afterwards by Brandes; then in 1825 by Pallas, and by Geiger in 1832. These authors remark the extreme virulence of this substance; one-tenth of a grain killed a bird "avec la rapidité de l'éclairc."

The ancients were well aware of the use of stimulants in the treatment of poisoning by aconite: rue, horehound, opobalsam, chamæpitys, castor, pepper, garlic, wine, ammonia, &c., all are mentioned. One species, the *A. Anthora*, is said to be an antidote to the *A. Napellus*.

In later days, the same principle of treatment has been carried out, and after emetics, stimulants,—even carried to excess,—mustard to the epigastrium, and frictions, have been found the most useful.

The medicinal properties of aconite were early understood and used. Pliny and Dioscorides mention it as an anodyne for the eyes. Galen and Tragus assign a corrosive property to it. Melchion Friccus, of Ulm, used it in tertian and quartan fevers. Boecler, of Utrecht, as a blister.

In 1762, Baron Stoerck introduced it as a remedy, and found it useful in scirrhus, pain of the joints, ulcers, intermittent and quartan ague, in gonorrhœa, in tic, rheumatism, &c. He gives many illustrative cases.

In Germany and Sweden, it has also been extensively used in rheumatism by Rosenstien, Blom, Odhelius, Ribe, and others. Foderé recommended it in the case of Charles IV. of Spain, in rheumatic gout. Sigmond and Walkins (THE LANCET, 1836-39) gave the extract in quarter-grain doses in deep-seated rheumatic affections. Dr. Gebel (*Med. and Phys. Jour.*) gave two grains, night and morning, in rheumatic cardialgia. Dr. Chandru (*London Med. and Surg. Jour.*) gave two grains of the extract, increased to twelve grains in articular rheumatism. Nysten (*Dict. des Sc. Méd.*) gave thirty-two grains of Stoerck's extract, with great advantage, in rheumatism and gout. Schultze, Vogel, Lombard of Geneva, Craigie of Edinburgh, all speak highly of its use in this complaint.

Skey gives illustrative cases of its use in tic, (THE LANCET, 1836-37.) M. Ribe and M. Delens also testify to its power in relieving facial neuralgia. Mr. Radley, (THE LANCET, 1836,) Dr. Burguess, (*Lond. Med. Gazette*), gave it with great benefit in nervous headaches. Brera mixed aconite with hemlock and calomel in angina pectoris. In glandular obstructions, Bergius gave five grains of the extract every two hours; and Dr. Collins, of Vienna, has given half a drachm in the course of the day in similar cases. Aconite has also been given in syphilitic pains, by Borda; in phthisis, by Busch and Portal; in pneumonia, and in diseases of the heart, by Lombard; also in acute enteritis, from its supposed sedative action; as a diuretic, by Fouquier; in many skin diseases, by M. Bielt, Brera, and Professor Tommasini; in herpes, both internally and externally; in lepra, by Avicenna; inveterate psoriasis, by Dr. A. T. Thomson; in erysipelas, (THE LANCET, 1836;) by Klitton, of Wittemberg, with calomel, in some of the sequelæ of scarlatina; in amenorrhœa, by Dr. West, of Strasburgh; in various diseases of the eye, as opacities of the cornea, cataracts, &c., by Dr. Turnbull; by the native practitioners of Bengal, as a last resource in cholera.

It is probable the use of aconite will not extend beyond its employment in rheumatism and nervous pain, over which, when taken internally, or applied externally, it exerts a most powerful and beneficial effect, as the cases on record, as well as my own experience, fully warrant me in speaking in the most positive terms.

The tincture of the root, or the active principle, aconitina, mixed with lard, appears best suited for external application, and as such have been used with decided advantage.

The internal use of aconite as a medicine has not become general, owing, probably, to the uncertain action of its various preparations, which depends not only upon the part of the plant used—the age and mode of preparation of the extracts and tinctures—but, above all, upon the varying per-centage of the active principle, aconitina, yielded by different plants, some specimens giving *three times* the quantity others do. Aconite cannot, therefore, be extensively used till we have some certain and uniform preparation.

Notting-hill-square, Notting-hill, April, 1856.

ST. PANCRAS ROYAL DISPENSARY.—The labours of the medical staff of this institution have latterly become so onerous—as many as 7000 domiciliary visits being paid during the past year—that the governors determined to appoint two visiting-physicians, in addition to the ordinary staff; and on the 17th ult. Dr. Hullett Brown and Dr. L. Thudichum, the candidates chosen to fill these appointments, were unanimously elected.

CONCLUDING REPLY

TO

DR. TYLER SMITH'S "FURTHER OBSERVATIONS."

BY DR. HENRY BENNET.

FROM Dr. Tyler Smith's last "Observations," it would appear that the case seen in February is the only producible one on which his accusations against me are founded. It will be remembered that this case is stated to have been two years under my care at the Western Dispensary, *nine years ago*, necessarily for some severe morbid condition; that the pathological history of the patient during the many years that have since intervened has not been given; and that it has not been said what medical or surgical attendance she has received during that lengthened period—all very important points in estimating her present condition, whatever it may be.

