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CANADA

MEDICAL JOURNAL.

ORIGINAL COMMUNICATIONS.

Introductory Lecture at the opening of the Medical Session (1871-72)
McGill University. Delivered October 3rd, 1871. By GEORGE
E. FENWICK, M.D., Professor of Clinical Surgery.

GENTLEMEN,—In commencing this the 39th Session of this University by these introductory remarks, I must express my gratification at being selected by my Colleagues to address you, and more especially does this become a pleasing task as it is incumbent upon me in the first place, to welcome the return of our respected Dean, Dr. Campbell, after an absence of a few months in his native country. I feel certain that this sentiment is fully endorsed by every person present. It would be uncalled for to allude more pointedly to our Dean, or to the high position he holds in this country and abroad as a Surgeon of eminence. Suffice it to welcome his return amongst us, and to express a hope that to him may be long spared the vigour of health, to give us all the benefit of his experience and wise counsel. To those of you who return to follow up or complete your studies, I trust that during the recess you have laid in such a stock of health, that with renewed energies both mental and bodily, you will during the present Session exhibit that full measure of talent and industry which has hitherto characterised the Student of McGill University.

To the junior members of the class, and those about to commence your studies—I trust that you have weighed well this most important step in your career, that you have fully considered the responsibilities about to be assumed, and the life of labour, anxiety and unrest, of the Physician and Surgeon, as also the want of sympathy or thankfulness on the part of the public for services which no price can remunerate.

At the outset of your medical studies you will have many things to contend with, many difficulties to overcome, and you may rely upon it that if you neglect the ground

work of the science of Medicine and Surgery comprised in the elementary branches, you will never be able to understand the more practical part of your studies, nor will you be able to comprehend the various operations of nature in the repair of parts diseased or injured, and the means employed by the Physician or Surgeon in husbanding and aiding those various processes. Be therefore industrious, regular and temperate. If you idle away your time you will without doubt be outstripped by your fellows of more industrious habits, and from very shame be inclined to relinquish your studies, thereby disappointing your friends, who perhaps at considerable outlay and inconvenience, have afforded you the advantages of a college course. Endeavour to realize the fact that your time is not at your own disposal. That your duties are as binding and obligatory as though you had entered the counting-house; in a word gentlemen, you are about to qualify yourselves for the earnest duties of life, by which you hope to realize a competence, and make for yourselves a respected name. Acquire therefore habits of industry, regularity, and system, so that at the end of each Session you will experience an amount of satisfaction in having worked honestly and steadily. Thus step by step you will advance, and in the end be prepared to submit with certainty of success to the various tests of your proficiency at the examinations.

Gentlemen, our profession holds out to its votaries no proffers of reward, save those of a conscience void of offence, which is in declining years of more lasting satisfaction than the acquisition of wealth or titled distinction.

The profession of Medicine and Surgery partakes both of an art and a science. We have not to deal with the various contrivances that man has designed for his own aggrandisement or comfort; ours is a far higher and infinitely greater object. It consists in the contemplation and study of the master work of the Almighty hand, of man himself, made in the image of his Creator, which gives us but a faint outline of the perfection of that being in whom we live and move, and without whom we could have no existence. Furthermore, it is the study of the internal works and functions of this wonderful machine, and the laws immutable which guide it in its course, a departure from which leads to derangement or complete arrest of those operations which constitute life and health. The very contemplation of these responsibilities, that you become as it were the ministering servant of Jehovah, that you seek out and try to unravel the laws of health and disease connected with his most perfect work, is in itself enough to elevate the mind and stamp the character, and determine the urgent

necessity of constant and untiring zeal in the pursuit of your profession—but more than this, it points to undeviating rectitude, liberality of mind, unflinching honesty, sympathy with suffering humanity, forbearance with that peevishness and childishness so constantly seen in those who suffer long and severely, and above all, charity towards those foibles which appear unjust to ourselves. The practising Physician and Surgeon is constantly reminded of his own shortsightedness, and is forced to admit his tendency to err in judgment, (how fearful that error when followed by loss of life); with all his labour, with all his success, he will at times painfully experience that there is a limit over which he cannot step, notwithstanding his skill and accurate observation, and that at best he is but a careful and painstaking agent of an all wise and beneficent God. Well may it be called a godlike profession, and the very contemplation of these facts is calculated to elevate the mind, to caution against sloth, want of energy, and neglect of that line of conduct which all should endeavour to follow, and which in the end must lead to success and happiness in life, and of reward in eternity. And now allow me briefly to allude to the work that is before you.

Anatomy is the first subject to engross the attention of the Medical Student; before he attends lectures on this science, or dissects, a familiarity with the bones is deemed necessary, and such knowledge will enable him with greater ease to learn the position, uses, and mode of action of the muscles. To the Surgeon, Anatomy is all important. A knowledge of it guides his hand, and teaches him how and where to cut in the various operative measures which he is called upon to perform. Thus it becomes the very key-stone of his art, the principal part of his superstructure.

The Ancients laboured under great disadvantages in their pursuit of the knowledge of Anatomy. There is no reason for supposing that man's Anatomy has changed, and that it differs to-day from what it was at the Creation. Nevertheless there exists no authentic record on this head, of an earlier date than some five hundred years before the Christian era.

Herophilus is described by Lempriere, as a Greek physician who, lived 570 years before Christ, he was one of the first who dissected human bodies, and is greatly commended in this search for knowledge by Pliny, Cicero, and Plutarch. In regard to the horror which attached to what was in those days considered a desecration of the dead, we cannot but be struck with the zeal, courage, and determination to overcome superstitious prejudices, which must

have actuated the ancients in the study of Anatomy by human dissection.

Galen, one of the earliest writers on Anatomy, and whose works form the basis of modern treatises on that science, received much of his information from the records of Herophilus and Erasistratus, it appears that he never dissected the human body, but contented himself with the inspection of the bodies of animals. The auriculo-ventricular valve of the right side of the heart, received the name "Tricuspid" from Erasistratus, and in the brain we have the Calamus Scriptorius still retained to signify that portion of the floor of the fourth ventricle, supposed to resemble a writer's pen, which name was given to it by Herophilus, as also the name "Ducdenum" to the first portion of the intestines proceeding from the stomach.

Although the study of Anatomy was until modern times, surrounded with unsurmountable difficulties, yet it would appear that the human skeleton was exempted from superstitious dread. The ancient philosophers regarded as essential an intimate knowledge of the bones of the human frame, hence it was the custom of the disciples of the various schools of philosophy to repair to Alexandria for the purpose of studying the human skeleton. Time has not changed the fashion of this method of study, and what was deemed essential to the student 2,000 years ago, still holds good in this nineteenth century.

The study of the bones is freely admitted to be dry and uninteresting, but a thorough knowledge of them is indispensable to Anatomical research. The student cannot at first see the utility of committing to memory the various processes, fossæ, ridges and furrows, designated by unlikely names; but useless and wearisome as these details at first appear, you will find if you examine the subject a little closer, that they present an inexhaustible field of valuable instruction.

Do not be content with the instruction you receive in the classroom, but follow it up by endeavouring to teach yourselves; this can be done to advantage by systematically taking any one bone and ascertaining to what part of the body it belongs, whether it forms a part of the trunk or of the extremities, whether it is of the right or left side, what is its exact position, what duty it has to perform in that situation, how it is adapted to perform its functions, by what means it is attached to other bones, in fact make yourselves thoroughly acquainted with the minutest particular concerning it. But this is not all, you should ascertain its internal structure and conformation, and its mode of development. This method of study cannot but be pleasurable and

interesting, and will be found in after life of practical utility in ascertaining the nature and effects of injuries, and the best methods of proceeding to remedy them.

Again, in studying the bones individually, you become familiar with the means of their articulation with other bones forming joints, and this knowledge will be of essential use in the after contemplation of joint diseases and injuries. This necessarily brings you to the next step in the study of Anatomy, viz.: the description of those agents by which the bones are moved. If you wish to become familiar with these parts you must dissect them, and in doing so, do not hurry over your work, remember "if it is worth doing at all it is worth doing well," dissect slowly and carefully, take sufficient time to clean your dissection, endeavour to expose the parts in situ and retain as much as possible their relations with other parts: in cleaning off your muscles, make out for yourselves their exact point of attachment, take nothing for granted, do not be satisfied with the description of Gray or Wilson, but lay bare the parts, handle them, examine them, and verify in your own minds the truthfulness of the description given in the text books. I will not dwell longer on this part of my subject, except to point out the urgency of acquiring a correct knowledge of the structure and course of other parts, else will you be unable to comprehend the Lectures on Physiology, which are embraced in a first year's course.

In this department you are led to inquire into the minute structure of the several tissues of which the body is made up, also the uses and mode of growth of the organs of the body with the functions they perform in the animal economy. You will follow up the process of development from the mere germinal spot or cell to the full grown foetus, you are led to contemplate the gradual growth of the animal man throughout his career, from the very period of conception to infancy, adolescence, full grown manhood and old age, and even to that period when the functions become so blunted and changed that a stasis or arrest is produced, which is incompatible with the continuance of life. Physiology teaches you the functions of digestion, circulation, nervation; by what means the various parts of the body are nourished or reproduced, and through what means effete and worn out particles, which are no longer of use are eliminated or got rid of. These few remarks are sufficient to show the importance of this study, because you can readily perceive that derangement in function or structure of any of these organs, which are essential to the continuance of life and health, will without doubt lead to disease and death.

In the course of Institutes of Medicine, is included a description

of those changes in the tissues and organs of the body affected by disease, so that the student having had his attention drawn to the appearances of diseased action, is more fitted for observing with profit at the bed-side the phases of disease and their results.

Chemistry and *Materia Medica* and Botany, are all important to the Medical Student at the outset of his career. As his studies progress, and his sphere of action is transferred from the class-room to the hospital, he will be called upon to observe the effects of drugs on the animal economy, and in certain diseases to test chemically the secretions of the body; hence the necessity of attending to these departments of the science of medicine. But it is not alone here that an acquaintance with chemical laws will be found practically useful; they are all important not only in the investigation of disease, but also in its treatment. Furthermore, in view of the large mineral wealth which is known to exist in this Canada of ours, the knowledge of which is comparatively limited, it becomes a matter of moment for the development of such resources, that men in various sections of the country should possess the means of ascertaining its existence and value. Hitherto this department has been neglected, but during the last three years, this University, fully alive to the importance of this new field for research, has established a science course in connection with the Faculty of Arts, and also a chair of Practical Chemistry in connection with this Faculty, which is imperative. A practical acquaintance with the use of the blow pipe, quantitative as well as qualitative analysis is of the highest importance, not alone in seeking out natural products and ascertaining their nature and value, but is of use in other departments of medical science, more especially in Forensic medicine; the rights of society are occasionally at stake, and the evidence of the Medical Jurist is required to maintain a just and truthful accusation, or to clear up a mystery and thereby relieve the wrongfully accused.

I have thus far gentlemen addressed myself more especially to the junior members of the class, and I have done so purposely, because a student after the first Session will see his way more clearly and learn how with advantage to map out his work.

It will be unnecessary to detain you longer, to call your attention to the more practical departments of our profession—Medicine, Surgery, and Obstetrics, these subjects you will have ample opportunity of hearing discussed at the various classes, and of following up at the bed-side at the hospitals the precepts inculcated. Allow me to advise you in attending hospital practice to keep notes of the cases under observation, some few at least, for these will be of inestimable value in after life. I speak, gentlemen, from my

own experience, as I have in my note-book, the details of many important cases which came under my observation during my pupilage, and which to-day I can refer to with profit and instruction. These notes need not be tediously long, but all important changes should be noticed. In all cases which you decide on recording, make out first an accurate history of the attack, together with the diagnosis. Watch the treatment adopted and its results. Let these notes be short, pithy, but truthful; and do not hesitate to record your own honest conviction, even though you may differ in opinion with your seniors. As I before remarked, take nothing for granted, but submit every assertion made in connection with any given case to the test of time and the ultimate results. By thus watching the progress of disease, and verifying the diagnosis and prognosis which is usually made at the outset of a case, you cannot fail to become familiar with the various phases assumed, and will be better prepared to engage in the active practice of your profession with certainty of success, and personal satisfaction when you leave these halls to enter on your own sphere of action.

