

India" shows that as many as from twenty to thirty vessels sometimes require to be tied.

This disease is very common among the natives in Lower Bengal. It is believed to be caused by malaria, and is accompanied by severe attacks of intermittent fever, exacerbations occurring at the change of the moon; and I understand from a gentleman of experience that these growths are influenced by the sea breeze, acting in conjunction with malaria, and this is to a great extent proved by the disease not being known beyond the influence of the sea breeze. Other parts of the body, as the legs, are often the seat of elephantiasis, and in this patient the right leg is affected, but not to a great degree.

Nov. 21st.—The case is doing remarkably well. The testicles are drawn upwards by the cord, which is contracting almost daily, and healthy granulations are closing in on every side, so that in a few weeks there will be a perfect scrotum, with the line of cicatrix forming the raphé. The penis is, of course, dressed separately to granulate.

November, 1871.

THE COMPARATIVE VALUE OF CHLORAL HYDRATE AS A HYPNOTIC.

By J. HAWKES, M.D.,

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THE task of proving the immense service rendered by the hydrate of chloral in cases requiring sedative treatment has been so frequently undertaken that it is scarcely needful, were it advisable, to add any further testimony to that already recorded. It is rather my object to consider to what extent the use of this drug may be held to fairly supersede the remedies belonging to the same class of medicines which have hitherto been chiefly relied upon to procure rest and sleep.

Having been for some time in the habit of prescribing chloral hydrate for restlessness and insomnia, and also had numerous opportunities of witnessing its effect when prescribed by others besides myself, I would beg leave to offer some observations on the general result of such treatment, and to compare to some extent these results with those we are accustomed to observe under the employment of the drugs which the chloral hydrate has in a measure superseded.

I will first mention the form usually adopted in giving chloral—that of a sedative draught taken at the hour of rest, the dose half a drachm, the effect of which is generally to obtain a partial amount of repose, though by no means as a matter of course. For this purpose a single draught is administered, and repeated every evening as long as may be deemed necessary. Another form is as a mixture containing from twenty-five grains to half a drachm in each dose, taken three times a day, and persisted in often for weeks at a time. The latter plan is also observed to be in some cases beneficial so far as the allaying of chronic restlessness and excitement is concerned, the patient being apparently dulled and rendered less accessible to nervous irritation. In cases of habitual excitement, usually in chronic and persistent mania, the latter plan of treatment may be held good, but under restrictions. In more ordinary cases of passing or temporary excitement and insomnia, the former method is likewise beneficial.

There are, however, by no means a rare or exceptional number of cases that are not benefited by the exhibition of this medicine, and in those it has repeatedly appeared to my mind decidedly prejudicial. In cases of general paralysis accompanying mania, in rather elderly persons with feeble circulation and impaired nutrition, the use of chloral is occasionally attended by adverse symptoms. In some of these I have suspended its employment from a decided conviction that it is hurtful, and any amount of insensibility obtained is purchased at too dear a rate. The most usual effect in such instances seems to be an increased congestion of the ganglionic centres, little abatement of restlessness, gradual failure of strength, and a corresponding advance of paralytic symptoms. In instances where no decided benefit is procured we may observe on the following morning dryness of the tongue and fauces, and, if the patient is suffi-

ciently sensible, complaint of headache and giddiness; when its use is protracted from day to day the constitution perceptibly suffers, and the disease appears to advance more rapidly than would otherwise be the case. When prescribed only as a night draught this is less perceptible; but the want of sleep indicates, in these cases, its unfitness as a special remedy, and leads one to fall back on the older remedies that have maintained a longer reputation. Of some of these I will now briefly state what I venture to consider the most appropriate and useful combinations when the employment of chloral is contraindicated.

Opium alone is rarely productive of good in cases of maniacal excitement; but one preparation of the drug in alliance with another powerful and most serviceable hypnotic is at times very efficacious. The liquor opii sedativus is that alluded to; and when combined, in doses of twenty-five to thirty minims, with a drachm and a half of tincture of henbane, a very marked and salutary result is often obtained. After several years' experience, I confess I regard this very much as a reliable agent, though of course not invariably so; it is, however, in my opinion, the most trustworthy preparation of opium and the safest form of combination. Now hyoscyamus is undoubtedly, in ordinary cases of insomnia, especially when unaccompanied by much excitement, of itself a most useful remedy. In those cases of quiet sleeplessness sometimes noticeable in melancholia, we may often confidently rely on this medicine alone, prescribed in doses of two drachms at bedtime. In other cases, where there is much noisy and violent excitement, a combination of the above with twenty-five minims of tincture of digitalis will frequently act as a charm. In nervous irritability and diurnal restlessness or excitement, this form may likewise be advantageously given two or three times a day, and may be carried on for a week or two with benefit. I usually rely on somewhat lesser doses when prescribing it thrice daily, such as twenty minims of tincture of digitalis with a drachm of tincture of henbane. Another sedative mixture, containing the bromide of potassium with tincture of Indian hemp, seems to be deserving a fair trial, but in my experience it is less reliable than some others; twenty-five grains of the bromide and twenty-five minims of the tincture have, however, proved useful given three times a day, and I think it may safely be administered where some other medicines are ineligible.

