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Extirpation of the Puerperal Uterus by Abdominal Section.

By GEORGE H. BIXBY.

[Read before the Society, August 10, 1869.]

Mrs. H., aged thirty-seven, native of Pennsylvania, residing at 52 Spring Street, consulted Dr. H. R. Storer, on July 16th, 1869, for pregnancy complicated by a large obscure abdominal tumor.

The patient had menstruated regularly every three weeks since her fifteenth year, until the commencement of her disease. In November, 1867, she married; in December of the same year she discovered an enlargement, the size of her fist, in the left hypochondrium. For some months subsequently, having experienced little or no inconvenience from it, she did not call medical aid. About one year from the date of this discovery, perceiving a decided change in the swelling, the menses having been absent some two months, she became suspicious of her condition, and sought medical advice at the Massachusets General Hospital. Here she was carefully examined by several surgeons, her case pronounced one of ovarian tumor, and papers of admission accordingly made out. For some reason or other the patient did not enter the institution, but sought advice elsewhere. Later she consulted Dr. Kimball, of Lowell, who pronounced the case one of fibrous tumor of the uterus. Several others were also consulted, whose names I did not learn, but who considered the tumor ovarian, and who told her it was impossible for her to live through her confinement. On July 16th, as I have said, fully understanding her desperate condition, she first consulted Dr. H. R. Storer, her full term of pregnancy having expired.

At this time fœtal movements were thought to be perceptible, though, from the condition of the pelvic and abdominal viscera, it was impossible to make a decided diagnosis of the point. By inspection the abdomen was found quite large, and presented an irregular appearance. In the right hypogastric region, there existed a distinct, somewhat irregular tumor, upon which there was a sort of depression, which extended diagonally across the abdomen, and ended in another tumor in the left hypochondrium. Palpation of the first gave evidence of the distended uterus, through the walls of which, fœtal members could apparently be detected. The tumor of the left side was round, regular, firm and unyielding, though elastic. Auscultation was thought to give evidence of fœtal circulation. By vaginal examination, the finger came directly in contact, posteriorly, laterally to the left, and quite low down near the outlet of the pelvis, with a firm, round unyielding body, which so completely filled its cavity, that the space between it and the opposing side could not have been an inch and a half in extent. The finger passed up through this narrow space with considerable difficulty, and detected the cervix uteri very high up, to the right, resting superiorly upon the pubes, laterally and to the left upon the tumor, firmly fixed in its position. Dr. Storer decided that delivery, even by cranioclasm, would be impossible, and requested me to take charge of the details of the case when labor should commence. Accordingly the patient was dismissed with instructions to notify me of the first signs of labor.

Two days afterwards, on July 18th, being out of town, I was telegraphed for, in great haste; from some mistake the message did not reach me for twenty-four hours. Upon my arrival, I hastened with all despatch to my patient, fearing some evil results from the delay, but at the same time, from the peculiar nature of the case, I felt assured that labor could never be naturally completed. I found the patient suffering from slight pains, the waters having passed off some hours previously. By vaginal examination I found the cervix dilated to the size of a dime-piece. Having got the finger past the point of obstruction by the tumor, there was not the least difficulty in detecting the fœtal head, which presented still very high up, pressing upon the tumor from above. The dilatation thus far was effected, doubtless, by the pressure of the membranes. I took occasion at this opportunity to examine the tumor carefully, and found it as before, unchanged either as to location or consistency.

Upon the 19th, Professor D. H. Storer, was called in consultation. There were present Dr. H. R. Storer, Dr. Warner, and myself, and a careful examination was made by the gentlemen present. Professor Storer thought the tumor might possibly be ovarian, but did not feel quite sure. At his instance it was decided to leave the case for some little time to the natural powers. I spent the night with the patient, during which she had, or supposed she experienced, slight pains. Examination, however, revealed nothing new, and in the morning so completely in statu quo was the condition of everything, that I even doubted the fact of her being in labor at all. In the morning Dr. H. R. Storer saw the case again, and having satisfied himself that no progress whatever had been made, owing entirely to the presence of the tumor, and that this condition would continue, so far as any efforts on the part of nature were concerned, decided to proceed upon the following day to an abdominal section as the only possible chance of saving the mother's life.

July 21st, there being present Dr. Warner, Dr. McDonough, and myself, the patient was placed under the influence of chloroform, another examination made, and the following conclusions were definitely arrived at: 1st, that there was present, pregnancy complicated either by a fibro-cystic tumor of the uterus; 2d, that even with mechanical

interference the escape of the fœtus per vias naturales was utterly impossible; 3d, that the space between the tumor and the pelvic wall, being less than one and a half inches, would not admit either of craniotomy, cephalotripsy, cranioclasm, or any other mechanical interference per vaginam; and, 4th, that Cæsarean section, in accordance with the views of all writers, was certainly indicated as the only resort, provided it were impossible to remove the tumor by abdominal section, and proceed to a forced labour.

The great doubt as to the nature of the tumors, as well as its relations with the uterus, inclined Dr. Storer to the idea preliminarily of an exploratory section, upon the grounds that if such section were made, and a cyst of the ovary, or even a removable uterine fibroid, were found, the same could be evacuated or excised, and the fœtus subsequently expelled in the natural manner, perhaps after the employment of Barnes' dilators. Accordingly a small incision was carefully made, some two inches in length, a little to the left of the median line, and three inches below the umbilicus. Upon cutting through the peritoneum there presented a large, smooth, bluish-colored tumor, which might have been taken either for the impregnated uterus, a discolored cyst of the ovary, or a fibrous tumor. This doubtful condition induced Dr. Storer to enlarge his incision somewhat, in order to introduce the hand. Exploration with the hand within the abdomen established the existence of a fibro-cystic tumor of the left and lower anterior wall of the uterus, with an out-growth nearly the size of the fœtal head, originally pediculated, but now firmly adherent low down to the walls of the pelvis. On the right the uterus, with the fœtal members plainly to be felt through its walls, was perceptible, but so retroflexed as to render it very difficult to cut into it at this point.

An exploratory incision was now undertaken in the tumor situated at the left. Each stroke of the knife revealed a regular series of concentric layers of fibrous tissue, not unlike that of the uterus. After cutting down to the distance of about two inches, the scalpel glided suddenly into a cavity, filled with a thick, brown, semi-fluid, putrilaginous substance, evidently resulting from degeneration of the fibroid. The hemorrhage being already very profuse and the danger from shock and exhaustation imminent, with a few rapid strokes of the knife, Dr. Storer extended his incision into the cavity of the uterus, and with all expedition removed a male child, weighing eight pounds; it being, as well as the placenta, in an advanced state of decomposition.

This accomplished, the next question to be decided was, what should be done with the mass left behind, including uterus and tumor. There was little time to be lost, for the hemorrhage from the incision into the vascular structure of the uterus, together with the open vessels at the site of the placental insertion, which it was evident that the irregular contraction of the uterus that was alone permitted by the tumor, could never stanch, was perfectly frightful. It was apparent that the tumor in the uterine wall would necessarily prevent a perfect contraction of the organ, and thus render suppression of the hemorrhage impossible, contrary to what obtains in ordinary uncomplicated cases of Cæsarean section.

With his usual self-possession, Dr. Storer decided to remove the whole mass as far as possible, which would include the uterus, as well as the fibro-cystic tumor of the left wall, necessarily leaving behind the outgrowth posteriorly, the firm adhesions of which to the pelvis it was found impossible to dissect away or break down. Accordingly, a large-sized trocar having passed through the upper segment of the cervix uteri, and a metallic cord passed doubled through its canula, the whole was firmly tied in two parts. Fearing lest this constriction might not prove sufficent to check the hemorrhage from so vascular a part, especially the pedicle of the pelvic tumor, which was included in the ligature, the ecraseur with its chain outside the canula, to prevent drawing in extra tissues, was applied, and the mass slowly constricted. Having been removed, its stump was held by the ligature, and seared by the hot iron. Not feeling even then secure against a recurrence of hemorrhage, Dr. Storer applied his clamp-shield, which controlled the pedicle completely. Everything now being perfectly safe, without the least hemorrhage persisting, the abdomen was carefully cleansed of all coagula, and the wound brought together by ten deep silver sutures, which involved the peritoneum. The chloroform was continued to a limited degree, in order to ensure rest, and at the end of an hour the patient was allowed to rally. She returned to consciousness in the happiest way, without complaining of the least pain or discomfort. The operation was commenced at half past twelve M., and terminated at half past three, P. M. I remained with the patient during the remainder of the afternoon, and the whole night, during which time I made the following semi-hourly, hourly, and bi-hourly observations.

July 21st, 4 P. M. Pulse, 108; resp., 30; temp., 100 2-5; comfortable; mind clear.

4.30. Pulse, 108; resp. 30; temp. 100 2 5; mind clear; took stimulants, brandy and water 2 teaspoonfuls, 1 teaspoonful brandy to 6 water.

1st hour, 5. Pulse 112; resp., 34; temp., 101.

5.30. Pulse, 108; resp., 32; temp., 101 1-5.

2d hour, 6. Pulse, 112; resp., 34; temp., 101.

6.30. Pulse, 104, immediately after changing the soiled clothing; resp., 32; temp., 101 1-5.

7. Pulse, 112; resp., 34; temp., 101.

3d hour, 7.30. Pulse 108; temp., 101 2-5; resp., 32.

4th hour, 8.30. Pulse 110; temp., 100; resp., not counted.