The importance of hospital practice cannot be too fully impressed, and this University aware of the indispensableness of this method of instruction, has held out an extra inducement to the Medical Student in the establishment of a Summer Clinique, which is without charge. It is to be regretted that so few members of the class availed themselves of this privilege during the past summer, as the opportunities of witnessing operations of magnitude in the Montreal General Hospital were unusually numerous. I may state that since the 1st of May, excision of the elbow joint has been performed on six different occasions, resection of the knee once, lithotomy four times, besides a large number of other operations of minor account. This will give you some idea of the surgical field which presents itself during the time of recess, and which is lost to those members of the class, who from force of circumstances are obliged to return home.

And now, gentlemen, let me again impress on you the necessity of industry, perseverance, and unswerving honesty. Indulge freely in that independence of action which will make you self-reliant. This is not incompatible with that respect for your teachers which is their due, and which to every right thinking man is commensurate with his own self respect. Do not accept the statements of your teachers as infallible, prove them, analyze them, weigh well whatever instruction you receive, and if any doubt remains on your mind or that you do not thoroughly com-

prehend what you have heard, inquire freely of your teacher who will be always ready to explain what may appear ambiguous.

This is essentially an age of thought and action, of progress and advancement. The world seems hurrying on with rapid strides to that period figuratively mentioned by the prophet, "When the lion shall lie down with the lamb." The observations of Huxley, Tyndall, Lister, and others, must induce thoughtful investigation which cannot but be of practical importance to the future welfare of mankind. The application of views which M. Pasteur enunciated, arrested the disease of the silk worm in France, a disease of the cocoon which created almost a panic as it was at one time, so extensive as to threaten the entire destruction of that insect. May we not hope that the continuance of similar investigations will eventually lead to the arrest of the onward march of such fearful scourges as Cholera, Typhus, Scarlet Fever, or even the more chronic affections, Cancer and Consumption.

Such, gentlemen, is the work, high and honourable which is before you, not alone as students but also as practitioners, and if faithfully and perseveringly followed, there can be no reason why you should not attain the highest rank in your profession, and thereby shed lustre on your *Alma Mater*.

Hospital Reports.

SURGICAL CASES OCCURRING IN THE PRACTICE OF THE MONTREAL
GENERAL HOSPITAL, UNDER THE CARE OF G. E. FENWICK, M.D.

Case 1.—Case of Excision of the Elbow-Joint for Bony Anchylosis in the Straight Position.

The subject of the present case consulted me on the 14th of August, 1871, for bony ankylosis of the left elbow-joint in the straight position, of five months duration.

He is of short stature, aged 21 years, strong muscular Canadian lad, the left arm is almost straight, the joint perfectly obliterated, there is no power of flexion or extension, pronation or supination. It appears that some time in March last, he had an attack of Erysipelas, and that in the course of the treatment an incision was made in the vicinity of the joint—there exists at present a cicatrix about half an inch in length, at a point midway between the external condyle and the olecranon. At the time that the arm was lanced no pus appeared, the joint however became inflamed and painful, and after the acute symptoms and swelling had sub-

sided, he noticed that the elbow was stiff and immovable. About three weeks since he applied to a physician, who undertook to flex the limb forcibly under chloroform. This attempt was followed by considerable swelling and pain, but which gradually subsided, leaving the arm still in the straight position and stiff. He applied to me, having heard of a somewhat similar case which was operated on in June last, the details of which will be found in the July No. of the present volume of this Journal. The boy entered the Hospital on Friday, the 25th August, and I decided on operating the following day.

Saturday, 26th August, 1871.—Being placed under chloroform, a longitudinal incision was carried down along the inner side of the back of the joint, of about six inches in length; a second incision was carried outwards, forming somewhat the shape of the letter T. The longitudinal incision was to the outer side of the ulnar nerve, which latter was carefully raised from its bed and held inwards. The tendon of the triceps was divided, and after the soft parts had been cleaned away from the bone, the arm was forcibly flexed, when the epiphysis of the end of the humerus separated without difficulty; the condyles of the humerus were then removed by the saw. I next proceeded to separate the muscular attachments from the upper part of the ulna, and removed the greater part of the olecranon with the head of the radius. On examination it was found that the head of the radius was not entirely removed, and that the two bones were firmly united so that a second slice, including the entire head and part of the neck of the radius was made: this permitted free motion between the lower fragments. One ligature was applied, and two or three small vessels closed by torsion, the wound freely sponged out with carbolic lotion (1 to 40), and all oozing having ceased the edges were brought together with wire sutures. The hand and fore-arm were then bandaged, and the arm supported on a well padded rectangular splint applied on its inner aspect. The wound was left exposed so as to be readily dressed with carbolic lotion and oil silk.

At night the arm was perfectly easy, there had been a little oozing of blood, he felt comfortable and inclined to sleep; pulse 80, full and soft.

Sunday, August 27.—Passed a good night, slept well, he expressed himself as feeling comfortable, the dressings were removed, and the part bathed with warm water.

28th August.—The part was considerably swollen, and a sanious discharge was draining away; to facilitate the escape of this a stitch was removed from the lower edge of the wound. The

dressings were removed and the arm bathed freely with warm water; states that he has no pain, but slight tingling sensation in the little and ring fingers.

29th August.—The wound is discharging freely pus mixed with blood. On the 31st August two more stitches were removed from the transverse incision, this gave exit to a little matter sanious in character, the cavity was syringed out with carbolic lotion which removed several small clots of blood. In all other respects he is doing well, his appetite is improving, and he sits up in bed the greater part of the day.

1st Sept.—Several stitches were removed to-day, the wound has united in the greater portion of its extent after syringing it out it was fomented well and put up as usual.

On the 3rd of September the splint was removed for the first time, the arm was thoroughly cleansed, the wound syringed out and again put up on the splint, the fore arm supinated so as to place the bones at their upper extremity on the same plane; the discharge has greatly lessened and union is nearly complete, he expressed a wish to leave his bed which was assented to. On the following day the remaining stitches were removed, the discharge of healthy looking pus is small in quantity; the patient was sitting up in a chair, and had been walking about his room.

From this date he steadily improved, the splint was removed on the seventeenth day and left off, the patient being instructed to flex and extend the limb, and also to pronate and supinate the fore arm. He gradually and steadily acquired the power of moving the fore arm without assistance; all discharge ceased, and he left the Hospital on the 5th of October.

Case 2—Excision of the Elbow-Joint for Bony Anchylosis in the Bent Position—The result of Former Injury—Recovery with useful Arm. From Notes furnished by Mr. A. E. MALLORY and Mr. G. A. STARK.

W. B., æt 25 years, labourer, was admitted into the Montreal General Hospital on the 11th September, 1871.

He is a healthy robust young Englishman, about 5 ft. 6 in. in height, strongly built and muscular. It appears that in December, 1856, while working a pump, he slipped and fell on the stone, coping and fractured his arm. The arm was set and retained in the splints for two months, at the end of which time the elbow was swollen and painful. An abscess formed over the olecranon process, which was opened and pus discharged, another abscess subsequently

formed on the inner side of the joint. The arm had to be lanced on several occasions. At the end of two months the swelling and pain had subsided and all discharge ceased, but the joint was perfectly stiff and immovable, the position being semi-flexed, the hand considerably pronated.

This seemed a case which offered a reasonable hope of securing a useful limb by the operation of excision, as the man's family history was good, and he himself was in robust health.

The operation was performed under chloroform, on the 25th of September, by a single straight incision of about 7 inches in length, being $3\frac{1}{2}$ inches above the point of the olecranon, and about the same distance down on the posterior aspect of the fore arm. The ulnar nerve was then carefully raised from its bed and drawn inwards. The tendon of the triceps muscle being separated at its insertion, and the bones exposed, an attempt was made to forcibly flex the arm, but this was found impossible from the existing firm bony ankylosis. The soft parts being held aside, the olecranon process was sawn through, after which the remaining attachments readily yielded, and the bones thrown out. The periosteum was carefully raised from the lower end of the humerus, and it was sawn through above the condyles from before backwards. The upper extremities of the radius and ulna were then treated in the same manner, the entire head of the radius and upper extremity of the ulna being removed. The muscular attachments to the periosteum were preserved; two arteries required the ligature, and several others were treated by torsion. All bleeding having ceased, the wound was sponged out with a solution of carbolic acid (1 to 40) and the edges brought together by eight interrupted wire sutures. A carefully padded rectangular splint was then adjusted to the inner side of the limb, being held in position by broad straps of adhesive plaster. The forearm being previously bandaged was retained midway between pronation and supination, the wound was then covered with a pledget of lint and oil silk wet in carbolic lotion, and the patient removed to bed.

In the evening he complained of pain in the arm, but he was heavy and dull, not having thoroughly recovered from the anæsthetic; pulse 120.

September 26th.—Arm examined to-day, simply by removing the lint, fomenting freely with warm water, a few small clots of blood came away, there was slight oozing, otherwise the wound is looking well. Complains of pain in the arm; pulse 120, and full; tongue furred; wound dressed as before; is taking milk and beef tea freely.

27th.—Much the same as at last report, the oozing however has

ceased, the wound looks well but the part is considerably swollen: complains of pain; pulse 120; bowels not open.

29th.—The arm was re-dressed to-day. On pressure over the side of the wound, a considerable quantity of sanious pus with a few blood clots flowed away; the wound was then syringed out with a weak solution of carbolic acid, and lint applied as before. His general health is improving; bowels acted without medicine; appetite very fair, and tongue cleaning.

30th.—The wound looks very well at the upper part; ligatures came away, and also two stitches removed.

October 3rd.—The discharge from the wound has free exit from two points, these appear to be connected as when the solution is thrown into one opening, it comes out freely from the other. The discharged has however lessened in quantity, the man asked for improved diet, when he was ordered a mutton chop and a pint of ale.

From this date steady improvement followed. On the 7th, all the sutures were removed, the wound being nearly all healed, except at one point which gaped slightly. The same treatment was adopted, the wound was daily syringed out with carbolic acid lotion.

On the 15th the splint was, removed, and passive motion employed, the arm being again supported with the splint.

On the 19th the splint was again removed, and after practising passive motion, a bandage was lightly applied and the arm supported in a sling, the wound had almost healed, the discharge having diminished very considerably. Motion was practised daily, and the patient was allowed to walk about his ward.

He rapidly improved in general health, the limb gaining strength and more freedom of motion, and he left the Hospital on the 16th November.

Case 3—Stricture of the Urethra of eight years duration—Perineal Section. Reported by Mr. W. L. COPELAND.

This patient has been on several different occasions treated by dilatation, but the stricture has never been entirely cured. Although a large sized instrument has at times passed into the bladder, yet the difficulty invariably returned. At the time of his admission he was suffering not only from the stricture, but from several fistulæ in perineo.

History.—H. V., aged 34, a native of England, has had several attacks of Gonorrhœa, the last about six years since. In 1866, he

contracted chancre near the meatus, which resulted in great narrowing of the opening of the urethra. One year ago he suffered from prostatic abscess, and subsequently was treated for stricture. Internal division was practised, and a large sized instrument was passed into the bladder and retained there for three days. After remaining in hospital some three months he left considerably relieved, and was instructed to pass an instrument into the bladder about twice a week. This he neglected to do, and he returned to the hospital, when he came under Dr. Fenwick's charge October 1st, 1871.

On examination of the case it was found that a No. 3 catheter passed with difficulty, occasioning much pain. In the perineum there was a mass of brawny infiltration from which led several false passages, and there was a constant discharge of urine mixed with pus. The operation of perineal section as practised by Mr. Syme was decided on.

October 7th.—The bowels having been freely evacuated by castor oil and an enema, the patient was to-day brought into the operating theatre and chloroform administered, he was tied in the usual lithotomy position, and a Syme's staff passed through the stricture. This was carefully held by an assistant. Dr. Fenwick then made an incision about two inches in length in front of the bulbous portion of the urethra, the incision was in the raphé immediately behind the scrotum, the urethra being opened the stricture was divided, and the staff passed freely through it and into the bladder. The operator then passed a director from the wound in the perineum into the bladder, and the staff was removed. The next step of the operation consisted in passing a No. 8 silver catheter into the bladder, and tying it in the usual manner by means of tapes.