In concluding these few observations, I would remark that in a case of delirium tremens at present under my care chloral in doses of thirty grains has wholly failed, while thirty minims of liquor opii sedativus with henbane procured some hours' sleep. It is possible that some more precise signs may yet be gathered for the exhibition of chloral, and we may learn to predicate before prescribing where it is likely to be injurious. At present I cannot say I know positively where it is exactly contraindicated, but venture to hope we may some day acquire this important knowledge. So far I will only observe it is by no means a safe or constant remedy; and I scarcely think the public, who so largely consume it, can be sufficiently aware of its insidious and dangerous qualities.*

December, 1871.

A NEW MIDWIFERY FORCEPS.

By JOHN BARCLAY, M.D.,

LATELY ONE OF THE ASSISTANT-PROFESSORS IN THE ABERDEEN UNIVERSITY.

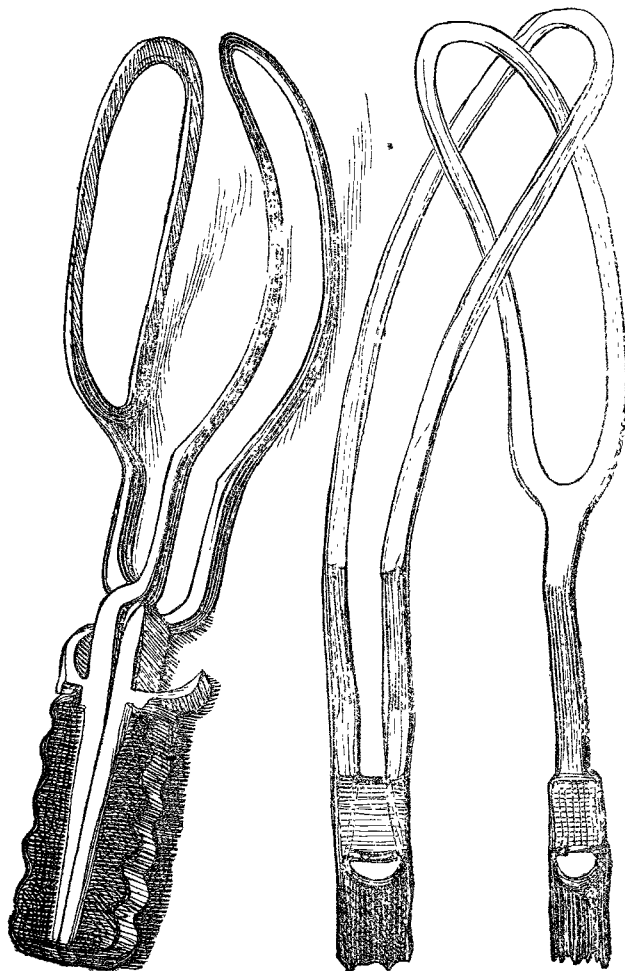
FOR the first year or two after commencing practice I followed the advice given to his class by the late Dr. Dyce, Professor of Midwifery in the University of Aberdeen, and used Ziegler's forceps, the distinguishing characteristic of which consists in the male and female blades. But I was not long in finding out that, though the facility of the application of this instrument was very great, it was nevertheless very inefficient in all but very easy cases. In fact, the extreme readiness and facility with which Ziegler's forceps can be applied constitutes its only recommendation. Its disadvantages are the following:—It is not quite long enough for long forceps cases; the blades are too weak, being exceedingly apt to slip; the double curve is wanting, which

* Since the above was written another death from chloral has been recorded by the public press.

of course is a great objection; and it does not possess sufficient means for powerful traction.

