

in a case described by Friedrich, diarrhoea was present. In all cases, the most remarkable symptoms were violent rheumatoid pains in the muscles, not in the joints, which were considerably aggravated by attempts to extend the half-bent limbs. The other symptoms have been variable, but have had a strong resemblance to those of typhoid fever. In several cases there has been abundant sweating; and in one there was a very remarkable miliarial and furunculous eruption. The animal heat was diminished in Friedrich's case; and in those observed in Voigtland by Freytag, the temperature never exceeded 102° Fahr.

"The progress, duration, and severity of the disease in man are in relation to the number of trichinae taken into the digestive canal. Of sixteen patients observed at Plauen by Drs. Boehler and Koenigsdörffer, eight, who were moderately affected, recovered in a month; four, more severely diseased, were ill two months; of four others, one died with ascites and colliquative diarrhoea at the end of two months, and three recovered slowly at the end of three or four months. Recovery does not imply the death of the trichinae; it follows their inclosure in cysts.

"The diagnosis of trichinal infection has several times been made in the living human subject by removing a portion of muscle. M. Davaine thinks it probable that, during the first six or eight weeks of the disease, the diagnosis may be confirmed by searching for adult trichinae in the alvine evacuations, produced naturally or by means of a purgative." (*Boston Med. and Surg. Journal*.)

PRACTICAL DETAILS IN OVARIOTOMY.

LETTER FROM T. SPENCER WELLS, ESQ. TO THE BRITISH MEDICAL JOURNAL.

SIR,—In your last number, Mr. Furzeaux Jordan, after a very kind allusion to me, is reported to have said (in a way to imply that I still close the wound in the abdominal wall with hare-lip pins) that wire sutures are preferable. Will you, therefore, allow me to say, it was only in my earlier cases that I used hare-lip pins? I never found the "sloughing" of the tissue included between the pin and the twisted hemp or silk, which Mr. Jordan fears; because I never twisted the silk or hemp tight enough to cause sloughing. But I did very soon find, when the abdominal wall was thick, that it was impossible to bring the opposite divided surfaces evenly into apposition. I then began to use wire sutures of different kinds—silver, platinum, and iron—as well as catgut, horsehair, India-rubber, and gutta serena; but I found nothing answer so well as fine, strong, pure silk. It is easily applied, easily removed, and, if not drawn too tight, nor left too long, causes no sloughing of the circle of tissue which it encloses. I seldom leave the sutures more than forty-eight hours, and often remove them at thirty-six or forty. Dr. Keith of Edinburgh has recorded one case in the *Edinburgh Journal* for October 1863, which so strikingly shows one of the great advantages of silk over wire, that I make no apology for asking you for space for his account of the *post mortem* examination. He says:

"On carefully examining the line of incision, which had been secured by seven wire sutures passed through the whole thickness of the abdominal wall, including nearly half an inch of peritoneum, it was observed that the peritoneal line of union was so uniformly perfect that it was impossible to tell

where the line of incision had been. The wires were felt under the peritoneal surface; and on cutting one of these from the outside, in order to see how the cut extremity of the wire would behave when passing over this freshly united serous surface, I was surprised to find, though it was withdrawn with the utmost gentleness, and the point kept as much as possible against the upper surface of the wall, that the point of the wire tore the peritoneal membrane right across, leaving it ragged, and allowing a drop of matter which lay along the track of the wire to appear on the peritoneal surface."

It is the fashion to sneer at "petty details"; but a fact like this shows that it may be of immense importance to a patient whether her wound has been closed by wire or by silk.

Nothing is more likely to lead to error than statistical conclusions based upon a small number of facts. It is assumed that, as one operator who generally returns the tied pedicle into the abdomen only lost four cases out of twenty, this great success implies some superiority of this practice over the use of the clamp. In reply, I may say that between June 1862 and March 1863, I had twenty-three cases of which only two died and twenty-one recovered—and in twenty-two of these cases the clamp was used.

The question, "what to do with a short pedicle, is one of the most important which can engage our attention; but it can only be determined by the experience of a large number of cases accurately observed and faithfully recorded. I am, etc.,

T. SPENCER WELLS.

Upper Grosvenor Street, June 11, 1864.

P.S. As some of your readers may wish to know the result of my entire practice of ovariectomy, I may state that I did my hundredth operation on the 2nd of this month. If the patient recover (as in all probability, she will, though both ovaries were removed), the result will be sixty-six recoveries and thirty-four deaths.

PROFESSOR MILLER OF EDINBURGH.

We regret to announce the death of Mr. James Miller, Professor of Surgery in the University of Edinburgh, which took place at Corstorphine on Friday last, at the age of fifty-two. The deceased gentleman was the son of the late Rev. James Miller, minister of Monikie, in Forfarshire. He studied medicine in Edinburgh, and was the favourite pupil of Mr. Liston, with whom he resided for fifteen years, in five years as his assistant, and who, before leaving Edinburgh for London, introduced him to all his patients. In 1842, on the death of Sir Charles Bell, Mr. Miller was unanimously elected by the Town Council to fill the Chair of Surgery in Edinburgh University, where he was a very popular and successful teacher. Mr. Miller was also Professor of Pictorial Anatomy to the Royal Academy, and was Surgeon-in-Ordinary to the Queen, for Scotland. As a consulting surgeon his services were highly esteemed, and both in the scientific and practical parts of his profession he maintained a high reputation. He was the author of "The Principles and Practice of Surgery," which has passed through five editions in this country, and been several times reprinted in America. He was also the writer of the article "Surgery" in the "Encyclopædia Britannica"; and the author of "The Surgical Experiences of Chloroform," and other works.