

arm, which induced the symptoms of incipient syncope; the bowels cleared out fully by a full dose of calomel and jalap, and to take an ounce, every four hours, of a mixture containing ten minims of the tincture of digitalis, ten grains of the nit. of potass, and a small quantity of the pot. tart. of antim.; whilst at night he was to continue the powders of equal parts of jalap, senna, and bitartrate of potassa, $\mathfrak{z}\text{ij}$, with two grains of calomel. By the continuance of these remedial measures for a few days, the acutely febrile symptoms were much relieved; the pulse lost its hardness and frequency; the skin became cooler, but remained still harsh and dry; the urine more abundant, and less coagulable by heat; but the dropsical effusion rather increased than diminished, the patient, nevertheless, declaring himself to be much better; the thirst considerable; free evacuations from the bowels, which were now duly coloured with healthy bile. To continue the powders at night, with the omission of the calomel, and to take the digitalis, in conjunction with the tincture of squills and the nitrate of potassa, every four hours. He being a poor man, and unable to obtain a warm bath, warm sponging was directed to the surface.

During the continuance of this case the treatment was occasionally varied, and from the continuance of pain in the back, local abstraction of blood was had recourse to, with very beneficial results; but in about a fortnight the skin had resumed its healthy feel, the digestive organs acted efficiently, appetite returned, and the anasarca diminished rapidly, the urine still remaining albuminous.

He subsequently regained his health and strength by tonics and diuretics, the anasarca completely disappeared, and the urine gradually, but entirely, lost all traces of albuminous commixture.

A fatal case occurred in a vagrant of abandoned and dissolute habits, addicted to the habitual use of spirits in intoxicating quantities. He was a tall, full, but sickly-looking man, of about 30 years of age. He was brought into the Exeter workhouse with severe febrile symptoms, after sleeping all night under a hedge, anasarca and, eventually, general dropsy, speedily developing themselves, with severe pain in the region of the kidneys, albuminous urine, and deranged hepatic secretion.

He was actively treated antiphlogistically, placed in the upright position, bled to incipient syncope, and well purged, and had antiphlogistic diuretics in conjunction, administered frequently. At a subsequent period stimulants were added, from the supervention of symptoms of commencing exhaustion and delirium tremens, from which he experienced slight but transient benefit, as also from punctures with a cataract needle, which the amazing distention of

the lower limbs and genital organs demanded.

After similar treatment, continued for about a month, symptoms of arachnitis supervened; he complained much of headache, and soon became insensible and comatose, in which condition he died on the following morning.

Putrefaction took place so rapidly, that no post-mortem examination could be made on the following day, circumstances preventing such an examination on the same day of his death; but there is little doubt that the effusion into the arachnoid was the immediate cause of death, and that the kidneys had undergone great, if not irremediable, organic changes. The pain in the lumbar region, and the albuminous condition of the urine, continued until the fatal termination.

In some other fatal cases of febrile anasarca, where the symptoms nearly resembled the case just mentioned, these remarks were verified by post-mortem examinations.

REMARKS ON THE EMPLOYMENT OF THE EXTRACT OF ACONITE IN RHEUMATISM.

By F. B. WATKINS, M.D.

EXTRACT of aconite, though at one time (years ago) used, and now again revived by German physicians, is but little known or employed in this country. That it is a most valuable remedy in all rheumatic affections is well attested, and sustained by the experience of physicians in Germany and Sweden.

I was called to Mrs. R. 28th May, 1839, and obtained from her this previous history:—About nine years ago Mrs. R. suffered from a long and tedious attack of intermittent fever; continued several months; soon after her recovery, had parotitis, then afterwards rubeola, and finally scarlatina; this succession of disease had nearly terminated her existence, and left her constitution very obnoxious to the action of morbid agents. About this time, a reverse of fortune compelled her to live in a damp, unhealthy situation; while in this condition, before the recuperative energies of her system could re-instate her in her previous healthy state, (for I should have mentioned she was hitherto of a strong, robust, and active constitution), she had a very severe attack of acute rheumatism. From this she partially recovered; the disease was palliated, not eradicated. For the succeeding four years, the disease intermitted in character and severity. At one time, to use her own expression, she was quite smart,—at another, suffering intensely. During this period had much medical advice; but, from some cause or other, was never entirely cured. Being in that condition of life in which quackery

