As to diuretics: these medicines are doubtless to be regarded as powerful auxiliaries to other remedial measures; but you will also constantly see that they do not produce the effect anticipated and wished for. This is more especially the case where the disease is of renal origin. The reason of this is obvious, the cause of the disappointment being, that from the morbid condition of the kidneys, those agents which, acting on a healthy organ, would produce the desired effect, have no power over the same when in a state of disease.

In conclusion, I may observe that, to Mr. Huntley, of Howdon, near Newcastle-on-Tyne, I am indebted for the plan of treatment which I now not only advocate, but from which I have obtained such satisfactory results. This acknowledgment I make, not only from a sense of justice, but also as a comparatively small tribute of respect to very considerable practical acumen and experience. If the plan of treatment now recommended be carried out with due care and discrimination, without which any therapeutic agency becomes mere empiricism, you will find that I have not said one word regarding the croton oil treatment of dropsy, which is not more than justified by the facts which I have brought before you.

At a future opportunity, I shall lay before you a tabular statement of the cases treated, with the cause of the disease, the result, and, where fatal, the structural changes.

(To be continued.)

ON THE INTRODUCTION OF IODOFORM INTO MEDICINAL USE.

CLAIM OF M. BOUCHARDAT.

By R. M. GLOVER, M.D., F.R.S.E., &c.

IN the *Bulletin Général de Thérapeutique* for January 15th of the present year, there is a memoir on the therapeutic use of iodoform, with formulas. It is stated very properly, as a reason for employing iodoform, that it contains no less than nine-tenths of its weight of iodine, that very favourable results have been obtained from its use, and, finally, that the "learned Professor has endowed therapeutics with a precious agent." It is less with the view of putting in my own claims to the introduction of this interesting remedy than of again calling the attention of the profession to it that I now write. I have submitted more than once in silence, and seen others deck themselves in my plumes, but this is a somewhat special case, and besides, the practice is so common on the other side of the water, that it deserves a rebuke. There is not a single point in which I have not anticipated M. Bouchardat, except in the use of iodoform in cancer, where I firmly believe it will do more harm than good.

The first published notice of the singular physiological properties of iodoform is an account of an experiment on a dog, at which I assisted, published in Dr. Cogswell's work on Iodine, 1837. In the year 1842, in my paper on Bromine and its Compound, published in *Craigie's Journal*, there will be found a chapter on the Physiological Properties of Chloride and Bromide of Olefiant Gas, Chloroform, Bromoform, and Iodoform, with a note stating that I had used iodoform successfully, both internally and externally, in bronchocele, scrofulous enlargements, and skin diseases; and finally, in the April number of the *Edinburgh Monthly Journal*, 1848, there is a paper by me on the Physiological and Medicinal Properties of Iodoform, where I give a process for the preparation of this substance, the theoretical formula of its preparation, and practical directions for its use, with cases.

The *Bulletin de Thérapeutique* states that M. Bouchardat gets one-sixteenth of the weight of the iodine he employs in iodoform by his process. By mine, published in the *Edinburgh Monthly Journal*, I get, I find, one-eighth; and by both processes the excess of iodine of course admits of recovery. I say, "When we consider the constitution of iodoform, $C_2H_2I_3$, so that 13 grains of carbon and hydrogen in this body render about 380 grains of iodine organic—change the iodine from an inorganic to an organic substance, of the same nature as an acid secreted by animals, (the formic,) and possessing relations with alcohol and ether, an assimilable substance;" that, in short, such a body is likely, as well as from its analogy to chloroform, to possess extraordinary properties. The doses in which I recommended it were three grains, in pill, two or

three times a day, chiefly in bronchocele and scrofula; externally, half a drachm or a drachm to the ounce of lard in skin diseases and tumours. The doses recommended by M. Bouchardat are nearly the same, except a strong external application to cancer, where I veritably believe it will do harm.

In the same article in the *Bulletin*, it is stated that a M. Rhigini, druggist at Oleggio, had found iodoform to be possessed of anæsthetic properties, but these much feebler than in the case of chloroform. In an article on Anæsthesia and Anæsthetic Agents in the *British and Foreign Medico-Chirurgical Review*, January, 1852, which was written by me, iodoform is classed amongst anæsthetic agents beside chloroform and bromoform; but it is stated, "Of the bodies analogous to chloroform, bromoform in all probability, and iodoform, certainly, are not sufficiently volatile." I must do THE LANCET the justice to say, that it noticed my paper on Iodoform, and called the attention of the profession to it. Now that my results have been confirmed by so distinguished a scientific man as M. Bouchardat, I hope parties may be induced to try the remedy in suitable cases. I may as well say, in case any one consults my paper, that at p. 579 of the *Monthly Journal* there is an erratum— H_2 for H.

