

distinctly felt after the evacuation of the fluid were diagnosed as glands, as similar indurated lumps were felt about the saphenous opening of the opposite side. A pad of lint was bound on by a spica bandage to keep the surfaces of the sac in contact.

9th.—No pain or sickness. On removing the bandage the cyst was found to be still empty. Bandage reapplied until a femoral truss could be supplied.

19th.—Patient got up wearing a femoral truss, having been confined to her bed during treatment.

Dec. 5th.—No reaccumulation of fluid in the cyst.

Maddox-street.

## HYPODERMIC INJECTION OF HYOSCYAMIA.

By ARTHUR LEARED, M.D., F.R.C.P.,

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THE following case is of interest in connexion with the administration of hyoscyamia, now proved to be a drug of great sedative power.

A gentleman, the subject of phthisis, had morphia nightly injected subcutaneously on account of sleeplessness and a condition of general irritability. The quantity had been gradually increased, until a grain was reached. Wishing to break through the noxious habit, I substituted for the morphia one-fortieth of a grain of hyoscyamia. In less than ten minutes after the injection the patient complained of giddiness, with a sense of compression at the top of the head. In half an hour after the injection some milk, recently swallowed, was vomited. Delirium now set in, the patient talked incoherently, and was with difficulty kept lying down. A curious effect of the drug was observed. Every object seemed much nearer to the patient than it really was. He would grasp wildly at something invisible to the bystanders, and this, on inquiry, was found to be the bed-post, placed at a distance of about four feet from him. When a cup was handed to him he invariably tried to seize it at a point nearer than where it really was. He constantly caught at insects, with which he said the bedclothes were covered. The pulse was quickened, but its volume seemed little altered. The pupils were widely dilated, and the sight so much affected that he was unable to read the address on a letter, even when the active effects of the drug were subsiding. The delirium and perversion of vision lasted upwards of four hours, after which time the compressed feeling in the head and obscurity of vision remained, and it was not until twenty-four afterwards that all sensations induced by the alkaloid had passed away.

The solution used was made by Messrs. Dinneford from the crystalline alkaloid. It is plain, from the accounts given in THE LANCET by Drs. Lawson, Prideaux, and Coghill, that the potency of the drug varies greatly. Dr. Lawson stated that he swallowed three grains, while Dr. Prideaux mentions one-sixth of a grain as the dose for subcutaneous injection. I congratulate myself on having used a much smaller quantity.

In connexion with my case there is one circumstance to be taken into account—namely, that the patient had been long accustomed to morphia, between the action of which and that of hyoscyamia an antagonism appears to exist. As the latter was injected at the time when the artificial want of the morphia was being felt, it may be that the action of the hyoscyamia was intensified by this circumstance. If this be the case, caution is necessary when antagonistic drugs are employed in succession in such a way that one is given just when the effect of another has subsided.

A preference is expressed by some of the writers quoted in favour of the amorphous alkaloid. I have always believed, in common with, I think, most people, that alkaloids in the crystalline form, when obtainable, are always to be preferred, as being most stable and most potent.

## THE THERAPEUTIC VALUE OF REST IN THE TREATMENT OF DISEASE.

By ARTHUR E. T. LONGHURST, M.D.

THE principles of treatment advocated by Professor Hilton in his lectures on "Rest and Pain," doubtless contributed very materially to the successful issue of many a serious and important case in surgery, and the study of mental disease has taught us much of the value of rest, but the practice of medicine has not, perhaps, yet derived its full measure of benefit from an application of the principle of rest in the treatment of disease. Yet, in the study and teachings of medicine, as in other scientific research after truth, if we only observe and follow out natural laws and indications, we shall have much that will guide us to what must be at least a rational course. Let us also bear in mind the teaching of the author mentioned, that practically the maximum of result is co-equal with the minimum of disturbance, and that rest becomes the great fosterer of repair.

In speaking of the advantages of rest in the treatment of disease, I desire to use the word in its most comprehensive sense, and in considering the principal diseases and affections of any of the great systems of the body, we cannot fail to see the importance of rest for the work that nature has to do, both in repelling the attacks of disease and in completing the work of repair. In affections of the brain and nervous system, whether as the result of injury or disease alone, or of both causes combined, is there any single agent of treatment so valuable as rest? Take, for instance, perhaps, the slightest of cerebral affections, "concussion." What a lengthened rest of mind and body is very often necessary to recovery, or for the prevention of serious disease. In "compression," due to fluid extravasation, of what vital moment is rest. Equally, in affections of the membranes or substance of the brain, or in that state of arterial tension and inequality due to fibroid or other degenerative change in the bloodvessels, which is too often the forerunner of apoplexy, rest is our first consideration. Again, in conditions of extreme nervous exhaustion, as in the overwrought brain, or in delirium tremens, of what value is rest?—when even opiates sometimes fail to induce that most perfect state of rest, sleep, and we obtain it by placing the sufferer as far as possible in a condition of mental and bodily quiet, and by giving milk and other easily assimilated nourishment, with or without chloral and bromides. In affections of the spinal cord and its membranes, how often has a lengthened rest in the horizontal posture been followed by recovery.

