The treatment of the above case was entirely morphia, given in doses of about half a drachm, three times daily; with a mild and nourishing diet, and a moderate allowance of stimulants.

Amongst the deaths from Crimean dysentery which came under my observation here, that of Lieutenant-Colonel Louth, of the 38th Regiment, was the most sad. He arrived in the transport-ship *Hansa*, towards the end of July, 1855. He was wounded in the Crimea, but his wounds were nearly well, when he was attacked by the scourge of the war, dysentery. On his arrival in the dockyard he was moribund, and could not speak.

When I saw him I was convinced he could not live an hour, but his friends naturally wished him to be brought on shore to more comfortable quarters. When he was brought on deck in a litter, his jaw fell and his eyes turned upwards. The bystanders thought he was dead. With the aid of warm brandy he revived a little, and was then conveyed in a stretcher to lodgings in St. George's-square. It was a dreary, drizzling evening, and when he was carried into the sitting-room he was too far gone to be placed in bed. He was placed on the floor, in the stretcher in which he was conveyed from the ship, and he died in about half an hour afterwards, perfectly tranquil.

Insanity.—Besides the corporeal diseases resulting from the war, mental affliction was not wanting. Several cases of distressing mania were admitted into this hospital from the Crimea, and some of the most violent character. In one case of raving madness, I was obliged to administer chloroform, and keep the lunatic under its influence for several hours, to tranquillize him. His roaring was heard throughout the hospital, on the ramparts, and on the neighbouring terrace. The strait-waistcoat was employed without effect, but the chloroform effectually calmed him, and he ultimately left the hospital in good bodily health, quiet and amenable.

CASE 7.—Private James Mickethwaite, 34th Regiment, admitted July 13th, suffering from mania. No history of his case could be obtained, and the patient's reasoning faculties were obscured from the moment of his admission into this hospital until he expired. While he was in hospital he was in the habit, at night, of getting out of bed, and hiding himself under the beds of other patients. Skin cool, pulse slow, bowels regular, and he was very quiet in his habits.

I made a post-mortem examination of his body, twenty-one hours after death.—External appearances: Body greatly emaciated; calvarium much thicker than natural.—Internal appearances: Dura mater strongly adherent to the skull, pale, and traversed in all directions by slightly congested veins. On detaching the dura mater from the brain, a small patch, about the size of a shilling, of soft, pulpy, medullary substance, was observed on the left hemisphere, over the lateral ventricle on that side. This morbid condition presented all the characters of "ramollissement." The substance of the brain, when cut into, especially the medullary portion, was of a dull-white colour, and there was no trace of vascular injection perceptible. The pia mater appeared natural, but the sulci, between the convolutions, were traversed by congested veins, similar to those on the dura mater. There was no trace of pus in the substance of the brain. The ventricles contained less than the usual quantity of fluid, and looked pale. The choroid plexus, the corpora striata, and the optic thalami, presented a normal appearance. The general consistence of the brain, irrespective of the small portion where softening existed, was firm. The cerebellum presented no morbid appearance whatever.

Military Hospital, Portsmouth, May, 1856.

ON

THE TREATMENT OF SOME FORMS OF RHEUMATISM AND NEURALGIC AFFECTIONS.

By JOHN TATUM BANKS, M.D., Dover.

My object in communicating the following cases is to show the advantage of acupuncture as a remedy in the treatment of some forms of rheumatism and neuralgic affections. More than twenty years ago I published a paper on this subject in the *Edinburgh Medical and Surgical Journal*, a portion of which the Editor of THE LANCET did me the honour to transcribe. The experience of many years has confirmed my opinion of the value of acupuncture. I have ordered it in numerous cases—

almost always with success—never (that I am aware of) with ill effects.

Although in China and Japan, and some other countries, acupuncture has, from time immemorial, been used, and is regarded as a most valuable remedy of undoubted benefit in certain diseases, yet it must be allowed, and I think regretted, that in England it has not met with the unprejudiced trial it deserves. The proposal to put a needle in the flesh as a remedial process is apt to excite a smile of incredulity, if not of ridicule; for few persons are inclined to think it probable that any benefit can arise from such a practice, and by many it is looked upon as a formidable remedy at the best, while really it occasions but very trifling pain, and often scarcely any whatever.

I select the following case as admirably illustrative of the benefit to be derived, in certain conditions, from the introduction of needles into the parts affected. It will be perceived that it is the case of a surgeon, described by himself in a letter addressed to me. He is a gentleman in very extensive provincial practice, and, I need hardly state, of great intellectual and professional attainments:—

"Wragby, January 25th, 1856.