5th hour, 9.30. Pulse, 116; temp., 100 3-5; resp., 32.

8th hour, 12.30. Pulse, 112; temp 100 resp., 32.

10th hour, July 22d, 2.30 A. M. Pulse, 112; temp., 99; resp., 32; comfortable. mind clear; took stimulants, brandy and water 2 teaspoonfuls.

15th hour, 6. Temp., 96; pulse. 104; resp., 30; comfortable; mind clear; stimulants.

16th hour, 7. Pulse 120; temp., 100 4-5; resp., 30.

[It is hardly necessary to continue the presentation of these observations, which were made until the morning of the third day, there having been up to this time but little variation from hour to hour. The following change now occurred.]

July 23rd, 6 A. M. Pulse, 112; face flushed; fœtid discharge from the wound.
8 " Pulse 120, after changing bed.
9 1-2 " Pulse 108.
11 1-2 " Pulse 118.
1 P. M. Pulse 118.
4 " Pulse 116.
9 " Pulse 116.
July 24th, 4 A. M. Pulse 120.
6 " Pulse 126.
8 " Pulse 126.
12 M. Pulse 126, difficult to count.

From this time the patient became drowsy; pulse very rapid; aroused with some difficulty. As I was completely worn out from constant watching during two nights and three days, Dr. McDonough kindly relieved me, in whose watch the patient gradually sank and died at six P. M.

In review of this case I would remark that nothing was given by the mouth until an hour after the patient had recovered her senses, when brandy and water, at the rate of one teaspoonful to six of water, was administered every fifteen minutes. Later, beef tea was substituted, being given once in thirty minutes with milk and flour porridge, boiled a long time and strained, with the addition of one-third lime water.

From the commencement to the termination of the case, there was not present the least symptom of nausea, and but once or twice hiccough. The patient from choice voided her urine voluntarily. She did not complain of pain, or even tenderness. There was no meteorism, and not until the second day was there the least discharge from the wound. The patient insisted upon talking and laughing, and was not unfrequently quite rebellious against her attendants. In addition to this absence of so many of the symptoms most unwelcome in the course of any capital operation, and especially abdominal sections, there was also an absence of that peculiar congested condition of the face and conjunctivæ, an expression of the countenance which one will never forget who has seen it well marked. I have never myself failed of observing it in those cases where *ether* had been adminstered in large quantities, and continued for a long time.

The case now reported is probably the first one in which the removal of the puerperal uterus has ever been performed; and it is undoubtedly the most heroic of the bold procedures as yet resorted to by Dr. Storer in extreme gynæcological emergencies. Nothing else could have been done; the patient begged for the chance of life, however small, and it was a matter of surprise to all concerned, in view of the terrific character of the operation, that she could have survived it at all, and still more so for so long a time. It is a question worthy of consideration, in connection with the extraordinary tolerance of primary shock here exhibited, whether the menstrual period, and the parturient one, which normally corresponds to it, may not, after all, be a less dangerous time for operating than it is supposed to be by surgeons. Dr. Storer has recorded a case of ovariotomy, performed in the presence of Mr. Spencer Wells, where he purposely operated during menstruation, and the patient recovered admirably; it being probably the first case in which the section was intentionally, if ever, performed during the presence of the catamenia.—*Gynæcological Journal.*

Selections.

HOSPITAL REPORTS.

Surgical Clinic of W. W. DAWSON, M. D.

Reported by S. W. Anderson, M.D. Resident Physician, Cincinnati Hospital.

POTT'S FRACTURE—THREE CASES.

In Pott's fracture, the fibula is fractured from one to three inches above the external malleolus and the internal malleolus is broken off at its base. The injury is often simple, the bones in such cases are easily reduced and kept in position with but little trouble. Sometimes, however, it is one of the gravest of accidents, baffling the surgeon at every step, in his efforts to make a good and symmetrical limb. Such a case I presented to you in the wards a few days ago. The patient died yesterday from alcoholism, and I propose to dissect the limb in your presence.

CASE I. POTT'S FRACTURE—DEATH OF THE PATIENT.

He was a Polander, aged 42 years, by occupation a bar-keeper. He stated that the evening before his admission he received a kick on the outer side of his ankle, which caused his foot to be thrown to one side with the bottom turned directly outward. On his admission he was extremely nervous and suffered from muscular contractions which dragged the astragalus almost entirely off from the articulating surface of the tibia. The foot was still everted. He was chloroformed and an examination made which showed a fracture of the fibula about one and a half inches above the external malleolus and probably a fracture of the internal malleolus, though this was not positively diagnosed on account of the swollen condition of the part. The inflammation and swelling were so great that it was impossible to adjust apparatus so as to control the great deformity of the limb, and had this patient lived he would have had at best an enlarged, widened and greatly deformed ankle. I warn you, gentlemen, when you are called to such a case as this, not to make rash promises in reference to restoration; give your patient and his friends to understand that they must expect an imperfect limb.

In twenty hours after his reception in this house he showed signs of delirium tremens, he soon after became jaundiced, had no appetite, and suffered considerably from vomiting. The injured limb was very painful and had to be frequently changed from one position to another by various modifications of the dressings. He gradually sank and died on the fifth day.

The specimen which I show you is livid, swollen and greatly deformed; as I cut into it you see escaping a large amount of effused blood, and I find, first, the ligaments of the joint lacerated; next, the internal malleolus broken off on a level with the articulating surface of the tibia, and when I carry the knife over to the fibular side of the leg I expose that bone broken obliquely about one inch and a half above the joint. The dissection gives you

key to the peculiar accident to which the name of the renowned surgeon, Pott, has been attached. The deltoid ligament is composed of two portions, an outer layer broad and thin attached by its upper and narrow extremity to the external surface of the internal malleolus, and by its expanded base to the astragalus, os calcis and scaphoid, but beneath this superficial portion there is a short compact and powerful fasciculus, which embraces the apex of the internal malleolus and binds it with great firmness to the side of the astragalus. This portion of the deltoid is more powerful than the bone itself, hence when force is employed in this neighborhood the ligament resists, but the internal malleolus yields.

CASE II, POTT'S FRACTURE—NO DEFORMITY.

Edward F——aged 45 years, laborer; Ireland. Admitted June 6th; states that on the previous evening a bank of earth fell upon his right foot against the leg, throwing him to the ground. After being extracted he found that his ankle was so injured that he could not walk. He was brought to the Hospital and an examination showed fracture of the fibula about three inches above the joint, and the internal malleolus broken off. There was no deformity and but little swelling. The limb was placed for two days in a wire cradle, after which it was dressed with side splints. There is not the slightest deformity.

CASE III, POTT'S FRACTURE—DEFORMITY.

John H—— aged 30 years; shoemaker, admitted July 12th. States that while engaged in a friendly scuffle he caught his foot in some way and turned its bottom outward. It gave him great pain. On his admission an examination was made showing the following condition; fibula fractured about two and a half inches above its lower extremity, internal malleolus fractured, a partial dislocation of the foot, and considerable swelling. The leg was placed in an ordinary fracture box. The recovery was rapid, the foot is in proper position, but there is some widening of the ankle and prominence of the internal malleolus.

You will seldom, gentlemen, see three cases of Pott's fracture during one clinical course. In the first case you have witnessed the worst and in the second case the simplest form of this accident. In the one there was no deformity, and but little injury to the soft parts, but in the other the force which broke the bones, destroyed the integrity of the joint, ruptured blood vessels, lacerated muscles, and threw their tendons out of position.—*Cincinnati Lancet and Observer.*

Military Surgery in the French Army.

By E. ANDREWS, M. D.

Prof. of Principles and Practice of Surgery, Chicago Medical College.

The French Surgeons are much exercised at present over the enormous mortality of their military surgery, as compared with that of the English and Americans.

Last year, the *Gazette Hebdomadaire* published articles setting forth the frightful figures connected with the French surgery in the Crimean War. This year, Mons. le Dr. S. C. Chenu has published a work, in two large quarto volumes, with a folio atlas, on the surgical results of the last French campaign in Italy, at the time Napoleon III. expelled the Austrians from Lombardy. Notwithstanding that Northern Italy has a fine climate, lies close to the borders of France, and abounds in everything necessary for wounded men, the same frightful excess of mortality in French surgery is displayed, which was before seen in the Crimea. The following table illustrates the differences between the different armies:—

OPERATIONS.	U. S. Army, War of Seces'n.	English Army, Crimean War.	FRENCH ARMY.	
			Crimean War.	Italian War.
Disarticulation of Shoulder...	39.2	33.3	61.7	52.7
Amputation of Arm	21.2	24.5	55.5	55.3
Amputation of Forearm.....	16.5	5.9	45.2	42.3
Disarticulation at Hip-joint..	85.7	100.0	100.0	57.1
Amputation of Thigh.....	64.4	64.0	91.3	76.4
Amputation at Knee	55.1	57.1	91 3	75.0
Amputation of Leg	26.0	35.0	71.9	63.5
	40.2	33.9	72.8	63.9

PER CENT. OF MORTALITY.

