Blisters to the abdomen are very useful; they should be small, and applied successively to different parts, and dressed with the blue ointment.

Should the disease give way, the moment the febrile action ceases will be the proper time to commence the use of tonics; and the diet, which up to this period must be bland and unstimulating, though nutritious, may consist of broths, meat, and a moderate quantity of wine or porter.

During convalescence, the patient must be confined to the house at first, and only by degrees allowed to take air and exercise. The clothing should be warm, with flannel next the skin. At a more advanced period of convalescence, a removal to the country will be of essential benefit.

ART. II.—*Case of Tapping of the Brain.* By RICHARD G. HERBERT BUTCHER, L. R. C. S. I., M. R. C. S. L.

TO THE EDITOR OF THE DUBLIN JOURNAL OF MEDICAL SCIENCE.

“SIR,—If the accompanying manuscript be worthy of a place in your valuable Journal, you will greatly oblige me by its insertion. It refers to the operation of tapping the brain in cases of acute hydrocephalus.

“Yours truly,

“RICHARD G. HERBERT BUTCHER,
L. R. C. S. I., M. R. C. S. L.”

A FEW mornings since I heard the question asked, “Is the operation for tapping the brain ever successful?” Now, as the following case bears materially on this point, I am induced to submit it to the public, in the ardent hope—nay, I would say more, the almost certain conviction, that if a similar treatment be adopted in these cases, many young lives might be saved. In an Essay read at the Dublin Medico-Chirurgical Society, a few years since, I cursorily noticed this case; since then repeated

post mortem examinations have confirmed me in the propriety of the operation in certain cases. It comes in as a last resource, when all else fails. Though purgatives, blood-letting, and cold to the head, do not arrest the effusion (for it will continue, from deranged action in the vessels themselves), still they may suppress the inflammatory disposition of them, which conduces to that state. Now here, if the fluid is in large quantity, it will not be absorbed, but, by its pressure, act mechanically in augmenting the turgid condition of the vessels of the part, and thus tend towards the diseased action being continued, until it ultimately terminates in ramollissement. But this will not be so in the majority of cases if the fluid be removed, for it will be much easier to restore the healthy action of the vessels, vessels so peculiarly modified in their structure and anatomical arrangement.

That ramollissement does not come on till a later period than is generally supposed, I have verified by dissection. In eight cases that I have examined of acute hydrocephalus, where the head was unusually large, and where the children were carried off in a few days by infectious diseases, not in any of those cases was there softening or ramollissement of the structure of the brain, though the lateral ventricles were enormously distended with fluid.

There is no doubting the possibility of serous fluid being absorbed from the ventricles of the brain. We are warranted in this supposition, both by the analogy of other serous cavities and by what is actually observed to take place in the brain itself; but, where this fluid is in very large quantity, the *power of absorption is destroyed*; and the patient dies from the structure of the brain becoming secondarily involved. The following case will show the advantages of the operation in this state of things.

Maria Burns applied for advice at the South Infirmary, Cork. She stated having had three children, "two of whom died of water on the brain;" the third, she apprehended, was affected in a similar manner, and entreated that something would be done

that might afford any chance of relief. Upon examining the patient, a boy 16 months of age, his head was almost transparent, and presented, in different situations, patches where the ossific matter was not deposited, its place being supplied by the common integuments. The sutures were very considerably separated, being from half to three quarters of an inch asunder. The head measured in the fronti-occipital circumference thirteen inches and a half; from ear to ear, across the vertex, nine inches; round the chin and across the vertex nine inches three quarters; the pupils were greatly dilated, and insensible to the stimulus of light. Now and then the child would scream out in the most violent manner, being then immediately attacked with convulsions, which the mother said came on frequently for four days previous to her application for relief at the hospital. Here nothing could be expected from the ordinary methods of treatment; therefore, Dr. Woodroffe determined on drawing off the water.