8th.—Feels comfortable, no pain or uneasiness, the urine was flowing away freely through the instrument; that passed during the night was tinged with blood. This morning it is turbid but not bloody; his pulse is 120; and tongue furred.

9th.—All going on well, complains of slight headache, bowels not moved since the operation; pulse about the same as at last report; and tongue furred; an aperient was ordered.

10th.—Feels relieved; bowels operated freely; pulse 110; tongue much cleaner; in other respects much the same as yesterday.

11th.—Complains of irritation of the catheter, so that it was removed.

12th.—Had a slight rigor, is feverish, and has pain in the

supra-pubic region on deep pressure. Hot fomentations were ordered.

13th.—Had chills to-day, they were slight; the pain is however relieved, the fomentations were repeated; in every other respect he is progressing favourably. The urine passes in part through the wound, but a considerable quantity by the natural passage.

14th.—The patient is progressing favourably, he objected to have the catheter passed to-day, but expressed a wish to put off the operation until to-morrow, when he requested to have chloroform administered, which was assented to.

15th.—Chloroform was administered, and the catheter passed, when a quantity of offensive urine with some pus was drawn off, the instrument was allowed to remain in for two hours.

From this date the man steadily improved in health; he was able to leave his bed and walk about the ward at the end of ten days, but he steadily refused to have an instrument passed unless under chloroform, the wound in the perineum closed, and at the present time a drop or two passes through one of the old fistulæ, but the stream through the urethra is moderately full. He is still in the hospital, but will leave in a few days. In all other respects he is vastly improved.

No. 4.—Case of Stricture of the Urethra with Fistulous openings, resulting from an old attack of Urinary Infiltration. Perineal Section. Cure. Reported by Mr. ROBERT HOWARD.

F. R., æt 33, French Canadian, was formerly a brush maker. Was in the United States army for several years, and went through a great deal of hardship and exposure, during that time drank hard, and indulged freely in sexual intercourse. Has had chancre gonorrhœa and gleet, the latter for 14 years; and has suffered from difficulty in passing urine for several years, could not retain his water long, and the stream was small and twisted.

In September, 1870, he suffered from almost complete retention, after much difficulty a No. 2 catheter was passed, and his bladder relieved. This attack was however followed by the formation of a small abscess in the perineum, which on bursting left a urinary fistula; he suffered at this time from great pain across the back and irritation of the bladder.

May 10th, 1871 —Was admitted into the Montreal General Hospital under the care of Dr. Fraser. At this time the stream was small, twisted, he suffered much pain, and a considerable

quantity of the urine passed through the fistula. Gradual mechanical dilatation was decided upon. Towards the end of May, a No. 4 catheter could be passed, and early in June, Holt's dilator was used, followed by the former treatment. This treatment was continued up to the 1st of July, when a No. 10 catheter could be passed. At this time he was transferred to the care of Dr. Drake, who persevered in the treatment, substituting a gum elastic catheter for the silver instrument. The fistulous opening was slit up so as to allow it to granulate from the bottom, and he left the hospital on the 29th of July somewhat improved.

He was again admitted into hospital on the 13th of September, when it was found that the stricture was as bad as ever, but his condition was worse, as there were several fistulous openings in the perineum and scrotum, through which the greater part of the urine escaped and gave him much discomfort. The patient came under the care of Dr. Fenwick on October 1st, and he determined to perform Syme's operation of perineal section.

October 9th.—The operation of perineal section was performed to-day. The patient was previously prepared by the administration of a dose of castor oil and an enema, and being brought into the operating theatre he was tied in the usual lithotomy position: he was then put under chloroform, Syme's grooved staff was passed and held in position by an assistant. An incision was then made in the median line, about $2\frac{1}{2}$ inches long, down on the point of the staff, the stricture was freely divided and the staff passed onwards, when a second obstruction was encountered, this was also incised, the staff was then removed and a No. 8 catheter introduced. This readily passed the first stricture, but difficulty was encountered in getting it through the second, so that a deeper incision had to be made, when the catheter was carried into the bladder and tied there. The fistulous openings in the scrotum were slit up, and the patient removed to bed. After his removal to bed, there was considerable hæmorrhage, so that Dr. Fenwick before leaving the hospital, plugged the wound with cotton wool, on which was freely sprinkled Tannic acid, and a compress and bandage were applied, which arrested the flow of blood.

10th.—Did not sleep well, had a rigor during the night; pulse 120; urine passes through the wound and also from the catheter, complains of pain in the loins.

11th.—Did not sleep, had another rigor which lasted 15 minutes, pulse 120; the bandage and plug were removed, the catheter also taken out, a No. 7 was introduced, and a quantity of urine drawn off, when the instrument was removed, the wound was dressed with a lotion of carbolic acid and water.

12th.—Pulse 120; slept better, but had another rigor which lasted some time, passed urine frequently, a considerable quantity through the wound, which gives much pain in passing over the cut surface.

14th.—Had a better night, no rigor; pulse 100; No. 8 was introduced without difficulty, and allowed to remain in the bladder for two hours, pain in the back still continues.

16th.—General symptoms improved; No. 8 was again passed and allowed to remain in for an hour, the wound is granulating and filling up, but some urine still passes through it.

18th.—Had a good night's rest; pulse 94; feels much better, No. 7 catheter was passed and allowed to remain in for an hour.

20th.—The catheter was again introduced and left in, does not complain of the pain in his back, the quantity of urine from the wound has greatly diminished.

23rd.—Does not feel so well, a small abscess has formed in the posterior edge of the scrotum which was freely opened; has passed a good night; the wound is cicatrising rapidly; the catheter was again passed and left in for one hour.

From this date the patient steadily recovered and the wound closed. The same treatment was adopted, viz., passing the instrument every second day, and he left the hospital on the 9th of November, with instructions to return twice a week to have an instrument introduced.

Proceedings of Societies.

PROCEEDINGS OF THE MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

MEETING HELD 21ST OCTOBER 1871.

The Society met in the rooms of the Natural History.—The President HECTOR PELTIER, Esq., M.D., Ed: in the chair. After preliminary business, DR. KENNEDY read the following paper:

Case of Brain Laceration—the Post-Mortem showing extensive disease of the Kidney, by R. A. KENNEDY, M.D.

Michael Brouder, aged 30, born in Ireland, height 6 ft. 3 in., of well developed form, married two months, a beer driver by occupation, on Monday evening, August 21st, 1871, at half past eight, received a blow on the head from a stick of firewood in the hands of a man with whom he had been fighting. Accompanied

by Dr. Leprohon, I first saw him about nine o'clock, he was then lying on his back in the lane at the rear of his house, the head to which a wet cloth was applied, being supported by a pillow. On a general examination, it was evident that he had been drinking, judging from the strong odour of his breath. He was sensible, asking me who I was.

The injuries were all upon the head. On examining the head, a scalp wound was observed from which much blood had been lost, but at this time bleeding had almost ceased; this wound was about two and a half inches long, extending from the top of the forehead on the left side directly backwards. On examination with the finger, no depression or evidence of fracture was discovered. There was a considerable tumour over the right eye-brow, with abrasion in the centre; pupils equal and moderately dilated; pulse regular and slightly quickened. With assistance he was able to stand on his feet, walk up-stairs into his house and get into bed. The wound of the scalp was again examined with some opposition on his part, but nothing further was discovered. Dr. Leprohon then left. With some difficulty I dressed the wound with plaster, as he kept continually moving about and wanted to get up, this I ascribed to the liquor he had taken. Afterwards cloths dipped in cold water to which carbolic acid was added, were applied to both the wound and the tumour over the eye-brow. There was also a short scalp wound on the back of the head. Ordered him to be kept perfectly quiet, and not to be questioned.

On returning at half-past ten, found him lying quiet, apparently asleep; he was very easily aroused. pupils equal, moderately dilated; aversion to light, pulse slow and full. To continue directions.

August 22nd, 9 a.m.—Had lain quiet all night, position on back; semi-conscious, easily aroused, and answered when spoken to but confusedly, relapsing again into a semi-conscious condition; surface cool and moist; countenance pale; tongue clean, protruded on asking him to do so; pulse 50, feeble and easily compressed; respiration regular and slow; pupils equal, slightly dilated and sensible to light; muscular power not lost, as he would occasionally lift his hands. The tumour over the right eye-brow was nearly all absorbed. As reaction had not set in, and the depression not very great, I left instructions to keep the body and feet warm, and continue the cold applications to the head. I saw him again at one o'clock, vomiting had occurred at half-past ten, but the reaction was imperfect; he still lay in a semi-conscious condition; surface cool; face pale; pupils unchanged; pulse 50;

respiration deep and slow, but no stertor; urine had been passed in the bed; bowels not moved; there was a tendency to pull at the bed clothes, and occasionally the closed hands would be forcibly extended on the abdomen. The knees were drawn up. Fearing extensive injury to the brain, and that the results might be fatal, I deemed it advisable before subjecting him to any treatment to have a consultation.

Dr. Drake saw him with me at five o'clock. He had just taken the sacrament, and the priest informed me that he was conscious of what he was doing. Pulse 42, soft and compressible; semi-conscious, but could be aroused on loud questioning; face pale; surface cool; pupils normal and sensible to light. Bowels not moved since he received the injury; had passed more urine in the bed; slight rigidity of muscular system, with occasional spasmodic movements of arms, the right arm being kept much more quiet than left; legs extended and stiff. From the symptoms presented, extensive laceration of brain substance with extravasation was diagnosed.

He was placed on the following treatment:—

R—Ol. Tiglii. gtt. iss.

Calomelanos gr. v.

To be given immediately.

Ice to be applied to the head. To the back of the neck a blister of Biniodide of Mercury $\mathfrak{z}\text{i}$ to the $\mathfrak{z}\text{i}$ of lard. And the following mixture:—

R—Potas. Bromid. $\mathfrak{z}\text{ii}$.

Potas. Icd. $\mathfrak{z}\text{i}$.

Aquæ $\mathfrak{z}\text{vi}$.

Sig.—One tablespoonful every four hours.

DIET—Strong beef tea to be frequently given.

I saw him again at 9 p.m. With difficulty aroused and not sensible; pulse 60, slightly hard; head warm; otherwise symptoms not altered; bowels not moved. The croton oil and calomel were repeated, and sinapisms applied to the legs.

August 23rd, 10.30 a.m.—In company with Dr. Drake. Pulse 72, irregular; pupils sensitive to light and contracted; ecchymosis of conjunctiva of left eye; considerable muscular rigidity alternating with twitching of arms, the right being less moved; there were occasional efforts to bend forwards and to hawk up and spit; tongue retracted in mouth; insensible, could not be aroused; slight stertor; skin moist and warm. The dressing on the wound was removed. There had been no operation from the bowels.

TREATMENT—An injection to be given immediately, containing—

ʒiſs Ol Ricini, ʒi Ol Terebinth, in three pints of gruel. Head to be shaved, and 12 leeches to be applied to the temples. The other treatment to be continued.

It was thought advisable to call Dr. Howard in consultation.

3.45 p.m.—Present : Dr. Howard, Dr. Drake and myself. Patient completely insensible, could not be aroused ; considerable muscular rigidity alternating with spasm and tendency to epileptiform convulsions ; abdominal muscles retracted ; surface warm ; head hot ; pupils equally insensible to light ; ecchymosis of left eye increased ; pulse 80, irregular and labouring ; urine had again been passed. Injection had come away from the bowels, bringing but little feculent matter ; some difficulty in swallowing ; tongue retracted and curved upwards ; leech bites had bled freely. The wound was re-opened, and a thorough exploration made ; a slight fissure was discovered extending downward in the frontal bone below the wound, the pericranium not being ruptured. The wound was left open, as it was a question if trephining would not require to be performed at a later time. Dr. Howard concurred in treatment and diagnosis. Treatment to be continued. The croton oil was repeated in a three drop dose, and to re-apply the leeches.

8 p.m.—Pupils contracted and insensible to light ; lying very quiet ; rigidity and spasm greatly lessened, and more instinctive muscular movements ; slight stertor ; pulse 85, compressible and very irregular, running occasionally up to 110 ; skin warm and moist ; scalp hot ; bowels had not moved since he had taken the last dose of croton oil. As they had not obtained the leeches, I told them to do so at once and apply them. I returned at 9.45. The bowels not having moved, I administered an injection as before ; leech bites had bled freely ; pulse very irregular and feeble ; lying very quiet ; no rigidity or spasmodic action ; stertor increased. I then left and was informed next morning that he had died at five o'clock.

