foot—may possibly prove of sufficient interest for publication, even though the practice recorded, that of leaving the using of the limb, to the patient's "feeling of animal consciousness", after the fashion of Abernethy's monkey, be not in accordance with the "rules laid down by the warmest promoters of excision".

P.S.—The case of "successful excision of the knee-joint", reported in the ASSOCIATION JOURNAL of August 4th, 1854, has been honoured by a far from complimentary critical notice in the *Edinburgh Medical and Surgical Journal* of October 1854. It will not perhaps be uninteresting to the authorities of that periodical to learn that their predictions, as to permanency of cure, have not been realised; as the boy, now upwards of twenty months after the operation (as was reported in Mr. Butcher's excellent monograph in a recent number of the *Dublin Quarterly Journal of Medical Science*, continues in the enjoyment of better health, and has the use of a firmly ankylosed serviceable limb. The prospect of an operation of "settled inexpediency" triumphing over unmerited obloquy, and the admission of its right "to a fair and properly conducted trial", must prove very gratifying to Mr. Jones and others, who have had as yet but to deal with "bare statements and preconceived opinions".

King's Lynn, June 5th, 1855.

CASE OF SCIRRHIUS OF THE PANCREAS AND STOMACH.

By JOHN S. BARTRUM, Esq., F.R.C.S., Surgeon to the Bath General Hospital.

[Read at the Quarterly Meeting of the Bath and Bristol Branch, on March 29th, 1855.]

THE case of scirrhus pancreas now laid before the society presents no features of special interest, except in a negative sense, but will serve to elicit the experience of those members whose opportunities are more abundant or observation more correct.

CASE. A. M., aged 52 years, married, but never pregnant, for several years had suffered from attacks apparently of debility, accompanied by continuous epigastric pain, without tenderness on pressure, vomiting or swelling. These attacks quickly subsided under change of air, tonics, and sedatives, and she resumed her ordinary active duties. By slow degrees, her skin became slightly yellow and muddy; she lost power and flesh; the attacks of gastrodynia becoming more severe and less amenable to remedies. The sensation was described as being not so much pain as painful exhaustion, requiring and receiving immediate relief from nourishment. In the spring of 1854, for a while the most painful spot was immediately below the edge of the liver at the edge of the false ribs, where a circumscribed spot an inch square was tender on deep pressure; this was ascribed to irritation or inflammation of the pylorus or duodenum, as the motions were not properly coloured with bile. There was no increase of size or general tenderness, and the pain extended through to the back. The catamenia were regular, till shortly before death.

The digestive functions appeared to go on naturally; a large amount of nourishment given in small quantities was daily digested; the most troublesome and distressing symptom was uncontrollable flatulence from the stomach, not dependent on the time or kind of food. The bowels were rather irregular and irritable, otherwise the motions were of natural consistence and colour, except when deficient in bile. On no occasion was anything resembling fat or oily matter detected, even while taking cod-liver oil, though carefully watched for. Vomiting was rare, and then it appeared to arise from distension by wind; the matter vomited had never any blackened or other appearance leading to a suspicion of cancer of the stomach. The urine was natural. After a while, the right thigh and leg became swollen, the pain extending in a line from the right hypochondrium to the right groin; the femoral vein be-

came tender in several parts of its course, and the thigh more swollen. The abdomen became tympanitic, and death took place from inanition, notwithstanding the large quantity of nourishment continually taken, and apparently digested.

The epigastric region was in the later stages somewhat prominent, but not markedly so; there was indistinct dullness; it being not so resonant as the other tympanitic parts of the abdomen; at one period of the disease a hardness was discernible in the pyloric region, the liver at that time appearing to extend below its natural limits.

On examination after death, the head of the pancreas was enlarged to the size of a goose egg, by the deposit in its tissue of white scirrhus cancer; there were similar deposits in the smaller end, and in some neighbouring absorbent glands. The pancreas was not adherent to the duodenum or liver. The pyloric end of the stomach, especially at its larger curvature, was much thickened by the deposit of cancer, apparently colloid, without any abrasion of the surface, but covered with the dark black slimy mucus so often ejected in cases of cancer of the stomach; this deposit ceased abruptly at the pylorus. The duodenum appeared quite healthy. The liver, spleen, and other abdominal organs, were healthy. The thorax was not examined.

REMARKS. The question that arises in this case is, which organ was probably the first diseased, pancreas or stomach? My impression is, that the pancreas was the first disordered; or, more probably, the deposit took place simultaneously; but the failure of the gland in its proper functions had the greatest share in the debility and inanition, which alone marked the case till some weeks previous to death.

Bath, May 1855.

MALFORMATION OF THE OESOPHAGUS.

