

logically sound and texturally pure. Nothing within the range of what is termed balneo-therapeutics is more trustworthy than this. A contrast to this generalised condition of things was lately seen in an Irish gentleman sent to me by Mr. Malcolm Morris, who had on the skin of the pubes a symmetrical dark-red patch, absolutely dry and very irritable. The patient left Bath without much benefit; the lenient influence of a hot alkaline water did not penetrate far enough to alter the deep pigmentation of the dermal structures, although the hypertrophy of superficial layers of cuticle seemed to be modified and "tamed down." Shortly after this Mr. Morris told me that he quickly cured his patient's malady by a combination of chrysophanic acid and lanoline.

One of the objects of this short paper is to give my experience of Auspitz's method, which consists in creating an artificial cuticle or film with certain substances dissolved in chloroform or gutta-percha.<sup>1</sup> This cuticle is made by dissolving one part of purified gutta-percha in ten parts of chloroform, which forms an excellent medium for fixing the application, as it adheres firmly and without alteration for several days. It is thin, chemically neutral, and does not cause tension or pain. Dr. Payne has further illustrated the subject in the last number but one of the St. Thomas's Hospital Reports. He proposes a solution of chrysarobin (20 grains) in a fluid ounce of liquor gutta-percha. This is to be painted with a brush on the affected places (from which the scales have been removed as much as possible by soft soap) once or twice a day, so as to form a perpetual film. The action is more rapid, and there is no staining of the clothes. The principle is capable of variation in detail, but Dr. Payne claims for the plan that it is specially neat and cleanly for the purposes of private practice. Chrysarobin thus applied, adds Dr. Payne, supersedes all other remedies. Perhaps this last assertion is too absolute, as there are not a few people who instinctively dislike any varnish which seals up the skin and shuts in the natural secretion of the smallest cutaneous area. Otherwise, I can heartily commend Dr. Payne's modification of Auspitz's method used within narrow limits. The principle has already been tested in the treatment of eczema. Under the protective guardianship of a gelatine enamel, irritation subsides, and a healthy epidermis is developed within a few days. Here everything depends upon the temporary exclusion of air, with all its impurities of dust and tribes of germs.

#### INJURY OF THE HEAD, IMMEDIATELY FOLLOWED BY SYMPTOMS OF COMPRESSION; TREPHINING; RECOVERY.

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On May 3rd, 1887, about 10 P.M., I was called to see A. W—, a lad of nine, with the following history:—Two hours previously, the child had tripped at play and fallen on the left side of his head. He was, however, able to run home, where, complaining of pain, dimness of vision, and sickness, he was enjoined to lie down and rest.

On my arrival, two hours later, I found the patient lying on his back, and my attention was first directed to a contusion over the left temporal bone about the size of a Tangerine orange. No fracture could be felt at the seat of injury. The left side of the body was affected with clonic convulsions; the right hemiplegic; pupils widely dilated; conjunctivæ insensible to touch, and breathing stertorous. After a consultation it was decided at once to trephine over the seat of injury, as the only prospect of relief from imminent death. The coma was so profound that no anæsthetic was necessary. After carefully incising the periosteum, and turning it back, a circle of bone was removed, as near the seat of injury as possible, when a considerable amount of venous blood was immediately poured out. The finger was then introduced, and swept round the inside of the skull, but as no clot or spiculum of bone could be found, and the symptoms being still unrelieved, I nicked the dura mater, and incised it the length of the trephine wound, when the convulsions and hemiplegia almost simultaneously disappeared. The soft parts were then replaced, and the skin flaps brought together with a few points of suture, a drainage-tube being introduced, the length of the wound.

The little patient was then removed to bed, and slept soundly for about four hours.

On my next visit—ten hours after the operation—I found him sitting up in bed calling lustily for breakfast. From this date the recovery was rapid and satisfactory. On the twentieth day the wound was quite healed, with a fair deposit of new bone, and the boy was out at play.

*Remarks.*—I must admit that, as there was no fracture or depression, I expected to find a clot on the dura mater, which, as already stated, was not the case, and yet one can scarcely think that the venous blood that followed the removal of the circle of bone was sufficient in itself to relieve the right hemiplegia. It is just possible the left convulsions may have been caused by *contrecoup*; but whatever the true pathology of this interesting case may be, I feel convinced in my own mind that the well-marked relief was brought about by incising the dura mater, and thus relieving the intra-cranial pressure.

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#### POISONING BY LABURNUM SEEDS.

By SYDNEY H. A. STEPHENSON, M.B. EDIN.