From this, it appears that the mortality after French military amputation has been about 60 per cent. greater than in the American army, and nearly one hundred per cent. greater than in the British. The *Gazette Hebdomadaire* takes up the controversy, and attributes this disastrous result to two main causes:—1st. The organization of the army which makes the surgeons dependent on the *Intendant* (a sort of Quartermaster) for supplies; in consequence of which the wounded were often short of good rations, and, 2d. The reckless transfer of patients from one hospital to another. It does not seem to me that the writer in the *Hebdomadaire* makes his points well. In the U. S. Armies, the Medical Department was absolutely dependent on the Quartermaster and Commissary for supplies, and partly so for transportation. All branches of the service are in the same condition in that respect, and, in the nature of the case, must be. In the turmoil of war, rations will get stopped or damaged occasionally; and yet we did not find that short or even damaged rations were half as injurious to the wounded as some other things to be presently mentioned. A similar criticism may be made respecting the assertion, that the transfer from hospital to hospital was necessarily a chief cause of mortality, and a reason why their men suffered more than ours. No doubt, transportation injures some patients, but when done in open, airy, and not crowded conveyances, it does much less harm than we formerly supposed. On Sherman's march to the sea, the wounded were all carried through to Savannah in ambulances, shaking and jolting over bad roads, and yet the amputations recovered magnificently. No set of wounded men ever did better, evidently because they had the freshest of pure air. In active military operations, the hospitals near the front must often be abandoned and the patients transferred; besides, they become overcrowded, and require relief for that reason, otherwise half the patients will die of typhus, erysipelas, hospital gangrene, and pyæmia. I believe we had in our army more such transfers than the French, and yet we suffered

less mortality, 60 per cent. It is not difficult for an observant military surgeon to conjecture the true cause of the French ill success. There is but one thing which can produce so many deaths after amputations as M. Chenu describes, and that is overcrowding, or what amounts to the same thing, foul air and bad ventilation. Overcrowding, and consequent foul air, means putrefaction, erysipelas, hospital gangrene, pyæmia, and death. When surgeons lose 55 per cent. of their amputations of the arm, and seventy per cent. of their amputations below the knee, we know very well what that means. It is of no use to accuse the short rations, mouldy, "hard tack," or rough transportation; such men have assuredly been overcrowded or under-ventilated. They have breathed the effluvium of each other's wounds, until their whole systems were permeated with the germs of putrefaction, and were ready to succumb to every operation, however slight. American surgeons tried that out on the large scale early in the war, but fortunately, they had sense enough to learn from experience, and not to perpetuate their early blunders.

I have no doubt that the following is a true account of the matter. Frenchmen have very little comprehension of the amount of fresh air which wounded men require. Even Velpeau, that old giant of French surgery, was a wretched sinner against science in this respect. I well recollect walking the rounds of his hospital with him, and noticing that his wards literally stank with foul air. I was not at all surprised to notice in his hospital reports, that in the winter season (when windows are shut, and fresh air almost excluded) he had a regular annual epidemic of malignant erysipelas. When the men field-officers, and surgeons of an army are alike destitute of any idea of the danger of ill-ventilation, death will reap a harvest out of their ranks. The plains of Lombardy are full of villages and buildings of every description, erected for anything else but ventilation. I presume the wounded were crowded into these buildings, in the first place, as the nearest solid shelter. There they got their first poisoning. Then they were sent in ill-ventilated, crowded cars, by rail, to Genoa, and absorbed their second course of putrefacient germs. At Genoa, they were placed into, close, sea-going vessels, which are the most deadly and unventilable machines ever contrived for the destruction of wounded men, and taken a voyage to Marseilles, and thus drank their third course of putridity. If any of them did not die by this time, it was because they were proof against all ordinary causes of destruction. I presume that this, or something like it, was the true surgical history of the Italian campaign of Napoleon III. If the French surgeons, in their next war, will see to it that every wounded man, from the hour of battle to the day of his recovery or decease, breathes no air but that which is as fresh and pure as that in the sky, they will find that their statistics of amputations will compare favorably with those of any nation.—*Chicago Med. Examiner.*

—Professor Gluge has been elected Rector of the University of Brussels.

FORT WAYNE, IND., *August 25th, 1869.*

DR. N. S. DAVIS, *Chicago, Ill.:*

DEAR DOCTOR:—Having recently made use of carbolic acid for the destruction of maggots, inhabiting a locality which rendered their mechanical removal impracticable, with good results, and never having seen an account of the same applicaton, I am moved to give an account of my experiment.

On the 4th inst., I was called to a case of *epithelial carcinoma*, in which the soft parts of the nose had been entirely destroyed by the insidious disease, which had also penetrated far into the nasal fossa, and rendered the poor sufferer an object of pitiful disgust by its terrible work; and now, as if this was not enough, she had fallen victim to the *fly*, and was verily *food for the worms while she yet lived.* The sight was indeed most sickening; for the left nasal fossa, laid open and gaping from the removal of the soft parts, *was completely filled with maggots*, of large size, some of them being half an inch in length, and all, with their accustomed activity revelling on human flesh. To add to the disgust, one would occasionally come wriggling out of the patient's mouth; and the left eye, the sight of which was gone, was also filled with these loathsome things; so that it would seem that the entire face was alive with them. Whether the nasal duct had been enlarged for their convenience, or whether they were of a separate deposit in the eye, I know not.

The patient was a Frenchwoman, about 50 years of age, and had been afflicted for a number of years; but this once being the only time I saw her, I can give no history of the case, and none is needed. At this time, she was greatly prostrated, and when undisturbed by attendants, she did not suffer much pain, and manifested but little consciousness, whereas, a day or two before the maggots were noticed, her suffering was intense. Now, the removal of these intruders by the usual means was rendered out of the question, by the extreme sensitiveness of every part of the patient's face, which forebade a touch even; and to make no effort for their removal, even though I knew her to be dying, would seem criminal to her friends. Consequently, I ordered an anodyne, to aid her in bearing the attempt, and for the destruction of the maggots; as a vermifuge, I ordered a solution of carbolic acid, 20 gr. to the ℥; to be applied greatly reduced at first, the strength to be increased as it could be borne. The result of this was eminently satisfactory; two or three applications not only destroying and removing every maggot, but also otherwise cleansing and purifying the foul sore in a remarkable degree, which was followed by general improvement, so that the patient rallied, partook again of nourishment, and for three or four days seemed a great deal better.

A word with regard to carbolic acid, as a wash for indolent ulcers. A case of two years standing, very severe, at times threatening the patient's life, which had bade defiance to almost every thing—carbolic acid included, used very strong—is now yielding and healing kindly under a very weak application of the acid. Of a solution of 20 grains to the ℥, only 15 or 20 drops are added to a teacupful of water, and this is applied twice a day.

P. G. KELSEY, M.D.

—*Correspondence Chicago Medical Examiner.*

The Dominion Medical Journal,

A MONTHLY RECORD OF

MEDICAL AND SURGICAL SCIENCE.

LLEWELLYN BROCK, M.D., EDITOR.

TORONTO, OCTOBER, 1869.

We have received from the publishers, E. B. Treat & Co., New York, the advance sheets of a new work, intended for the million; it is called,—"Our Home Physician; a new and popular guide to the Art of Preserving Health, and treating Disease with plain advice for all the Medical and Surgical emergencies of the Family, etc., etc. By George M. Beard, A.M., M.D. With numerous Illustrations.

A work of this kind is and has been very much required. Numerous popular works, professing to give medical advice, have from time to time been scattered over the country, but instead of fulfilling what they professed to, have generally left those who looked for aid to their columns in a worse plight than if they had none. But this work, as far as we are able to judge, will meet the requirements of the public. It has been edited by a physician who it seems is thoroughly competent for the task he has undertaken, and who will avoid unnecessarily discussing, those subjects which in former works of this kind have only aided to alarm, instead of directing and counselling. We suppose it can be obtained through any respectable book store. Price, five, six and eight dollars, according to binding, in American currency.

The Science and Art of Surgery, being a treatise on surgical injuries, diseases and operations, by John Eric Erichsen, Senior Surgeon to University College Hospital, and Holme Professor of Clinical Surgery in University College, London. From the fifth enlarged and carefully revised London edition. Illustrated with six hundred and thirty engravings on wood; with additions by John Ashurst, M. D., Fellow of the College of Physicians, member of the Academy of Natural Sciences, etc., etc. Philadelphia: H. C. Lea, 1869. Toronto: M. Shewan.

The whole work has been remodelled, many of the wood cuts re-drawn, and nearly one hundred new ones added. The book has been divided into three parts. The first division contains the observations on operative surgery, especially amputations, together with the nature and treatment of inflammation. The second division comprises the consideration of surgical injuries; and the third, of surgical diseases. This work keeps pace with the knowledge and requirements of the surgeon, the additions are numerous, and the information condensed in the smallest possible space that will give due justice to the subject. In the chapter on diseases of the eye, he has obtained the valuable assistance of Mr. Streatfield. Mr. Berkeley Hill has assisted in re-arranging the chapter on venereal diseases. Mr. Bruce has added his quota of information on the subjects of pyæmia, scrofula and tumors. This is now one of the best works which can possibly be required by the student, and one which every surgeon should have in his library. Medical men who cannot afford to obtain the new works on special subjects, such as the Surgery of the Eye and Ear, or upon venereal diseases, will find that, by carefully reading the matter contained in this volume upon those subjects, he will obtain the practical improvements of the day upon surgical matters.

Advice to a Mother on the Management of her Children, and on the treatment on the moment of some of their more pressing illnesses and accidents. By Pye Henry Chavasse, F.R.C.S. Eng., Fellow of Obstetrical Society of London, etc., etc. Ninth edition. Toronto: Adam Stevenson & Co.