By FREDERICK MASON, Esq.

[Read at the Quarterly Meeting of the Bath and Bristol Branch, on March 29th, 1855.]

ON the 17th December 1854, Mrs. — was delivered of her second child. It was less than the average size, and without the usual development of fat, but was otherwise apparently well formed; and although it was not a strong child, there appeared no probability of a speedy termination to its life.

On the following day, I noticed that the breathing was accompanied by loud mucous râle from a collection of mucus in the pharynx; and the nurse stated that the child frequently vomited a quantity of thick stringy stuff (mucus). It passed meconium once.

December 19th. The nurse complained that the vomiting continued, and that the infant did not appear able to swallow anything; and although it sucked, the milk did not pass lower than the upper edge of the sternum: and when it reached this place, the child became uneasy, until it had ejected the whole. It would then suck again.

December 20th. The child appeared very hungry, and manifested great eagerness for the breast; but the milk was returned immediately. I now suspected some malformation of the oesophagus that prevented the passage of the food to the stomach; and as the infant was evidently getting weaker and wasting rapidly, I recommended small injections of milk and water: these were retained, and on two occasions returned some time after, being thrown up stained the colour of meconium.

During the succeeding days, the child continued to waste, at the same time exhibiting the greatest desire for the breast; but, in consequence of the milk being always returned so quickly, the mother discontinued the attempt to suckle.

The infant died on the 24th December, having lived seven days.

I made a *post mortem* examination the next day. The

body was very much emaciated. The œsophagus terminated in a *cul-de-sac* nearly opposite to but a little above the bifurcation of the trachea; and beyond this, for a space of more than an inch and a half, the only trace was a few red fibres imbedded in the cellular tissue. It commenced again as a closed tube an inch from the cardiac end of the stomach. This portion was of very small calibre, as also was the stomach, probably from never having been distended. The remainder of the alimentary canal and other viscera were of normal structure.

A case bearing great resemblance to the above, was recorded by Mr. Mellor, of Chorlton-upon-Medlock, in the *London Medical Gazette*, June 26th, 1840, p. 542.

Bath, May 1855.

PERISCOPIC REVIEW.

MATERIA MEDICA, PHARMACY, AND THERAPEUTICS.

REPORT ON THE PROGRESS OF MATERIA MEDICA AND THERAPEUTICS.

By EDWARD BALLARD, M.D., Lecturer on the Practice of Medicine, and on Materia Medica and Therapeutics, at the School of Medicine adjoining St. George's Hospital.

NO. III.*

THE ACTION AND USES OF DIGITALINE.

M. M. HOMOLLE and QUEVENNE have stated, as the result of their experience, that, in doses of one-seventy-fifth of a grain given three times a day, this substance acts as a diuretic in general dropsy, and with great speed and efficacy in reducing the effusion; and that it is not rendered more certain by any material increase of the dose. They further found that, in about double this dose, and sometimes in the same dose, it reduces greatly the frequency of the heart's action; and that the dose cannot reach the one-twelfth of a grain without producing nausea and symptoms of incipient poisoning. Dr. CHRISTISON, in the *Monthly Journal of Medical Science*, January 1855, gives us the results of his experience of its use. He believes it to be an energetic diuretic and sedative. His two first trials of it were made in cases of extensive renal anasarca. In one case, diuresis commenced towards the close of the second day, and in the other a day later; in both, the flow was profuse, and the œdema entirely disappeared. He commends strongly the use of such diuretics as digitalis, squill, and bitartrate of potash, in renal dropsy. He has not found them, except in one instance, increase the albumen in the urine; and believes they have been shunned on grounds purely theoretical and baseless. It is the same with digitaline. In the first of the two patients, the albumen quickly and greatly diminished; in both, it disappeared at last, but in one, after some days, reappeared, but in diminished proportion. In one instance, great depression of the heart's action was brought on, instead of a flow of urine. He thinks it very likely that the diuretic and sedative actions do not concur. He gave it in the doses recommended by Homolle and Quevenne.

THE ACTION AND USES OF JUICE OF MEAT.

Dr. CHRISTISON, in the *Monthly Journal of Medical Science* for January 1855, writes in favour of the preserved juice of meat manufactured by Mr. Gillon of Leith. He finds it contains only six and a half per cent. of solids, and places it in the same category with the best beef-tea, which, in a pint, contains scarcely a quarter of an ounce of solid matter. Gillon's meat juice contains no fibrin, albumen, or gelatine, only osmazome and the salts and sapid principles of the meat. Every practitioner can bear witness to the value of beef-tea in treating protracted diseases, whether febrile or otherwise. Dr. Christison, considering how little really nutrient matter it contains, is disposed to think that it acts much as coffee appears, from Lehmann's researches, to do in hindering the metamorphosis of tissue.

