

DR. WOODWARD'S EXPERIENCE OF NUX VOMICA.

[DR. WOODWARD, of Worcester, gives the following additional particulars of his success in the use of strychnine.]

MR. EDITOR,—Some time ago I gave you a brief account of a case of palsy of the bladder, successfully treated with the tincture of the alcoholic extract of nux vomica. The cure was permanent in that case; the disease did not return.

Quite recently I have treated four cases of general palsy, in which there was little or no control over the discharge of urine, all wetting their clothes in the day-time and their beds at night. All of them were affected to that degree as to be able to walk with difficulty, and one was almost constantly confined to the bed. The medicine given was the following: R. Alcoholic extract of nux vomica, 3 ss.; rectified spirits of wine, 3 ij. M. The dose given was from 20 to 30 drops, three times a day.

Within two days there was a manifest difference in the power of retaining the urine. In the two worst cases there was great relief, but the cure was not complete; the urine was occasionally discharged at night, but not frequently.

In the other two cases the effect of the remedy has been entirely successful; there has been no wetting of the clothes or bed since, now nearly three months, and the general health has greatly improved.

Of the first two cases, one was entirely blind, and finally so deaf as not to hear at all; the palsy increased till a complete apoplexy terminated in death. The other is very insane and violent, breaking and tearing everything that comes in his way. The palsy is no better, but the state of the bladder much improved.

ON THE USE OF WARM WATER AND THE BANDAGE IN THE TREATMENT OF FRACTURES AND OTHER INJURIES.

By John T. Lewis, M.D., of Lexington, Ky.

G. S. HAD his foot crushed by the wheel of a heavy passenger car, in attempting to get on a train of cars under way. A medical gentleman, who was present, applied such dressing as could be obtained; and he was brought to town in a short time after the accident occurred.

The appearance of the shoe, which was on the foot, at the time the injury was sustained, together with representations made of its character and extent, by those who witnessed the occurrence, induced me to defer a minute examination until the following morning, intending to avail myself of Professor Dudley's skill and experience, before any decisive course of treatment was adopted. He was accordingly invited to visit the young man, and after such an examination as the mangled condition of the foot would bear, remarked, that "it was worth an effort to save it." I was more disposed to concur with him, from an apprehension that amputation would fail, than from any well-grounded hope that the course advised would be successful. From the toes to the instep, was a gaping

wound, the foot having bursted from pressure. To what extent the bones were injured, it was not possible to learn with certainty, but there was every reason to suppose, that most if not all the metatarsal bones were fractured—some, perhaps, crushed in many pieces. The weather was excessively hot (July), and the young man had been indisposed and feverish, for some days. A more unpromising prospect could not well be presented.

A bandage was applied from the toes to the knee, so as to afford a comfortable support to the part, lessen the force of the arterial circulation, and prevent muscular contraction. The dressings were ordered to be kept wet with warm whiskey and water, and a brisk mercurial cathartic administered. Every effort was made to prolong the intervals between dressings, but without avail. The little toe came away in the dressings on the third day; the pain was increased rather than diminished, and, with all, our nurses were exhausted by watching, and the labor of pouring water, &c., on the foot, which alone gave any relief. Well-marked red lines were seen running from the foot to the knee, and the surface of the injured part extensively vesicated, indicating, but too plainly, that mortification must soon, if not arrested, destroy the patient.

Hot whiskey, with a weak ley, was substituted for the water and whiskey, and the following labor-saving expedient adopted, with the hope of preserving the vitality of such parts as were not already dead. A large tin vessel was ordered, having a tube one inch in diameter, and three feet in length, inserted in the side and near the bottom, with a lateral angle near the extremity, corresponding with the angle of the foot on the leg. The end of the tube was closed, and the underside pierced with small holes to allow the fluid to escape slowly on the limb. A plank of the proper width, and of sufficient length to extend from the knee beyond the heel, was procured; and deep grooves cut in it near the edges, to prevent the fluid from escaping on the bed. To protect the limb, it was cushioned and covered with soft oil-cloth. The extremity of the plank projected beyond the foot of the bed (for which purpose the foot piece was removed), and a vessel placed under it to receive the water. We had only now to place the limb on it, with a gentle inclination from the knee to the foot, and elevate the tin vessel so that the tube would project directly over the foot and as much of the leg as we desired. One nurse was enabled, with ease, to do more than three had done before. The bucket was filled, and the water passed on the limb, and down the inclined plane, to the vessel at the foot of the bed. Everything was kept comfortable and clean, and, what was more desirable, all pain ceased, except when the application of warm water was necessarily suspended to remove the dressing. The water was thus continually and gently running on the part injured, for twenty-seven days; and the dressing (bandage) re-applied as often as circumstances seemed to require. In a few days after the above plan was adopted, the soft parts sloughed away, leaving little else from the instep to the toes, and also on the bottom from the heel to the toes, but crushed and displaced bones, tendons, bloodvessels, &c. It became necessary to allow a generous diet, and a

pint of porter daily, to sustain the system under the excessive purulent drain to which it was subjected for some weeks together.