ON March 23rd, 1887, a number of girls, who were convalescent from ophthalmia, went into their play-yard after their dinner at 12.30 P.M., where they picked up and ate some laburnum seeds. The seeds had been blown over into the yard from some neighbouring laburnum trees. The nurse in charge, on going into the yard at about 3 P.M., found a girl vomiting, and in the course of a few minutes five other girls commenced to vomit; they were all very white, complained of pain in their heads, and were shivering. The nurse could ascertain no cause for their sudden and simultaneous illness, which she thought might be due to something they had eaten at dinner, and which had disagreed with them. When I saw the children at 3.30 P.M. they had been put to bed; they all denied having eaten anything in the play-yard, and it was with some difficulty that I elicited the real facts from the eldest of them. Their individual states were as follows:—

CASE 1.—Age twelve years. Had eaten two seeds, and had vomited four times. This patient was lying flat on her back in bed, shivering violently; her face was shrunk and her lips were very white. She answered questions in a whisper, and with difficulty; said that she had pain in her head. Her pupils were equally dilated, acting both to light and to accommodation. Pulse feeble, 124 per minute; temperature in axilla 98°.

CASE 2.—Age nine years. Had eaten four seeds, and had vomited three times. General state similar to the first case. Pupils active and dilated. Pulse 132 per minute; temperature 97.4°.

CASE 3.—Age six years. Had eaten one seed, and had vomited once. Was pale and shivering. Pupils dilated. Pulse 100 per minute; temperature 97.6°.

CASE 4.—Age eight years. Had eaten three seeds, and had vomited twice. Complained of great pain in her head. Pupils dilated. Pulse 106 per minute; temperature 97°.

CASE 5.—Age four years. Had eaten one seed, and had vomited three times. Pupils dilated. Had headache. Pulse 120 per minute; temperature 97.4°.

CASE 6.—Age five years. Had eaten one seed, and had vomited five or six times. Very pale, and shivering a great deal. Pupils dilated. Pulse 136 per minute; temperature 97.2°.

Two other children had eaten some (two or three) seeds. Neither of them had vomited; but both were very pale, had dilated pupils, rapid pulses, and temperatures below 98°. Later in the day, at 5 P.M., about two hours and a half after the time the rest of the children are supposed to have eaten the seeds, two other girls commenced to vomit, complained of headache, and had dilated pupils and rapid pulses. In all the cases the vomited matters consisted of particles of food mixed with brownish-coloured mucus, which in the first case was slightly tinged with blood. At 8 o'clock in the evening the sixth case was covered from head to foot with an eruption of large red patches, much resembling scarlatina. This had quite disappeared by 10 A.M. on the following morning. All the patients were well on March 25th. The treatment adopted was to inject ether hypodermically, and then to give large draughts of tepid

<sup>1</sup> Annales de Dermatologie et de Syphilographie, vol. v., No. 1.

salt water, which in every case produced copious emesis. At night the patients were given an ordinary purgative. The evidence as to the number of seeds they had each eaten rests upon their own statements, corroborated in most cases by two of the elder girls, who had given the seeds to the younger children.

I do not find many cases of poisoning on such a large scale by laburnum seeds recorded. Bonney, in *THE LANCET* for 1841, records that eleven boys were poisoned at Brentford by eating from one to five seeds apiece. One case had somewhat serious symptoms, but all recovered. The general mildness of the symptoms was attributed to the fact that they took the poison immediately after dinner. In 1856 twelve children were poisoned by the seeds at Otley, and all recovered. Dr. Hair, in the *British and Foreign Medical-Chirurgical Review* for 1869, gives particulars of a similar set of cases which occurred at Carlisle. Mr. Boyd Joll, in the *British Medical Journal* for 1879, records cases amongst an unspecified number of children, whose ages varied between six and fourteen years, and who all recovered. The symptoms in the cases I record were fairly uniform, and very similar to those given by the above-mentioned authors. All my ten cases had active dilated pupils, rapid pulses, headache, blanched features, and temperatures of 98° or below; and eight out of the ten had vomited without the help of emetics. No purging, abdominal pain, or tetanic convulsions occurred in any of the cases.

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### DYSPNŒA AND ASTHMA.

BY BENJAMIN WALKER, L.R.C.P. ED.

THE clinical lecture on "Dyspnœa, especially on the Dyspnœa of Asthma and Bronchitis, and the effects of the Nitrites upon it," by Dr. Fraser, in *THE LANCET* of July 9th, is a most valuable contribution to the pathogeny of this symptom. He has logically and convincingly proved that it is due to spasm of the involuntary muscular fibres, "that stenosis of the bronchi due to spasmodic contraction of the bronchial muscles is a frequent cause of the dyspnœa of ordinary bronchitis." And "as nitrites lessen the contraction of non-striped muscle, it appears to follow that the râles which accompany the dyspnœa of asthma are produced by spasmodic contractions of the bronchial muscles, that the dyspnœa is mainly the result of spasmodic constriction of the bronchial tubes, and that therefore the old doctrine which attributes the asthmatic paroxysm to spasm of the bronchi is in all probability the correct doctrine."