In affections of the circulatory system, we have an example of a twofold character. The heart itself, obtaining no lengthened period of repose, is less amenable to treatment, even of the nature here advocated. The bloodvessels, on the contrary, are most favourably influenced by certain postures in which they obtain rest, and disease is modified accordingly, as shown in the recumbent treatment of aneurism of the aorta, or in the complete rest given to the sac which follows the surgeon's ligature of the smaller vessels.

In the respiratory system the importance of the principle of rest is seen in the need of quiet, in the absence of conversation, and in the use of nervine sedatives in irritable states of the respiratory tract of the medulla, as in spasmodic asthma, whooping-cough, &c. Affections of the digestive and urinary systems also are very markedly influenced by certain conditions and treatment which give rest to the troubled viscera—notably certain states of the stomach in which vomiting is a distressing and urgent symptom. Yet how sensibly and often speedily is it relieved by withholding all ingesta for a time, and by covering the epigastrium with a warm soothing poultice or an application of belladonna, or other sedative acting on the ganglionic nervous centres. The liver, over-stimulated by dietic excess or indiscretion, loses its proper rest and becomes disorganised, unless by a change in the mode of life rest can be secured for it. The kidney, too, if its functions are disturbed by the abuse of alcoholic drinks entailing an unnatural and continued strain on its organism, alike suffers from loss of rest, undergoing permanent degeneration and decay.

In affections of the serous membranes, especially in acute inflammations of their structure, how important an agent is rest; and if, in pericarditis, we can moderate the heart's

VACCINATION GRANTS.—Mr. Edward Scott, of Bromley; Mr. Roworth, of Orsett; Mr. John Taylor, of Halstead; Mr. P. B. Stoney, of Millom; Mr. Edward M. Spooner, of Blandford; Mr. Bey, of Donhead St. Andrew; Mr. F. Wimble, of East Malling; and Mr. Drinkwater, of Bicester, have received Government gratuities for efficient vaccination in their respective districts.

action; or, in pleurisy, diminish the frequency of respiration by the employment of sedatives, thus giving a measure of rest to the inflamed and sensitive membrane, we shall doubtless aid nature in her effort, and lessen the probabilities of damage to the structures involved.

I have said that I desire to use the word rest in its most comprehensive sense, and the following mention of some of the varieties of rest obtainable in the treatment of disease will give expression to my meaning:—

1. Mental rest.
2. Bodily rest.
3. A combination of the above, as in that most perfect state of rest which we call "sleep."
4. Organic rest, as evidenced in the avoidance of exertion in cardiac disease; of talking, in affections of the respiratory tract; and in limiting, so far as possible, the act of deglutition in affections of the alimentary tract by the substitution of enemata.
5. Local rest, as secured by change in the position of body or limb, the use of pillows, cushions, &c.
6. Dietic rest, by avoiding the too frequent use of food and drink.
7. Medicinal rest, in the relief of spasm by inhalations and the not too frequent administration of medicines to the prejudice of nutrients or stimulants. By a consideration, then, of the question as to the manner in which the principles of rest above indicated may be best applied in each special case of disease, we shall no doubt conduce very materially to the relief and comfort of the sufferer, as well as to the arrest of diseased action.

Wilton-street, S.W.

## A Mirror OF

## HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

### LONDON HOSPITAL.

CARCINOMA OF THE ŒSOPHAGUS; GASTROSTOMY; DEATH  
ON THE FIFTH DAY.

(Under the care of Mr. M'CARTHY.)

FOR the following notes we are indebted to Mr. Frederick Treves, F.R.C.S., surgical registrar.

The subject of this operation was a man sixty-one years of age, well-developed and of fair physique, who was transferred from Dr. Sansom's to Mr. M'Carthy's care in the early part of last January.

On admission he stated he had always enjoyed good health, and considered himself a strong man. In August last he began to be troubled by a regurgitation of food after eating. He first of all felt sick during and after his meals, especially after solid food. In a little while the more solid portions of his food would return immediately after they had been swallowed, and he became sensible of some obstruction at a spot defined as "the middle of his chest." Month after month this trouble increased, until he could retain only liquid or semi-liquid nourishment. He continued to work until, feeling that his strength was somewhat rapidly declining, and being aware of a progressive loss of weight, he applied for admission into the hospital. He had never experienced pain in the gullet, nothing beyond the great discomfort of the obstruction. The regurgitated food had never presented any traces of blood; there had never been the least hæmatemesis, and he could not account for his trouble.