"DEAR DOCTOR,—It gives me pleasure to comply with your request. In the course of my professional visits one morning in June, I had been riding a young and hard-pulling horse, requiring considerable exertion to manage it. I was fatigued by the journey, and perspired profusely. Soon after reaching home I had a second journey to take, and went in my gig, being still heated by the exertion of the morning. The afternoon, however, had become cold from a change of wind. I had not been long out before I was seized with chilliness, which continued till I reached home, after a drive of two or three hours' duration. In the evening I had a slight febrile attack, with general aching, stiffness, &c. I found I had taken cold, and after the use of a hot foot-bath I went early to bed, trusting that the warmth of the bed and the night's rest would set me right. This was not the case; the pain and stiffness of the chest continued, and on the fourth night from the commencement of the attack I awoke after a short sleep, drenched in perspiration, experiencing extremely severe pain in, and rigidity of the muscles of, the chest, more especially of the left side and shoulder. The pain on attempting to move was excruciating. I found myself unable to expand the chest, and the breathing was wholly abdominal. I could not move from the posture in which I was at the time lying. A sense of oppression and heat about the sternum kept increasing, and the dyspnoea became so urgent that I was apprehensive effusion was taking place into the pericardium.

"Under these circumstances, I sought your advice and assistance; and, on your arrival, I was rejoiced to find that you did not participate in the gloomy view I had taken of the case, but regarded it as one of a neuralgic and rheumatic character, the aponeurotic and muscular structures being chiefly implicated.

"You proposed *acupuncture*, which, I confess, I was inclined to oppose, having no predilection for *such* a remedy, and being somewhat an infidel as to any beneficial effects to be anticipated.

"You, however, were so confident (I may say, *so positive*) that relief would follow the insertion of the needles, that I consented to the remedy. In the course of a minute or two after the introduction of the first needle, which was pushed downwards in contact with the lower portion of the sternum whilst I was sitting up, I experienced a sensation as if some strong tense structure, which had previously bound down the sternum, had suddenly given way. This sensation was followed a sense of approaching syncope, which was removed on lying down. While in the recumbent position, I found, to my surprise and delight, that I could take a deep inspiration freely. But the muscular pain still continuing, and encouraged as I was by the great relief in my breathing already afforded, I now, on my part, anxiously wished for the introduction of other needles along the course of the fibres of the several muscles affected. This having been done, I felt, in the course of about ten or fifteen minutes, no uneasiness whatever in the chest, and was able to move about in any direction—indeed, so great was the relief, that after the removal of the needles I was able to dress myself with ease. During the remainder of the evening of the operation I felt well, but on the following morning, and for about a week after, I experienced some stiffness (but unaccompanied with pain) in the left side, which a second introduction of three needles, together with a slight anodyne for a few successive nights, entirely removed.

"In this statement I have endeavoured to relate my case as

faithfully as possibly, and I find it difficult to express in words the rapid and most extraordinary relief—as if by a charm—afforded by the insertion of the needles. Beyond the relation of the case, I have forborne to offer any remarks.

"I beg you will make any use of this letter you may think proper.

"Yours most sincerely,

"JOHN D. WRANGHAM."

"P.S.—It may not be uninteresting to you to know, that a short time ago I was sent for to visit a labourer suffering from a severe attack of pleurodynia, caused by his having caught cold while digging out a deep drain in wet soil during severe cold weather. As there appeared nothing to contraindicate acupuncture, it was had recourse to in this instance, and the relief and success attending it were as rapid and remarkable as in my own case."

In venereal rheumatism, and in acute inflammatory rheumatism—where the blood is circulating through the system a poisonous material; and in all cases where there is evidently a constitutional origin, or disorder of the hepatic functions, with derangement of the digestive organs and secretions, giving rise to impurities which enter into and circulate with the blood, and which need to be expelled or eliminated from the system before a cure can be expected: in such cases of rheumatic suffering, no relief can be looked for from the introduction of needles. But in all cases of rheumatic and neuralgic pains, either acute or chronic—whether lumbago, sciatica, or pleurodynia,—or those of an erratic kind (no matter where situated) which are not dependent upon an inflammatory state, upon a constitutional origin, or upon organic disease; provided the patients are most comfortable when warm, and are decidedly relieved by the application of heat: in all these cases it may, I think, be confidently affirmed that they will be singularly benefited by acupuncture, which will not only afford relief, but in most instances effect a cure.

In Dr. Copland's erudite work, the "Dictionary of Practical Medicine," the learned author, in speaking of acupuncture in the treatment of muscular or aponeurotic rheumatism, observes: "I have seen it resorted to in several instances with success; but I am not aware of much permanent benefit having been produced by it. The practice has fallen into its deserved disuse." Now this is a somewhat singular statement. Dr. Copland admits that he has "seen it resorted to in several cases with success," and yet says that "the practice has fallen into its deserved disuse." He states that he is "not aware of much permanent benefit having been produced by it:" it is surely but just to inquire whether he is aware, in the several cases in which he saw it resorted to with success, that permanent benefit was *not* produced by it? At all events, a remedy that "in several cases has been resorted to with success" should be fairly tried; and found, from repeated failures, to be of little utility before it receives condemnation from so high a quarter. With every deference to an authority so eminent, I have no hesitation in affirming that acupuncture is not only, in certain cases, a good remedy, but one the beneficial effects of which are quite as permanent as any that can be laid claim to for other remedies. I should not have said thus much, did I not feel anxious to draw the candid attention of my professional brethren to a most valuable but much-neglected remedy.