The integuments having been divided with a lancet, a trochar was introduced about three quarters of an inch external to the mesial line, near the junction of the edge of the fontanelle with the margin of the parietal bone. The instrument being inclined a little inwards, in this manner it was directed into the lateral ventricle of the right side; no sooner was the stillet withdrawn than the fluid flowed out freely through the canula. The quantity drawn off amounted to eleven ounces. After the discharge of so large a quantity of fluid, the head lost its tension and globular form, and became so flaccid, as to allow the remaining quantity of water to gravitate backwards, giving the head a very elongated appearance. To support the parts a double-headed roller was applied loosely, the edges of the incision being previously brought together with adhesive plaster. The child sunk very low immediately after the operation; however, after some time, the urgent symptoms were suppressed. From this period up to four weeks after, every thing was doing remarkably well, the head filled again; but not to one-half of its

original size. The operation was again performed on the left side, in the same situation as on the right. The child began visibly to improve; no convulsions whatever occurred after the first operation; four weeks more elapsed, and the head was not near the size it presented before the second operation; so much was it lessened, that another operation was deferred for a future period. At this time ten weeks had elapsed; the child was free from convulsions; the eyes were quite sensible to light, and the little patient did not exhibit any lethargic symptoms. In four days after he began to get uneasy and restless; three more had not passed by when he was seized with convulsions that terminated in death. I was immediately called to see the child; and having accused the mother of neglecting it in some way, she acknowledged to have given it wine regularly for five days before, stating, as her reason for doing so, "she thought it would hasten the cure, and not do him any harm, he was so much better."

On examining the head after death, the different places where the ossific matter was wanting were filled up by a membrane, which was almost entirely converted into bone. The sutures were greatly closed in, being not more than the eighth of an inch apart. All the parts within the lateral ventricles appeared in a healthy state; there was no softening of the structure of the brain whatever; no over-gorged condition of the vessels, or increase in vascularity.

In this case I think there are some points particularly worthy of attention. First—from the time of the first operation until eleven weeks after, no convulsions ensued. Secondly—four weeks from the first operation the child was sensible to light; and lastly, the relaxed state of the integuments allowed the process of ossification to advance in a most remarkable degree. The treatment after the operation consisted chiefly in cold to the head, local blood-letting, purgatives of calomel and chalk.

There is no doubt in this case death was caused by the injudicious management of the mother; but, if the reader should

continue sceptical as to the propriety of the operation, I would refer him to a case treated successfully by it, in the ninth volume of the *Medico Chirurgical Transactions*.

ART. III.—*A short Treatise on the Preservation of Infants by Inoculation.* Translated from the Chinese by W. LOCKHART, Esq., M. D., Macao.

[Communicated by Dr. CHURCHILL.]

TO THE EDITOR OF THE DUBLIN JOURNAL OF MEDICAL SCIENCE.

"SIR,—I beg leave to forward to you, for insertion in the *Dublin Journal of Medical Science*, the translation of a Chinese tract on Inoculation, which appears to me of considerable interest. The translation is from the pen of my friend, Dr. Lockhart, who some time ago introduced to us the *Chinese Treatise on Midwifery*.

"I have the honour to be, &c.,

"F. CHURCHILL."

SMALL-POX arises from poison introduced into the system from the mother's womb. The occurrence of this disease but once during life shows that its source is a poison derived from the womb. It assumes two forms—the mild and the malignant (or favourable and unfavourable), according as the external impression which causes the disease to declare itself, is weak or strong. This external impression may arise from climate—from taking cold—from fright, or from going to a place where the disease already prevails; and does not at all depend upon the strength of the poison received from the womb. Formerly there were twins (boys), one had the severe form of small-pox, and died; the other had the mild form, and recovered. How could they come from the same womb and have a different poison? People in the extreme north have not small-pox; but, if they come to the south, then it appears. How can it be possible that, in the same person, there should be a different poison in the former or latter place? This clearly proves that the breaking out of the disease