

Having first introduced a full-sized silver sound into the urethra, I then, with a narrow sharp-pointed knife, laid open the sac, and then found three fistulous canals proceeding from the cyst, in a direction downwards towards the perineum, to the extent of three-quarters of an inch, when all three united, becoming one canal, which took a direction immediately backwards, and opened into the urethra, by a single opening rather more than one line in diameter. The next step was carefully to excise my puncture of the sac, and the callous sides of the fistulous canals; I then, with a small cauterizing-iron, touched the opening in the urethra. For the first few days the cold-water dressing was used, and the bladder regularly emptied with the catheter. The after-dressing was the basilicon ointment, and now and then with a solution of nitrate of silver.

In the course of ten days all discharge from the urethra had ceased; the patient progressed favourably, and on March 16th he was discharged cured.

St. Louis, Missouri, United States, May 1851.

ON WOORRARA POISON.

By A. CAMPBELL, Esq., Surgeon Hp. 55th Regt.

WOORRARA poison, used by the Indians of British Guiana, is a deadly inspissated preparation of a shrub or tree indigenous to Guiana, generally employed for the destruction of game, and procured with extreme difficulty from the aborigines, owing to religious scruples. In this poison the Indian dips his arrow-point, consisting of a small narrow spicula of hard wood, which, conscious of danger, he handles and carries with the utmost care. My experience of it has been by the "*surbee caul*," or Indian blow-pipe.* Experiments prove that the minutest particle of the poison absorbed or entering the circulation of blood instantly suspends the functions of the brain, and all consciousness and sensibility are lost. The functions of respiration cease, or are scarcely perceptible, but the heart continues to pulsate for a short time. If, however, artificial respiration be employed and continued for a time, so as to preserve the purity of the blood, the heart's action will continue, acquiring gradual force, the nervous system will recover its suspended functions, and life will be restored.

This remedy has, therefore, been proposed (I think justly) as a last resort in tetanus, by inserting the poison in the finger, tying a ligature above the wound, so as to regulate its action and effect on the system.

THE PULSE AN IMPORTANT GUIDE IN THE TREATMENT OF DISEASE.

By EDWARD WILLIAMS, M.D., Dublin.

RESIDENT PHYSICIAN TO THE SOUTH-EASTERN LYING-IN HOSPITAL, DUBLIN.

Few things are more true than the above statement. The pulse is certainly a valuable guide and assistant in forming a correct diagnosis of disease; a fickle and erring companion if taken alone, but of great value when combined with other symptoms. How often have I, in a hurry and guided by general symptoms, laid down antiphlogistic treatment, when the pulse has at once convinced me of my error, inflammation being mistaken for irritation, and tonics and sedatives required, not lowering treatment. Young practitioners especially should well study the pulse, for, not being matured by experience, they will frequently fall into error from the similarity of inflammation and irritation. Fever and pain and depraved secretions are frequently met in both; but in one it is the fever of sympathy and nervous action, not capillary congestion. The pulse should be well studied—1st., in its natural or healthy state; 2ndly, in diseased states of the system; 3rdly, in especial cases; and 4thly, in the two sexes: also in the various stages of life, from the cradle to the grave.

It is only from a knowledge of these facts, that we can treat disease with any degree of skill. Without it, even taking the most favourable view of it, we should be often in the dark, for it is by a combination of symptoms or guides that we can form a correct diagnosis, not by one, two, or three symptoms; and that which when taken alone is of little value, is of great value when combined with other adjuvants.

Cumberland-street, Merrion-square, June, 1851.

* The Indian blow-pipe consists of a narrow, hollow tube, usually made of bamboo, six feet or upwards; into the distal orifice of this tube is introduced the small poisoned arrow; the inserted end sufficiently covered with cotton to render it air-tight. The aim taken, the mouth is applied to the near end, and the air forcibly propelled, which discharges the arrow, so as to wound an animate object at a distance of thirty yards.

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

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum, et dissectionum historias, tum aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Prooemium.

ST. BARTHOLOMEW'S HOSPITAL.

Acute Rheumatism, with Cardiac and Ophthalmic Complications.

(Under the care of Dr. ROUPELL.)

WHEN the great number of cases of rheumatic fever which are treated in the hospitals of London, and the serious nature of the affection, are recollected, it will at once become obvious why we have undertaken to present in the "Mirror" a faithful sketch of the various modes of treatment adopted by the physicians of charitable institutions. In former reports, (*THE LANCET*, March 9, 1850; August 24, 1850; Nov. 16, 1850; Feb. 15, 1851; May 24, 1851,) we took a survey of the therapeutical means adopted in uncomplicated cases, these means consisting principally in the administration of colchicum, nitrate and acetate of potash combined, lemon juice, acetate of potash, and citric acid, respectively. We have now to direct attention to the steps of the treatment when cardiac complications are either existing or are suspected. Nor will this account be wanting in interest, as, according to a late authority (Dr. Watson), "one half of the rheumatic patients admitted in the hospitals of London have the heart or its membranes implicated."

And here a question of vital importance arises, namely, whether it would not be advisable in almost all cases gently to affect the gums, seeing that a great amount of mischief may take place in the pericardium and the heart itself, without striking symptoms? This remark might principally apply to that variety of rheumatic arthritis, which has been distinguished by the name of *fibrous acute rheumatism*, which variety is said to affect the parts external to the joint, to be generally accompanied by intense febrile excitement, and in which the tendency towards peri- or endo-cardial inflammation is greater than in the *synovial* variety. Nor should it be forgotten that by far the greater number of patients attacked with acute rheumatism are younger than forty, and that the less advanced in age the more chance there is of carditis becoming developed.

But it might be asked, does bleeding and mercury dispel and efface all the traces of pericardial or endocardial inflammation? The best authorities answer in the negative as regards the complete removal of all traces of the inflammation; but it must be obvious that doing nothing would be worse than having recourse to venesection and mercury, for by these means either the amount of effusion may be lessened, or the extent of the subsequent adhesions greatly diminished. That bleeding carried too far, may, instead of doing good, favour the deposition of warty bodies on the valves, has been satisfactorily shown, but great reliance is generally put in the action of mercury; and in this latter respect we shall in conclusion quote a passage of Dr. Watson's valuable lectures in which the opinion of this physician is strongly expressed. "There are some cases which yield readily to calomel and opium; and in the fibrous disease I think that calomel and opium are the remedies to which, after sufficient bleeding, you will do well to trust. For it is under this character that the extension of the disease to the membranes of the heart is so liable to happen; and if anything can protect the patient against this fearful complication of a malady which, previously attended by no danger, becomes by this addition almost necessarily fatal, or if anything can arrest the carditis before it leaves indelible mischief imprinted on the heart, it is (in my opinion) *mercury*."

CASE 1.—*Rheumatic fever; first attack; endocarditis.*—Elizabeth C—, twenty-five years of age, a servant-girl of pale and delicate complexion, was admitted Nov. 28, 1850, under the care of Dr. Roupell. Patient presents the usual symptoms of acute rheumatism, with pain in the lower part of the chest; a loud systolic bruit is heard at the base of the heart, and there