USE OF CHARCOAL AS AN APPLICATION TO SLOUGHING PARTS.

Mr. LAWRENCE ORMEROD has made the following observations in the *Medical Times and Gazette* for January 1855. He says, "I took the body of an English terrier (weight about ten pounds), placed it on a stone floor in a small apartment, and

lightly covered it with charcoal. Although the weather was very warm, and the body in a state of the most utter putrefaction, not the slightest odour could be detected. By some accident, the charcoal was disturbed, and a large portion of the mass was left uncovered. In spite of this, the circumjacent charcoal was sufficient to prevent any offensive stench. Upon seeing this, I left the body completely uncovered, merely surrounding it with the deodorising agent. This again prevented any disagreeable smell. Having determined this fact, I again covered the carcass. In less than a fortnight, not a particle of flesh remained upon the bones, which were picked perfectly clean, and were of a snowy whiteness." This corroborates Dr. Stenhouse's remark, that charcoal is not, as generally believed, an antiseptic, but a hastener of decomposition.

Now, two of the objects in view in treating gangrene are the quick removal of the slough, and the destruction of the malarious influence which causes the disease to spread from one wound in a ward to all wounds that may be in it. Mr. Ormerod submits, in respect to the first of these objects, that, if a substance could be furnished that would rapidly absorb the slough as soon as it was formed, without pain and inconvenience, easy in application, and positive in result, a great desideratum would be obtained; and this he believes charcoal does, as shown by the above detailed experiment. His mode of applying charcoal as a poultice is to moisten it with as little water as will be just enough to cause coherence of the particles: the natural heat of the part soon causes evaporation of the moisture; so that the application in a very short time is dry, or nearly so. As, however, there is a little difficulty in thus concocting the poultice, he proposes having it made wet, and then putting it before the fire till nearly all the water is evaporated. Poultices thus made have a surprising effect in rapidly absorbing sloughs when fairly formed and (so to speak) isolated. In St. Mary's Hospital, last summer, there occurred an attack of epidemic gangrene. In one case, it appeared in a most severe and aggravated form in the stump of a boy who had had his hand removed, sloughing extending up the arm for about two inches. In three days, the slough was removed entirely. An infant, suffering from a severe burn, had two enormous sloughing masses, extending in one leg from the knee to the ankle, in the other involving the whole of the calf. In two days and a half, both were removed. A man was admitted with a sloughing sore upon his leg. A poultice of this kind was put on, and in six hours the dead portion was reduced in size fully one quarter. At the same time, the poultice thus made effectually prevents any odour or putrefying portion proceeding from the slough, and pervading the apartment.

PREPARATION OF LEMON-JUICE SO AS TO RENDER IT EFFICACIOUS AS AN ANTISCORBUTIC.

The bad quality of the foreign-prepared lemon-juice supplied to the navy has induced Sir Wm. Burnett to devise some method of remedying the mischief thus arising. He therefore, on the sailing of the late Arctic expedition, supplied the vessels with lemon-juice expressed in this country, and prepared in two ways. Half of that supplied was lightly boiled, then strained, and, after cooling, bottled, bringing the juice in the bottle up to the neck; a small quantity of the best olive oil was then poured over it, and the bottle corked, and the cork sealed over. The second half was prepared by adding ten per cent. of brandy, bottled, and oil poured over it as before. The experiment has been most successful, all the qualities of the boiled juice remaining perfect during the whole period of the expedition. Captain McClure writes, "From the first bottle that was opened, in 1850, to the last, in June 1853, it retained both the aroma and the pungent taste of the lime, which made it the most welcome and grateful beverage to the crew."

The saturating power of the English and foreign lemon-juice has been thus ascertained by Dr. Bryson and Mr. Brown. Half an ounce of—1. Boiled lemon-juice, with oil on surface, required for saturation thirty-two grains of carbonate of potash; 2. Not boiled, but ten per cent. brandy added, and covered with oil, twenty-nine grains; 3. Malta lemon-juice, obtained in Sicily, in the preparation of which great care was taken, and brandy or rum used, sixteen grains. (*Medical Times and Gazette*, December 1854.)

CONICINE.

Professor MURAWIEFF recommends the external use of this alkaloid in the following diseases. 1. In all chronic diseases of the skin, it lessens the sensation of burning or itching, and perhaps even leads to cure, except in cases of constitutional vice, or where they arise out of disease of some internal organ. 2. In caries of the teeth, a drop calms the pain, at least as

* Nos. I and II appeared at pp. 78 and 250, on Jan. 26th and March 16th.