

13th.—Erysipelatous inflammation of the skin of the posterior surface of both legs now broke out with great severity, accompanied with much pain and great increase of swelling, especially of the left leg, which became extremely tense. The urine continued much the same. The dose of croton oil was now repeated, and every other day in addition for the following week. The patient was placed in bed, with his legs elevated very much above the level of the trunk, by which means the fluid gravitated into the abdomen and upper part of the thighs, and the tension of the legs was very much relieved. A lotion, consisting of two drachms of acetate of lead, with half a drachm of dilute acetic acid, in a pint of water, was applied, in the same manner as the water dressing, to the inflamed surfaces. No other alteration in the treatment was made, and in the space of a week the local inflammation was completely subdued.

23rd.—Much improved. Ascites very slight, and the oedema of the legs much diminished. Urine, two pints and a half; specific gravity 1030. The patient began now to perspire freely. Acetate of potash continued to be administered as a diuretic, and occasionally a dose of four drops of croton oil was given, with the view of diminishing the dropsy. The milk diet was persevered in—five pints daily, with half a pound of lean butcher-meat, green vegetables, and a little bread, for dinner. He gradually improved up to the 27th of March, when his urine was five pints, the specific gravity 1017, but still albuminous. For some days previously the urine had been increasing in quantity. The dropsy was now almost completely subdued, a little swelling in the feet and ankles only remaining.

From this period onwards the patient continued to improve in every respect, and rapidly regained both flesh and strength; the dropsy kept away, but the urine remained albuminous. He remained in the infirmary until the beginning of June, when he was dismissed. Unfortunately he returned home to poverty, and to circumstances the most unfavourable to a continuance of his improved condition. I saw him last in October, in his own dwelling, and found that for several weeks his state had been getting worse; he had lost much flesh and strength, although there was no oedema except below the knees. I could not help reflecting that his condition of health would in all probability have been widely different if he had been a person of affluence, and could have spent the summer and autumn in some congenial watering-place and climate, surrounded by everything necessary for his continued improvement. As it was, I felt assured that the milk diet, with which he had still persevered more or less, had kept him alive up to the period of my visit, and had been instrumental in saving his life three times under the most desperate circumstances, aided by other remedies while in the hospital.

(To be continued.)

## A CASE OF ANEURISM OF INTERNAL CAROTID IN THE CAVERNOUS SINUS,

CAUSING PARALYSIS OF THE THIRD, FOURTH, FIFTH,  
AND SIXTH NERVES.

By JAMES ADAMS, F.R.C.S.,  
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FREDERICK B—, aged fifty-six, a sign-writer, was first seen on the 23rd of February, 1869. His right eye was completely closed, partly from paralysis of the levator palpebræ, and partly from oedema of the lids, the surfaces of which were red and superficially ulcerated. The cornea was hazy, and ulcerated in the centre; the conjunctiva and sclerotic were reddened, with some oedema of the subconjunctival tissue. Through the hazy cornea the pupil could just be made out; it was of moderate size, and quite immovable. Vision: R. = shadows of large objects.

L. =  $\frac{3}{8}$ , and J. 8 at 12".

Fundus of right invisible; left normal. No movement could be produced in the right globe in any direction, either independently or consentaneously. The surface of the eye was absolutely insensible, and when irritated no movement of the lids followed; but when the conjunctiva of the left

was touched, the lids of both eyes were forcibly closed. Tension, = —1. There was perfect anæsthesia of the right supra-orbital region, of the right side of the nose (both of the mucous and cutaneous surfaces), and *partial* anæsthesia of the right supra-maxillary region.

Six weeks before he came under observation, he suffered from giddiness and pain in the head, limited to a spot of the size of a half-crown in the right temporal region. After these symptoms had persisted for a few days, the right eyelid drooped, and the loss of motion of the globe and ulceration of the cornea quickly followed. He admitted having had primary syphilis in early life, but there was no evidence of any secondary or tertiary periods. He is the father of a healthy family.

He was put under a course of iodide of potassium, but no material alteration ensued. In the course of a few weeks an abscess formed in the orbit. It was opened, and discharged healthy pus, and healed.

About a month later he had general anasarca and bronchitis, with large quantities of albumen in the urine, and died on May 21st.

After some difficulty, I obtained permission from his friends to examine the head, which I did the day after his death, being assisted by Mr. Salt. The brain was softer than natural, and there was a large quantity of fluid in the ventricles. Projecting from the right cavernous sinus was a smooth, soft tumour, about the size of a walnut, pushing the dura mater from the bone. Owing to the unfavourable conditions under which the examination was made, it was impossible to dissect out the sinus, so I removed the tumour by cutting as close to the bone as possible. It proved to be a sac containing laminated deposits of fibrin, those most external being firm and pale, those nearest the sinus dark and soft. There were several small patches of degeneration in the basilar artery.

Finsbury-circus, November, 1869.

## ON THE ACTION OF IPECACUANHA.

By C. C. FULLER, F.R.C.S.

I HAVE been induced to make the following communication in answer to Dr. Anstie's invitation to those who have studied the action of small doses of ipecacuanha in vomiting and other diseases to make public their experience. I was led by the recommendation of a medical friend to test the value of small doses of ipecacuanha; and I did so, but with the greatest scepticism, and with the fullest expectation of finding these small doses useless. It was only after repeated successes that I was compelled to believe in the efficacy of this treatment in the following classes of cases.

1. *Vomiting of pregnancy.*—Having given extended trials of the following remedies in this disease—viz., hydrocyanic acid, nitrate of potash, oxalate of cerium, opium, nitromuriatic acid, bismuth, alkalies, and quinine; and though each of these remedies was frequently useful, I am convinced that they are all far inferior to ipecacuanha. Its effects are frequently conspicuous in the most severe cases; and it is able not only to control that vomiting which occurs on rising in the morning, but also the more severe forms in which the nausea, retching, and vomiting are almost incessant. The following are brief accounts of two of the cases which occurred under my notice.

Mrs. W—, aged thirty-two, mother of four children, had always suffered during the whole period of her previous pregnancies from severe retching and vomiting, repeated many times a day. On the present occasion she was in the fifth week of her pregnancy, and her sufferings from retching and vomiting were as severe as in former times. She was ordered to take a drop of ipecacuanha wine in a teaspoonful of water every hour, and on the second day of this treatment all retching and vomiting had ceased. The medicine was then discontinued, and was only taken in drop doses on the occurrence of nausea, which it immediately removed. One dose of the medicine was usually taken during the remainder of her pregnancy on each day.

Mrs. D— was in most respects similar to the previous patient. She had three children, and during the whole