

The form I have adopted has been uniformly the same. One ounce of the dried and cut stem is infused in a pint of boiling water for an hour. The liquor removed by straining has been given, unmixed with any other remedy, in quantities varying from twelve ounces to a pint during the twenty-four hours, in several doses. The taste of the infusion is rather agreeable than otherwise; it produces no nausea or derangement of the stomach.

From notes of the numerous cases in which I have employed it, making at the same time due allowance for the effect of other sources of benefit to the patient, I have arrived at the following conclusions respecting the indications for its use:—

In vesical irritability produced by inflammation of the prostate and neck of the bladder; in severe gonorrhœa, and especially when the inflammation extends backwards; in the pain and spasm caused by calculus, and by aggravated stricture of the urethra, as well as in some cases of obscure disease of the bladder, the good effects of the infusion have been very marked, and it has proved far more efficacious than the buchu, which may fairly be esteemed the most widely applicable and generally useful of our officinal remedies of this class in such circumstances. In cases of prostatic enlargement in elderly patients it has been of service, but less frequently than in the conditions above-named. It has also afforded great relief in renal calculus. A medical man practising in London, who has thus suffered, and very severely, during many years, tells me that “after trying every approved remedy, it is the only thing that has rendered life endurable.” This is one of four similar cases in which it has been more or less useful.

In short, wherever micturition is very frequent or painful, depending on hyper-sensibility of any part of the urinary passages from acute or subacute inflammation, with signs of its presence in the urine itself, the symptoms are mostly materially relieved, and the urine becomes clearer. If improvement is produced at all, it is generally very soon after commencing the medicine, and if none can be observed in four or five days, it is not worth continuing to employ it.

I believe it is important that the plant should be gathered in the spring, shortly before the leaves appear; the stem is then to be slowly dried without artificial heat, and cut into short lengths for use. The infusion obtained from material so treated is superior to that made from plants gathered indiscriminately at any time, and, also, to the infusion made from the *Triticum repens* which is imported by the herbalists for the purposes of French pharmacy in this country.

Wimpole-street, Oct. 1861.

## ANEURISM OF THE ARTERIA ANONYMA.

By CHARLES D. ARNOTT, M.D., Gorleston.

ANEURISMS, however and wherever they occur, represent one of the most formidable and important classes of disease both to the surgeon and the physician; they have therefore engrossed much and serious attention. As a general rule, it may be stated that the nearer they occur to the centre of the circulation the less are they amenable to such modes of treatment as surgical science, in its present state, commands, and the more they pertain to the province of the physician. In recent times surgery has, indeed, widely extended her dominion over them; still there are bounds beyond which she cannot yet legitimately pass. Hence aneurisms naturally divide themselves into two great practical classes: they are either *within* or *beyond* the reach of surgery.

In some instances even this division seems somewhat difficult to define and fix; it would therefore so much the more forcibly conduce both to scientific accuracy and practical utility to render this line of demarcation, wherever blurred or indistinct, as definite as possible. In the case of aneurism of the anonyma, for example, such discordancy persists on this point, that its treatment becomes completely subversive of all scientific principle, and degenerates into nothing but culpably reckless and unjustifiable experimentalizing.

For the surgical cure of aneurism, three methods of arterial deligation have been devised, and practised with variable success. These are generally known by the names of their proposers, Hunter, Brasdor, and Wardrop.

The Hunterian operation, as tested now by the experience of years and frequent repetition, constitutes, *par excellence*, “the surgical treatment of aneurism.” It comprises many elements,

and, when these can be commanded in their entirety, is a most promising and satisfactory surgical operation. Failure in its result is almost always due to some one or more of its important elements being either opposed or in abeyance. In the earlier days of this great advance in surgery, it was, like most other steps of progress, stretched too fast and too far, thought capable of more than it really is, and consequently now and then injudiciously adopted. Aneurism of the anonyma was surmised to come within its province. Ligature of the vessel on the cardiac aspect of the tumour, an operation within reach of due manipulative dexterity, was argued and believed to be brimful of promise. It was too hasty a generalization. Extended experience and a clearer knowledge of the requirements for a successful issue have since demonstrated that too many of the vital principles of the operation being necessarily violated, failure must result. Deligation of the anonyma by Hunter’s method, for the cure of aneurism of this vessel, will never be repeated by any judicious surgeon.

Brasdor’s modification of the Hunterian method admits but of limited application. There are but few cases in which it is expedient or available. Where its principles can be carried out, the operation is sound and reasonable. In aneurism of the anonyma it is ineligible. To fulfil its requirements, it would be necessary to deligate the common carotid, and the subclavian in the *first part* of its course. Setting aside all consideration of the insuperable disturbance to the circulation such measures must necessarily entail, the ligature on the subclavian would be so near the site of arterial degeneration, that permanent occlusion could not be reasonably hoped for. No living surgeon, I feel certain, would advise, far less have such operation attempted on his own person; and this I hold to be an excellent measure of its value.

