

of inflammation of the parotid gland. It may, however, result from a wound, such as a cut through the cheek. (*An illustrative preparation was shown.*) I will suppose a case where salivary fistula follows the formation of an abscess in the parotid gland. Such a fistula is, of course, very troublesome to the patient. Sometimes the abscess communicates so freely with the principal duct, that there is a profuse discharge of saliva. Sometimes a spontaneous cure will occur in these cases, the external orifice of the fistula becoming narrower, eventually entirely closing up, the flow of saliva being, in consequence, diminished, and perhaps disappearing altogether. If, however, a spontaneous cure like this does not take place, you will generally obtain one by touching the external orifice every day with the nitrate of silver, applying over it a compress and bandage. The former of these is, of course, the principal agent. The daily application of the nitrate of silver is necessary to induce the orifice to contract. I have cured a great number of cases by this method. If it fail, some other plan must be tried.

If the saliva still flows out, you may make an artificial opening into the cavity of the mouth, which will, however, sometimes heal before the external opening. To prevent this, you may endeavour to keep it pervious, by the introduction of a piece of silk thread, as a seton. The seton may be employed in various ways in such cases, simply passing one through the external orifice to the nearest inner part of the cheek, or you may use an eye-probe, armed with a small silk thread looped on to a larger silk thread. The small silk thread may protrude at the external orifice, and the larger silk thread at the internal orifice, and thus the one will, from being small, allow the external orifice to heal, whilst the other, from being large, will keep the internal orifice pervious.* But whether these methods succeed or not, the use of the nitrate of silver must still be persevered in. I never could cure a case without it. Let this plan be steadily pursued for three or four weeks, and the saliva will cease to flow out at the external orifice of the cheek, which will heal, while the internal one will remain pervious, causing the patient no inconvenience. I have generally introduced a probe into the duct of the parotid gland, for the same purpose that a sound is introduced into a perineal fistula.

A salivary fistula may occur from a

division of the parotid gland, and where it is simple, it will soon heal, by bringing the edges of the wound together. If, after a time, however, you do not succeed in accomplishing this, pass down a probe, and apply the nitrate of silver as before. If a considerable portion of the duct have been taken away, and there is much loss of flesh, make a free opening into the cavity of the mouth, and heal it up, in the usual way, with the nitrate of silver.

CLINICAL OBSERVATION

ON

VARIOUS DISEASES,

BY

MR. WARDROP.

THE TREATMENT OF SPRAINS.

ALTHOUGH surgery can boast of having made rapid advancement during late years, it is not in the manipulations or the mechanism of operations, but in a more successful mode of treating those diseases which were formerly deemed irremediable without the use of the knife. Hence has arisen the extraordinary diminution in the frequency of surgical operations, and if we glance over a catalogue of those ailments for which operations are now ever demanded, it must be observed that few of them are beyond the reach of medical treatment. Another proof of this diminution is also afforded by comparing the frequency of operations among the more wealthy and the poorer classes of the community,—those who have the means of seeking relief in the early stages of disease being seldom exposed to any of the severe maladies which require amputations, and what are called the “great” operations of surgery. Neither do the affluent often meet with those serious injuries which require such operations as those to which the poor man is exposed in the pursuit of his necessary and sometimes dangerous avocations.

I am led to make these remarks on the present occasion from a consideration of the results of those injuries of joints which are usually called “sprains.” Though they may be easily relieved when properly treated immediately after the accident, yet the want of such due care often lays the foundation of many of the more serious diseases of joints; and hence it will be found that most of those who suffer under a dangerous disease of a joint, date its origin from some injury which was at first considered to be of little importance, and on

* The description of this method occupied a quarter of an hour. It is here simply stripped of its superfluities.—REP. L.

the cure of which sufficient attention had not been bestowed.

However simple the treatment of "sprains" may generally be considered, yet I have met with so many instances in which an unsuccessful system of management had been employed,—and so little has been said of the treatment of this injury in the more voluminous systematic works, and moreover, as patients with such slight injuries are seldom seen by the student at public hospitals,—that I have deemed it expedient to bring together my observations on this subject; and I will endeavour to make known such rules for the treatment of the injury as I have found most useful.

As a general observation, I may state, that when any organ or structure in the body is injured, the surgeon has two great objects to accomplish. The first consists in the restoration of the injured parts, if displaced, to their natural position, which is accomplished by sutures or bandages, as in the case of a large division of the soft parts, and the second, in preventing consecutive inflammation—an effect which will always, in a greater or less degree, supervene. Now, in checking the accession of inflammation, or in subduing that which already exists, consists the whole treatment of a sprain.

Case 1.—A gentleman, while descending some stairs, made a slip with his foot, and felt the ankle-joint twist, with such acute pain, that he was near fainting, and with difficulty mounted his horse to return home. Immediately on his arrival he fomented the parts, and kept the foot in hot water for some time, subsequently applying a common poultice. The fomentation gave instant relief, and by continuing to use the poultices, and confining himself to the horizontal position, he was able to walk on the third day without inconvenience. He applied a poultice every night as long as any tenderness continued, and in a few days he required no further treatment.

