

used for sutures. In a recent case he had closed a vesico-vaginal fistula by five silk sutures, and perfect union resulted, although no catheter was used. The supposed necessity for the use of the catheter after closing vaginal fistula, was another error which time was correcting. The urine is by no means so irritating a fluid as some believe. With regard to stone in the bladder during labour being a cause of vesico-vaginal fistula, he had once removed in the Samaritan Hospital a large stone through a fistula before closing it; but it was very questionable whether it could often be necessary to remove a calculus through the vagina when no fistula existed, or to run the risk of making a fistula to remove a stone. Lithotripsy was very easily performed in women; and large fragments of stone passed readily through the short female urethra, so that no form of lithotomy could often be called for. Where, from some exceptional condition of bladder or stone, lithotripsy was inappropriate, vaginal lithotomy might become a valuable operation; but experience was still wanting to show that it was better than, or as good as, the lateral operation so successfully practised by Dr. Buchanan of Glasgow.

Correspondence.

TREATMENT OF SMALL-POX BY SARRACENIA PURPUREA.

LETTER FROM CHARLES J. RENSIAW, M.D.

SIR,—As there is some difference of opinion with regard to the efficacy of *sarracenia purpurea* in small-pox, I think the accompanying cases may be worthy of publication.

CASE I. E. A., aged 30, vaccinated when an infant, of good general health, complained on October 31st of feeling unwell, and thought she had taken cold. Nov. 4th. I was called to see the patient, and found her in a state of partial stupor, with severe headache, pain in the back, and feeling of nausea. The urine was high coloured and scanty; bowels costive; tongue dry, dark in the centre, and furred at the edges; pulse 130, hard. I prescribed a purgative to be taken immediately, and a saline every four hours. Nov. 5th, 10 A.M. The patient was unable to speak. The symptoms were no better. The arms, face, and parts of the body were covered with eruption. 8 P.M. She appeared easier; the eruption was spreading. Nov. 6th. Vesicles were forming. She appeared generally a little better. I gave her a decoction of *sarracenia purpurea*. Nov. 7th. The patient was better in every way. The stupor was entirely gone; the head was much easier; she had no nausea; the tongue was moist; pulse 100, soft. The urine was not so high coloured, nor so scanty. The eruption was rapidly assuming the pustular form. Nov. 8th. During the night, the pustules had filled and died; they were like scales elevated from the cuticle; not one had scabbed. The patient felt well, but weak. Nov. 9th. The patient continued to improve. The scabs began to drop off, leaving no pitting.

CASE II. T. A., aged 10, had been vaccinated when an infant. He began to complain November 3rd. On the 6th, the eruption made its appearance, with the usual symptoms of small-pox. I prescribed decoction of *sarracenia purpurea*. In two days the pustules fully formed and died; not one scabbed nor pitted, but all fell off in scales. The patient rapidly recovered.

CASE III. J. R., aged 21, who had never been vaccinated, began to feel poorly October 30th. On Nov. 1st, the usual symptoms of small-pox set in. Nov. 2nd. The eruption began to appear. Nov. 3rd. I prescribed the same decoction. After the first dose, he felt relief. The course of the eruption was completed in forty

hours, and the pustules appeared as scales. One only had burst, and that the patient had scratched; they all fell off without leaving a single instance of pitting.

I have used this decoction in two other cases, with similar effects.

The effect of the *sarracenia purpurea* in these cases seems to agree with the account of its properties given by Mr. H. Chalmers Miles in the *Lancet* for Oct. 18th. Though all the cases were of the simple variety, yet even in these cases the pustules generally burst, scab, and occasionally pit; and the disease is generally of much longer continuance. In each instance, the patient felt better after taking the first dose. By the third day, the pustules had formed and died. Only one had formed a scab, and that from accident. There was no secondary fever nor pitting in any of the cases.

The remedy is, I think, worthy of more general use.

I am, etc., C. J. RENSIAW.

Altrincham, December 1862.

THE SULPHITES IN DIPHThERIA.

LETTER FROM JOHN LYELL, M.D.

SIR.—In the March number (1862) of the *BRITISH MEDICAL JOURNAL*, the experiments of Dr. Polli of Milan on the action of sulphurous acid as an antiferment in blood-poison were briefly noticed. From that notice I have been led to the use of this as a therapeutic agent in diphtheria, so evidently toxæmic in its nature; and I beg here to call the attention of the profession to the use of it in that disease. Diphtheria has been prevalent here as an epidemic, and an opportunity thus given for testing the value of this and other curative means. From Bretonneau downwards, these have been acknowledged to be exceedingly unsatisfactory and inefficient; and on its first outbreak here, every means employed seemed to be utterly powerless, whether these were local or general. After a time, I began to use sulphite of soda in half-drachm doses, every six hours or every four hours where the case seemed more urgent. As the improvement following the use of this remedy has been apparently very marked, I have written this brief note in order that its value may be tested where diphtheria at present prevails. The prescription I have been using is the following: sulphite of soda ʒss; water ʒiv. A tablespoonful (3ss) to be taken every four or six hours.

As a topical application, I use the insufflation of a few grains of calomel to the exudation on the fauces through a gutta-percha tube, together with the inunction of simple camphorated or iodised camphorated ointment. I have no faith in the application of nitrate of silver or other caustics to the parts. By pitting one side of the throat against another, I have found the cauterised side more tardy in getting well than the other. The permanganates and other topical applications I have used, but I cannot say with benefit. My object, however, in now writing is to get the sulphites tested as depurants and antiferments in this terrible toxæmic malady.

I am, etc., JOHN LYELL.

Newburgh, Fifeshire, January 13th, 1863.

EARLSWOOD ASYLUM. One of the most useful of our charitable institutions is the Asylum for Idiots at Earlswood. What is done there, in the way of reviving the flickering light of reason, can only be understood by those who have visited the asylum. Yesterday the annual New Year's festivities took place. There was a distribution of prizes to successful pupils in the schools, a dinner to the inmates, and subsequently a series of amateur dramatic performances. All passed off in a most satisfactory manner.