had been delivered by a midwife, brought her child to me, stating that, although repeated doses of castor oil, etc., had been given, no evacuation had occurred since birth, which had taken place several days ago. There was as yet no material abdominal tension, and the general appearance of the infant was healthy. On inserting my little finger, previously oiled, up the rectum, I discovered that it would not pass further than about an inch, and at this point could be felt the membranous obstruction, tough and unyielding, though, as I imagined from the sensation communicated to the finger, not very thick as to its texture. I made up my mind to operate at once, which was effected in the following manner. I passed the sheath of a small trocar, well oiled, up the rectum; and then inserted the trocar itself, carefully pushing it through the obstruction. On withdrawing it, I was rewarded by an instantaneous and free discharge of the meconium. The after treatment consisted in administering castor oil, and passing, at first daily, and then on alternate days, a moderately sized flexible male bougie, gradually increasing the size until I could pass my forefinger. At the end of about ten days or a fortnight, the cure was complete, and the child lived until seven months, at which period it unfortunately became ill of pneumonia, and died.

I will just mention, *en passant*, three other cases of imperforate anus which have come under my own observation.

The first occurred several years since; and, from the supposed extensive obstruction, it was not considered by an eminent surgeon, called in consultation, a desirable one for an operation. This poor child survived *six weeks*, the abdomen meanwhile becoming enormously distended, and marasmus,

vomiting of fecal matter, etc., supervening. Of course I proposed to the parents, during this distressing period, Amussat's operation for the formation of artificial anus, but, as I anticipated, met with a refusal; and indeed, for obvious reasons, I should never urge it. I made a *post mortem* examination in this case, and found the cause of obstruction to be a thick, strong, extensive deposit, of a somewhat cartilaginous texture.

The second case was one where the operation was performed successfully by means of a bistoury; and the third was one which, not being considered desirable by me for an operation, was taken to another surgeon, who operated; and, although the distance from his house to the mother's was only about one quarter of a mile, she, much to her grief and astonishment, found the infant a corpse in her arms when she arrived home, it having died of hæmorrhage.

REMARKS. I think, in any future case where, from the state of the parts, an operation seems advisable, I should be inclined to give the trocar the preference, as the sheath protects the neighbouring parts from accidental injury. In the case which died from hæmorrhage, I understood from the mother that a sharp unprotected blade had been used. The third case seems remarkable for the length of time the child's life was prolonged in so distressing a state.

2 Great Bridgewater Street, Manchester, May 26th, 1855.

BIBLIOGRAPHICAL NOTICES.

THE PRINCIPLES AND PRACTICE OF OPHTHALMIC MEDICINE AND SURGERY. By T. WHARTON JONES, F.R.S. Second edition. London: 1855.

SEVEN years have elapsed since the first appearance of this work. The edition before us has been enriched by the author's more extended experience of the practical part of his subject, and of the requisites that a manual designed for the overworked student and busied general practitioner should possess.

The chapters on "Exploration of the Eyes in order to a Diagnosis", and on the phenomena of inflammation and its events, as they occur in the different tissues of the eye, and the modifications which those phenomena present, according to the structure affected,—are perhaps the most complete and valuable that have yet appeared in the English language, and should be thoroughly mastered by the student who is seeking a clinical acquaintance with diseases of the eye.

On the ophthalmoscope,* which is just now a special object of interest, we extract the following remarks:—

"Whilst the morbid states of the anterior segment of the eyeball are sufficiently accessible to objective exploration, those of the posterior segment, comprising the vitreous body, retina, and choroid, could formerly, with some exceptions (*e.g.*, exuded matter in the vitreous body, scrofulous and encephaloid growths at the bottom of the eye, etc., which give rise to a yellow shining appearance, sometimes traversed by blood-vessels), be determined only from the attendant subjective phenomena. This defect in our means of diagnosis of the state of the posterior segment of the eyeball was, however, practically little felt. Having determined that the disease was not seated in the anterior segment, and thus *per exclusionem*, and from the nature of the subjective symptoms (together with the objective symptoms presented by the anterior segment, and by the eye considered as a whole), referred it to some part of the posterior segment, we were in a position to conduct our treatment of the case, not with less efficacy at least than can be done now, when it is possible, in many instances, to discover, by means of the ophthalmoscope, opaque spots, shreds, etc., in the vitreous humour, and congestion with extravasations, exudations, and pigment deposits, in or behind the retina." (p. 29.)