This work is dedicated to Sir Charles Locock, Bart., who has taken an interest in the editing and correcting of portions of the volume. It is worthy of the highest recommendation, and physicians who wish to place in their patients' hands a book as a guide in some of the minor forms of disease and accidents of childhood, can safely recommend this volume.

The Mechanism of Dislocation of the Hip, and Fracture of the Hip, with the reduction of the dislocations by the flexion method. By Henry J. Bigelow, M. D., Professor of Surgery and Clinical Surgery in the Medical School of Harvard University, etc., etc. Philadelphia: H. C. Lea. Toronto: Copp, Clark & Co., late W. C. Chewett & Co.

This eminent American surgeon expounds in a lucid manner, and under new and very interesting phases, this very important subject. He gives great prominence to the uses of the Y ligament, a ligament which heretofore has not had the attention which its great importance merits in these accidents and diseases of the hip. Every surgeon who desires to keep himself posted in all the advanced practical improvements of the age, will add this book to his library. This work, issued by this well-known firm, is got up, as usual with them, in

a very creditable style. The illustrations are good, the type large and clear.

A HANDBOOK OF VACCINATION. By EDWARD C. SEATON, M. D., Medical Inspector to the Privy Council.

We are indebted to the firm of Adam, Stevenson, & Co., of this city, for a volume of this work. This is the only work which has ever been published on the subject of Vaccination, worthy of special attention. The author carefully and candidly considers the whole subject, and now that the subject of Vaccination is assuming so much importance from the opposition which is being exerted against it, especially in England, this treatise becomes an invaluable authority upon the subject.

Correspondence.

To the Editor of the Dominion Medical Journal.

MR. EDITOR:—*My* idea of a gentleman is, that he may attack any system or doctrine which he believes to be false and dangerous, but must avoid personal or individual abuse. In both points Dr. Fields thinks differently. I therefore cannot reply to his letter in your last issue.

Yours, HORATIO YATES.

Kingston, October 4th, 1869.

The Medical Act. Was it required?

To the Editor of the Dominion Medical Journal.

SIR:—Assuredly no man having the welfare of the profession at heart will deny that *some change* in the late act was required.

How could the medical degree command respect from the public, when we had eight Institutions in Ontario alone, with power to send out Licentiates, all standing on an equality before the country, and in the eye of the law; each institution interested in sending out the largest number of graduates, and no uniformity whatever existing between their examinations or requirements?

What wonder that the standing should degenerate, and public respect and confidence be lost?

Will it not be better in the end for the schools, as well as the profession, that a uniform standard of examination shall be adopted? Will not the profession much sooner command that respect which of late years it has lost?

The evidence of all who have dispassionately considered the matter goes to show that without a Central Examining Board, any hope of elevating the profession to that proud position it should occupy is utterly futile. The strongest argument I ever heard advanced in favor of a *Central Board*, and the most forcible exposure of the evils of a number of licensing bodies, were contained in the able address by Dr. Davis, the American delegate to our recent Canada Medical Association. But let us take additional evidence from the proceedings of the British Medical Council for July, 1869. There we find recorded a memorial, signed by 2,500 members of the profession, in which this clause appears: "It is held to be necessary to substitute for the present system of examination, and for the many forms of license to practice now granted, one high and uniform standard of examination, and one legal qualification," &c., &c.

Again, in the report of the Committee on Medical Education, presented to the British Medical Council on the 10th of July, and adopted, we find the following:

"One of the great evils at the present moment is the inequality of the examinations for the license. This inequality of the test of efficiency is the more unfortunate, as every license confers an equality in the right to practice everywhere."—[Just as the eclectic, homœpathic, or orthodox license did in Ontario.]—"The easy examination of one licensing body tends to depress the standard of examinations in all the rest. Visitations of examiners doubtless partly remedy this state of things; but to completely remove it, a bolder course is necessary. The time has now arrived when, leaving to the universities and corporations full liberty to deal as they please with their honorary distinctions and degrees, the Medical Council should endeavour to effect such combinations of the licensing bodies as may form a conjoint examining board for each division of the kingdom, before which every person who desired a license to practice should be examined on all subjects. We feel assured that the examinations for license will never be made satisfactory without it, and, therefore, it is for the public good to enforce it without delay."

It appears, therefore, that the voice of the profession, in all free countries, is in favor of one central licensing body, with one uniform standard of examination; and if you will allow me, I will try to show, at another time, that our Ontario Medical Act, while it secures this, and gives to the profession a voice in the management of its own affairs—long sought, in vain, in Britain and across the lakes—is likewise so well calculated to elevate the standing of the profession, and rid the country, in a few years, of ignorant and incompetent pretenders, that we can well afford to accept it with the few imperfections and obnoxious clauses forced into it against the wish and will of its promoters, and that in a very short time it will be found to accomplish far more for the profession and the public than if it had not contained the clauses objected to.

I remain, Sir, OBSERVER.

The Forces of Organic Life—How Influenced by Chloroform in the Production of Anæsthesia and Death.

By Z. C. McELROY, M.D.,
OF ZANESVILLE, OHIO,
President Muskingum Co. Medical Society.

Many years since—the writer is no longer young—the following incident was read, when or where not now recollected:—

An Englishman, after shipwreck, found himself on an island, among a people whose language he did not understand. This added so much to his other misfortunes and difficulties, that he conceived the idea that a common education in all civilized countries should include a universal language of signs, for the benefit of those who might possibly be thrown together speaking different languages. In due time he reached home, and immediately set about carrying his idea into practical effect. For this purpose he visited the great seats of learning in and about London, but met with little or no encouragement, save that at one of these he was informed that there was such a chair, with a professor, in Edinburgh. He at once hastened off to that city. Those in London who had told him this to get rid of him, finding him so much in earnest, wrote to some acquaintances connected with the University there, to humor his whim when he arrived, and give him an audience. On inquiry of the janitor at Edinburgh, he was informed that there was a professor of a universal language by signs, and that he would be in his rooms at a certain hour. The matter was taken in hand by a few students, who imposed the duty of acting the professor upon the rather sharp-witted janitor, who had lost an eye. At the appointed hour, the stranger was at the University, and was conducted to the professor's room. On entering he held up one finger. The janitor, in reply, held up three. There were other signs exchanged, but these two serve my present purpose. After being bowed out of the professor's room, he was met by the mischievous students, who eagerly inquired of him about his interview. The Englishman replied that on entering he held up one finger, to signify there was but one God. The professor had held up three, signifying that God existed in the three persons, of the Trinity, etc. Their next object was to obtain the janitor's account; who said that the Englishman was very personal and impudent, for on entering the room, he had held up one finger to signify that he, the janitor, had but one eye. In return, he said he had held up three fingers, to signify that they had three eyes between them.

The article on "Death from Chloroform," by Dr. Jones, of Circleville, O., recalled this incident to memory. Though our subjects are not identical, there is, nevertheless, a close relationship; sufficiently so, perhaps, to be practically treated as such. He thinks my theoretical explanation of the conversion of gravity into organic force, in resuscitation from impending death, due to overdoses of chloroform very absurd. That may be so: but it seems to me he fails to show it to be so, either by facts or reasoning. That it was theoretical on my part is not an argument against the truth of the explanation given; for the only originator of action can be theory, and the choice lies between one that is haphazard, and one that is adopted on rational grounds.

Three facts are, however, recognized by both of us: One, that overdoses of chloroform have produced death; another, that by all quantities, small or large, life is often placed in jeopardy; third, that those so imperiled are frequently resuscitated.

Now, the actual death, or peril to life, after the inhalation of chloroform, and resuscitation from impending death, do not occur by chance or accident; but, like all other phenomena of organic life, are in obedience to invariable laws, and correct philosophic explanation of the events, hinges upon connecting them properly with laws governing organic dynamics. Permit me, therefore, space for further explanation.

From our articles, it is evident that Dr. Jones and myself look at organic dynamics from very different standpoints, or the conclusions we arrive at would hardly vary so much; for they are as diverse as the interpretations of holding up one and three fingers, respectively, by the shipwrecked Englishman and Edinburgh Janitor.

Through two decades of professional experience the human body and life were mysteries and therapeutics a muddle; though Horner, Jackson and Wood had explained them to me, as they had done to thousands before and since. It was somehow comprehended, though not very clearly, that human bodies were constructed out of the food eaten; but then there was so many isolated and contradictory facts in regard to it, all resting on equally good "authority" in such matters that I was contented to learn, in therapeutics, that "tetanus" had been "successfully treated with the calabar bean," or that "chestnut leaves" were good for "whooping-cough," etc. And so, chewing the cud of contentment, relied on "authority" in all matters professional; not, however, without many misgivings as to its propriety, and longings for a "more excellent way."

Some years since a review of a book was read whose subject was "The Correlation and Conservation of Forces." At that time I was somewhat anxiously casting about for a subject for a "valedictory address," to be delivered to the society which has so often honored me by electing me its presiding officer. No time was lost in obtaining the book, an American republication, as well as some English works, in fact, all that had been published on the subject at home and abroad. The society was notified several months in advance of the subjects of the valedictory, which was received as a pleasantry rather than as a matter of scientific interest; and so I was nick-named "The Forces." Though frequently inquired of about the "The Forces," nothing was said in reply but *badinage*, until the valedictory was read. It was received with much surprise; though the members are remarkable for their general and professional culture. In subsequent papers read to the society, or published, correlation of force has been pushed into practical medicine farther than by any other, no matter what his position in the world of science

and letters, known to me, on either side of the Atlantic. Many other circumstances gradually led me, step by step, to resolve the mystery of life to my own satisfaction. It was made clear to me that the human body was composed of ordinary elements which are well known, and controlled by forces equally well known, save in one particular.