Now Simpson's long forceps has none of these objections; but then, though men of some experience may be able to apply it quickly and lock it without any difficulty, I have known many beginners, and my own experience at first with it was the same, considerably annoyed by the two halves twisting backwards, thereby rendering the locking of them a very tedious matter. And if there is one thing more than another that shakes the confidence of the patient's friends in the attendant, it is repeated attempts and failures in the application of the forceps.

I accordingly explained to Mr. Young, surgical instrument maker, Edinburgh, that I wanted a forceps that should combine the principle of Ziegler's male and female blades with the length, strength, curves of blades and cross-stops of Simpson's. He accordingly made for me a beautiful instrument, which, I think, combines all the advantages of the two. The handles are precisely the same as Simpson's;



the cross-stops are the same in form also as in his, except that they are made to rise and fall at will, like the guard of a carving fork; the shank and lock are Ziegler's, only much stronger; and the blades are male and female, as in Zeigler's, only they are of the same strength as Simpson's, and have his double curve.

For more than two years, in all sorts of cases suitable for the forceps, both long and short, I have used this alone, and can only say that it has fulfilled all my anticipations. It is quite as easily applied and locked as Ziegler's, and, indeed, it would be rather a difficult matter to avoid locking it. The male blade is introduced first, and above; then the fenestrum of the other is slipped over the handle of the first, and as the latter glides along the curve of the sacrum upon the child's head, it is so guided by the first as to lock with absolute certainty and precision. The stops which till now are lying against the shank are pulled up, and traction made at the proper time. During the application the instrument is Zeigler's, when applied it is Simpson's.

The measurements of this forceps are as follows:—Length of handle, 4 in.; from the handle to the lock, $1\frac{1}{4}$ in.; from the lock to the beginning of the curve of the blade, 2 in.; and from the last-mentioned point to the end of the blade, $6\frac{3}{4}$ in.—in all, 14 in.; distance between the points of the blades, 1 in.

Banff, December, 1871.

AIDS IN OPHTHALMIC PRACTICE.

By GEORGE COWELL, F.R.C.S.,

SENIOR ASSISTANT-SURGEON TO THE WESTMINSTER HOSPITAL, ASSISTANT-SURGEON TO THE ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, AND SURGEON TO THE VICTORIA HOSPITAL FOR CHILDREN.

NEW STRABISMUS-HOOK.

THE strabismus-hook, of which the accompanying wood-cut is a representation (exact size), is a modification of Von Graefe's hook. The end from the extremity to the bend is much shortened, the bend is more abrupt, and a second bend at a very much larger angle is placed at about five lines from the former. To place the tendon of the muscle to be divided on the stretch, the portion of the hook



between the two bends is held at right angles to it, and the end very effectually prevents the escape of a portion of the fibres before the tendon is completely divided, an occurrence which is the cause of a large percentage of the failures in operations for squint. The second bend enables the operator to get the handle of the instrument well out of the way of any interference with the play of the scissors. I may add that the hook has been made for me by Messrs. Weiss.

TEST-TYPES.

Messrs. T. Brettell and Co., of 51, Rupert-street, Haymarket, have printed for me a set of test-types for determining the acuteness of vision. They are drawn up to correspond as nearly as possible with those of Dr. Snellen of Utrecht, and, as supplemental to his well-known book of test-types, will tend to prevent the disproportionate wear and tear of its first two pages. The limbs are in diameter about one-fifth of the height of the letters, and the figures over each size express the number of feet at which the letters are seen by a standard eye. Words of one syllable are chosen, and verses are used, as facilitating the testing of the eyes of those who read imperfectly; and a line of small capitals is introduced, where practicable, for similar reasons. There is also a greater variety of the smaller types, commencing with Brilliant (1). Should these types be favourably received, it is proposed to print a piece of prose composed of small words to correspond. Copies of the above can be obtained of the printers.

Belgrave-road, December, 1871.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

UNIVERSITY COLLEGE HOSPITAL.

CASE OF DISLOCATION OF THE LEFT HIP; REDUCTION
BY BIGELOW'S METHOD.

(Under the care of Mr. ERICHSEN.)

G. B—, a stout muscular man, aged thirty-one, a surgeon, was admitted on Dec. 18th, at 11 A.M., with all the ordinary signs of a dislocation of the hip into the sciatic notch. The dislocation had occurred thirteen hours previously, and happened thus:—The patient was leaving a railway carriage while the train was still moving, when he stumbled and fell down between the moving train and the side of the platform. He fell on his left side, with his head towards the engine. His left thigh was flexed, and his right extended. He thus got jammed between the carriage