Previous to death I had examined the urine, it was pale and turbid, there was considerable albumen, and under the microscope, granular and fatty tube casts, its sp. gr. I did not get owing to the small quantity of water obtained.

POST-MORTEM APPEARANCES SIX HOURS AFTER DEATH.

Body in good condition, rigor mortis well marked, this passed off to a great extent before the p.m. was concluded. On the right side of the chest, externally, there are seen some old cicatrices due to operation for pleural empyema, and great hollowing of the right infra-clavicular region. The left eyelid and ocular con-

conjunctiva are ecchymosed. Pupils moderately dilated and equal. There is a small abrasion immediately over the right superciliary ridge, about the size of a five ct. piece. A little above the left temporal ridge, and extending from a point two inches above the left orbit, is a wound about two and a half inches in length, extending directly backwards; in depth reaching to the pericranium, which latter is not injured. By the finger a fissure is felt below the wound in front, but the bone is not at all depressed. On the vertex is a scalp wound about an inch and a half long, extending transversely. On the temples are the marks of recent leech bites. On removing the scalp, ecchymotic extravasation of blood is met with beneath each of the scalp wounds. The fissure felt previous to death is now seen, but does not extend through the bone. On removing the calvarium, a distinct linear fracture is observed extending upwards through the squamous portion of the temporal to the parietal bone, and beneath the temporal muscle; but there is no depression of the internal table. There is a considerable extravasation of blood, (about two ounces) between the dura mater and the skull, at a spot corresponding to the external wound. The dura mater at this point is slightly discoloured on its under surface, but elsewhere is healthy. The anterior border of the left lobe of the cerebrum is studded with minute points of extravasated blood, elsewhere the membranes do not appear abnormal. On section of the left anterior lobe spots of extravasated blood are noticed in the brain substance, with several points of laceration. At a quarter of an inch deep is a clot occupying a cavity the size of a small almond. In the substance surrounding this part, punctiform extravasations are observed with discoloration and commencing softening. The rest of the brain is apparently healthy.

CHEST.—On opening the pericardium the heart is found adherent throughout nearly its whole extent, its surface being covered by a transparent layer of tough lymph, which does not appear to be highly organised. The whole surface of both ventricles immediately beneath the visceral layer of the pericardium is studded with minute points of extravasation. The heart weighs fourteen ounces. On section its tissue is pale, soft, and tears easily, and on microscopical examination was found to be fatty. Cavities: right side empty; left moderately full of dark blood. Valves all healthy. Commencement of the aorta show signs of atheromatous degeneration.

LEFT LUNG firmly adherent to side of chest, detached with difficulty. Weight one pound eleven ounces, everywhere crepitant, slight post-mortem congestion posteriorly.

RIGHT LUNG.—Pleural cavity entirely obliterated, and the small remains of the lung very firmly adherent to the upper and back part of the chest; is detached with great difficulty; weight ten ounces; crepitant, floats on water; tubes somewhat dilated; substance very much atrophied, but retaining its divisions into lobes.

ABDOMEN.—Cavity healthy, the Diaphragm reaching as high as third rib on the right side. Liver and Spleen normal. Stomach and intestines empty. Bladder nearly empty.

RIGHT KIDNEY.—Weight seven and a half ounces; large and congested; feels very firm and tough; capsule somewhat adherent; structure coarse and granular. On section cortical portion is found to be apparently enlarged and encroaching on the medullary.

LEFT KIDNEY.—Weight four and a half ounces; capsule cannot be separated without tearing its structure which is coarsely granular. But slight distinction between cortical and medullary substance.

At the time I first saw the man, I did not expect that the injury was so serious. I examined the wound carefully, but did not make any exploration beneath the scalp, as I did not feel warranted in so doing. He was quite sensible, but appeared to be a little excited, which I supposed to be due to the liquor he had taken. There was apparently nothing to lead me to expect a fatal result. It was not until the following morning that I observed well marked signs of concussion. It seems surprising to me that the symptoms of concussion should not have been present the previous evening, judging from the injury to the brain as seen at the post-mortem, and which must have been present at that time. The reaction was not decided, the symptoms gradually merging into those of laceration and compression, the latter not so perfect at first, but distinct towards the end when stertor was observed. The case is one of interest, not so much from the injury to the brain as to the Bright's disease, and the results of the treatment for pleural empyema. I do not know whether the Bright's disease had been diagnosed during life, beyond my examination of the urine previous to his death. It was found to be extensive, the heart being fatty and enlarged, yet there does not seem to have been any complaint on his part as expressed by his friends. There was no anasarca, the body was well developed and firm, and he followed his usual avocation without any apparent illness; indeed his wife has since informed me, "that he was quite well and strong."

It is true, that in granular kidney, there may be no anasarca, and that probably one-fourth of the cases run their course with.

out it; but here was a condition of organs, which a priori I should think could not exist without anasarca occurring, taking more especially the diminished amount of lung substance into consideration. Chemical evidence proves that the blood like the urine, undergoes very important changes in Bright's disease. The blood in this case, must have in a great measure been so changed, judging from the fatty condition of the heart and the atheroma of the aorta. The blood could not have been healthy, the fibrine among other things was likely altered, being incapable of forming a firm clot, and would take a longer time in coagulating. From the condition of the lungs, there being a diminished amount of lung surface to purify the blood; either an increased amount of work must have been imposed on what remained, or else the blood must have been improperly purified. This latter being likely the case, as the red corpuscles in Bright's disease circulating through the lungs take up but little oxygen, and part with but little carbonic acid with which they may be charged. The oxygen being probably deficient, and the albumen also deficient, being drained from the system by the kidneys, the blood would become highly charged with carbonaceous and fatty matters. The heart struggling to propel forward this impure blood, must have been more or less embarrassed, and consequently as in this case, would become enlarged, the increase not being of healthy tissue; the proper elements of nutrition being replaced by the fatty matters, especially cholesterine, which abounding in the blood are deposited in its tissues.

This change also had occurred or was occurring in the arteries as shown by the atheromatous condition of the commencement of the aorta. That the blood must have been so altered, I think is further shown by the peculiar punctiform extravasations observed beneath the serous covering of the heart's surface. In healthy tissue there is an affinity between the arterial blood and the tissue to be nourished; this affinity must exert an undoubted influence in promoting the circulation through the capillaries and veins, now if the blood is unhealthy, there cannot be that affinity that there should be, consequently the circulation would be delayed, the red corpuscles would accumulate, the capillaries become distended, it would require but very little force to rupture them at points. Either rupture with escape of blood, or else an effusion of serum must occur.

There may have been with this a subacute attack of pericarditis of a late date, if the process was not going on at the time of his death. When he had the attack of pleurisy there had existed also pericarditis, the result being the firmer adhesions which were

found at the post-mortem; but that a later attack had occurred, might be inferred from the lymph found on most of the heart's surface, it tore easily and could be readily detached, and had not that appearance which highly organised lymph presents.

Now if this was the condition of the blood, of which I think there can be no doubt; should there not have been some serious symptoms of derangement during life? And did this have any influence on the injury from which he died? It seems to me that the clot found between the dura mater and the skull, must have been poured out slowly, as the signs of compression were not so decided as I should suppose, had such a large clot been poured out quickly. The blood not being in a condition to plug the vessels, hæmorrhage would go on, and the sign of compression would be progressive, as I think they were in this case from the insensibility gradually deepening, and the slight stertor towards the end, though these symptoms were more or less complicated with the symptoms of laceration. Moreover, if there had been no extravasation, would the laceration of the brain have been sufficient to produce death at so early a stage? It must be remembered that only the anterior lobe of the left hemisphere was injured, and that the nervous centres at the base were not. There are many cases on record which I need not here recite, of extensive injury to the brain followed by recovery, but from the probable condition of the blood could this have occurred.

Before closing, I would also put the query:

Was the empyema the starting point of the Bright's disease? and if so does this not tend to disprove the theory as given by Dr. Dickenson in his work on kidney disease; that long continued suppuration is followed by amyloid degeneration of the kidney, for in this case during the treatment for the pleural empyema, he wore a drainage tube in his side for over a year.

PERISCOPIC DEPARTMENT.

Surgery.

(From the "New York Medical Journal").

REMARKS UPON THE DIAGNOSIS OF OVARIAN TUMOURS FROM FIBRO-CYSTIC TUMOURS OF THE UTERUS.

By CHARLES C. LEE, M.D., Surgeon to the Charity Hospital, formerly
Surgeon to St. Vincent's Hospital, etc.

Within the last ten years the study of ovarian disease has passed from the region of vague conjecture into the light of exact know-

ledge. In no other department of medicine, excepting ophthalmology have the advances been so rapid and the old points of departure so completely swept away. Ovariectomy, which, in 1861, was still experimental, and which ten years before that was derided by the vast mass of the profession, is in 1871 as firmly established as any surgical procedure. Nay, in cases that have been properly discriminated, it is decidedly more successful than most of the so-called major operations of surgery.

But it is, unfortunately, at this initial step—the differentiation, that is, of purely ovarian growths from those connected with the other abdominal viscera—that the great difficulty in the management of such cases occurs: and, as all treatment of necessity hinges upon diagnosis, this obscurity in complicated cases remains to the present day the great bar to the perfect success of ovarian surgery.

An immense amount of labour and ingenuity has been expended in this direction; but that almost insuperable diagnostic difficulties still occur, despite the efforts of Kiwisch, Spencer Wells, Clay, Keith, Kœberlé, Peaslee, and Atlee—names illustrious in the records of ovarian pathology—the cases detailed in this paper will render evident.

What are the leading conditions likely, in a given case, to be confounded with an ovarian cyst? Prof. Thomas, in his admirable chapter upon "Ovarian Tumours," thus enumerates them: *

Fecal accumulation.

Extra-uterine pregnancy.

Normal pregnancy.

Uterine fibroids.

Ascites.

Hydatids.

Distension of uterus by fluids.

In Mr. Baker Brown's work on the "Surgical Diseases of Women,"† they are somewhat more fully classified, as follows:

Retroversion and retroflexion of uterus.

Tumours of uterus; *a*, solid; *b*, fibro-cystic.

Ascites.

Pregnancy.

Pregnancy complicated with ovarian dropsy.

Cystic abdominal tumours.

Distended bladder.

Accumulation of gas, or of fæces, in intestines.

* "Practical Treatise on the Diseases of Women," first edition, p. 536.

† Second London edition, p. 308.

Enlargement or tumours of spleen, liver and kidneys.

Recto-vaginal hernia, with displacement " vary.

Pelvic abscess.

Retention of menstrual fluid.

Hydrometra.

The lists given by other systematic writers on the subject agree substantially with the foregoing.

From most of these conditions the differentiation of an ovarian tumour cannot be said to be difficult to a reasonably careful practitioner, for either the history of its development or the physical signs obtained by a conjoined abdominal and uterine examination will nearly always suffice to decide the question.

But one of these affections presents difficulties so immeasurably greater than the rest, that its consideration alone will occupy us at present. We refer to the so-called "fibro-cystic tumour of the uterus," or the uterine fibroid that has undergone cystic degeneration, an exceedingly rare growth and essentially distinct from the ordinary fibroid in whose substance minute fluid collections have formed. The anatomical structure of these formations is minutely described by Dr. C. G. Ritchie,* from dissections of specimens removed by Spencer Wells. Their pathology was first studied by Cruveilhier, who delineates their appearance† and divides them into two classes. One of these consists of irregular cysts with undeveloped walls, due apparently to an œdematous infiltration of the fibroid, the "interlobular spaces" of which gradually dilate and finally give way from the pressure of the interstitial liquid. Anfractus cavities are thus formed, more or less closely resembling true cysts, filled with a limpid serous liquid, generally of a light yellow hue, but sometimes bloody. In the second variety are found perfect cysts of smooth walls, which Kœberlé considers due to the progressive dilatation of the lymphatic vessels.‡ The cavities usually communicate with each other, the larger ones being spherical in shape, while the smaller accessory cavities are flattened or shaped like irregular sinuses. Their liquid contents are yellowish, limpid, fibrinous, and spontaneously coagulable.