Case 2.—A woman lost her balance while walking on a slippery pavement, and in reaching forward to save herself fell with such force on the left hand, that she violently sprained the wrist. Fomentations and a poultice afforded her but temporary relief, I therefore recommended her to apply leeches to the part, which she did a few hours after the accident. Six leeches were applied, at first every twelve, and then every twenty-four hours, as long as they afforded decided relief; and whenever the ease derived from one set of them ceased, a fresh set were used. Fomentations and poultices were also employed,

but these, after a few days, no longer afforded ease. A lotion, composed of equal parts of the acetate of ammonia and camphor mixture, was then applied, with a fold of linen, and kept on during two hours three times a day, a linseed poultice being used during the night. These remedies were continued until all pain and uneasiness abated, and a piece of soap-plaster, with a bandage, was afterwards employed until the joint recovered.

Case 3.—A woman sprained her foot so severely that she was confined to bed for several weeks, during which period cold saturnine lotions had been constantly applied. Finding that there was considerable tenderness on pressing the parietes of the joint at several parts, accompanied by some swelling and inability to walk without pain, I recommended the application of four leeches and a poultice. On the second day the pain and swelling were much diminished, when other four leeches were applied. After being employed three times, a day intervening between each application, all tenderness and swelling had subsided; and by continuing a poultice every night for some time, and a bandage during the day, the joint not being used so as to cause pain or uneasiness during the whole period, recovered in ten days.

I may remark, that in almost all sprains the system of treatment employed in the preceding cases will be found the most speedy and efficacious, the only object being to check approaching inflammation, or subdue that which exists.

When the injury is slight (as in Case 1), fomentations and poultices will alone be generally quite sufficient to check the accession of inflammatory symptoms, provided these are promptly adopted. When the injury is more severe (as in Case 2), or when inflammation has continued some time (as in Case 3), then, in addition to fomentation and poultices, local bleeding is required. For this purpose, either leeches should be applied, or an adjacent vein may be opened with a lancet. The number of leeches ought to be proportioned to the violence of the inflammation. In general, I prefer the frequent successive application of a small number, to the employment of a large quantity at one time. Whenever the bleeding from one set ceases and pain and tension recur, then a second set of leeches should be used without delay, and so on, the intervals increasing, and the numbers diminishing, in proportion as the pain or tenderness abates. Opening a vein in the vicinity of the injury is also an excellent practice, and is particularly useful when leeches cannot be readily procured.

In some cases, when the injury or sprain of a joint is so severe as to excite fever, local bleedings, even to a large extent, are not sufficient to arrest the febrile symptoms. The best results will, in such cases, be found, from having recourse to general, in place of local, blood-letting; and this ought always to be carried to such an extent as will have the effect of completely subduing that quality of the pulse which is characteristic of inflammation.

A state of things sometimes follows this system of treating sprains which ought here to be pointed out. If the individual who receives a sprain is at the time suffering from any derangement of health, and more particularly if he be of a rheumatic or gouty constitution, it will frequently happen that although the inflammatory state of the injured joint is speedily subdued by a depletive treatment, yet the affected part will still appear more or less tender, which state no local treatment seems to mitigate. I need not dwell on the importance of discriminating such cases, and of also mentioning the circumstance, that even in slight injuries of joints, when these happen to persons predisposed to gout, an arthritic inflammation in the injured part is brought on. In cases of this description, the joint must be treated as if there had not been any previous injury, by antimonials, colchicum, quinine, and such therapeutic means as are usually employed in gouty affections.

Case 4.—A lady sprained one of her wrists very severely. The inflammatory symptoms were checked by the frequent application of leeches, fomentations, and poultices. Pain, and swelling of the soft parts around the joint, however, continued, which these means did not mitigate, and I saw her about two months after the accident, when she had used a variety of local applications without relief. The wrist and hand were now oedematous, and part of the skin had an erysipelatous redness. A deranged state of the digestive apparatus, as well as the appearances of the hand, and the general character of her constitution, impressed me with the belief that she was of a gouty constitution, and I treated her accordingly, by giving a small dose of colchicum in a saline draught, for a few nights, and refraining from all local applications. The good effects of this treatment were soon apparent, and, by continuing it, the inflammatory state of the joint daily diminished, and in a few weeks was quite subdued.

Case 5.—A man sprained his ankle-joint severely, and had for three weeks em-

ployed cold applications and rest. The joint was very tender on pressure, and considerably swelled, in which state I advised the application of four leeches and a poultice, from which he experienced decided benefit. The leeches were re-applied on the second day, and on the day after, the appearance of a good deal of oedema and erysipelas, discoloration of the tongue, and other symptoms of chylopoietic derangement, indicated to me why the leech-bites were followed by so much irritation. I therefore recommended free evacuation of the bowels for some days, and a moderate diet, and (in place of local bleeding) fomentations and poultices with the employment of a lotion composed of the water of acetate of ammonia diluted. By these means the erysipelatous inflammation of the skin daily decreased, and when it had subsided, the tenderness in the sprained part ceased, and the application of a bandage was the only further treatment required.