For the last six years I have successfully treated the dyspnœa of asthma and bronchitis on the above theory of its causation, though not by the remedies of Dr. Fraser. The treatment by the nitrites advocated by him does not seem from the cases adduced to produce very stable and permanent results, though the symptom is momentarily relieved. Thus in the first case adduced complete relief was afforded after the inhalation of nitrite of amyl for a minute or two, but in five or six minutes "both the râles and dyspnœa were present in their original abundance and severity," and the same result followed two more applications of the same remedy. The two cases used as illustrations before the class were also at once relieved—one by the nitrite of amyl and the other by nitro-glycerine, but we are not informed whether there was a recurrence of the dyspnœa shortly after; and Dr. Fraser goes on to say that he has "not obtained any facts which would justify the preference of any one of the nitrites."

The object of this communication is to call attention to the action of hyoscyamine in this affection, and indeed in the treatment of spasm of involuntary muscular fibre, wherever existent—whether in the bronchi or hollow viscera (stomach, bowels, bladder). Given in the dose of half a milligramme ( $\frac{1}{16}$  gr.), according to the urgency of the case, every half-hour or hour, until the spasm disappears, it is rare for the patient to be unrelieved after two or three doses; in cases of great urgency the first dose may be in the form of a hypodermic injection for quicker absorption. When relief is afforded, it may be given less frequently (two or three times a day), and gradually left off. I have never been disappointed with its action: it relieves the spasm promptly and efficiently, and the patient has no dread of an immediate recurrence of the dyspnœa. A young woman who is subject to occasional attacks of asthma came to me on June 7th and

was quite relieved in twenty-four hours. She did not, however, continue the remedy at longer intervals for some days, as she should have done, and so had a recurrence three weeks later. She was, however, quite cured after four or five days' treatment, and has since remained well. Her previous attacks occurred in March, 1887, May, 1886, and December, 1885, when the same treatment was equally, and as quickly, successful; so that the intervals of immunity vary from three to ten months. I usually give with the hyoscyamine small doses of strychnine (the arseniate or sulphate), in half-milligramme doses, as a tonic, and to counteract the tendency to adynamy.

In spasm of the stomach or bowels, in dysentery, in strangulated hernia, and in retention of urine due to spasm of neck of bladder, hyoscyamine in small and frequent doses is invaluable, and will be the first remedy thought of by any one who once gives it a trial in these affections. I would refer the reader to a paper on "Advanced Pharmacy" in *THE LANCET* of Dec. 10th, 1881, in which this method of treatment by the alkaloids in small and repeated doses is advocated in preference to the crude preparations of the Pharmacopœia.

Spondon, Derby.

## 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.

#### CHARING-CROSS HOSPITAL.

A CASE OF ACUTE ULCERATIVE ENDOCARDITIS; DEATH IN EIGHT DAYS; NECROPSY; REMARKS.

(Under the care of Dr. JULIUS POLLOCK.)

THIS would appear to be one of those examples of malignant endocarditis in which no cause for the development of the disease can be found, there being an absence of history regarding those affections to which endocarditis is attributed. In 209 cases of this disease, collected by Dr. Osler,<sup>1</sup> no cause could be assigned in forty-five, and many of these were of a most malignant type. The primary disease was limited entirely to the aortic valves, and, although it was sufficiently extensive to produce most acute symptoms, there was no bruit or other evidence to permit of its localisation during life.

J. M.—, a male, aged twenty-seven, was admitted under the care of Dr. Pollock on May 16th, 1887, complaining of excessive dyspnœa without any exertion, slight cough, but no expectoration. These symptoms had lasted about six weeks, but had lately increased in severity, and he sought admission to the hospital. There was no history of rheumatism or syphilis.

On admission, the patient was pale, and his skin had a yellowish tinge; eyes rather sunken; some working of the *alæ nasi*; cough, with slight expectoration of a darkish-coloured sputum. Lungs: No dulness on percussion; expansion not diminished; no râles; no bronchial breathing. Heart: No hypertrophy; percussion dulness normal; first sound at apex rough and reduplicated; aortic sounds normal. Urine: Sp. gr. 1020; no blood or albumen. Ordered fifteen grains of citrate of potash in an ounce of water every four hours.

May 17th.—Dyspnœa more marked, and expectoration more profuse. Temperature 99.4° at 10 A.M.; 103° at 6 P.M. Pulse 120; respiration 52.

19th.—Dyspnœa very great; sleepless. Temperature 98.4° at 10 A.M.; 101.8° at 10 P.M. Ordered ten minims of tincture of digitalis to each dose of the mixture, and four ounces of brandy.

21st.—Bowels much relaxed. Temperature 99° at 10 A.M.; 102° at 10 P.M. Pulse 124; respiration 52. Ordered ether and ammonia mixture, with ten minims of tincture of digitalis.

22nd.—Diarrhœa profuse. Temperature 97.6° at 10 A.M.; 103° at 6 P.M. Pulse 124; respiration 52. Dyspnœa extreme. Brandy increased to six ounces.

<sup>1</sup> THE LANCET, vol. i. 1885, p. 504.