Mr. Paget thinks the cysts are due either to a "local softening and liquefaction of part of the tumour, with an effusion of fluid in the affected part; or to an accumulation of fluid in the inter-spaces of the intersecting bands; and these are the probable

* Wells, "Diseases of the Ovaries," vol. i., p. 259.

† Anat. Pathol., livraison xiii., pl. 4.

‡ Gazette Hebdom., No. 11, 1869, p. 164.

modes of formation of the roughly-bounded cavities that may be found in uterine tumours." §

The following cases, in which fibro-cystic tumours, were excised under the impression that they were ovarian cysts, will illustrate the foregoing remarks:

Case I.—E. B., aged forty-five, single, was admitted to St. Vincent's Hospital, October 23rd, 1869, with the following history: Two and a half years ago she observed a swelling of her right foot and leg, and four months afterward noticed that her abdomen was steadily increasing in size. The latter symptom was accompanied by abdominal pain and occasional diarrhoea, which resisted all efforts at treatment.

At this time the existence of an ovarian tumour was suspected by her physician, but no special treatment was directed to it. In July, 1869, while a patient of the Northern Dispensary, she was tapped by Drs. Burrall and Whitehead, surgeons to that institution, and ten and a half quarts of a thin, chocolate-coloured fluid were drawn off. In a fortnight the cyst began to refill, and continued slowly to do so until the date of her admission to the hospital. It appears on this occasion all the physicians present concurred in the opinion that the tumour was ovarian, and the patient was subsequently urged by them to have it removed, but declined.

On entering the hospital she was subjected to careful examination, and the thoracic organs were found healthy, urine non-albuminous and normal, appetite good, and bowels moderately regular. Her complexion was exsanguine and chlorotic, the expression irritable and depressed (*facies uterina*), but the pulse full and very strong.

The circumference at the umbilicus was forty-three inches; from the ensiform cartilage to the umbilicus, eleven inches; from the umbilicus to the symphysis pubis, nine and one-quarter inches, and from the umbilicus to the anterior superior spinous process, on either side, ten and three-quarter inches. The uterus was somewhat elevated, but seemed normal in its relations, admitting a sound to the apparent depth of two and one-half inches; *it was perfectly moveable on the sound, without imparting the slightest motion to the abdominal tumour.*

The abdominal walls were also freely moveable over the tumour in every direction. The menstrual discharge had ceased about a year previously, but, six months before her admission to the hos-

§ Lectures on Surgical Pathology, third London edition, p. 479.

pital, had re-appeared and recurred scantily every three weeks; no profuse flow had at any time existed.

Upon these data the diagnosis of ovarian cyst, probably unilocular and free from serious anterior adhesions, was made; a consultation confirmed this view of the case, and, after the risks and chances of extirpation were fully explained to the patient, she decided to have the tumour removed. After a few days of preparation the operation was performed, November 2nd, 1869, in presence of the surgical staff of the hospital, and Drs. Elliot, Peaslee, Sayre, Burrall, Weir, Kammerer, and others, of New York, and of Dr. A. N. Dougherty, of Newark, etc. Anæsthesia by chloroform, administered by Dr. Newman.

The cyst was exposed by the usual median incision, and, contrary to expectation, was extensively adherent to the peritonæum in front. These adhesions were easily separated and the contents of the cyst evacuated by Dr. Thomas's modification of Wells's trocar, the umbrella-like slide of this instrument holding the walls of the flaccid cyst with perfect security. About the same quantity of thin, brownish fluid was drawn off as on the previous occasion in July. As the cyst was emptied slight traction was made upon it, when the whole posterior and lower surface was found closely adherent to the mesentery, intestines, and pelvic organs. In fact, no pedicle at all existed.

At this juncture the operation had been carried too far to be abandoned, and no course seemed open but to detach such of the intestines as could be separated, and to cut away the cyst walls from the uterus and bladder. In the former effort a portion of the small intestine was lacerated by my finger. The torn gut was held by an assistant, while as much more of the cyst was cut away as could be detached. The hæmorrhage from the thickened cyst-wall was arrested by persulphate of iron, silk ligatures (cut short) being applied to the larger vessels; and the wounded intestine was then closed by a fine silk continued suture. The peritoneal cavity was carefully cleaned of all blood and other fluids, and the external wound closed with silver wire, the deep stitches including the peritonæum. A small quantity of brandy and a hypodermic injection of morphia were administered, and the patient carefully removed to her bed, the operation having lasted two hours and twenty minutes.

There was marked exhaustion, but reaction slowly followed, the pulse being 64 at the conclusion of the operation, and 84 with increased volume four hours afterward.

Injections of beef-tea and brandy were given, another hypodermic injection of morphia repeated during the night; the patient

slept about four hours, and in the morning was somewhat better. The same treatment was continued during the ensuing day, and no drawback occurred until evening, when the pulse began to sink and severe abdominal pain appeared for the first time. This was referred mainly to the epigastrium and the left iliac region, where lay the wounded intestine. In this condition the patient sank slowly, and died of exhaustion and incipient peritonitis thirty-one hours after the operation.

The autopsy, made seventeen hours after death, showed general peritonitis in the forming stage, most marked in the left iliac and pelvic regions, inflation of the small intestines, and about six ounces of bloody fluid in the pelvic cavity. The wounded gut was securely closed, but the wound and suture showed no covering of lymph. The pelvic organs were so moulded together that the bladder, uterus, and the uterine attachment, were removed *en masse*. A dissection of these showed that both ovaries, with the broad ligament on either side, were agglutinated to the cyst-wall, which sprang directly from the posterior part of the fundus of the womb. The body of the uterus was extremely hypertrophied, measuring full six inches from external os to fundus; and the internal os was so contracted as to resist the passage of the uterine sound, thereby creating the impression that it had passed completely to the fundus.

A semi-solidified cystic mass, probably a secondary fibroid undergoing cystic degeneration, was attached to the fundus of the womb posteriorly, and was included within the walls of the main cyst. A careful histological examination of these structures left no doubt that the main tumour was also a fibro-cystic outgrowth of the uterus. The other abdominal organs seemed to be healthy.

It will be remarked that, in this unfortunate case, the points upon which a diagnosis was made, seemed conclusively in favour of an ovarian cystic growth. In only one respect, namely, the irregular and somewhat profuse catamenia, was suspicion of uterine disease aroused; but this was set at rest by the apparent passage of the uterine sound to the usual depth, by the mobility of the uterus on the sound, and the absence of communicated motion in the tumour. The marked *facies uterina* which the patient presented was, therefore, thought an accidental coincidence, and the irregularity of the menstrual flow attributed to the change of life.

CASE II.—An unmarried female, forty-four years of age, was admitted to St. Luke's Hospital, November 11th, 1869, under the care of Dr. James L. Little. The patient had begun to enlarge

four years previously, but the abdominal increase caused no inconvenience until a year before her admission, when she was advised by her physician in the country to seek surgical advice. Upon her arrival she measured forty inches in circumference below the naval.

Fluctuation was distinctly perceptible in the tumour, which was carefully examined by Profs. Thomas and Peaslee, both of whom concurred in the opinion that it was a case of ovarian tumour, and an operation was accordingly advised.

For the sake of better hygienic influences, the patient was transferred from St. Luke's Hospital to a private house, where the operation was performed, November 29th, 1869; present—Drs. Peaslee, Thomas, and Weir.

The incision was made in the usual manner, and a considerable number of adhesions were discovered anteriorly. No distinct pedicle could, however, be detected; the tumour seeming to rise from the pelvis in all directions. It was deemed proper to puncture the sac and reduce its size, in order to discover its attachment with more certainty. After the evacuation of a portion of its contents it was two-thirds of its original size, but no more light was thrown upon the case. A portion of the sac was then pulled through the wound, cut off, the clamp applied, and the wound closed by silver sutures. The patient lingered for about ten days, and died of exhaustion.

Dr. Delafield examined the specimen, and came to the conclusion that it was simply a fibrous tumour of the uterus, springing from the cervix, and undergoing cystic degeneration.*

CASE III.—*Cystic Tumour of the Uterus mistaken for Ovarian Cyst; Gastrotomy; Partial Removal of the Uterus; Death in Thirty-six hours.*—A single woman, aged 43, presented herself at the clinic of M. Demarquay,† on the 15th of May, 1868, with a large, smooth, abdominal tumour, of two years' growth. Menstruation had been regular until six months before the tumour appeared, when very abundant menorrhagia occurred. The swelling was first observed in the right iliac region, and after its development the menorrhagia disappeared and dysmenorrhœa took its place.

When examined by M. Demarquay the tumour was "voluminous," smooth, and remarkably mobile; it seemed to have no anterior adhesions, and presented distinct fluctuation. No uterine examination could be made, on account of the "peculiar state of

* The Medical Record, January 15, 1870, p. 520.

† L'Union Médicale, September 22, 1868, p. 431.

the vagina." Before entering the hospital an exploratory tapping had been tried, when the cyst yielded about a half-gallon of pale-yellow liquid, a little stringy. After the tapping, the cyst, although diminished, did not entirely disappear, and the abdomen partially retained its former dimensions. From the mobility and other symptoms detailed, a presumptive diagnosis of *ovarian cyst* was made, and its extirpation was advised.

Operation June 10, 1868; anæsthesia; cyst exposed in usual manner by a median incision of fifteen centimetres. The walls of the sac were dense and resisted the trocar, which at first yielded a strong jet of blood, followed by about three pints of a dark-yellow liquid, mixed with blood. A careful examination of the tumour now showed that it had no connection with the ovaries, but was continuous with the fundus of the uterus. Ablation of the uterus was at once decided upon. The incision was enlarged, the omentum, which was bleeding, ligatured, and, after passing a provisional ligature through the body of the uterus, the mass was removed by the *écraseur*. Hæmorrhage free, but arrested by actual cautery; wound united by metallic sutures. The deep sutures including the peritonæum. Death from exhaustion in 36 hours. The tumour consisted of one large cyst and several of smaller size, with a solid fibroid base attached to the fundus of the womb; weight nine kilogrammes including liquid; uterus much elongated.

CASE IV.—*Fibro-cystic Outgrowth from Uterus supposed to be Ovarian; Removal; Death.**—Patient 53 years of age, unmarried; no history of hereditary disease. Increase of size observed ten years previously, and always a little more marked during catamenial periods. Menses suppressed at 25th year, absence for 10 years, and after reappearance very scanty and painful; no menorrhagia. Tumour discovered six months after first symptoms, increase very gradual until within the last two years. When examined the patient was much emaciated, digestion good, no œdema or varicosity about the legs; girth at umbilicus $45\frac{1}{2}$ inches, from umbilicus to ensiform cartilage $11\frac{1}{2}$ inches, to pubis symphysis 13 inches, to each ilium $14\frac{1}{2}$ inches. Whole abdomen filled with a tumour, obscurely fluctuating, without anterior apparent adhesions or arterial bruit. Uterus high and far back; mobility moderate, os open, cervix full and soft. Depth of cavity not stated.

Operation April 30th, 1863, anæsthesia by chloroform. Incision from one inch above to eight inches below umbilicus: extensive

* Spencer Wells, "Disease of Ovaries," vol. i., p. 354.

parietal adhesions and still stronger to iliac fossæ; no pedicle found, but thick bands connected tumour with uterus. Womb transfixed below Fallopian tubes, and tumour tied and cut away. Two small fibroids removed from surface of uterus. Hæmorrhage rather free, but readily checked. Wound closed by deep and superficial sutures. Death in three hours, from apparent shock.

At autopsy, peritonæum was found thickened and in some parts almost cartilaginous. About six ounces of blood and serum effused in abdominal cavity. Uterus enlarged to twice its natural size, both ovaries enlarged, the right adherent to outer surface of tumour. The mass removed proved to be a large fibro-cystic outgrowth from the right side of fundus of uterus; weight of solid fibroid 16 pounds, the cyst containing 26 pints of fluid, and four pounds of lumpy masses of decomposed fibrine.