Dr. Tyler Smith professes himself ready to accept my challenge, and to submit his case to a medical tribunal, but at the same time he thoroughly negatives his acquiescence by naming Dr. Robert Lee as a member of such tribunal. It would be a positively absurd for me to allow such a question, involving my professional character, to be solved by a physician who, however eminent, has shown in uterine questions, complete blindness, to say the least. Has not Dr. Lee, up to the present day, been unable to see ulceration? and has he not for many years thrown the entire weight of his scientific authority into statements which, if true, would have convicted me and those who hold the same views as myself of fraudulent misrepresentation.

Dr. Tyler Smith now accuses me of inconsistency, of receding from the ground first taken. The accusation is unfounded and untenable. Dr. Tyler Smith states, that *even to use escharotics* in the treatment of morbid conditions of the neck of the uterus, is "mutilation." My reply is, that such an assertion could only be made by one who, like Dr. Tyler Smith, has had no practical experience *whatever* of their use, and is in opposition alike to facts and to the received doctrines of surgical therapeutics. I maintain that there are morbid conditions of the cervix uteri, chronic inflammatory indurations, indolent ulcerations, suspicious sores and tumours, which, like similar morbid conditions in other parts of the economy, occasionally resist mere antiphlogistic remedies, and require for their radical cure more potent surgical agencies—viz., the mineral acids, potassa cum calce, or the actual cautery. In the immense majority of cases, these surgical means need only be used as vitality-modifying agents; and, when so employed with due care and discretion, leave no trace behind them: neither cicatrix nor other evidence of their use, beyond the removal of disease. There are instances, however, in which these agents may be legitimately used, and must be used, to destroy diseased tissue; as, for instance, in the treatment of cauliflower excrescences, or of other forms of suspicious but removable tumours springing from the cervix. In such cases, we ought not to be satisfied merely with the removal of the tumour, but to destroy, without hesitation but with care, the diseased surface from which it springs. In so doing we may, if successful, leave traces of the operation; but we have not mutilated the patient: we have simply saved her life. Mutilation, in its accepted scientific sense, implies, as I stated in my first Reply, "the unnecessary, unwarrantable destruction of organic textures." Thus interpreted, I can conscientiously repeat what I wrote on the 29th of March, that "I have been now many years in practice, and that hundreds of my patients, rich and poor, are disseminated throughout the length and breadth of the land, but that not one of them bears the trace either of *mutilation* or of destruction of the cervix uteri."

I may add, that I have only once amputated the neck of the uterus. It was in a woman who presented a malignant pedunculated tumour, involving nearly the entire uterine neck. I was able to entirely remove it with the portion of the cervix, from which it grew. The woman improved for a time, but then relapsed, and eventually died.

As regards the abuse of these surgical agencies in the treatment of morbid conditions of the neck of the uterus, I may claim to have been all but the very first to forcibly draw attention to its danger. In the third edition of my work, in 1853, two years before the publication of Dr. Smith's book, and again

in 1854, in a paper read before the Medical Society of London, I expatiated at considerable length on the danger to patients from the rash and indiscriminate use of surgical agents,—here as elsewhere, potent for evil as well as good,—illustrating my warning by cases drawn from my own observation. The question of use and abuse is well illustrated by the clinical lecture on the Use of the Actual Cautey in the Treatment of Chronic Articular Disease, by Mr. Syme, of Edinburgh, which appeared rather opportunely in THE LANCET of April 19th. It must have shown Dr. Tyler Smith that he need not go back to “the days of Ambrose Paré,” even in Great Britain, to find surgeons who believe the actual cautey, carefully and discreetly used, to be a valuable means of treatment in intractable disease. What Mr. Syme says of it with reference to articular affections, I say of it with reference to morbid uterine conditions. Used with caution and discretion, it is a most invaluable addition to our means of treatment; used without discretion, it is a dangerous surgical weapon, like many other surgical agencies.

Finally, I have again to complain that Dr. Tyler Smith having signalled, in his controversies with me, every possible abuse (real or imaginary) in uterine treatment, whether arising from ignorance, carelessness, or professional immorality, and having mingled them up together, has so expressed himself—either by design or accident I leave others to judge—that any ordinary reader would, almost of necessity, refer such abuses to me, notwithstanding that I have in my writings constantly pointed out and condemned such abuses, and that years before Dr. Smith had written a line on uterine pathology.

As regards Dr. Scott, of Ootocamund, whom Dr. Smith so very violently attacks, I must ask the profession to suspend their judgment until he can be heard in defence, as he is now many thousand miles away. Several cases of uterine disease treated by Dr. Scott in India have come under my notice, and I am bound to say that they had all been treated most skilfully, most prudently, and most efficiently, and that all did Dr. Scott very great credit. In none of them was there the slightest trace of “mutilation.”

Grosvenor-street, May, 1856.

ULCERATION OF THE CERVIX UTERI TREATED BY POTASSA C. CALCE.

By T. H. SHUTE, M.D.,

PHYSICIAN TO THE TORBAY INFIRMARY.