So perfect was the recovery in this case, that the young man walked six miles in about three months after the accident occurred, with no other inconvenience but a slight ulceration, and the discharge of some small pieces or spiculæ of bone. On a subsequent occasion, he injured the foot pretty seriously, but it was soon cured by a bandage, and his necessary confinement to bed by a pistol-shot in the leg. The foot is nearly sound, and half an inch longer than its fellow. The irregular and promiscuous manner in which the bones are united, is still manifest, and indicates, to some extent, the amount of injury sustained. The deformity alluded to, and a slight halt in the gait, are the only unpleasant remains of the formidable injury.

Mr. D. had both bones of his legs fractured by springing from a buggy, when his horse was running off: the tibia very obliquely, involving the capsular ligament of the ankle joint; and the fibula at two points, three inches apart. The weight and impetus of the body, had forced the sharp extremity of the large bone down to the bottom of the foot, leaving the point covered only with the indurated skin; and the soft parts were otherwise much bruised and lacerated by the jagged extremities of the broken bones. But for the support and protection afforded by the leg of a strong boot, they must have been driven into the ground.

In this case, as well as in the preceding one, the bandage was indispensable; but there were important indications which it could not fill. I was anxious to lessen, as far as practicable, the sufferings of my patient; and to avoid the distressing restraint to which all patients are more or less subjected, under any system of treatment, with which I was acquainted; and also to avail myself of the delightful and soothing effects of warm water, upon which I depend, mainly, to control or prevent inflammation.

A box was constructed of light materials, as follows:—The bottom was made of inch plank, and, as near as possible, the length of the limb, from the heel to the ham or popliteal space; the side of thinner material, and projecting at both ends, six or eight inches. It was of sufficient depth to protect the limb, and admit of a cushion at the bottom, well adapted to its form; so that the pressure was equal at all points. To protect the cushion from water, an oil-cloth was laid in the box or trough, and upon it the limb rested. Extension and counter-extension, if necessary, were readily effected by strips of muslin or strong tape attached to a bandage, which embraced the leg immediately below the knee, and attached to the ends of the projecting side-pieces, above, and a handkerchief, or broad strip of muslin, from the foot to a pin in the projections below. The leg was confined in the box by strips which passed directly over it, and through incisions made in the sides for that purpose. To prevent lateral motion, particularly at night, cotton wadding or wool was inserted between the sides of the box and the oil-cloth; thus pressing gently, and without danger of irritation, on either side. By this simple expedient, the following advantages were afforded. The patient could lay on either side, or his back, with equal ease and convenience; he was

enabled to get up and down, by the assistance of a small boy, or sit on a chair without pain or hazard of deformity. Warm water could be poured on the limb *ad libitum*, by projecting the end of the box over the bed, and placing a vessel under it. I have adopted the foregoing plan of treatment in all cases of fracture below the knee. My patients are free from pain, and rest well, and in every instance have been cured without deformity; and last, though not the least important, it is scarcely possible for inflammation to take place, or exist for any length of time, if warm water is steadily applied to the parts injured. It is not my intention to set up any claims to originality. It is a combination of that which is valuable, selected from the opinions and practice of our eminent American and French surgeons; and certainly possesses advantages over all others, particularly in cases of extensive injury, and threatened inflammation. With a well-applied bandage, aided by the constant application of fluids, remedies so strongly advocated by Professor Dudley, amputation will rarely become necessary.—*Western Lancet*.

AMPUTATION OF THE TOES.

AMPUTATIONS of the foot are very similar to those of the corresponding joints in the upper extremities. I shall show you one or two of the amputations performed on the toes; and first and principally, amputation of the great toe. This is an operation of some magnitude. I scarcely need detain you by again pointing out the mode of taking off the phalanges. You will occasionally be called upon to remove the last phalanx, more particularly of the great toe, on account of bony growths. Sir Astley Cooper mentions having seen a case or two of this affection, and Dupuytren has also mentioned it; but their opportunities of seeing this disease have not been so great, perhaps, as those I have enjoyed. The disease is very common among the lower orders in the northern part of this island, where I once enjoyed a tolerably extensive practice. The people go about without shoes, and are consequently liable to bring their toes into forcible contact with stones and other hard substances. I brought with me, when I came here, nearly a dozen preparations of the disease, and you will find scarcely one in any other collection in town. The tumor forms inside the great toe, and raises up the nail. It is smooth where it is covered by integument, and sometimes attains a very large size, as large as the phalanx from which it springs. It is now and then met with in the smaller toes, but I have not seen above one or two instances of it in them. It is an exceedingly painful affection, and has often been mistaken for an aggravated corn; but it is easily distinguished from this or any other affection. It is a hard swelling by the side of the toe, pushing the nail upwards and backwards, and prevents the patient walking conveniently with shoes. It has been proposed to get rid of it by exposing its root, and cutting the tumor off; but if you do not take away some portion of the adjacent bone with it, the probability is, that it will be speedily reproduced. The operation is a very painful one,