CASE V.—*Fibro-cystic uterine Tumour, supposed to be Ovarian; Gastrotomy; Cyst tapped; and found filled with Purulent Fluid; Death on Second Day.*—A married woman, aged 26, of spare habit, dark complexion, a seamstress, was admitted to the Samaritan Free Hospital, under care of Dr. C. H. F. Routh.* The patient had had one miscarriage; no children; abdomen began to enlarge seventeen months before her admission; before this date her health was good, and menstruation regular; *no menorrhagia*; abdominal increase at first slow, but much more rapid within the last five or six months.

On examination the abdomen was found very large, the lumbar regions projecting, especially the left; umbilicus depressed. The tumour extends upward to the edges of the ribs; percussion dull; fluctuation distinct on pressure, but not conveyed from side to side. No souffle heard; apparently two sacs uniting near umbilical region; whole mass freely movable. Vagina not large but long, uterus high up; os reached with difficulty, and lies to right side of tumour. *Sound passes to normal depth*, but to the right side; uterus not very mobile, and *no mobility* conveyed from it to the tumour; whole pelvic cavity occupied by an indurated mass more movable on right side than on left. Diagnosis, multilocular disease of ovary, probably of left side.

Drs. Savage, Greenhalgh, and Sir William Ferguson, all examined the patient separately, and, though differing as to details, agreed in diagnosis of ovarian disease, and advised operation. No preliminary treatment; operation November 16, 1865, anæsthesia

* Transactions Obstetrical Society of London, vol. viii., p. 121.

by chloroform. The usual median incision was made, adhesions slight, tumour very movable on right side, but fixed on left side; incision enlarged above umbilicus, and two-thirds of tumour extracted. The sac was tapped, and a few ounces of pus came away, followed by a larger quantity of semi-purulent liquid. Hæmorrhage from mesentery controlled by actual cautery, and incision in purulent sac closed by a double ligature, and returned to the abdomen. Wound closed by metallic sutures, and patient put back to bed; much collapse and nausea, diminishing toward evening. Nausea and vomiting returned next day with delirium, and death from exhaustion occurred at end of second day after operation.

In the discussion of this case by the Obstetrical Society several points of interest were elicited: 1. As to diagnosis, all who examined it had failed to recognize that the uterus was the affected organ. 2. As to flooding, Dr. Routh quoted statistics to prove that, while menorrhagia existed in about 70 per cent. of uterine fibroids, and in only 9 per cent. of cases of true ovarian disease, its occurrence was well marked in only three out of eighteen cases of fibro-cystic disease; which, therefore, follows in this respect the analogy of other *extra-uterine* growths. 3. The current opinion, that the uterine cavity is necessarily *lengthened* in these cases, is erroneous; and 4. As to independent *mobility* of the womb, it entirely depends upon the accidental occurrence of adhesions whether this occurs or not.

CASE VI.—The following case has been verbally reported to me by Prof. James P. White, M.D., of Buffalo:

An unmarried lady, about 45 years of age, was sent from the country to Dr. White, in the month of September, 1864. She had a large abdominal tumour, which was circumscribed, fluctuating, distinctly movable, and, upon a very thorough examination by all the recognized methods, presented the typical symptoms of an ovarian cyst. The patient had never been tapped, and readily consented to have the tumour removed, which was attempted in the presence of Dr. Minor and a number of other well-known physicians of Buffalo.

Upon opening the abdomen, no serious adhesions were found, and the cyst was tapped; but, on tracing the pedicle of the tumour, it was found to spring from the uterus, being intimately attached to the fundus and left side of the womb. The connections with the uterus were severed and secured with difficulty; the uterus itself was not removed. The abdominal wound was closed with interrupted metallic sutures, the deeper stitches including the peritonæum.

The patient died of apparent exhaustion, a few days after the operation, and at the autopsy the ovaries were found intact; no secondary hæmorrhage had occurred.

CASE VII.—A married woman, aged 43, consulted Mr. Lane,* of London, in 1844, for supposed ovarian disease, which had existed eight or nine years. The cyst had spontaneously disappeared five successive times, at intervals of about 12 to 18 months. For the last two years, however, the cyst had not given way, and the patient was tapped three times during this period. The patient had never borne children, but her general health was good. Mr. Lane operated for ovariectomy, February 15, 1844, opening the abdomen to the extent of seven inches; anæsthetics not used. A large cyst was discovered arising from the fundus of the uterus and in no way connected with the ovaries. Temporary ligatures were applied to the pedicle, after severing which six permanent ligatures were applied, each including about an inch of the cut edge of the portion of the cyst left attached to the uterus. The pedicle was then returned to the abdominal cavity, and the wound was closed by seven interrupted sutures, *not* including the peritonæum. Smart fever occurred for two or three days, but the patient recovered in three weeks, and married again three years after the operation. She died a year and a half after this date, of disease of the bladder, which seems to have had no connection with her former maladies.

CASE VIII.—*Fibro-cystic Tumour of the Uterus; Ascites; Gastro-tomy; Death.*—In June, 1864, Mr. Spencer Wells† was consulted upon a case of supposed ovarian disease in Dublin. The patient was single, aged 45, extremely emaciated, but in good spirits. Ten years previously, two apparently solid tumours had been detected in her abdomen, one above the umbilicus, the other in the right iliac fossa. They were then each about the size of a goose-egg, and the abdomen had increased so slowly that no alteration of dress had been necessary until a year before Mr. Wells saw her; during the past two months increase had been very rapid. When examined, the abdomen was enormously distended, measuring 56 inches at the umbilicus, and was more decidedly prominent on the right side. Above the umbilicus fluctuation was distinct but deep pressure displaced the fluid and revealed a semi-solid

* Clay's translation of "Kiwisch on Diseases of the Ovaries," London, 1859 Appendix, p. 166.

† "Diseases of the Ovaries," vol. i., p. 356.

tumour underneath; below the umbilicus fluctuation was indistinct, and the tumor seemed to be adherent. Uterus high but central, admitting sound to depth of $3\frac{1}{2}$ inches. Menstruation had been irregular for the last six months, but had never been profuse—patient never tapped.

As the case was urgent, it was decided in consultation to tap above the umbilicus, and, if the tumour proved to be firmly adherent, to do no more; but, if the tumour was not attached, to remove it. Chloroform was accordingly given, and the abdomen tapped above umbilicus, when 30 pints of clear, rather viscid, fluid were removed. No adhesions were discovered within reach of the trocar, and an incision of 6 inches was therefore made below the umbilicus, exposing what seemed to be "two ovarian cysts separated by a deep fissure." The left was tapped, emptied of 10 or 12 pints of bloody serum, and then withdrawn, when two attachments were discovered—one to the opposite tumor, and the other to the uterus. These were transfixed, tied with strong silk, and the tumor cut away, when it became a question what should be done with the tumor on the right side. Its great size, solidity, and evident close connection with the omentum and colon, seemed decisive arguments against its removal. The wound was accordingly closed, and the patient placed in bed; she was extremely feeble, and, although brandy was freely administered, she never rallied or regained consciousness, but died three hours after commencement of operation.

The tumour consisted of fibrous tissues, arranged here and there in concentric lamellæ, and split up by little cavities, filled with serum. It was directly connected with the fundus uteri by a fibrous column, 5 inches long and 3 inches deep. This constituted the pedicle of the tumour which was removed. The other tumour (left *in situ*) was an enormous mass 18 inches long, 16 inches broad, and near the centre fully 7 inches thick. The surface was nodulated by rounded projections of all sizes, some evidently containing fluid, and others hard and of apparently fibrous structure.

In discussing the difficulties of diagnosis of fibro-cystic from ovarian tumours, as illustrated by this case, Mr. Wells says: "Even after an exploratory incision, I know of nothing but a rather darker—less pearly blue—aspect of the tumour which would put the surgeon on his guard. In any doubtful case it would be well to tap the largest cyst and examine the fluid. In both my cases this was peculiar—not the viscid, mucoid fluid of multilocular ovarian cysts, but a thin serum with 5, 10, or 15 per cent. of blood intimately mixed with it, and not separating until after standing for some hours. In this way I have satisfied myself in at least four cases

that tumours, which others considered to be ovarian, were really fibro-cystic uterine growths. If the operation has been commenced, and the dark aspect of the tumour is observed, it would certainly be advisable not to do more than tap one or more of the largest cysts before examining attentively the connection between the uterus and the tumour. If these should prove to be very intimate, it will be the unpleasant duty of the surgeon to desist from any attempt to do more, and to close the wound as soon as possible."

CASE IX.—In August, 1865, an unmarried lady, aged 47, consulted Dr. H. R. Storer,* of Boston, for an abdominal tumour, which had appeared five years previously. This had steadily enlarged until the date mentioned, when it had caused much dyspnoea and difficulty in walking; menstruation had been scanty but regular, with little or no dysmenorrhœa, and no tendency to menorrhagia at any time. A careful examination showed that the whole abdomen was filled by a resisting mass, affording localized fluctuation at many points, evident enough to leave no doubt of the existence of fluid; the outline was regular and uniform, save in the right iliac region, where there "was felt a double prominence, more marked upon deep pressure, the two portions distinct from each other." No evidence of the uterine or ovarian origin of the tumour could be elicited by rectal or vaginal examination, which was simply negative; the uterus seemed slightly elongated, and was scarcely movable at all upon the sound. No diagnosis was therefore positively made, although the weight of the evidence indicated a multilocular ovarian cyst, with enlarged but indurated base.

As Dr. Storer was convinced that the tumour would, unremoved, eventually destroy the patient, he decided to remove it, which was done on September 23rd, 1865, the patient being thoroughly anesthetized. Upon opening the abdomen, the tumor was found of a dark, purplish hue, with extensive anterior and lateral adhesions. When these were broken through, the abdominal mass was found continuous with another of large size and irregular outline completely filling the pelvic cavity; for convenience of manipulation and removal, these were separated with the *écraseur*, when it was discovered that the pelvic tumour was directly connected with the uterus. A clamp was now passed around the broadened cervix, to protect the vaginal septum, and the entire pelvic mass, uterus and all, removed with the *écraseur* just above the clamp. Hæmorrhage

* American Journal of Medical Sciences, January, 1866, p. 114.

was rather copious, but wire ligatures were placed upon the open vessels; and, after other expedients were tried, without effect, the extensive surface of adhesion were exposed for three hours to give time for the oozing to cease, the patient being all this time kept under the anæsthetic. The incision was closed by the insertion of five wire sutures, including the peritonæum; no dressing of any kind was used, the abdomen being simply protected from the bed-clothes by a wooden frame. Under expectant treatment and rigid diet, the patient recovered without a bad symptom, and returned home on the 37th day after the operation.

A careful dissection of the tumour, which weighed 37 pounds, including 13 pints of fluid, showed that the uterus (excised through the cervix) was elongated and distorted by numerous small fibroids, from two or three lines to four inches in diameter, while the large fluctuating mass, which sprang from the side of these, consisted of two principal tumours, fibrous, quite vascular externally, and containing both cystic formations and serous infiltration. The ovaries and Fallopian tubes were distinctly separate from the diseased mass, the right ovary containing a recent corpus luteum, and several minute cysts. Dr. Storer, rightly, we think, deems this a true case of fibro-cystic disease of the uterus, although some of the experts who examined the mass thought it originated in the broad ligament.

(To be continued.)

GONORRHOËAL LYMPHATISM.

Dr. H Iloway, of Cincinnati, gives the following cases in the *Cincinnati Lancet and Observer* :—

I will add the histories of two cases that have latterly come under my observation, and which, in my opinion, are good illustrations of that condition, denominated gonorrhœal "lymphatism."

CASE I.—On the 23rd of October, Louisa C. called at my office, complaining that she had been rapidly emaciating, but did not know how long; thought it might be two years perhaps, and that a certain physician of this city, whom she had previously called upon, informed her that she had consumption.

Upon questioning, I elicited a history as follows, (part of which I afterward found incorrect): She was 23 years of age; unmarried; made a living by sewing; emaciating about two years; has night sweats, and a chill every morning since several months; does not know exactly how long; present weight eighty-one pounds; stature about five feet six inches; has had no cough or expectora-

tion at any time; none at present. The fact that during the whole period of emaciation she had been free from cough and expectoration, aroused my suspicion that the trouble might lie somewhere else, and I accordingly asked whether she had had any severe illness before or during that time. She replied that she had not. Inspecting her chest, I found marked emaciation, also a terrible accumulation of filth. She had an eruption about the shoulders, such as is generally excited by uncleanliness. Not having time to make a thorough physical examination by auscultation and percussion, I took the statement of the physician whose name she mentioned, and prescribed meanwhile some cod liver oil, telling her to come next day, so as to allow me to make a thorough examination. Two days after she presented herself at my office, and upon thoroughly examining her lungs, I found them healthy.