I SHOULD not have thought the following case worth reporting, had I not read the strictures of Dr. Tyler Smith on Dr. H. Bennet's treatment, which he designates mutilation: “I believe the application of potassa fusa to the os and cervix uteri to mean mutilation;” and also Dr. Boulton's appeal to the profession for the result of their experience. It appears clear that Dr. Tyler Smith does not understand the mode in which the stronger caustics are properly applied; indeed he avows that he has had no experience in their use, and as I never knew a case in which the great benefit resulting from them, and the total absence of “mutilation” was better exemplified, I am induced to publish it, for the benefit of those who may be deterred from using them in *proper* cases by Dr. Tyler Smith's dictum, that their application means “mutilation.”

E. C—, an out-patient, aged twenty-nine, married eleven years. Previous to marriage she enjoyed good health, and dates her illness from the birth of her only child, one year afterwards. Since that time she has been suffering from severe leucorrhœa; scanty, irregular, and painful menstruation, and at each catamenial period a flow of milk from her breasts; habitual constipation; loss of appetite; cough; palpitation, with fainting fits, lasting two or three hours; pain in the back, with great weakness, bearing-down, and her sight so dim as to cause a fear of its total loss. She has been under the care of various medical men, but never derived any benefit from their treatment, and when on a visit in London went to some medical man, whose name and residence she does not remember, who told her at once that he saw what was the matter, but as she was returning to Torquay, “she had better place herself under my care, and that I should soon put her to rights.”

Feb. 28th, 1855.—Ordered iodide of potassium and quassia, but no topical application, as I was willing to see what could be done without it.

March 1st.—Ordered an injection of alum twice a day; this was continued until the 10th, when, no benefit having resulted, she was examined with the speculum. The cervix uteri, so

much retroverted as to render it difficult to bring it within the field of the speculum, was bathed in pus, the os largely open, the anterior lip much hypertrophied, and the posterior one, divided by a fissure into lobes, and reduced to the breadth of a quarter of an inch, had nearly its whole surface occupied by a deep ulcer with jagged edges. Nitrate of silver was applied.

14th.—She was admitted an in-patient. A stick of potassa cum calce was applied during a few seconds to the ulceration, which was well washed out afterwards with acidulated water. Emollient injections, and the recumbent posture enjoined.

15th.—No pain or uneasiness from the cauterization.

19th.—The eschar has separated, leaving a granulating surface. Slightly touched with nitrate of silver.

29th.—The ulcer showing no disposition to heal, an eschar about the size of a fourpenny-piece and as thick as a shilling, was formed with potassa cum calce on the posterior and also on the anterior lip of the os. Great care was enjoined, and emollient injections, &c.

30th.—State satisfactory.

31st.—Having, contrary to orders, been sitting up, found her complaining of abdominal tenderness and pain in the womb. Ordered a large poultice to the abdomen, and an enema with tincture of opium and a hip-bath every night.

April 1st.—Abdominal tenderness gone. Ordered to use, once a day, an injection of zinc and alum, and cold water in the morning, as also an enema of cold water, and to take a shower-bath three times a week.

The case continued to progress favourably, the exuberant granulations being occasionally touched with nitrate of silver or creosote; and on the 24th of April the catamenia appeared more abundantly than she had experienced for years, without pain, and her countenance expressed the utmost satisfaction at the happy change in her state at such times.

May 3rd.—Discharged, cured; but advised to continue injections of alum with a Clarke's syringe.

This patient presented herself the other day (about one year since she was in the infirmary). She states that she had continued well and strong, and had enjoyed such health as had been unknown to her for ten years, notwithstanding two miscarriages she had had during the last year (*for ten years she had not conceived*). Probably the tendency to abort might be prevented by the application of a few leeches.

Remembering Dr. Tyler Smith's “mutilation” myth, I examined her with the speculum, and found *the cervix perfectly round and well-formed, and the os of its natural size, and presenting, altogether, almost the appearance of a virgin cervix.*

As corroborative testimony is unfortunately necessary, where such strange moral obliquity of vision is attributed to us by our opponents, I may state that the above case is confirmed in every respect by our house-surgeon, Mr. Stabb. I will only add, in conclusion, that I have frequently used the potassa cum calce, and always without producing “mutilation” or any bad consequences.

Torquay, April, 1856.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proœmium.

ST. MARY'S HOSPITAL.

DOUBLE LUMBAR AND PSOAS ABSCESS, IN THE SAME PERSON; ERYSIPELAS OF THE BACK FROM THE PUNCTURE OF A GROOVED NEEDLE; OPENING OF THE LUMBAR ABSCESS; GREAT DEBILITY, HECTIC FEVER, AND PULMONARY TUBERCULOSIS.

(Under the care of Mr. COULSON.)

COMMON as these diseases are, it is not a very usual occurrence that the two sides of the body are simultaneously affected, although there is of course no reason why it should not be so; a matter which is sufficiently obvious, since the labours of pathologists, from the days of Pott, have cleared up many obscure points connected with the origin, course, and termina-