There is nothing more easy than to see the vessels of the retina in a cat's eye without an ophthalmoscope. Having previously dilated the pupil by solution of atropia, drop some water into the eye while the eyelids are held apart, and

cover the cornea with a thin plate of glass. The vessels of the retina can then be seen slightly magnified. It has been proposed to explore the bottom of the human eye in a similar manner; and instruments have been contrived for the purpose; but the ophthalmoscope is of more ready and convenient application.

In man, the red colour which the bottom of the eye presents varies in tint; being brighter in fair, more of a yellowish brown in dark, individuals. The retinal vessels are seen branching on the uniform red field formed by the more vascular choroid. At the entrance of the optic nerve, which appears whitish yellow and well defined, the retinal vessels are seen emerging. The retina in the situation of the yellow spot is little or not at all vascular, and sometimes presents a greenish gray aspect. A streak of pigment deposit may be seen at some part or all round the border of the optic papilla. The principal morbid appearances in the retina which have been observed are congestions, spots of extravasated blood, pigment deposits, opacities of various aspect, the retina itself bulged forward by fluid accumulated between it and the choroid, and tremulous in the dissolved vitreous body. Not much has yet been made out concerning the anatomical characters of inflammation affecting them (the retina and choroid). The appearances above enumerated are the effects of past inflammation rather than the manifestations of inflammation in progress. In active inflammation, of course the eye could not bear examination.

As there has not yet been an opportunity of examining after death eyes which had been explored by the ophthalmoscope during life, no accurate identification of the appearances observed in the latter case, with the changes which morbid anatomy has hitherto disclosed, can be expected.

The vessels of the choroid shine through the retina; but the mode of distribution of the vessels of the retina and choroid is so characteristic, that inflammatory injection of the former can be readily distinguished from that of the latter, independently of the difference of the seat and definition of the vessels.

The retina bulged forward and tremulous is an indication of serous exudation between the choroid and it on the one hand, and dissolution of the vitreous humours on the other. In such cases, the retina has appeared sometimes otherwise unchanged, sometimes degenerated.

Again, speaking of inflammation of the *vitreous body*, our author observes:—

"The inflammatory changes of the vitreous body, such as deep-seated extravasations of blood, deposits of lymph, appear principally to depend on congestion of the retinal vessels. From Donders and Van Frigt's observations by means of the ophthalmoscope, however, it would appear that affection of the vitreous body is sometimes independent of, at other times proceeds, *pari passu*, with affection of the retina and choroid. On the other hand, the retina and choroid may have undergone change of structure from chronic inflammation, without any opacity of the vitreous having taken place." (p. 76.)

In connexion with this subject is a well-executed coloured drawing of the appearance of the eye in a case of incomplete amaurosis (amblyopia).

In a future edition—which, we do not doubt, from the excellence of the present work, and the attention which is generally being directed by medical students to diseases of the eye, will be called for—we trust Mr. WHARTON JONES will afford his readers some information on uremic blindness; on the use of two needles in operating upon opaque capsule; and on the canula forceps and scissors in the performance of operations for artificial pupil. The annexation of a bibliographical reference, after the plan of Kirkes and Paget's *Handbook of Physiology*, would not fail to be highly prized by "reading men", and would, in our opinion, materially enhance the value of this, the most useful manual on ophthalmic medicine and surgery that has yet issued from the press. We cordially recommend the book to the attention of practitioners and students.

* A full account of this instrument was given in our last volume, p. 737.