A germ of wheat plant; a soil, with moisture, light, heat, and the atmosphere, supplied the conditions of its growth and multiplication very many fold. Its seed, after undergoing sundry mechanical processes of grinding, sifting, etc.; and then some chemical alterations, arrested at a certain stage by heat—baking and *bread*, "the staff of life," is the result. Of this staff of life, man and beast, reptile and bird, fish or insect, mollusc or worm might partake, and with similar conditions surrounding, to wit: light, heat and moisture, with the occult chemistry and dynamics of organic life, the wheaten loaf formed tissues for all. It was to the mode of force which thus, out of the wheaten loaf, constructed the tissues for all, that the term "formless" or "organizing" was suggested and applied, because the wheaten loaf was certainly "formless" protoplasm—the first matter or "physical basis of life," and that the form which it should assume when eaten by a living being, depended solely on what that living being should be; whether man or beast, bird or fish, reptile, worm or insect; black or white, or poly-coloured, deformed or symmetrical, old or young, learned or unlearned, civilized or savage; and as each had its own specific forms, the power of force which gave these forms would be accurately or scientifically expressed by the terms "form-force," or "architect of organization." And it appeared certain that the force or power or labor, which assimilated the protoplasm—first matter of life—to each of these forms, was but a continuation of the ordinary physical forces of light, heat, etc., which had organized from carbonic acid, ammonia, water, and the earthy and saline constitutents, the wheaten kernel or germ; and as the potter had power over the clay to make one vessel or form for one purpose, and another, out of the same clay, for another. it was evident that in all forms, whether organic or inorganic, there was a necessity for the laborer and the architect; that though there were sometimes, and exceptionally, combined in one person, as in the potter, making the forms of his own fancy or design, they were, in reality, in the construction of organic forms, separate modes of force, or there would be no protoplasm, or first matter of life for all—hence, in substituting for the term vitality—which is apparently single, and without definite meaning, in fact used to cover a vast mass of ignorance, and repel investigation, two terms, expressive of exact and definite modes of force, the matter to my mind was greatly simplified; though Dr. Jones thinks that the multiplication of terms has, to him, added complexity. But it does seem to me that two terms with definite meanings, expressive of exact facts or laws, are more simple than one term without definite meaning. And this was all the more conspicious in reasoning them, through to consequences. Thus, over the formless or organizing force, therapeutic agents unquestionably have influence to promote or retard its operations in many ways, as by low temperature and rest, the velocity of tissue waste and repair are reduced to their minimum; while high temperature and physical labor run both to their maximum, as exemplified by laborers in harvest fields.

But the matter of form is beyond the control of remedial agents. Two weeks since it was my privilege to assist at the post-mortem of a child twenty-two months old, from whom was taken what was once a mesenteric gland, but then was a formless mass weighing eight pounds, though the entire little patient, tumor and all, weighed only twenty-two. Here was eight pounds of organic matter out of normal form in a child's abdomen, and was the occasion of its death partly by mechanical pressure on the remaining contents of the abdominal and thoracic cavities, and partly by the appropriation of so much of the protoplasm eaten by the child, to the growth of the abnormal form.

It adds nothing to our knowledge to say that it was a cancerous mass; for what does the word cancer mean? Why, something malignant and awful—that is all. The tumor was constructed out of the same first matter of life as the tissues of normal form, and by the same organizing or formless force. These are the facts; then why not say that the normal type or form was lost, and that therapeutic agents to restore it are unknown, *i. e.*, over that mode of force giving and preserving forms, amidst the ceaseless molecular changes of organic tissues, we can, by remedial agents, exercise no control. To designate such, the term was suggested, because it expresses definitely its purposes and results in organic life; and, as in the child's case, organization went on, producing tissue or structure of one uniform type foreign to the body, the term formless was, in like manner, suggested as expressive of its purposes and results. The little patient had therapeutic agents given to retard the operations of the formless force, which probably prolonged its life many days; but as they had no power to restore lost forms, the little sufferer passed away. Therapeutic agents can and do promote or retard the operations of the organizing or formless force; but cases of lost forms are given over to the surgeon, whose sole power lies in their removal or destruction; and in some cases, as in that of the little child, he, too, is powerless.

It does seem to me, therefore, that my substitution of two forms, with definite meanings, for one without, signifies my conceptions and ideas of organic life. For its mystery, apparently, lies solely in its form. The same formless "first matter of life," being used to construct all organic forms, whether in man or beast, reptile or bird, fish or worm, mollusc or insect.

This explanation and justification for my new terms and division of the forces of organic life, would be esteemed invulnerable, were it not that the difficulties of "communication," so graphically set forth by Mr. Wasson, are remembered and realized. These, like the story of the Englishman and janitor, remind me that, certainly not this side of the millenium, will we all see or think alike. But to me these definite conceptions of the forces of organic life, throw a flood of light upon my ministrations to the sick, and explain intelligible formulæ the separate provinces of the physician and surgeon in the management of the "disarrangements" of

the human body. The science, skill and art of the surgeon certainly falls outside of the "healing art," for to him particularly belongs the province of destruction, *secundum scientiam;* while to the physician is committed the oftentimes difficult task of "promoting here, restraining there, and so bringing about that equilibrium of the forces of life which constitutes health."

In disposing of Dr. Jones' objections to my classification of the forces of organic life, it may be proper to say that the organizing or formless force is certainly a co-relation of the ordinary physical forces of light, heat, etc.; and is to be regarded as the laborer—and that the form force is the architect—the giver and preserver of form with the momentarily changing material of organic tissues. And that these relations of laborer and architect are constant and unchangeable, so far as purposes and results are concerned in organic life. That a disturbance of their natural relations constitutes disease—that is to say, where form is preserved, but repair arrested, or where form is lost and repair continues—the one medical, the other surgical, but each tending to death.

In the consideration of impending death, or death forces over doses of chloroform, in my former article, they were considered entirely from a dynamical point of view. When enveloped in the muddle heretofore spoken of in regard to organic life, and the relations of therapeutic agents to organic structures, such terms as "asphyxia," spasms of the glottis, etc., etc., had to satisfy me, as to how these conditions were brought about. But when held down squarely to consider and realize that the acts of the circulation and respiration were due to some mode of force, and that in the act of their accomplishment force was not destroyed, but correlated in some other mode of force, it was found necessary to leave them entirely out of consideration as too loose or indefinite for the expression of the solution of any dynamic problem. The acts of circulation respiration require power. Where does this power come from? Physiology points to the nerve masses (not nerves) as the source. Pathology shows that it does not reside in the nerves, and further shows, that the nerves are only conductors of force.

Again, force depends always, whether in organic or inorganic natures, upon change of matter. Thus, the natural force available to man for mechanical results, are gravity—as fall of water, gravity in every such instance being correlated in heat, though compelled to turn round millstones before it is dispersed as heat. Currents of wind—heat being correlated as mechanical motion. Combustion—chemical affinity—complex organic compound retroceding to simple states, the heat correlated in organization, reappearing during their oxydation or combustion.

So, also, in organic nature. All animal life depends for food, at last on the vegetable kingdom, As inorganic elements are advanced in organization, light and heat are correlated, consumed or disappear and form part of the organization itself. That is to say, a grain of wheat represents so much C. H. N. O. S. P. + light and heat. Upon the return of these elements to their state in nature, the heat correlated in its organization re-appears. If it were not the law that all organic compounds represent their inorganic elements, plus heat, gardener could have no hot-beds from the slow oxydation o refuse vegetable matter, as manure, grasses, et Hence the formulæ, "for every dynamic result there must be change of matter."

The circulation and respiration being dynam results, require power of force for their continuance That force depends on change of matter; and deat by chloroform is certainly due to an arrest of th changes of matter, which furnishes the forces fo each, in all instances whatever. Dr. Jones objec to the formulæ that death by chloroform is alway due to paralysis of the lungs, or heart, or both What is paralysis? Can it be anything else tha a suspension of the power necessary for the per formance of their functions? Then again, force i organic life always depends on, or is due to, oxyda tion. How can oxydation be carried on withou oxygen?

Dr. Jones speaks of the "respiratory sense," by this, perhaps, meaning the "hunger," as it were of the capilliaries for oxygen. As this was no alluded to in any way in my article on the conversion of gravity into organic force, it requires no notice here.

The remainder of Jones' physiology is, to say the least, a little "foggy." My understanding is, that destructive metamorphoses in the living body, for the production of dynamic force, can only take place where oxygen is supplied; and the atmospheres of nitrogen and hydrogen, or either, are incapable of oxydizing any organic substance whatever.

Dr. J. may be sure that the reign of law is supreme in the human body, as well as all organic life, and that nothing occurs by chance, or outside the pale of law. Chloroform is sometimes the immediate occasion of death. For it must not be forgotten that we are all due, or owing, each for ourselves, to death. (*Debemur morti nos nostraque.*) Before death, in such cases, the heart and lungs cease their play; in my experience in impending death (never had a death from chloroform), sometimes one and sometimes the other fail first, and the failure to perform their acts is certainly due to want of power or force.