Tavistock-place, February, 1857.

ON A CASE OF CANCER OF THE MAMMA REMOVED BY A PAINLESS METHOD.

By RICHARD BARWELL, Esq., F.R.C.S.,
ASSISTANT-SURGEON TO THE CHARING-CROSS HOSPITAL.

FOR several years—that is, since 1852—I have been engaged in the study of cancerous diseases, chiefly with a view of finding some constitutional remedy on which reliance could be placed. The question of gradual removal comes naturally into consideration, and I have had such cases where the tumour bore every external character of carcinoma. In the accompanying example, however, all proofs as to the nature of the disease are so clear, so beyond doubt, that I believe the details will be interesting to the readers of THE LANCET.

The treatment adopted requires but few words of explanation. There are, besides the many mineral escharotics, several belonging to the vegetable kingdom, which have the advantage of painlessness; moreover, they hardly act on any but fungoid or lowly organized growths; such are, for instance, oak-bark, the sanguinaria canadensis, &c. &c. In the case below reported, tannic acid was used, because a large surface of diseased growth was open to the action of any application, and because it was deemed advisable to use the least irritating even of vegetable escharotics. I must say that I have failed in finding any especial advantage in removing the tumour *en masse*, as insisted on by Mr. Haviland in THE LANCET of Feb. 14th. Canquoin's pastes, of which he uses the strongest form, are very painful, torturing in only a less degree than arsenical applications; their use has for some years been known and abandoned in all but a very few cases. The mere removal of a carcinomatous growth is very far from being a cure of the disease, and therefore with the local treatment was combined a remedy in which I have learned to place great reliance. I have found that chlorine, given either simply or in combination with soda, acts as a most powerful absorbent and tonic. The weakest and most worn-out system can bear it; it relieves the gastric irritation and rheumatoid pains, so frequently the signs of commencing cancerous cachexia. Even in far advanced cases of uterine disease I have proved the value of this medicine, finding it followed by the above effects, and by a restoration of almost the healthy skin-colour. I hope soon to furnish some examples, wherein the action of this remedy will be fully shown. In the following case it was given in combination with soda (its weakest form), was commenced in a very small dose, increased by five drops every third day.

M. H—, aged sixty-two, came to Mr. Canton at the Charing-cross Hospital, with a tumour in the right breast, on the 5th January, 1857. She has borne and suckled seven children, and suffered eight miscarriages; ceased menstruating at fifty. For some years past has been troubled with business difficulties; but about Christmas, 1854, more important family troubles deprived her of sleep and appetite; she lost flesh, and has since remained thin. In February, 1856,—that is, fourteen

months after the commencement of these more serious anxieties, —she found by accident a hard lump, about the size of a marble, in the right breast. Up to last November this tumour remained passive, but at that time began to increase rapidly, and to give rise to sharp, darting pains. Mr. Canton seeing her on the 5th, pronounced the tumour scirrhus, and, knowing me interested in such, was kind enough to order her to return in a week, that I might have an opportunity of seeing the case. On the 12th January I saw her with Mr. Canton. She is rather tall and spare, with a worn look, slightly yellow tinge of complexion. The tumour, as large as a full-grown English walnut, was at the inner side of the breast, and a little below the level of the nipple. It was of stony hardness, without claw-like prolongations, smooth on the surface, and movable amongst the tissues. The skin was adherent over a space rather larger than a sixpence, and in the centre of this space was a small dry scab, which, when removed, showed an ulcer, around which the skin was just beginning to wrinkle. Mr. Canton removed this tumour, together with a good deal of surrounding tissue. The wound bled considerably. Various styptics were used, and in about six hours the bleeding was arrested.

I took the tumour home with me for further examination. On cutting it in halves, it creaked under the knife, showed a pearly surface, with fibrous appearance. On pressure there oozed forth a white homogeneous juice, which emulsified perfectly in water. A piece of tumour showed, under a magnifying power of three hundred diameters, fibrous matter in considerable quantities, and a large number of nucleated, binucleated, and nucleolated cells, with thin walls and irregular outline. Running round the tumour, in its substance, was a thin red vascular line, lost in the little ulcerated spot above-mentioned. This appeared to me the first step towards softening.