Wardrop’s operation has found much less favour than either of the preceding methods. It is generally regarded neither theoretically sound nor practically trustworthy; and has consequently all but passed into desuetude. It has, however, been recently revived and practised in Manchester, by Mr. Broadbent, for the cure of aneurism of the anonyma, with the usual and too easily to be predicted result.\* The procedure, notwithstanding, finds an enthusiastic partizan in an anonymous writer from St. Bartholomew’s Hospital,† who repudiates Mr. Broadbent’s apologetic remarks concerning it, and speaks of it as an operation of high character and merit. Such discrepancy can only be regarded as utterly subversive of all surgical principles, and demands that the subject be carefully weighed in the balance and sifted, either to be commended and established, or to be repudiated and laid aside.

The principles of the operation may be briefly stated. It is supposed that the channel of escape from the tumour being diminished, retardation of the arterial current through the sac will ensue to such an extent as to prove favourable to consolidation. The operation is, thus far, believed to correspond in principle with that of Hunter, which only effects a slowing, and not a complete arrest of circulation through the aneurism. But the analogy is imperfect, and is not supported by any law of hydrodynamics. To annul pulsatile disturbance within the sac is a primary element in Hunter’s operation. The ligature cuts off the power of the force-pump, and only permits what may be regarded as a trivial and beneficial leakage. In Wardrop’s method the *vis a tergo* is in no degree restrained; but the means of escape beyond the tumour being impeded, the tumult between the power and point of obstruction is materially increased. It thus, instead of conducing towards, proves actively inimical to, cure. The weight of surgical opinion leans to its being regarded untenable, and, of all the modes of arterial deligation, the least to be confided in for the cure of aneurism.

If these statements contain any truth, the question naturally arises, how came this indefensible operation to be so recently selected and put in practice in one of the worst forms of this disease? Mr. Broadbent, in offering some apologetic remarks on the case, asks, “Why have recourse to this measure?” His reply is, that “unless some operation was resorted to the man could not long survive the effects of the disease;” and “he was anxious to submit to any operation which held out the possibility of curing him.” Allow me to suggest neither reason appears in any way valid or satisfactory. The first undoubtedly requires an amended reading. The substitution of the word “*whatever*” for “*unless some*,” renders the passage in its full and correct significance, and also simplifies the acceptance of the second reason; and with reference to the man’s anxiety to submit to operation, this frame of mind, although

\* THE LANCET, April 13th, 1861, p. 359.

† Ibid., June 8th, 1861, p. 577.

most satisfactory when circumstances are promising, holds out no justification for the encouragement of delusion, or the perpetration of impotent though dangerous measures, and should be checked, not pandered to, when circumstances are adverse and unpromising.

Let the effects of Wardrop's operation, as illustrated by Mr. Broadbent's case, be carefully analysed, and there cannot, I think, be any difference of opinion respecting it. It evidently did not exert the slightest sanative power over the disease, but permitted it to run its course unchecked, and to produce its fatal issue exactly as would have resulted without the operation. Any apparent mitigation of symptoms—such, for example, as the occasional absence of bruit—was manifestly due not so much to the operation as to other causes. Secondary hæmorrhage repeatedly occurred; digitalis was administered: these much more reasonably explain the phenomena observed, which were construed into indications of amendment; and these effects could surely have been commanded more safely without the operation. Unclosed wound of the carotid, with its concomitant dangers and tortures, could but fearfully aggravate systemic disturbance, and tend, in all reasonable probability, to accelerate the event; it undoubtedly rendered the brief period of the unfortunate patient's existence all the more wretched.

Approval and justification of the operation are notwithstanding sought on the ground of the most satisfactory progress of the case for two months; the true meaning of which is, the man did not die within this period; and it is intimated that but for an unexpected attack of bronchitis the result might have been different. To this bronchitic attack is attributed probable displacement of some of the coagula within the sac, although, in the first part of the remarks, it is observed, "The large size of the tumour prevented my attempting to displace the coagula, if any existed, or of exciting new action in the sac by friction of its walls, the plan so ingeniously carried out some years ago by Mr. Fergusson."

By this we are led, as the extremely learned and original Brown-Séguard has pointed out,\* to two singularly contradictory series of inferences, which may be thus stated:—*Displacement of the coagula within the sac is inimical to cure*; and, *Displacement of the coagula within the sac is favourable to cure*: further proof that the surgical treatment of aneurism of the anonyma, in its present state, is based on nothing sound, and constitutes, in fact, but absurd and rash experimentalizing.

Surgery, in the present state of her resources, is inadequate to contend with aneurism of the anonyma, and it is culpable perversion of her high position to be pressed into such unholy service. Until something much more promising presents itself, the treatment of this serious malady pertains much more rationally and humanely to the department of Medicine.

Gorleston, Great Yarmouth, 1861.

## REMOVAL OF A NEEDLE FROM BENEATH THE SKIN OF THE ABDOMEN OF A CHILD.

By GEORGE D. GIBB, M.D., M.R.C.P.