In the study of dynamics, force must be traced through all its correlations, or modes, always remembering that it can neither be increased nor destroyed. If one mode of force disappears, another reappears; for the forces of light, heat, chemical affinity, gravity, etc., are all convertible into each other, and each into all.

In the arrest of the circulation by chloroform, heat, and its correlative, mechanical force, disappears, and gravity reappears, as shown by the blood settling to the most dependent portions of its circuit in the body. By depressing the head, before the blood has coagulated, gravity takes it to the brain and lungs and nerve masses; and, as in Dr. Mobley's case, disappears, organic force reappearing. Can anything be more plain, or more certainly demonstrated?

Permit me to say, in conclusion, that I thank Dr. J. for the opportunity he has afforded me to explain the modes by which the results stated in my former article were reached. Facts I know, and law I know, but symbols, as asphyxia, in the solution of

ynamic problems, I reject. Nor should it ever be rgotten that the terms used in science are symols. Facts will live forever. Symbols may and o change. It is a melancholy fact that chloroform as, apparently terminated life. The symbol, asphyxia, has served its purpose, and must give way o some other term more definite. When a better rmulæ, or one better expressive of the facts and ws concerned in the dynamics of anæsthetic eath, and impending death from chloroform, than arrest of destructive metamorphosis," is presented o me, all possible haste will be made in adopting it nd consigning my own to oblivion. But, until hen, I must hold that "arrest of metamorphosis" airly represents the facts and law dynamically, as resented in death from overdoses of chloroform. —*Western Jour. of Med.—Det. Rev. Med. & Phar.*

Artificial Anus Successfully Treated by Dupuytren's Enterotome.

The *Edinburgh Medical Journal*, of April, 1869, urnishes a case, of which we will endeavor to give ur readers an *epitome*. It is by Dr. George Buchanan.

Mrs. G., æt. 40, had been affected with femoral ernia of the left side for many years. In the early art of July, 1863, it became strangulated, and perative interference became necessary. The genleman who operated informed Dr. B. that after pening the sac he divided the stricture, and on pplying moderate pressure, the bowel, which was ark colored, gave way under his fingers; it was left n the sac, poultices were applied, and the symptoms f strangulation disappeared. The opening in the owel rather increased in size, and constantly disharged fæcal matter. On August 17th, she came nder Dr. Buchanan's care at the Glasgow Infirmary. There was found to be an opening in the eft groin, rather larger than a half crown piece, hrough which the open intestine protruded, the dges of which were firmly adherent to the lips of the aperture in the integument. When she strained the bowel protruded as much as two inches, and was found to be the ileum at some distance from its lower end. In the general opening could be detected two orifices, each orifice lead up into the corresponding intestine, the two tubes being parallel to each other, and divided by a thick septum or *eperon*.

By the 30th of November, she had been got into sufficiently good condition for the operation, and Dr. B. introduced the enterotome of Dupuytren. *The blades, which locked into each other*, were four and a half inches long. The application caused no pain, as great care was exercised. The two blades were introduced separately, pushed up to the extent of four inches, turned to face each other, and locked like midwifery forceps. They were then approximated by means of the screw until they were made to bite very firmly into the septum. When fairly locked the male blade must have pressthe mucous septum an eighth of an inch into the female blade.

Towards night patient had some epigastric pains and a little bilious vomiting. A sinapism was applied to epigastrium, and one grain of opium ordered night and morning. To swallow nothing for twelve hours, but to suck small bits of ice if thirst became urgent. On December 1st. the blades were further approximated, causing a little pain in epigastric region. On the 2d the blades were screwed home. Pulse steadily 80—no return of vomiting, and she was ordered a mutton chop and some brandy daily. On the 4th some fæcal matter passed per rectum, the first that had come this way for five months!

5th. passed fæces the natural way three times, and for five hours nothing escaped from the groin.

7th. The enterotome dropped out, having between its teeth a long strip of the septum. The external opening was plugged with a hemisphere of guttapercha fixed to a plate of tin which formed a flange, and secured with adhesive strips and bandage. A simple enema was ordered, to encourage the fæces to pass into the rectum. The plug failed to produce the desired effect of preventing the escape of fæcal matter, and was removed. The patient was ordered to lay on her back and remove at once any escaping matter.

10th. A dose of oil and a laxative enema produced copious alvine evacuation, part from the groin, and part from the anus. With an occasional dose of oil and enema, patient progressed favorably. While she lay on her back the contents of her bowels mostly passed into the lower part, but when she got up the thinner portions escaped by the artificial anus. The opening having considerably contracted by Jan. 9th, a water-proof truss was applied, which served its purpose admirably, allowing no fæcal matter to escape from the groin while it remained on.

Feb. 18th. Patient much improved; natural passage daily; the opening being now reduced to the size of a shilling, patient was sent home for a time. The opening had contracted to the size of a fourpence by Feb., 1868, when a plastic operation was performed for its closure, but without success. The opening, however, again contracted to a very small size, and by using a truss she could keep herself quite free from any discharge, and could follow her usual avocations; a very great gain over her former condition.—*Med. & Surg. Reporter.*

Remarkable Case of a Foreign Body in the Bladder, and its Removal by Perineal Section.

Dr. A. Pamard, chief surgeon of *Hotel-Dieu* of Avignon, in the *Bulletin General de Therapeutique Medicale et Chirurgicale*, gives the following remarkable case:

A man 48 years of age, presenting the appearance of a man addicted to masturbation, was admitted to the hospital.

The man said he had introduced into the urethra a watch-spring. An examination showed his urethra much dilated so that it admitted easily the point of the little finger. A large sound was introduced, and encountered at the membranous portion of the urethra, beneath the arch of the pubis a foreign body. Chloroform was given the patient, and he was placed in the position for lithotomy. Guided by the point of the sound, an incision was made in the median line of the perineum, four cen-

timetres long, which was enlarged in a grooved direction. With a pair of forceps the watch spring was seized and removed; it was twenty centimetres long, one millimetre and a quarter broad, and a tenth of a millimetre thick, and doubled upon itself with the "bright" or middle portion occupying the neck of the bladder, and the two ends projecting into the urethra. This position and shape of the spring was explained by the man, who, in order to excite erections and pleasurable sensations, no longer obtainable by titillation, was accustomed to push foreign bodies into the urethra, and to remove them used the watch spring bent into a loop. He put in the urethra one day a "clove of garlic" and while endeavoring to fish it out the spring slipped from his fingers and beyond his reach.

The surgeon, the same day, when he had learned from the patient that the clove of garlic was in the bladder, a fact not communicated by him until the watch spring had been removed and he had recovered from the effects of the chloroform, enlarged the incision, without, however, cutting into either the prostate or neck of the bladder. The capacious urethra enabled the surgeon to introduce his finger easily into the bladder and feel the "clove of garlic," which was fished out with a curette, and measured twenty-five millimetres long and fifteen millimetres in its greatest breadth.

Some inflamatory action involved the perineum and scrotum, but in a few days it disappeared, and the patient made a happy recovery.

Successful Ovariotamy Performed in the Fourth Month of Pregnancy, after Rupture of the Cyst and Peritonitis.

By HENRY BATEMAN, F.R.C.S. Eng.

Ovariotomy has now succeeded in so many instances that it has fairly taken rank as a capital surgical operation, offering fairer hopes of recovery than amputations of the limbs. Individual cases of this operation have, therefore, scarcely a claim for separate publication, unless they either occur in some country where it has still to make its way in general estimation, or in which some special circumstance exists to invest it with unusual interest. Such was the case in the following instance.

A married lady, thirty-six years of age, the mother of eight children, first consulted me on the 23rd of last July. On examination, I found her to have an ovarian tumour of the right side, ascites, pregnancy of about three month's duration, and extensive recto-vaginal protrusion. When twenty years of age she had twins; and, after the delivery of the second child, a tumour was discovered in the right iliac fossa, which at first gave rise to the idea that she had a third child. The mistake was soon discovered, and she had a good recovery. From this time the swelling of the abdomen increased very slowly during the next sixteen years, and occasioned almost no disturbance of the system until about a fortnight before my visit. She had then a sudden attack of abdominal pain and tenderness, with sickness and fever, followed by a marked and rapid increase of the abdominal swelling.

The case was full of peril when I was called in, for although the abdominal tenderness was subsiding, the effusion was increasing. There was considerable difficulty of breathing on lying down, a great restlessness, with scanty and deep-coloured urine, abounding in lithates.

Having suggested the propriety of consulting Mr. Spencer Wells, he saw the case with me and entirely concurred in my diagnosis as to the presence of an ovarian tumour, with free fluids surrounding it in the peritoneal cavity, and depressing the recto-vaginal pouch, and in the existence of pregnancy about the commencement of the fourth month. We also came to the conclusion that the fluid in the peritoneal cavity was ovarian fluid, the sudden attack of pain when I was first called in having been caused, in all probability, by the rupture of part of the wall of a multilocular cyst, and the escape of the contents of a large cyst. Pain tenderness, raised temperature, rapid pulse, dry tongue, and sickness, all pointed to diffused peritonitis, and a condition requiring immediate relief and we agreed to offer the patient the choice of early tapping of the abdomen, or removing the ovary, but recommended the latter, notwithstanding the special risks arising from her pregnant condition and peritonitis.

