assistant to ventilation:" in this division he makes some valuable observations on the construction of fire-places, "with a view to the economization of fuel and the prevention of smoke." In an Appendix he makes some novel remarks and suggestions respecting the ventilation of ships, steamboats, and railway carriages. The book is altogether written in a clear and simple style, and illustrated by a profusion of woodcuts.

The Mineral Waters of Schwalbach. By ADOLPHUS GENTH, M.D. Kreedel, Wiesbaden. 8vo, pp. 141.

THIS work is different from most of those which treat of mineral waters. Dr. Genth professes to write for the profession, and not for the public. He entirely reprobates the *ad captandum* system of writing a so-called medical book, for no other purpose than to catch a few patients. He has succeeded in writing a very useful little work. It would be well if some of the physicians of this country would take pattern by Dr. Genth, and when writing of mineral waters, really strive to give some information to their professional brethren.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

ST. THOMAS'S HOSPITAL.

Beneficial Effects of strong Nitric Acid on an Indolent Sore.
(Under the care of Mr. DIXON.)

THERE are very few surgeons who have not had to contend with the difficulty of bringing an indolent ulcer, or sore, to healthy action and final cicatrization; and the very fact of a great number of applications having in turn been extolled, would tend to show that that description of ulcer is but too often unmanageable. When the sore is the consequence of the bursting, or the artificial opening of a bubo in an enfeebled subject, the difficulty is still greater, and the cases are but too many where the most disastrous consequences have followed the existence of a large sore in the groin. Mr. Dixon has lately had under his care a case of indolent ulcer following the opening of a bubo, where the strong nitric acid has promoted a rapid cicatrization, and though it does not necessarily follow that such an application will *constantly* have the same beneficial effect, the report of the case may induce practitioners to have more often recourse to this measure, which seems, at first, of a rather severe nature, especially when it is used in private practice. We are indebted to Mr. Hammond's notes for the details of this case.*

The patient, a tall, spare man, of fair complexion, and a boot-maker by trade, was admitted on the 22nd of January, 1850, under the care of Mr. Dixon, with chancres and buboes. His health had been bad for some time past, and his habits rather intemperate. Six weeks ago, the patient was discharged cured from the Westminster Hospital, where he had been admitted, under the care of Mr. Phillips, for hæmorrhoids and abscess in the groin; he remained eleven weeks in that institution.

About three weeks before his admission into St. Thomas's Hospital, he contracted syphilis; chancres appeared two days after connexion, followed, in four days, by a bubo in the right groin. For these *very rapid* manifestations he applied, as out-patient, at the Westminster Hospital, and took mercury for a fortnight without the gums becoming affected. When admitted into St. Thomas's Hospital, his countenance was pale, his pulse feeble, 90, and he complained of a dull aching pain in the loins, and loss of appetite. On examination, a chancre was

found on each side of the frænum, and a bubo in each groin; that on the right side was about the size of a pigeon's egg, painful, red, and fluctuating; the left one much smaller, unattended with redness, but very tender. Mr. Dixon directed the chancres to be dressed with black wash, and the bubo in the right groin to be opened. The opening thus made in this groin did not show, after the expiration of nine or ten days, any tendency to cicatrization, but discharged a thin, unhealthy pus, whilst the swelling in the left groin was disappearing. The patient was ordered quinine.

About thirteen days after admission, he fell into a low cachectic state; the sore in the right groin, where the bubo had been opened, became larger, and its surface was covered with unhealthy granulations. These appearances, and the weak state of the patient, induced Mr. Dixon to order porter and gin, two ounces of the latter being allowed daily.

The sore in the groin became, however, worse and worse; it assumed a very unhealthy aspect, began to spread in an alarming manner, and presented a pale glassy surface, covered with thin ichor; it was now two inches in length, and half an inch in breadth, with irregular, bluish, and overhanging edges. Mr. Dixon chose strong nitric acid, in the long list of applications which have been recommended in such cases. It was to be applied all round the edge of the sore, so as to include a breadth of half an inch of sound skin all round the margins.

Three days after the application of the nitric acid, the appetite improved; the sore lost its undermined edges, assumed a regular defined border, and the surface looked less indolent. Healthy granulations soon sprang up through the whole extent of the sore, and the chancres on the penis healed. A lotion was now applied, with two minims of nitric acid to the ounce of water.

The general health went on improving; the surface of the sore was covered with minute healthy granulations, and as the healing process was progressing very satisfactorily, Mr. Dixon ordered the edges to be brought together with strips of adhesive plaster; and on the 8th of March, forty-six days after admission, the patient was discharged cured, the cicatrix in the groin not being larger than a good sized pea.