I had had my attention directed some time previous by an article in Schmidt's *Jahrbücher*, to the fact that uterine ailments at times caused emaciation. I questioned her to that fact, but elicited nothing. Once upon that subject, I questioned her as to how long since she had had sexual intercourse. She replied about four months ago. To the question whether she had noticed anything wrong about her private parts soon after, she answered that a few days after she noticed a vaginal discharge which soon became profuse and offensive. She had also suffered with burning pain on micturition, that she was still suffering that way, and that the discharge was still present. She also stated that soon after the commencement of this trouble her appetite failed her, and she had begun to emaciate (thus contradicting the story about the two years.) I prescribed for the gonorrhœa and urethritis, and a week after the woman came to my office and said that she was much better. She was ordered iron.

I afterward discovered that she was a prostitute.

CASE II.—August 5, 1871. N. L., aged 23, a young man of good stature and good physical development; pale; cachectic in appearance; emaciated; looking like an individual after a long debauch; complained that for some time he had been unable to work at his trade, cigar making; when he sits awhile, he suffers severe pain in the lumbar region, about the kidneys; never feels like getting up in the morning; when he arises feels giddy; his head swims; must lay down again and again while dressing; profuse night sweats; complete anorexia; tongue furred yellow. Examination of the chest and about the kidneys revealed nothing. His habits of life were rather irregular; but they had been so

almost the greater part of his life, he having been left to himself since his childhood, but that had never troubled him.

On questioning him closely, he acknowledged that about the end of last summer he had become infected with gonorrhœa; but did not go to a physician, but bought medicines at a drug store and doctored himself. The discharge lasted for several months, and since that time he has not been the same man he was before. I prescribed for him as follows :

R.—Mass. pill. hydrarg., gr. vj.
 Quin. sulph., gr. ijss.
 M. Divid. in pill. No. vi.
 Sig. i. ter die.

Also, muriated tinct. ferri. with quinia in Madeira wine, to be taken twice daily. After four days he came to my office, and reported himself somewhat better. The iron was now ordered three times a day; cold baths, or sponging with cold water all over, and to be in bed by 10 P.M. Under this treatment he is rapidly improving, and has to some extent lost that cachectic appearance.

AMPUTATION OF THIGH.

At the Surgical Society of Ireland, Mr. William Stokes described a method of amputation of the thigh, to which he gave the name of supracondyloid amputation. In the amputation, the bone was sawn through at a level from one-half to three-quarters of an inch above the line of the cartilaginous incrustation, the cartilaginous surface of the patella was separated, and there were two flaps—one anterior, oval in shape; and one posterior, one-third of the length of the former. The posterior surface of the patella was brought into apposition with the cut surface of the femur, and underwent anchylosis with it. Mr. Stokes exhibited a series of casts, showing results obtained after this operation. Mr. Jessop, of Leeds, had likewise had a satisfactory recovery in a case where he had performed it. The special advantages to be derived from this method of amputation were described as being the following:—1. The resulting stump was more useful, as pressure could be borne on its extremity. 2. There was a diminished liability to tubular sequestra. 3. The operation was less hazardous to the patient than amputation of the thigh, its situation being more distant from the trunk. 4. It was accompanied by less shock. 5. There was less tendency to the occurrence of suppuration. 6. In the posterior surface of the anterior flap, which was lined with a

natural synovial membrane, no vessels or nerves were included. 7. The preserved portion of the patella acted as an osseous curtain covering the cut surface of the femur, and had never yet been known to slough away. 8. That the attachment of the tendon of the quadriceps extensor muscle to the patella, gave an increased power of extending the thigh in progression, and rendered the formation of a conical stump impossible. 9. In the supracondyloid operation, the vessels were divided at right angles to their continuity, and not obliquely, as in all flap-operations, thus being less exposed to the setting up of inflammatory action from the extent of the wounds in them.

Midwifery.

OBSTETRICS—DISEASES OF WOMEN.

A "Speedy Method" in Asphyxia of the New-born.

BY HARVEY L. BYRD, M.D., PROF. OBSTETRICS IN WASHINGTON UNIV.
OF BALTIMORE.

Of the long catalogue of phenomena and accidents, incidental to the lying-in chamber, there are very few indeed of greater moment than the *absence of respiration in the infant at the proper time!*

The child is liable to be asphyxiated from a variety of causes, and the properly qualified obstetrician will weigh well every abnormal state or unusual circumstance occurring during labor, likely to result in this critical and dangerous condition to the infant, and be prepared promptly to meet the emergency should it arise. On the announcement to the profession, some years ago, of Dr. Marshall Hall's "Ready Method" in Asphyxia, and its practical application in one or two cases, the writer thought that there was but little, if any, further addition necessary to the list of remedial agents in the asphyxia of newly-born infants. Later experience, however, with this, and subsequently published "Methods," proved that, occasionally, at least, all the known appliances were futile, and further knowledge required to secure success in this dangerous condition of the infant. The following "method," it is believed will be found a valuable, if not the most important addition to our list of appliances in the asphyxia of children; and probably, also, for the relief of that condition in the adult, when properly applied.

The procedure is easy of accomplishment, requiring no preliminary arrangement or preparation for its application, but may be put into execution the instant the condition of the child may demand it. It is as follows: bring the *ulnar side* of the hands together, with the palmar surfaces looking vertically, then prop

them beneath the back of the infant, so that the extended thumbs may aid as far as possible in sustaining the vertex and inferior extremities. Then *keeping the ulnar borders* of the hands in contact, so as to form a *fulcrum*, the radial borders or sides are simultaneously depressed to as great an extent as practicable—say forty-five degrees—*below* the horizontal line, and then gradually elevated or pronated to as many degrees *above* that line, thus facilitating the escape of air drawn into the lungs during the downward movement of the head and chest. These movements, performed in a regular and gentle manner, and repeated at proper intervals, seldom fail in the establishment of respiration where it is possible of accomplishment. A little cold water dashed upon the epigastrium during the *descent* of the head and chest, will hasten respiration, where the first few movements fail in its establishment. It is important that the head be kept, as far as practicable, from too much *lateral* movement, and not permitted to depart considerably from its *antero-posterior* axis with the vertebral column during the continuance of the process. To this end, in a critical case, the hands of an assistant must be brought into requisition. The importance of these remarks will be apparent to intelligent readers on a moment's reflection. *No impediment* should be *permitted* in the way of *free entrance* of air into the lungs during the *downward* movement of the head, nor is it *scarcely less important* that *obstruction* should oppose the escape of air during the *upward* movement of the head and chest.

A nurse, or other intelligent attendant, can be made to understand the movements, so as to continue them, should the condition of the mother demand the attention of the accoucheur. Would not the above rules apply to the treatment of asphyxiated persons of any age? Could not the body of a drowned person, for example, be placed on its back, transversely, across the trunk of a fallen tree, or other sufficiently elevated substance, and, by the aid of two or three persons, subjected to the movements we have described, with a reasonable hope of resuscitation?—*Baltimore Medical Journal.*

Materia Medica and Chemistry.

THE PROPERTIES OF CHINESE TEA.

Mr. F. Porter Smith, M.B., London, writes to the *Medical Times and Gazette*:—

It follows from the low temperature at which the tea is dried, that no empyreumatic products can be met with in properly pre-

pared tea. And yet there is a degree of austerity produced in the ordinary black tea which causes it to produce nausea, sickness and diarrhoea, when taken in the shape of a strong infusion prepared from the new spring tea just ready for the voyage to Europe. This is especially the case with badly-secured leaf, which may be assumed to have been purposely exposed to a high temperature in order to fit it for the foreign market. All or most of these effects pass off by the time that the tea reaches the foreign consumer. The more staple the tea, the better it will turn out. Any change in the voyage is for the worse, according to the experience of the most competent judges. Thirty pounds of the green leaf produce from eight to ten pounds of the sun-dried leaf. One hundred pounds of the sun-dried leaf lose eight pounds of weight in "firing," and produce ten pounds of stalks, fifteen pounds of tea dust, and the rest good marketable Congou tea.

New tea produces in China laxative effects upon foreigners, as prepared for exportation. This effect is not permanent. As a rule, black tea, under the same circumstances, has a decided diuretic effect, even in hot weather, when perspiration is abundant. It excites in many cases a strong craving for food, and causes a degree of sleeplessness. The narcotic effect of new tea is asserted by Johnston in his "Chemistry of Common Life," but has never been noticed. The large proportion of nitrogen in tea, amounting to nearly 6 per cent., prepares us to find powerful properties in it. That tea is a stimulant there can be no manner of doubt. This probably depends upon the presence of the theine, a soluble crystalline substance, which resists the moderate temperature at which the leaf is dried. The peculiar taste of green tea falsely suggests the presence of more than a usual amount of that astringent principle which, in the shape of tannin, is present in about equal quantity in both the black and green tea. The properties of tea as an astringent are turned to account by the Chinese, who prescribe it in diarrhoea when acidulated with vinegar. Cold tea, to which a small quantity of dilute sulphuric acid has been added, is an excellent diet drink for use in hot weather when there is a tendency to diarrhoea.

That the use of tea, to a large extent, has a peculiar effect upon the nervous systems of both animal and organic life, there can be no doubt. This is the reverse of a sedative influence. Some of the craving of the Chinese for opium is connected with their incessant drinking of tea, especially upon an empty stomach. The effect of tea is to excite, and this property may be turned to excellent effect in cases of opium-smoking and uramic poisoning. If good, new Congou tea be given in the latter disease, there is

the additional advantage of the diuretic effects of the infusion. In all cases in which coffee is most to be prescribed, tea is much more convenient, accessible, and powerful. It is obvious that the high temperature at which coffee berries are roasted must be fatal to the presence of much caffeine, a principle identical with theine. This latter substance has been recently proposed by Mr. Lewis Thompson (*Medical Times and Gazette* for February 10, 1871,) to be brought into use as a tonic remedy in typhoid diseases, neuralgic affections, and in senile gangrene. Large quantities of weak tea, however, tend to the occurrence of sciatica and other forms of neuralgia. The experiments of Peligot seem to prove that, as might be assumed from the presence of so large a proportion of nitrogen, tea is, as the Frenchman said of the coffee, both "meat and drink."

Old women who boil their tea-leaves are right, for they thereby extract much more of the theine. The antidotal power of tea, so strongly insisted upon by the Chinese, is worth a trial, especially in cases of poisoning by tartar emetic or corrosive sublimate. A statement appeared in an English paper, some few years ago, to the effect that tea is an aphrodisiac, and that its extensive use partly explains the fertility of the Chinese population. It is remarkable that, as the Chinese have made the subject of aphrodisiacs a very profound study, no reference is made to this effect in Chinese medical works. As Liebig has suggested that theine goes to make taurine, a biliary substance, it is possible that the spermatic secretion may be increased by a course of strong tea. Of the effect of tea upon the menstrual secretion, the Chinese have no doubt. It may be that in this way the female population of Great Britain have actually hit upon a perfect cure of their "irregularities," as they are called in quack advertisements.

The use of tea in certain forms of dyspepsia is a common Chinese practice. If taken as a plain drink between meals, it seems to give tone to the stomach. It is obvious that the "tea" of our domestic tables, a compound of milk, sugar, and much water, is not the article intended to be spoken of in these pages. The sooner *infusum theæ* is placed in the British Pharmacopœia as a recognized article of *Materia Medica*, the more likely are we to place its employment upon a scientific basis, and thus to rescue a very important drug from the contempt of familiarity. A tincture of tea is not a desirable preparation, as theine is only sparingly soluble in cold alcohol. An extract of tea, carefully prepared, would be an excellent preparation for trying the effects of tea in the delirium of fever and the stupor of intoxication.

Canada Medical Journal.

MONTREAL, NOVEMBER, 1871.

THE MASSACHUSETTS MEDICAL SOCIETY AND THE HOMŒOPATHS.