The patient and her husband consented to the major operation, which was admirably performed by Mr. Spencer Wells, on the 14th of August, in the presence of Dr. Junker, who administered bichloride of methylene, Professor Neugebauer (of Warsaw), Dr. Jagielski, and myself. The tumour, with its contents, and the fluid surrounding it, weighed altogether thirty-seven pounds. There was a general injection of the peritoneum, but no recent lymph. There was some omental adhesion, and one vessel there needed a ligature, which was left in the abdomen. The pedicle was secured by a clamp, and fixed outside the wound, which was united by interrupted suture. Mr. Wells was extremely careful to cleanse the peritoneal sac thoroughly of all ovarian fluid, by repeated sponging, before closing the wound.

The operation was performed a little after 6 P.M., and at 9.30 the patient had a pulse beating 96 in the minute, with a moist tongue and a moderate amount of pain. A scruple of tincture of opium was injected, and fifteen minims given by the mouth, and citrate of potash given every three hours when thirsty, with ice occasionally. The following morning the skin was moist, the tongue clean, and the pulse 94. Barley-water only was administered as food, and the saline and opiate continued as required. In the evening the pulse rose to 100, and there was a good deal of pain in the course of the anterior crural nerve; but the countenance was good, and the patient cheerful. I never found the pulse higher than 94, and four days after the operation it had fallen to 80.

On the 9th of August, five days after the operation, the sutures were removed by Mr. Wells, in the presence of Dr. Glover, who kindly took charge of the case for a fortnight during my absence from town. A large portion of the wound was healed by the first intention.

The bowels were first relieved, after six days, by injection. Just prior to this, and coincidently with a return to solid food, there was a little vomit-

ng. But the pulse remained quiet, and, under the gradual action of repeated enemas, the vomiting was relieved. Chicken and other simple animal food was given, and a small quantity of champagne occasionally.

On my return to town, twenty days after the operation, I removed the clamp, with the remnant of the pedicle. There were some flabby granulations at the upper end of the wound and at the site of the pedicle, which required a few applications of the nitrate of silver; but the rest of the wound was well healed in about nineteen days.

On the 28th day she left London for Ramsgate, in good health, and arrived there with very little fatigue.

SEPT. 3RD.—The patient's husband has just returned from Ramsgate, where he left her well, and on Ramsgate Pier, in a Bath chair.

This case proves—

1st. That ovariotomy may be performed successfully when pregnancy has advanced to the fourth month, without occasioning abortion.

2ndly. That recent peritonitis, consequent on a ruptured cyst and escape of its contents into the abdomen, is no bar to the operation.

3rdly, That both these together will not preclude ovariotomy by the hands of a skilful operator, when the patient is calm, trustful, and amenable to the directions of her medical advisers, as was the case in this instance.—*Lancet.*

Islington, Sept., 1869.

Double Vagina.

BY L. FRENCH, M. D.

OF DAVENPORT, IOWA

A married lady, aged 23, informed me that her left labia was larger than the right, and asked for an explanation. By digitial examination I found the enlargement evident, but was unable to discover the cause. The vagina was apparently normal and os uteri in proper position.

Oct. 21. I was called to attend her in her first labor; found her in first stage of labor; pains natural but tardy. In about four hours, dilation was complete, and membranes presenting far down but to right of mesial line. Upon examination the enlarged labia was found to extend the entire length of the left side of vagina. Thinking that position might aid in changing presentation, I placed the patient upon her left side, the only effect, however, being to render the general enlargement more marked. The membranes now ruptured, and the average quantity of liquor amnii escaped, and the second stage approaching normally, Head presenting naturally except far to right of mesial line, in a line from left to right, diagonally downwards. As the head entered the superior strait, I discovered the lateral diameter of passage to be obstructed by a firm, non-elastic band, which was being pushed forward by the head of the child, and was the cause of presentation being so far to the right. Persevering efforts were made by position and manipulation, in hopes it would yield sufficiently to permit the passage of the head, but to no purpose. Pains were now strong and frequent, and head pased superior strait with band still in front, and apparently unyielding.

During a severe pain I noticed a peculiar strain on what I supposed to be the labia interna of left side, and in searching for the cause discovered a small opening between it and the labia externa, about the size of a goose-quill, and corresponding exactly with the opening in a natural hymen. It gave way upon gentle pressure, and to my surprise I discoveaed a second vagina, of equal capacitywith the first, except near the os uteri.

The firm band that offered so much resistance to parturition now proved to be an antero-posterior vaginal septum; the cervix opening into the right side. This septum appeared to be a fold or duplicature of the mucous membrane, with a considerable quantity of cellular tissue intervening. Its attachment commenced with that of vagina to uterus, and extended half around to anterior and posterior mesial line, thence by its edges to anterior and posterior vaginal walls. Pains now became urgent, the head resting on soft parts, and patient compilaining of a tearing sensation. It now became evdent that the septum must be cut or left to rupture, as the child could not be born with parts in this condition. At this juncture a severe pain ruptured the septum, and labour was completed in a few moments. The larceration began about two inches from uterus, completely severing the anterior attachment to vagina, forming a mass from three to four inches long and one to two wide, which hung from the vulva by its posterior attachment. In five weeks but a trace of it was left along the posterior attachment like a cicatrix. Patient's recovery was rapid, and labia are now of equal size. Duration of labor nine hours.—*Am. Jour. of Med. Sciences.*

Extra-uterine Fœtation; Rupture of the Cyst; fatal Hœmorrhage.

REPORTED BY E. R. HUNN, M. D.

ALBANY, N. Y.

Mrs. Haas, aged thirty-five years; German. Has one child, about four years old. Lived on a farm, near Albany. April 8, 1869, her husband left her, taking with him all his property, and bidding her to come to Albany to rejoin him. She came at the time appointed, but could find no trace of him. After being thus abandoned, she returned to the country, and there remained until April 28th, when she again came to town, hoping to hear some news of her missing husband. Upon arriving in the city, she walked a distance of several blocks, carrying her trunk upon her head, and reached the house of one of her friends safely, and in apparent good health. Between four and five o'clock in the afternoon, she was seen in front of the house by some passers-by, who exchanged a few joking words with her. No one seems to have noticed her from this time until six o'clock, when a neighbor came in, and said that a woman was lying in the backyard and seemed to be in great pain. One of the bystanders went out and found Mrs. Haas lying upon her right side upon some flag stones, at the foot of the back stoop, her head being farthest from the steps. He carried her up-stairs, when it was pro-

posed to remove her to the Almshouse Hospital, but she requested to be let alone, saying that she knew that she was dying. She remained in a state of collapse until midnight, when she died.

Autopsy—ten hours after death.

External Appearance—Body well nourished. Abdomen quite tumid and dull on percussion. Rigor well marked. No external marks of injury.

Thorax.—Old pleuritic adhesions about the lower lobe of the left lung. No signs of pulmonary disease of any kind. The pericardium was smooth and shining, and the sac contained about half an ounce of clear serum. The heart was of normal size, and its tissue and valves were normal.

Abdomen.—Upen opening the peritoneal cavity, it was fonnd to contain more than a gallon of fluid and clotted blood. Directly over the uterus, and partly enveloping it, was a large dark clot; this being removed, a fœtal head enveloped in its membranes was seen to have escaped from what appeared to be a rupture of the right anterior part of the fundus uteri. The kidneys, liver, and spleen, were remarkably exsanguinated, but otherwise healthy. The bladder was empty.

Brain and cord were not examined.

The uterus and its contents were removed, and, upon subsequent examination, it was found that: 1. The fœtus was contained in the dilated right Fallopian tube, and occupied that portion of the tube just external to the uterine wall. 2. The rupture occurred at that portion of the cyst farthest from the uterus. The fœtus was a male, and had reached about three and a half months of development. 4. The membranes had not ruptured. 5. The placenta was attached to that portion of the cyst nearest the uterus. 6. A probe could be passed from the right corner of the uterus through the pervious Fallopian tube into the cavity containing the fœtus. 7. The uterus was developed to such an extent as to measure five inches in length by four in width. 8. The uterus contained a partly detached deciduous, membrane, and its cervix was filled with glairy mucus. 9. The left ovary and corresponding Fallopian tube were normal, with the exception of a small serous cyst, which was developed in the fimbriated extremity; the right ovary was lost in removing the mass from the body.—*N. Y. Med. Journal.*

Proceedings of Societies.

New York Medical Journal Association.

Dec. 4.—Dr. H. P. Dewees read an extended paper upon *Tetanus* (*Medical Gazette*, No. 63), taking, as the text of his remarks, the case related by Dr. Whitehead at the meeting of Oct. 16th, to which he had been called in consultation. He was inclined to regard nearly all cases of true tetanus as traumatic in origin, though the injury might be long past, and perhaps forgotten. Dependent probably upon a somatic poison, generated in the wound, the tetanic seizure might not take place until after a long period of incubation, as in hydrophobia. There was no doubt, however, that endemic influences might act as predisposing causes. The doctor dwelt upon the probable pathology of the disease, and its pathological anatomy as reveals by the microscope. In its therapeusis, the continuous current had of late taken an important place. In his own experience, this had commonly relaxed the spasms, only to allow their return with added severity; till finally "the anaconda spasm of tetanus" would fix every muscle of respiration with the rigidity of iron, cramp the heart, and not loose its hold of the patient till life was extinct. If the constant current was to be applied in these cases it should be done as early as possible, and at first to the seat of injury, in order to decompose the materies morbi collecting there. The decomposing action of the current was as important as that of relaxing spasm. Its relaxing effect he had made use of, with great success, as early as 1846. The *rationale* lay in its producing "recuperation of equilibrium in the nervous centres." In flexor spasm the current would pass by preference through the extensors, and *vice versâ*.