A day or so after his admission the gullet was explored. A full-sized bougie was readily passed thirteen inches, when it came upon an absolute obstruction. A No. 5 bougie, when an equal length had been passed, encountered the obstruction, but slid readily through it into the stomach. A little blood followed the introduction of the bougies, although the utmost gentleness was used. On Dec. 20th the patient weighed 7 st. 12 lb. On Jan. 6th, when he came under Mr. M'Carthy's care, his weight was 6 st. 7 lb. He was

naturally a somewhat spare man, whose weight in health would probably have been about 9 st. or 10 st. On Jan. 6th bougies were again gently tried, but the passage was found to be impermeable, even to the smallest instrument. The man was now wasting rapidly; the dysphagia was still increasing, so that even liquid food had to be swallowed very slowly to prevent regurgitation. His strength was failing, and he had nothing before him but a gradual death from starvation.

A careful examination of his chest having yielded none but negative results, and the patient's vital powers being still of such a character as not to forbid a formidable operation, gastrostomy was proposed and readily agreed to by the patient, he being well aware of the nature and purpose of the operation.

On Jan. 8th gastrostomy was performed by Mr. M'Carthy, the patient having been previously supported by nutrient enemata of a concentrated character. Chloroform was given, and the operation carried out with strict antiseptic precautions. Mr. M'Carthy's incision, an inch and a quarter in length, was made parallel to the left costal cartilages, and about a finger's breadth from their borders, terminating below at an imaginary line joining the summits of the convexities of the ninth pair of costal cartilages. The peritoneum having been cautiously opened, Mr. M'Carthy introduced his finger into the wound and felt for the stomach. The costal cartilages being much everted, as is common in subjects of the patient's age, the abdominal walls were in this situation held up, as it were, and carried away from the viscera. The stomach lying against the spine, empty and contracted, some little difficulty was experienced in securing the viscus, the wound being only large enough to admit the finger. Along the lesser curvature of the stomach, and also behind the organ itself, the operator's finger encountered indurated masses presumed to be of a malignant character.

A portion of the stomach was now drawn through the opening, and retained there by a pair of fenestrated forceps, whilst it was attached to the margin of the incision by means of carbolised silk sutures. To secure it more certainly a stout double suture was passed through the wall of the viscus and secured on either side to the margins of the wound; the two ends of the suture being tied over a pad of carbolised lint that had been placed across the wound. No hæmorrhage occurred. The dry antiseptic dressing was then adjusted. The patient's temperature after the operation was 95.4°, the pulse 72. Mr. M'Carthy suggested, as a probable explanation of so low a temperature, the long exposure of a large portion of the patient's body to the cooling effects of the carbolic spray.

The operation was performed at 2 P.M. At 8 P.M. the temperature was 99.4°.

Jan. 9th.—Patient comfortable. Had a good night. Temperature 98.4°. Fed entirely by frequent enemata. On examining the wound great contraction was found to have taken place. So greatly indeed had the stomach contracted that the edges of the wound were perfectly inverted, and the abdominal opening presented a chink merely bounded by parallel borders of skin. By means of the stout ligature above mentioned, Mr. M'Carthy easily drew the viscus forward, and secured it against further displacement by three hare-lip pins passed through both the stomach and the margins of the wound. The stomach was then opened and secured to the edges by suture. Some trifling hæmorrhage ensued, which was, however, immediately controlled by ice. The antiseptic dressing was not repeated. A hypodermic injection of morphia was given, and sixty grains of grape-sugar ordered to be added to each enema. In the afternoon the patient complained of a little pain of a "dragging" character in the left hypochondrium. The pain troubled him only when he spoke or made an effort to cough. Evening temperature 99.8°.

10th.—Patient had slept well. Temperature 98.8°. Complained chiefly of tasting the grape-sugar in his mouth, and said that it made the saliva viscid and unpleasant. Pain in the left hypochondriac region greater. Temperature 98.8°. Enemata given every four hours, and all retained. Did not feel hungry. Sucked ice constantly. Hypodermic injection administered. The edges of the stomach incision were found glued together with mucus; one of the pins was removed, and a slip of oiled lint passed gently between the edges of the orifice. The evening temperature was 99°, and during the night the bowels were naturally relieved.

11th.—Patient a little weaker. Temperature 98.2°. Pain when he coughed in the right side as well as in the left.