In order to establish the good effects of the mode of treating sprains which I have pointed out, I have still to contrast the tedious and injurious effects so often to be noticed from employing an opposite system of management with a system which, though certainly not general, is yet too frequently resorted to. I allude to the practice of using cold applications immediately after such injuries. The effect of cold saturnine lotions in a sprained joint may, no doubt, in many cases, produce a certain degree of relief, which, along with the rest necessarily enjoined at the same time, will tend to subdue the inflammation. But I will venture to affirm that in all cases where the injury is considerable, the relief from pain is not only more immediate and more permanent, but the cure is much more speedy and complete by resorting to the treatment I have recommended. There are also cases of sprains, where even after leeches have been employed, along with cold lotions, a state of the injured part remains which such treatment is inadequate to relieve. The state to which I refer is, tenderness on the pressure of some particular part, and a want of power to use the joint freely, effects which sometimes continue many months after the accident.

Case 6.—A gentleman sprained his foot four months before he consulted me. He had first employed cold lotions and leeches, and subsequently used a variety of embrocations, plasters, and bandages, notwithstanding which there was great weakness in the joint, and he could walk but little without afterwards suffering much inconvenience. No change was discernible

in the form of the joint, but at one part, between the heads of the tibia and fibula, it was tender to the touch. This indicated the presence of a degree of chronic inflammation, to relieve which I advised the application of a blister, a remedy by which I had often observed extraordinary relief produced, from the symptoms which so often continue after joints have been sprained or dislocated, and which no system of depletion subdues. In this case, accordingly, a blister was applied, and had the desired effect. It created considerable irritation, which required the patient to keep the joint tranquil for a few days, after which he completely recovered.

months in a lady who is now under my care, and who has been treated with opium, quinine, carbonate of iron, &c., without obtaining relief. The *Tr. Belladonnae*, in doses of from twenty to twenty-five minims, has been taken the last few nights on going to bed, and once or twice has been repeated a few hours after, and she is now nearly convalescent.

I believe the tincture, according to the above formula, is kept by Corbyn and Co., and if a fair trial be given to it by any of your readers, I should feel obliged by the result of their experience being communicated to me.

Yours, &c.

W. T. ILIFF.

Newington, Dec. 12, 1834.

BELLADONNA IN NEURALGIA.

To the Editor of THE LANCET.

SIR,—It has been observed “that more real service may be rendered to medicine by the illustration of what is already known, than by any attempt to promulgate new theories, or new modes of practice.” I am, therefore, induced to call the attention of your readers to a remedy, which, although recorded as valuable, I do not find by any means commonly employed. I allude to the internal exhibition of belladonna in those painful affections of the head and face, which prevail more particularly about this period of the year. In the year 1818 a very interesting pamphlet on this subject was written by a very respectable practitioner of Harwich (Mr. Bailey), in which the author establishes the use of belladonna by the result of his experience. Some years previous to this, he had noticed the subject in the *Medico-Chirurgical Review*. Mr. Bailey’s formula for the tincture is as follows:—

℞ *Belladonnae foliorum exsiccatorum*,
uncias duas;
Spiritus tenuioris, octavium. Macere
per dies viginti, et cola.

The dose of the above is from twenty to forty minims. Of the extract he begins with gr. j, and repeats it every four or six hours.

To say that my experience has been extensive, would be incorrect; however, I made some of the tincture a few years ago, from the above formula, and have from time to time used it, and I am happy to say with success. Violent pain in the left side of the face, occurring at about one o’clock in the morning, and lasting during several hours, has existed for nearly three

RHEUMATISM.

EMPLOYMENT OF INDIAN-RUBBER CLOTH.

To the Editor of THE LANCET.

SIR,—You possibly may consider the subject of this letter sufficiently important for introduction into the columns of THE LANCET. It relates to that prevalent, most painful, and perplexing disease, Rheumatism.

It was, unfortunately, my fate to contract chronic rheumatism at the commencement of last September. It affected at first chiefly the muscles in the front of the thigh, ultimately extending upwards to those around the hip-joint and lower lumbar vertebræ and downwards, involving the extensors of the foot and the plantars.

When the disease had continued five weeks, the circumference of the lower portion of the thigh was nearly three inches less than its fellow, while the skin was dry and loose. The usual routine of practice was complied with. Warm-baths at 108° degrees afforded relief during immersion, but exasperated the pain for the next forty-eight hours. Blisters over the most painful portions of the limb rendered the pain bearable, but only while they remained open. At the end of two months I found no abatement of my sufferings. I hobbled with a stick in the streets, and ascended stairs by climbing.

I discovered, at the onset of the malady, that the affected thigh never perspired while in the bath, and though for some time afterwards the whole of the body perspired profusely, no perspiration could be detected on the diseased limb, although its temperature was even greater than that of its fellow. The application of dry heat at a