Jan. 19th.—The wound has been going on well; but to-day it has assumed a somewhat suspicious appearance.

27th.—Mr. Canton was good enough to offer the future management of the case to me. I noted the following general and local appearances:—The skin had assumed a duller and yellower hue; the conjunctiva was of an ashen-green colour; the patient had a worn look; was dark under the eyes; had little appetite. There was a hard tumour, which partly enclosed the outer angle of the wound, and extended two inches beyond it, the growth measuring laterally nearly three inches; from top to bottom an inch and a half; the end of the wound cuts an angular slice out of this tumour, the cavity being lined with ragged tissue, some of which I clipped off, and, under the microscope, found it to consist of soft fibrinous matter, mixed with some such cells as above described, but chiefly with free and clustered nuclei with nucleoli. I applied, by means of a sable brush, a solution of tannic acid—one ounce of acid to half an ounce of water; and ordered her to take fifteen minims of the chlorinated soda solution, in water, three times a day.

On the following morning there was a thick white slough, which could be partially separated, so as again to allow of a free application of the acid. This escharotic was applied daily; it caused no pain; indeed, a throbbing, darting pain, which she had complained of at first, was soon greatly lessened; portions of slough separated occasionally from the mass, and were removed; and on the 10th of February, the whole dead tumour came away, leaving a pure granulating concave surface. Thus in fourteen days, the diseased mass had been removed by a painless process. There remained of course a cavity to be filled up; but this was not large, because this application draws the sound parts so close round the slough, that they push it out further and further, so that the hollow is not as big as the tumour, which was removed from it.

On the 28th of February the wound had healed, without any induration; and the patient left the hospital greatly improved in health, with a clear complexion, and without that peculiar dull ashen colour of the conjunctiva.

Old Burlington-street, March, 1857.

ELECTION OF MEDICAL OFFICER FOR ST. MARYLEBONE.

—The candidates were to state for what amount they would contract to attend the sick, in the workhouse; supply drugs, surgical instruments, and an assistant to reside on the premises, at £100 per annum. Three gentlemen were chosen to go to the ballot, viz., Drs. Randall, Head, and Carlill—the tenders being £950 by Dr. Randall, £800 by Dr. Carlill, and £750 by Dr. Head. After a quarter of an hour's balloting, the numbers were—for Dr. Randall, 16 votes; Dr. Head, 4; Dr. Carlill, 3. Dr. Randall was therefore declared duly elected.

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. Prooemium.

ST. GEORGE'S HOSPITAL.

IMPROVED LAMP FOR CALOMEL FUMIGATION IN THE TREATMENT OF VARIOUS FORMS OF SYPHILITIC AFFECTIONS.

(Employed by Mr. POLLOCK.)

IN the last volume of the "Transactions of the Medico-Chirurgical Society" will be found a paper by Mr. Henry Lee, in which he has drawn attention to the advantages of calomel fumigation in the treatment of syphilitic affections (see also THE LANCET, vol. ii. 1856, p. 77); and he has, we think, shown that greater advantages are obtained by the application of calomel-vapour to the surface of the body, than by any other form of mercurial application; especially as compared with the old plan of mercurial fumigation, as adopted by Pearson and others.

Mr. Lee, in his experiments, found that the efficacy of the calomel-fumes was considerably enhanced when combined with the vapour of hot water, and that the combination of the two vapours acted more readily than when the calomel was alone used. For this purpose two lamps were used at first,—one to volatilise the calomel, the other for the purpose of boiling water; for it was necessary to obtain a greater heat than the boiling-point of water to volatilise the calomel. The two lamps were found to answer the purpose most efficiently, but the cost of such apparatus placed it beyond the means of many who might otherwise be willing to adopt the treatment; and it was therefore desirable, if the efficacy of the proposal was not interfered with, that the combination of the two effects should be produced by one lamp, thus economising the spirit consumed and rendering the apparatus cheaper. We can now present to our readers a lamp which has been perfected for this purpose by Mr. Blaise, instrument-maker, of St. James's-street, from a proposal by Mr. Pollock, of St. George's Hospital, and with

the consent of Mr. H. Lee. It consists of a circular perforated stand with a handle, and an opening in front which permits of the drawing out of a small spirit-lamp with a large wick, which, when lit, throws the flame on a circular saucer containing water, with a perforated concavity holding a smaller hollow metal plate or central saucer, upon which is placed the calomel.