It appears by the *Evening Traveller*, that there is a general row amongst the Medical men of Boston, Mass., there exists a society in that State called the Massachusetts Medical Society, which has peculiar privileges, and is supposed to include amongst its members all medical practitioners in the State; to become a Fellow of that Society, a Physician has to submit his qualifications to examination before a board of censors; and not to belong to the society is to be regarded as an irregular practitioner. A society on so broad a basis, and having Fellows in all parts of the State, must necessarily include some unworthy members, and such in verity is the case.

In consequence however of their association with Homœopathic practitioners, delegates from the Massachusetts Medical Society were refused recognition by the American Medical Association, at their annual meeting in 1870.

The Massachusetts Medical Society have now commenced what they should have long since inaugurated and carried through, viz., they have summoned their recreant "Fellows" of Homœopathic peculiarities, and have determined to try them and expel them from their body. The Americans are a peculiar people, and we are much amused at interviewing of the doctors by the press men. The idea of a reporter walking into a private gentleman's house, and simply pumping him dry on his own personal matters, he willingly consenting to such treatment, is to us an anomaly.

But we must admit that the reporter of the *Evening Traveller* did not get much out of the regular side of the house. And we doubt not, but that he travelled far and wearily without receiving much information. The Homœopaths on the other hand, volunteered information, were rejoiced to be interviewed, one man giving quite a learned disquisition on the superior qualities of Homœopathy, of its greater success than the old worn out and threadbare allopathy, and of its taking so well with the public, who

are the best judges in matters of this kind. If there is anything in this line of argument, it only proves "the rank is but the guinea stamp," that in the nature of things man will in spite of his intelligence, be dazzled by the glitter of tinsel, and in matters even of his own health, comfort, and life—will prefer the vilest nostrum which has been advertised, to seeking the honest advice of his physician.

The Homœopathists appear determined to maintain their connexion with the Society, and even hint at testing the legality of their expulsion should such an event occur. We should imagine that under the present constitution, the society has no legal power of removing their names from their list of Fellows, but such powers will we have no doubt, be sought for and obtained from the State Legislature.

There can be nothing in common between members of legitimate medicine, and those of any exclusive or special dogma, nor can we see what advantage is to be gained by the Homœopaths by continuing their connexion with a society whose aims, objects, and methods of teaching, are at variance with their own. It remains to be seen what results will follow, the trial, for such it is called, being at present in course of proceeding with closed doors.

We notice that a Bill was introduced before the Quebec Legislature by Dr. Lafontaine, being as we suppose an amendment to the present existing Anatomy Act, passed by United Canada, in 1844.

The provisions of that Act are all that are required in this connexion, but what we do demand is faithfully carrying out those provisions. If such were the case, there would then be no need of seeking awkward amendments to an already comprehensive Act. It has always been a matter of difficulty to deal with the supplying of material for dissection; and, although occasionally bodies are obtained from a distance, yet the difficulties, expense, and risk, are such as to oblige college authorities to seek for some other source of supply. Without particularizing, we may observe that in all Canadian towns where a supply of such material is required, there exist large hospitals and other charities, at which numbers of the poor die annually, and who have neither friend nor relative who care whether their bodies are dissected or not. It was the intention of the Anatomy Act, that all such should be delivered over for purposes of dissection, through a properly appointed officer, whose duties not alone consist in equally proportioning the material, and pocketing the fee, but in seeing that the provisions of the Act are faithfully carried out.

All public Hospitals and Charities receiving Government aid, are required by the Act to notify the Inspector of Anatomy, and to deliver up the bodies for the purposes of Anatomy, of persons dying in their institution, who remain unclaimed by *bonâ-fide* friends after the expiration of the usual period for interment.

- Let this be done fearlessly and honestly, and we will guarantee that in this city at least, with three schools of Anatomy, there will be no lack of material, and that the violation of the graves of the dead will become a thing of the past.

It is with a feeling of sadness that we give insertion to the following appeal to the Alumni of Rush Medical College. It will be observed that the college buildings, with their entire contents were burnt during the late terrible conflagration which destroyed the City of Chicago.

CHICAGO, November 1st, 1871.

TO WHOM IT MAY CONCERN :

This is to certify, that the resident Alumni of Rush Medical College, of the City of Chicago, at a meeting held at the house of E. Ingals, M.D., on the eve of October 17, 1871, appointed the following Alumni an Executive Committee, to draft and present an appeal to the Alumni and friends of the College, for aid to rebuild and refurnish the College Building, viz.:— T. D. Fitch, M.D., Chairman; H. A. Johnson, M.D., V. L. Hurlbut, M.D., C. T. Parkes, M.D., Ben C. Miller, M.D., and F. A. Emmons, M.D.

E. INGALS, M.D., Chairman.
CURTIS T. FENN, M.D., Secretary.

An Appeal to the Alumni and Friends of the Rush Medical College. recently destroyed by fire, for aid to assist in its rebuilding:

This College is among the oldest institutions in the Northwest, having been in operation since 1813, at which time the region now tributary to Chicago was but sparsely populated, and had little wealth. During this time it has supplied a pressing need of this new country. It has educated a large number of young men, who are scattered through our whole country, worthily filling places of great usefulness and responsibility; and for this, both themselves and the public are indebted, in a great measure, to the school in which they received their instruction. A large proportion of its students have been possessed of little, save youth, hope, intelligence, and determination. Many of these, having been generously aided by the College, have taken rank among the most substantial members of the profession. The Faculty at all times, since its organization, has been moved by an earnest desire to promote the best interests of the profession and the College. For this its members have labored faithfully and earnestly; they have met the pecuniary burden of the School from its first foundation, and four years since they erected from their own resources, at an expense of \$70,000, the most ample and best appointed college building on this continent, and filled it with every necessary appliance for successful teaching, and the influence and usefulness of the School has steadily increased from year to year. But in a day, the College Building, with all its contents, was swept away, along with a large part of the city, in which it stood a peer among many other noble institutions of learning. The pecuniary loss of the Faculty, in the destruction of the College, is light

when weighed against others they have sustained. A number have lost nearly everything, and all have suffered much. The College must be rebuilt. Its past history, its future promise for good, demand no less. Under the circumstances, it is unreasonable to expect the Faculty to do this unaided. The College is now in a position to justify an appeal to its Alumni, and to society, for some return for the favors it has conferred upon both. There is, perhaps, no field of benevolence, that offers a richer return than to provide adequate and easy opportunities for instruction to those who desire to become learned in the best means for assuaging pain and healing the sick.

All donations may be remitted to Charles T. Parkes, M.D., 462 Elston Avenue, Chicago, who has been elected treasurer for the fund. They will be thankfully acknowledged, and faithfully devoted to the rebuilding of the College.

MEETING AND ORGANIZATION OF THE COMMITTEE.

At an appointed meeting of the Executive Committee, held at Cook County Hospital, October 26th, 1871, all the members being present, Dr. T. D. Fitch in the chair, the Committee organized by the election of the following officers,—F. A. Emmons, M.D., Secretary; Ben C. Miller, M.D., Assistant Secretary; C. T. Parkes, M.D., Treasurer, who was required to give good and satisfactory bonds in the sum of thirty thousand (\$30,000) dollars, for the faithful performance of his trust, which bond has been furnished and duly accepted.

T. D. FITCH, M.D., Chairman.
F. A. EMMONS, M.D., Secretary.

THE TRUSTEES OF RUSH MEDICAL COLLEGE TO ITS ALUMNI, GREETING:

The last terrible conflagration which devastated so large and fair a portion of Chicago, swept out of existence nearly all of the material part of your Alma Mater. Rush Medical College exists to-day only in its legal organization, the lot on which the College building stood, the energy of its Trustees and Faculty, and the love and fidelity of its Alumni.

The College edifice, so recently and expensively erected, the chemical and physiological laboratories, the museum, and all the appliances of teaching are gone and a sad material ruin replaces them.

The Trustees are, however, cheered and encouraged by the expressions of sympathy and offers of pecuniary assistance which have come to them from many of the Alumni, in different parts of the country. The Alumni in Chicago have appointed a committee, to appeal to their brethren, in behalf of their Alma Mater. This appeal the Trustees most heartily approve and endorse; and while all sums which may be offered will be most thankfully received, they are confident that fortune has smiled upon very many of the sons of "Old Rush," and that among these favoured ones, there are generous hearts which will prompt to munificent donations. To such they make the following offer:—

For every donation of five hundred dollars, the Trustees will establish a perpetual free scholarship, which shall bear the name of the donor, and which shall be conspicuously emblazoned on the wall of the lecture room. A certificate of this scholarship, engrossed on parchment, will be issued to the donor; which certificate shall secure to the bearer, free tuition, and when found qualified, free graduation. This certificate shall be perpetual in its operation; and thus the donor will have endowed for one student each year a Free Medical College.

WM. B. OGDEN, Chairman.
GRANT GOODRICH, Secretary.

Medical News.

COMPLIMENTARY DINNER.

A much esteemed professional friend, as well as a valued correspondent, and well wisher of this Journal, Dr. David Leslie Philip, has just removed from Plattsville, Ontario, to the flourishing town of Brantford, where relieved from the long night rides incident to a country practice, he hopes to recuperate a somewhat shattered constitution. Previous to his leaving Plattsville, his professional brethren entertained him at a public dinner, which was given in the Town Hall, and at which many of the leading men of the county, were the guests of the medical fraternity. After a very pleasant evening had been passed, his medical friends presented him with a handsome surgical case, accompanied by an address, expressing regret at his departure; and the high esteem in which he was held by all his professional brethren. We sincerely hope that the change to a town practice—never so arduous as that in the country—may have the desired effect, and that in his new sphere he may meet with that success, which as a painstaking and careful physician we consider him entitled to.

NUCLEATED BLOOD-CELLS IN LEUCEMIA OF INFANTS.—(*Archiv der Heilk.*, 71, xii., 1871.)—While all previous data on the existence of nucleated blood-cells in the blood of leucæmic patients have been derived from blood from the dead body, Dr. Neuman has assured himself of the presence of nucleated blood-cells during life, by puncturing with a needle for a drop of blood. Besides numerous colorless granular cells of 0.005-0.012 mm. in diameter, which under healthy circumstances present no nuclei, there were found single homogeneous, pale-yellow cells of 0.006-8 mm. in diameter, with a colorless round or spindle-shaped nucleus, or with numerous granules (remains of nuclei.) By the addition of acetic acid, these latter cells lost their color, and within their contour, which appeared as a fine circular line, the somewhat yellowish tinged nuclei and granules stood out with a sort of fatty glitter. Dr. Neuman is inclined to regard the presence of these transition forms between colorless and colored blood-cells, which are pro-

duced by the diseased marrow of the bones, as a diagnostic sign of the disease of the marrow in leucæmia, since in a normal state they are found only in the marrow, and there is no evidence that in leucæmia they occur also in other organs, provided they are not carried into the same. In proof of this, he asserts that he has found nucleated cells in the general circulation of newly-born infants at term, and not alone, (as has already been made known) in the pancreas, spleen, liver, and bony marrow. How long they remain after birth is not certain; they were absent in a child which died of peritonitis, sixteen days after birth.

LADY STUDENTS IN MOSCOW.—Ladies are now to be admitted to the lectures on medicine at the University of Moscow, and to graduate, provided they can pass the usual examinations. It has been found impossible, as at first intended, to institute separate lecture and class-rooms, so that both sexes will meet in the general class-rooms. The Council of the University have fully confirmed the action of the School of Medicine in this matter, and the ladies may therefore expect to enjoy their privileges undisturbed by doubts or fears.

DIVIDED MEDICINES.—A very neat and exact method of preparing many remedies for administration, has been adopted by Frederick Kraus, a pharmacist of Cincinnati. It consists in spreading the medicines on a thin sheet of gelatine, which is marked with lines for division, according to the quantity of the medicine required. The portability of medicines thus prepared is very evident from the specimens sent us for examination.

NIEMEYER'S SUCCESSOR.—It is announced that Professor Leibermeyer, of Zurich, has been appointed to the chair left vacant by the death of Niemeyer.

The *Wein. Med. Presse* says that Cundurango has long been known to botanists, as reported by Dr. Scherzer, as from the family Syntheria. It is used, in Guaco, in infusion or extract of the leaves, for snake-bites, hydrophobia and cholera.