plays so powerfully on credulity, she submitted herself to its power; all her symptoms were aggravated; then, almost faithless, she submitted to specifics, nostrums, &c., until her life, an existence of pain, suffering, and misery, seemed no longer desirable. Experiencing no relief from any quarter, she finally determined to cut the whole profession. For the last two years she has had no physician, except for some gastric disturbance, to which she is subject. About twelve months since there appeared nodes on os frontis, which, in six weeks, suppurated and discharged, leaving now the cuticle adherent to the bone; had no other ulcerations. When first called, I observed incipient nodes on tibia of right leg; I was at first disposed to suspect a syphilitic taint; but a further acquaintance with the case, and her known reputable character, combined with other circumstances, soon dispelled such an opinion. These nodes (if they be such) I found to appear and disappear very suddenly and capriciously; I was afterwards induced to doubt their being legitimate nodes, and rather suppose them the result of an abnormal action of nervous influence, producing unequal, illegitimate contraction of muscular fibre. I may be mistaken: they, however, observed this capricious character; they were exceedingly painful. I here remark, that it is the right side that suffers mostly, but the left experiences less merely by comparison; complains of much cephalagia, with soreness of scalp; much swelling of right leg and foot during the day—subsides at night; pain very deep seated, as she says, "*in the bone.*" This is the previous history, and such her condition, when I sought the case, which, with the difficulty above detailed, I at last was permitted to treat.

May 28. I found her sitting up in a chair almost unable to move, and never without assistance; rarely slept during the night; is constantly racked with pain; has not experienced one hour's immunity of suffering for more than three years; has not walked a quarter of a mile for that time. I will not impose on your indulgence by a detailed history of the treatment, collaterally, I adopted, but give as succinct an exposé as will be consistent with the intention of this communication.

Colchic. wine, f3j, three times per diem, afforded much relief, especially when combined with magnesia, or succeeded by castor oil.

30, 8 o'clock, A.M. Found her in bed; pulse 80, feeble, compressible; tongue foul; colchicum has not operated. Ordered a dose of oil.

31. Much relieved; sitting up; cheerful; more comfortable; oil operated, with copious, offensive evacuations; slept well; no swelling on this; soreness, but no acute pain. Ordered powder of ipecac. and opium,

gr. x., three times per diem; with colchicum wine, f3ij, *ibid.* A manifest amendment followed this treatment, until the 9th of June, when an imprudent indulgence in cherries brought on a violent dysentery, which existed until the 15th, during which period there was a recurrence of rheumatic affection of great intensity. In this time I supposed the system entirely free of the influence of colchicum, and then determined to resort to the extract of aconite.

June 15. 7 P.M. Rheumatic symptoms very severe; dysentery cured. Ordered extract of aconite, gr. $\frac{1}{4}$, twice a day, gradually increased until gr. vi. p. d. should be taken, with powder of ipecac. and opium, gr. x., at night.

17. A decided amendment, which continued until the 3rd of July, when I discharged the case, the patient having walked three miles the day before.

Whether the cure is to be attributed to the colchicum, or the aconite, or to a combination of both, is the question to be decided. I cite, as authority, for the use of this remedy, G. G. Sigmond, Drs. Lombard, Stoerck, Rosenstein, Blom, Odhelius, &c. I will not presume to give the *modus operandi*,—since distinguished writers confess their inability to do so,—any farther than to say with them, that I believe its agency is through the medium of the nervous system. It would be out of place to give a history of this medicine; I refer to 'U.S. Dispensatory.' My confidence, though not fully confirmed from the experience in one case, has been much increased by its remarkable efficacy in a case of gout, which came under my notice a short time since. An almost immediate amelioration and amendment of symptoms followed the first dose. Should you think this worthy of a place in your paper, and an opportunity occur soon for my testing still farther the value of this agent, I will, with pleasure, advise you of it.

N.B.—August 8. I saw my patient this morning; she is well, and is most rapidly gaining flesh and strength, and says that she has not been so fleshy or strong for nine years.—*Phil. Med. Examiner*, No. 33.

Richmond, Va., August 8, 1839.

ON A NEW UNIVERSAL INTERRUPTED SPLINT.

BY ALFRED SMEE, Esq.;

Late Dresser at St. Bartholomew's Hospital.

COMPOUND fractures of the leg, at St. Bartholomew's Hospital, are treated by placing the limb upon a back iron splint, about an inch and a half broad, and of such a thickness that it may be bent to accommodate itself to the limb; it is turned up towards one end, at nearly a right angle, to form a point to which the foot may be fixed by a