Thus we find that exactly one month after the edges of the sore were destroyed, and the neighbouring parts strongly stimulated by the nitric acid; the ulcer, which began to look very unpromising, was completely cicatrized, having taken on healthy action very soon after the application of the caustic. No especial internal treatment was resorted to, Mr. Dixon's principal aim being to keep up the strength of his patient, whilst he stimulated the indolent ulcer of the groin. We have so often seen the best efforts of the surgeon baffled in cases like this, that we are inclined to give much confidence to the method adopted by Mr. Dixon.

GUY'S HOSPITAL.

Fistula in Ano.—Operation.

(Under the care of Mr. HILTON.)

We had an opportunity, on the 16th of April last, of seeing Mr. Hilton operate for fistula in ano. We were rather anxious to witness the steps of this operation, as we understood that Mr. Hilton would use a very ingenious speculum ani of his invention, which he has very frequently employed in cases of fissures, ulcers, or fistulæ in ano. It is intended to render the division of the sphincter safe, easy of performance, free from risk to the surgeon's fingers, and enables him to see the whole operation.

The patient had, in this instance, suffered from the inconvenience of fistula for some years, and had been operated upon before. The external extremity of the sinus presented but a very small aperture, which was almost closed up by fleshy granulations; and this imperfect opening was situated at an unusual distance from the verge of the anus, being almost two inches to the left of that outlet. This circumstance, therefore, gave the sinuous track communicating with the rectum a considerable length.

Mr. Hilton having desired the patient to kneel on the bed, introduced the speculum into the rectum, and by driving a stream of water through the external opening of the fistula with a syringe, the situation of the internal opening of the sinus was clearly made out, by noticing the spot, within the gut, whence the water rushed out in a stream about the size of a common probe. This fact could not, however, have been clearly ascertained without the assistance of the speculum, which instrument, as invented by Mr. Hilton, we shall now attempt to describe.

It consists of a tube, about three inches long, and closed at

* We accidentally omitted to state, in the report of a case of hernia under the care of Mr. Simon, (see THE LANCET, April 20, 1850, p. 482,) that Mr. Hammond had kindly furnished the particulars.

one extremity, it is almost cylindrical, a little smaller, however, at the end farthest from the handle (three inches in length), which is joined to the tube at about a right angle. The appearance of the speculum very much resembles the finger of a glove, and about one third of the circumference not quite reaching the closed extremity, takes off like a lid, being connected with the other two thirds by means of a groove, into which it fits so exactly that the cone is perfect when it is introduced into the anus. When the instrument is placed in the rectum, the lid is drawn out, and just as much of the mucous membrane of the intestine becomes visible, as was covered by the sliding lid.

The advantages of this instrument are, that the bistoury, when thrust through the external orifice of the fistula, reappears within the speculum, and can do no injury to the opposite side of the gut. If it be found preferable to pass the knife first into the rectum, and cut outwards, it will be easy to do so, and to make the bistoury come out at the external fistulous opening. Another and very great advantage is, that any bleeding vessel may, if necessary, be tied or touched with the actual cautery, and, in a case of emergency, the speculum might even be plugged, and hæmorrhage thereby effectually arrested.

In the case we are reporting, the fenestra of the speculum, resulting from the withdrawal of the above-mentioned lid, was placed against the internal opening of the fistula, and steadily maintained in that position, by an assistant holding the handle of the instrument out of the way of the operator. A long, sharp-pointed bistoury was then introduced into the external aperture of the fistula, and made to cut its way through the fat, cellular tissue, and muscles of the region, until it fairly arrived in the cavity of the rectum, where its further progress was arrested by the presence of the speculum.

It happened, in this instance, that one of the divided vessels bled very profusely—so much so, that Mr. Hilton thought it prudent to apply a ligature to it. The vessel was so deeply situated, that it required very nice management to slip the thread on the divided extremity, but the difficulty would have been much greater, if not insurmountable, had not the speculum been used. The wound was then filled with lint soaked in oil, a supporting bandage carefully applied, and the patient sent to his bed.

This would have been a good opportunity for using the forceps lately invented by M. Luër, of Paris, which was described in this journal (p. 332 *ante*.) Mr. Bigg, of St. Thomas's-street, having seen our notice of the instrument, has constructed one, with a sight of which we have been favoured, and we venture to think, from the readiness with which we saw ligatures slipped on ends of threads, purposely placed in deep recesses, that these forceps might, under certain circumstances, prove useful, and save the surgeon a great deal of trouble. The patient has progressed very favourably, but we find, on going to press, that a few complications have arisen, which we shall mention in a subsequent report.

KING'S COLLEGE HOSPITAL.

Epilepsy. The New Remedy, Sumbul.

(Under the care of Dr. TODD.)