June, 1856.

STRICTURE OF THE URETHRA; PERINEAL SECTION; CURE.

By J. ZACHARIAH LAURENCE, Esq., F.R.C.S.

EDMOND W—, a fine, healthy-looking young man, aged twenty-seven, first came under my care on October 6th, 1855. He had had gonorrhœa twice, ten years back. Between these two attacks he observed that he could not pass his urine freely; then for two or three years he felt better, although still far from well. "But the symptoms of stricture crept on so imperceptibly that he did not notice them." About three years ago, however, they assumed such severity, that he sought the advice of a surgeon, whose assistant attempted daily to introduce a silver instrument of the size of No. 6, with no other effect than inducing a good deal of bleeding and giving the patient much pain. For the last three years he had allowed the disease to take its own course. When he first came to me, the following was the state of things:—Stream of urine the size of No. 2 instruments; inability to retain his urine longer than for two hours together, otherwise excessive pain; obliged

to exert great force and straining on micturition; occasional incontinence; urine itself natural in appearance and acidity, not albuminous; general health good. A full-sized silver instrument indicated the seat of stricture by being arrested six inches and a half from the orifice of the urethra.

From this date up to Nov. 15th the patient attended at my house with the greatest regularity two or three times a week, and I attempted, with instruments of all sizes, all forms, and of all materials, with the patient in all attitudes, to introduce an instrument through the stricture, but in vain. Yet I had seen cases (judging from the stream of urine) apparently much worse, that had not given me half the trouble. This I soon learned was due to *false passages* in front of the stricture. I need not detail the variety of trials I gave this patient before determining on an operation. I once got an instrument into the bladder under chloroform, and twice subsequently without. Mr. Quain then, at my request, kindly undertook the case for a short time; but neither of us making any headway, I at last resolved to cut him.

Operation, Jan. 25th, 1856, Half-past Two P.M.—Chloroform was administered by my friend Dr. Hillier. Mr. Quain assisted me at the operation. After a little difficulty, I succeeded in introducing a Syme's staff (the grooved portion corresponding to No. 1 of the silver catheter scale). The patient was held in the position required for lithotomy. I made an incision in the middle line of the perinæum; then, after finding the groove in the staff by the nail of the left index finger, inserted the point of the knife into this, and carrying it forward till it reached the notch at the commencement of the groove, thus divided the stricture freely. No. 6 silver catheter was tied in the bladder. Two small vessels required ligaturing, and the wound was firmly plugged with lint. Three hours after the operation, I found florid blood dropping fast from the wound. The previous plugs were withdrawn, the wound re-plugged, and ice applied. About a pint of clear, limpid, perfectly bloodless urine was drawn off through the catheter by pressing the hand over the hypogastrium. In about another two hours the bleeding recurred with redoubled violence. I then withdrew all plugs from the wound, and found arterial blood bursting out *saltatim* from two arteries. These were, after some difficulty, secured, the wound firmly re-plugged, and ice again applied. From this time forward not a trace of blood oozed from the wound. On the 27th, one P.M., the catheter was withdrawn from the bladder; but, curiously enough, from the time of operation up to closure of the wound, not a drop of urine escaped through this latter. From this time silver instruments (Nos. 8 and 9) were passed from time to time with ease into the bladder; but he remained in a precarious state of health for some time to a degree sufficient to cause me great anxiety for his ultimate safety. However, by February 20th he was sufficiently recovered to go down to Devonshire. There he placed himself under the able care of Dr. Hains, of Totness, who, on one occasion, passed No. 9 with great ease. After it, however, he had a severe rigor, and was for some time anything but well. Under these circumstances, Dr. Hains very judiciously refrained from passing any instruments. He has now returned from the country "better than ever he felt in his life." At present (about ten weeks after the operation) he has lost all his symptoms of stricture, and passes his urine in a good stream three or four times a day. In the perinæum is a linear firm cicatrix.

Remarks.—These shall be extremely brief. The interesting point in the *pathology* of the case is the insuperable difficulties false passages may offer to the passage of instruments. Those in the *operation* are:—1. The violent hæmorrhage that ensued after it. 2. The interesting fact that from the very commencement not a drop of urine came through the wound; this I attribute to the extremely firm plugging employed. 3. The rapid subsequent convalescence of the patient.

Devonshire-street, Portland-place, June, 1856.

ON A CASE OF VACCINELLA.

By ROBERT W. ELLIS, M.R.C.S.E., L.A.C., Bristol.

HORATIO D—, aged ten weeks, was vaccinated January 16th, 1856, in two places on the left arm.

Jan. 25th.—Two large well-formed vesicles, with the surrounding areolæ larger and more raised than usual, and covered with a number of minute accumulated vesicles, were noted. Twelve points were charged with lymph from the pocks. To take three grains of grey powder every other night.