THE following case may appear to be trivial, but my object in recording it is to show the extreme carelessness of nurses in allowing very young children to play with pins and needles:—

A lady was superintending the ablution of several of her children in a bath. The youngest, a female child, not two years old, cried very much; it had been very fractious and irritable for several days. The cause of this was unsuspected until the mother discovered a loose body under the skin just below the right false ribs, which she thought might be a portion of a rib. The child evinced pain when it was touched. This was shown to me; and I had no difficulty in at once recognising a needle, although it felt as if there really was a larger body from the duplicature of integument around it. A minute speck was discernible upon the skin lower down, which was no doubt the point of ingress. No satisfactory explanation could be afforded of how the needle came there. As the children, however, had been permitted indiscriminately to play with pins and needles by the nurse, the solution of the question was easy enough. Next day I forced the point of the needle through the skin, and drew it out with a pair of forceps. It was nearly an inch and a half long, quite black, but not rusty. The child is now as lively as heretofore.

Portman-street, Portman-square, Oct. 1861.

\* THE LANCET, July 6th, 1861, p. 4.

## REPORT OF A CASE OF POISONING BY STRYCHNIA.

RECOVERY.

By WM. TRAVERS, Esq., M.R.C.S. ENG.

DR. PART's able paper on "Poisoning by Strychnia," contained in THE LANCET of March 30th and April 6th last, has led me to believe that a brief notice of the following case may not prove uninteresting, analogous as it is in nearly every respect to Dr. Part's own case, the poison, too, having been taken in the same form, that of "Battle's vermin-killer."

Kate W—, aged twenty, a married woman, a Greek by birth and extraction, was brought to Charing-cross Hospital at half-past eleven P.M. on the 17th of March last, having about an hour previously, in a fit of jealousy, swallowed the entire contents of a packet of the above-mentioned compound. She had been already visited by a surgeon, and an emetic had been administered, without however producing vomiting. Upon admission, the body was perfectly rigid; limbs extended and immovable; eyes protruding and fixed; teeth firmly clenched; countenance anxious, and of a dusky hue; breathing deep and irregular; pulse very small and quick. The spasm shortly relaxing, she became sensible for a few moments, only again to relapse very speedily into a similar state. Being anxious to remove without delay any of the poison remaining in the stomach, I attempted to use the stomach-pump; but finding on each trial to introduce the tube, or in fact on even touching the patient, that the spasm increased tenfold in violence, I abstained from any further effort, and contented myself with forcing her to drink (though with great difficulty) a powerful emetic dose of sulphate of zinc dissolved in hot water. This fortunately soon took effect, and vomiting was kept up for upwards of half an hour. The tetanic spasms had, however, by this time increased very much in intensity, each attack commencing with a prolonged loud and peculiarly shrill scream; the body then becoming perfectly rigid, the legs widely separated, and opisthotonos occurring to such an extent that the patient appeared to rest almost solely on the occiput and heels. During the fit the dyspnoea became more extreme, the eyes open to their widest extent, the eyeballs started from their sockets, and the pupils dilated to the utmost. At length, after the lapse of about half a minute, a sudden tremor appeared to seize the entire frame; the limbs became relaxed, the muscles flaccid, the eyes dim, the skin bedewed with a cold clammy perspiration, and the breathing scarcely perceptible; not any pulse was to be felt at the wrist; the patient, in fact, was lying as I believed dead. Ammonia applied to the nostrils and cold water dashed in the face gradually increased the force of the respiration, and the pulse could again be felt. But with the return to consciousness the symptoms of spasm were once more renewed, became more violent as the sensibility returned, and held out a prospect of becoming as formidable as before.

Doubting whether the patient would survive a second attack, I was anxious, if possible, at once to restrain the spasm, and with this view determined to administer chloroform. This I proceeded to do at once, carefully watching the patient, yet at the same time so using it as to bring her as speedily as possible under its influence. Its effects were soon perceived; in a very short space of time the countenance lost its fixed and anxious appearance, the eyes became less prominent, the opisthotonos subsided, the limbs gradually became relaxed, the respiration more normal, the pulse fuller and less frequent, and, when completely under its influence, the spasm had entirely left her, and she lay as in a sound sleep. I now withdrew the inhaler, yet remained by her, and at each attempt at return to consciousness (generally showing itself by some spasmodic working of the features) I reapplied the chloroform. At length, two hours and a half having elapsed, and the pulse becoming weaker, whilst a slight return to sensibility not having been accompanied with any return of the spasm, I allowed the effects of the anæsthetic to pass off. In the course of half an hour, some slight convulsive attacks having again shown themselves and becoming gradually more violent, I gave the patient forty minims of the tincture of opium with half a drachm of the compound spirit of ammonia in camphor mixture; and at the end of an hour, the symptoms still occurring occasionally and the patient being somewhat excited and restless, I repeated the dose. Shortly after this she fell into a sound sleep, which continued, with scarcely an interval of waking, for six hours. The following morning she expressed herself as