If our readers will refer to a former "Mirror," (THE LANCET, Jan. 12th, 1850, p. 63,) they will find a few details relative to the root called *Sumbul*, which we then stated had been tried by Dr. Todd in a case of epilepsy. We promised to report the further trials which would be made in hospital practice, and we now have to record another case where Dr. Todd tested the powers of the *Sumbul*.

Though it cannot be denied that the new remedy has a certain amount of influence over the disease, its effects were not found decisive in the following case, though the patient has certainly been greatly benefited. We proceed to give a few particulars from the notes of Mr. T. Dickenson.

The patient is a man thirty-four years of age, following the occupation of a groom. He was born and always resided at Clapham; is not over-worked, and of very temperate habits. His family has not manifested any tendency to the development of his present malady, a circumstance which might in some degree be expected, as epilepsy in this case is, as it were, of the traumatic kind. It appears that the patient, when a child, had a fall on his head. An abscess was the result of this accident, but he continued to enjoy perfect health until 1835, (being then nineteen years of age,) when he was thrown out of a chaise, and pitched on the top of his head. This shock rendered him perfectly insensible, but he suffered no ill effects

from this accident until one year afterwards, when he was suddenly seized with a sensation as of an electric shock traversing the whole of the left side of his body, and fell down in a state of insensibility. This fit did not last long, but during its occurrence he foamed at the mouth, which was drawn to the left side, the tongue being severely lacerated. When the fit ceased, a slight amount of paralysis remained in the left side.

For about ten months the fits returned *daily*, and were always ushered in by a sensation of twitching in the fingers of the left hand. After this period they became less frequent, and occurred about once in a fortnight, but they did not diminish in severity. The patient placed himself, in 1840, under a practitioner, who ordered him half a drachm of the carbonate of iron three times a day; this he took more or less regularly for a twelvemonth, without obtaining any diminution in the frequency of the fits. The next remedy he tried was nitrate of silver, in half-grain doses three times a day. After he had taken this salt for some time, the number of fits decreased, occurring at intervals of about three weeks. It should, however, be stated, that he has gone as long as three months without a fit. His last attack took place about a fortnight ago, and he was admitted March 3rd, 1850.

The patient's complexion is of an azure tint, his chest and arms are of the same colour, this being probably the result of the course of nitrate of silver he was subjected to. He appears in a highly deranged nervous state, and his fingers are constantly at work; vision and the other senses are unimpaired; the pupils, however, are unequal, the right being rather dilated, and sensation is less acute in the left than in the right arm and leg. He eats and sleeps well; the sounds of the heart are normal, and the vesicular murmur is distinctly heard all over the chest.

Dr. Todd, considering this case a proper one for further trials of the *Sumbul*, ordered fifteen minims of the tincture three times a day. Three days afterwards, a strange modification took place in the nature of the fit. Whilst taking his tea the patient suddenly experienced a shock through the whole body, and immediately fell down with a vacant expression of countenance, and lay for about a minute. He uttered no cry, and was not insensible. For the next four days he had daily attacks of these semi-fits or starts, accompanied with falling, without insensibility. They began, however, to become less frequent: six days intervened at first, and twelve soon afterwards, the precursor being always a certain amount of numbness in the left arm. On the fourth of April he had been three weeks without a fit, but they, unfortunately, came now thicker upon him, though of very short duration. The last report states, (April 29th,) that for the last four weeks there has been no fit, the patient having only occasional very slight starts. The left hand, which, on admission, moved convulsively, is now in a normal state, though a certain amount of numbness still remains. The patient, altogether, thinks the *Sumbul* improved his appetite, and expresses the belief that it has considerably relieved him.

CHARING-CROSS HOSPITAL.

Peculiar Method of Treating Fractured Ribs.

(Under the care of Mr. HANCOCK.)

Mr. Hancock has just discharged from his ward a patient who had been under his care for fractured ribs. The man has left the hospital in very good condition, though the means usually employed in cases of broken ribs were not resorted to. Mr. Hancock departs in these instances from the common treatment, because he thinks that the roller and venesection, advised by authors, are unnecessary, or perhaps injurious.

The end held in view in applying the roller is to prevent the intercostal muscles from acting, but Mr. Hancock has found, and indeed we saw it ourselves in the ward, that the intercostal muscles connected with the fragments *do not act*. The roller may, besides, do some harm; for, whether the fragments be in apposition or riding, the constriction will tend to press the fractured ends inwards, and irritate the pleura and the lung itself. It is, moreover, well known that the sound side of the chest takes on increased action, to make up for the deficiency in the affected part, and it is very evident that a roller, by compressing the ribs, must interfere with the free play of the only respiratory organ which is acting. Mr. Hancock has known patients, evidently in great distress, be at once relieved by the removal of the roller.

Mr. Hancock, moreover, considers that in accidents of this kind there is always more irritation than inflammation, and,