THE USE OF ALISMA PLANTAGO IN EPILEPSY.

By E. BAINES, Esq., M.R.C.S.

WILLIAM, the son of Serg. T., of the Middlesex Rifles, a boy of eight years, has been subject to epileptic fits from a few months after birth. They have increased in frequency and intensity; his mother says that "they average six in a short night!" frequent eruptions, generally followed by vomiting. Much attention, medical advice, and expense have been lavished on this case without benefit. He was ordered to take four grains of the powder of water plantain twice a day, and to increase the dose a grain every third day.

Sixth day.—A slight fit. Thirteenth day.—An ordinary fit; vomiting has ceased.

Forty-eighth day.—A fit of short duration. The intervals between the fits have extended to seventy-seven days.

The apparent controlling power of the Alisma Plantago in so little tractable a disease, warrants more extensive trial. The powder is palatable, of a light-brown colour, and, when fresh, has somewhat the odour of cocoa. The best period for collecting the roots is at the end of August, as in mild winters they shoot (probably at the cost of the active principle).

This genus is not new to the British physician, as Miller says of the Alisma Damasonium (Actinocarpus Damasonium of modern botanists) that "if it is wanted as a medicine, it must be gathered in its natural place of growth."

EUGENE, aged five years, has been subject to epileptic fits since birth. The fits have increased in frequency and intensity; his mother says that "they average six in a fortnight," frequent eruptions, generally followed by vomiting. Much attention, medical advice, and expense have been lavished on this case without benefit. He was ordered to take four grains of the powder of water plantain twice a day, and to increase the dose a grain every third day.

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NOTES OF THE PRACTICE OF SURGERY IN PARIS.

By C. F. MAUNDER, Esq., F.R.C.S.

HÔPITAL DU MIDI.

M. BOUCHER.

Fissure of anus treated by forcible dilatation.—The index finger of each hand was introduced into the rectum, and dilatation effected by separating the fingers from each other until all resistance on the part of the sphincter ceased. Considerable force was employed.

Z Hutchinson's edition of index finger.—M. Boucher remarked that in these cases inflammation and its consequences do not extend into the palm of the hand, by reason of the attachment of the skin opposite the metacarpal-phalangeal articulation to the deeper structures, thus forming a natural barrier. Swelling and effusion soon appear on the dorsum of the hand, because, in this region, the fibrous barrier is absent. Again, inflammation and abscess in the tendinous sheath of the fingers do not pass into the palm, because the tendinous sheath ceases at the metacarpal-phalangeal articulation; but, in the thumb, the sheath is continued into the hand, therefore pus may be found in the palm; also, when the interior of the sheath is affected, the finger will be more or less flexed.

Unlected fistula.—The patient was the subject of three fistulae, located within half an inch of each other, the most anterior being an inch posterior to the meatus. They are to be treated separately, the most anterior taking precedence. The edges were pared, and brought together after the manner of the quill suture, rolls of adhesive plaster taking the place of the mucous membrane from the bone—by paring the margins of its centre only, and bringing them together by means of a single interrupted suture. A small surface of mucous membrane thus remains in contact before and behind the suture, which, if not united hereafter, can be readily made to do so by the application of nitric acid.

The second instance was also in a girl, aged eighteen years, and differed from the preceding in being a favourable case of simple fissure through the soft palate only. The levator palati muscles of the two sides were divided, and the margins of the fissure (through the hard palate) were closed—after separating the mucous membrane from the bone—by paring the margins of its centre only, and bringing them together by means of a single interrupted suture. A small surface of mucous membrane thus remains in contact before and behind the suture, which, if not united hereafter, can be readily made to do so by the application of nitric acid.

The second instance was also in a girl, aged eighteen years, and differed from the preceding in being a favourable case of simple fissure through the soft palate only. The levator palati muscles of the two sides were divided, and the margins of the fissure were pared, and then brought together by silver wires. Chloroform was not given in these cases. Union had taken place, but at a very awkward angle.

Conservative surgery appears to be making rapid strides; but the profession will judge of their value. I will report on the progress of these cases in a future number.

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

By E. BAINES, Esq., M.R.C.S.


KING'S COLLEGE HOSPITAL.

FISSURE OF THE SOFT AND HARD PALATE.

(Under the care of Mr. FERGUSSON.)

Three examples of fissure of the palate were submitted to the notice of the pupils at King's College Hospital on the 6th inst. All were not precisely alike in their deformity. In the first patient, a girl about sixteen years old, the defect extended through the soft and hard palate; that through the former had been operated on by Mr. Fergusson twelve months ago with success, and on the present occasion the remaining part of the fissure (through the hard palate) was closed—after separating the mucous membrane from the bone—by paring the margins of its centre only, and bringing them together by means of a single interrupted suture. A small surface of mucous membrane thus remains in contact before and behind the suture, which, if not united hereafter, can be readily made to do so by the application of nitric acid.

The second instance was also in a girl, aged eighteen years, and differed from the preceding in being a favourable case of simple fissure through the soft palate only. The levator palati muscles of the two sides were divided, and the margins of the fissure were pared, and then brought together by silver wires. Chloroform was not given in these cases. The operation was most satisfactory in both.

A rare and severe example of this deformity was presented in the third patient, a woman about twenty-two years of age, who had a wide gap in the soft and hard palate running through the right nostril and lip, thus presenting a hare-lip in addition. The second instance was also in a girl, aged eighteen years, and differed from the preceding in being a favourable case of simple fissure through the soft palate only. The levator palati muscles of the two sides were divided, and the margins of the fissure were pared, and then brought together by silver wires. Chloroform was not given in these cases. The operation was most satisfactory in both.

A rare and severe example of this deformity was presented in the third patient, a woman about twenty-two years of age, who had a wide gap in the soft and hard palate running through the right nostril and lip, thus presenting a hare-lip in addition. The gap in the soft palate was so wide, and the tissues so scanty, that Mr. Fergusson would not advise an operation, as, even in the event of success attending it, a large gap in the hard palate would not be tolerated. Further, the edges of the palate are so different from those of the nose, that any attempt to unite them would not be successful; the result, therefore, is, a wide gap in the palate, the base of which extends to the back of the tongue and the pharynx, and the whole palatal surface is thus divided into two portions—a condition which is highly disadvantageous in the case of a woman.

A Rare and Severe Example of this Deformity was Presented in the Third Patient, a Woman about Twenty-Two Years of Age, who had a Wide Gap in the Soft and Hard Palate Running through the Right Nostril and Lip, Thus Presenting a Hare-Lip in Addition.