Dr. Whitehead said that Dr. Nott had seen several cases of spontaneous recovery. In some cases rubbing the patient gave great relief. In employing toxic remedies, such as woorara, in connection with the constant current, it was important to bear in mind how much this stimulates absorption; else you might cure the disease and kill your patient.

Dr. Burrall stated that woorara was given in a case of tetanus in Bellevue Hospital, in 1858, under the direction of Dr. John Crane; and he thought this was the first instance of its use in this country. The dose was quite small, so that it did not kill the patient; neither did it relax the spasm.

Dr. Garrish related a case of tetanus in a girl who had run a nail through her foot. Trismus appeared on the second day; on the next there was complete tetanic spasm; and a consultation pronounced the case incurable. He began giving five-grain doses of assafœtida every two hours, nourishing the patient by the rectum. At the expiration of five days the muscles began to relax. The girl recovered, and was now the mother of several children. Dr. John Watson, then attending physician to the City Hospital, had cured two out of six cases with this drug.

Dr. J. C. Smith referred to the case of a stout Irishman who had tetanus at Bellevue Hospital some eight years ago, and recovered under very large doses of whiskey, given by direction of Dr. Alonzo Clark,

Dr. Post said that Dr. Mott used to relate a traumatic case cured by very large doses of oil of turpentine; but the patient had nearly died of enteritis.

Dr. Neftel thought that the prevalent impression that tetanus was incurable had led to its neglect. Out of 363 cases in the late war, 336 died. Still he was convinced that we had now at our command the means of curing the disease in every case. The experiments of Nobili and Matteucci, who cured the convulsions of frogs by the continuous current, had been repeated with unvarying success. And the transition from these cases to tetanus in the human subject was not left to analogy and theory alone. Two cases had lately been reported in the Berlin *Clin. Med. Wochenschr.*—one of traumatic, and one of so-called idiopathic tetanus, both cured by the continuous current. It was supposed that constant

current arrested convulsions by diminishing the reflex irritability of the cord. The brain and cord could be acted upon by a very weak current, that could be used in perfect safety. Again there was probably another means of curing tetanus, that of maintaining artificial respiration. (See Dr. Neftel's remarks on Dr. Peters' paper, Nov. 6.) As to the cause of death in this disease, although it often happened from asphyxia, yet, apart from this, there was an increase of bodily temperament to a point incompatible with life.

Dr. Dewees remarked that to effect artificial respiration in a tetanic patient held by what he termed "the anaconda spasm," was simply impossible. In his view the great danger in tetanus arose from the fixation of the muscles of respiration, so that, as he said in his paper, tracheotomy would be useless.

Dr. Post spoke of the frequency of tetanus at the eastern extremity of Long Island. He understood that some of the domestic animals there suffered from it. Two causes had been suggested—one that it was due to the extensive use of fish for manure, filling the air of that region with the odor of putrefaction; the other that it was dependent in some way on the constant intermarriages between the same families.

Dr. C. F. Taylor had been told that the tetanus endemic in that region was confined to quite narrow limits, and that it was most rife in summer and autumn, when if any of the residents received an injury, they deemed it prudent to leave the place for a time.

Dr. Farnham and Dr. Dewees said that the same endemic tendency was noticed in many other places where fish was used for manure—on Staten Island, for example.

Dr. Carroll had spent many summers on Long Island, and thought this tendency prevailed along its whole south shore. It seemed to have been favorably modified by the law forbidding the use of fish as manure. All the cases he had seen were traumatic, chiefly among boatmen who had cut their feet with oyster-shells.

Dr. I. E. Taylor remarked that Sir Benjamin Brodie denied the existence of idiopathic tetanus.

Dr. Carroll related a fatal case that appeared to be purely idiopathic.

Dr. Post had attended a similar one; but doubtless many of the so-called idiopathic cases were merely hysterical.

Dr. Dewees remarked, as an important diagnostic point, that while in tetanoid cases you may often have disturbance of the intellect, you do not get this in true tetanus until towards the close, from uræmia and exhaustion.

Dr. Peaslee had supposed that the fact that tetanus may be idiopathic was long since established. Fifteen years ago he had a case of typhoid fever, which showed nothing remarkable till tetanus set in, fatal in two days; mind perfectly clear. He had heard that Long Island tetanus was often idiopathic, and commonly easy to cure, yielding readily to stimulants. He thought we should not call a case traumatic unless there had been a scratch within a month.

Dr. Dewees said that in one of the worst cases of hydrophobia he had ever seen, the disease lay dormant for two years and a quarter; and yet during the attack the wounded spot began to ulcerate. *Look at syphilis.*

Dr. O. A. White, in a large experience at the South, had found idiopathic tetanus more prevalent on the sea-shore than inland, and more among the negroes than the whites. The negroes were very fond of fish.—*Medical Record.*

The Climate of Laramie Valley.

To the Editor of The Medical Record.

SIR,—The constantly increasing number of patients who come under our observation every year suffering from *rose cold* or *hay fever*, has turned the attention of medical men to those localities in which it does not exist. Hitherto the sea-coast, or some of the islands in the northern lakes, have constituted almost the only places of refuge from this annoying affection. Since the opening of the Pacific Railroad many inquiries have been made about the influence of the climate of the high table-lands which lie between Nebraska and Salt Lake on this disease, and I therefore take the liberty of laying before your readers the following extracts from a letter written by Dr. H. Latham, of Wyoming Territory:—"The Laramie Valley is situated at an altitude of 7,100 feet above the sea. It is on both sides of a pure rapid mountain stream, *fed by the melting snows of the Snowy Range.* The Black Hills bound the valley on the east, rising to the altitude of 2,000 feet above it. On the south and west is the great Snowy Range, at a distance of thirty miles, rising 7,000 or 8,000 feet above it. The hills and mountains are covered with short grasses, while higher up on their sides pines and other ever-greens grow. The valley is covered with short grass throughout its whole breadth. The hills, mountain sides and valleys are alike dry. The soil is a light sandy loam, and the wash of the mountains has little or no vegetable deposit. I do not know of a square rod of marsh in the territory. The grasses finished their growth and ripened during June, until which time they wore a deep green, but now (Aug. 6th), owing to the absence of rain and the dry character of the soil, they are far advanced in curing—so much so as to give a rich straw-coloring to plain and hill-side. On the mountain, hill-side and valley I do not know of a sandy place where the air can stir up any fine dust. The temperature is mild, and the air exceedingly dry. In both particulars—temperature and humidity—it is equable—more so, I think, than any other region on this continent. In proof of this, I enclose meteorological notes for July. During four years' experience, I have never seen a case of asthma or hay fever. Of all the supposed causes of *this last* troublesome disease, I cannot see a single one in our soil, climate or vegetation. I have, however, never met a case brought here as a test. * * I can only give my opinion, and say that I know of no reason why there should not be complete immunity from hay fever in these mountains. So far as the question of the adaptibility of this climate to the wants of those who are suffering from debility in any form and from any cause, I answer unhesitatingly that it has no equal in America during the summer months."

The meteorological notes enclosed fully corroborate all that has been stated above regarding the uniformity of temperature and freedom from moisture. The highest temperature at any single observation is 86°, while the lowest at any one observation is 40°. The highest daily mean of temperature is 75·50°, and the lowest during the month of July is 57·50°, while the average daily mean is 64·64°. There were only four days in which rain fell, and that only to a depth of 57-100 of an inch, while the remaining 27 days were pleasant. Observations with the hygrometer rarely gave a daily mean of less than 55°, or more than 72°. This extreme dryness of the air would seem to be almost the sole phenomena from which any unfavorable influence upon hay fever might arise. It is possible, but not probable, that this light, dry air may cause an irritation of the nasal and pharyngeal mucuous surfaces. Its immunity from the other causes of this form of asthma renders this Laramie valley worthy a trial by those who are compelled to go to some favorable region to avoid the discomforts of the above-mentioned diseases produced by the abundant vegetation of more highly cultivated localities.

Very truly yours,

HENRY M. HURD, M. D.

Chicago, Oct., 1869.

—*Correspondence Medical Record.*

The Difficulties of a Provincial School.

We regret to find that the medical school at Hull has become so reduced in funds as to appeal to the general public for support and for assistance towards the necessary repairs of the school buildings. Such an appeal, which has, we notice, been repudiated by more than one of the lecturers, has not unnaturally excited some unfavourable comments in the local press, and will, we fear, not tend to increase the prosperity of the school. Without in any way wishing to depreciate the claims of the provincial schools to patronage, we cannot help quoting the following pregnant sentences from an article in a Hull paper, which contain a great deal of out-spoken truth upon a somewhat delicate subject:—

"But it is said, 'the existence of a local school diminishes considerably the cost of medical education,' and no doubt it has enabled some men to get into the profession who otherwise could never have done so. This, again, is surely a doubtful advantage. Is a cheap article necessarily good?—rather the contrary, if proverbs are true. Is the medical profession a fitting sphere for an impecunious youth of meagre, neglected general education? Is it good for the individual himself to tempt and aid the bottle-boy or the shoeblack to creep, after manifold 'pluckings,' into a calling altogether beyond his natural capacity and educational acquirements? Is it good for an honourable profession, or for the public, to elevate a quack druggist—a man who lives during his student's life by quack bills and quack pills, by counter practice on the unfortunate infants of the poor, and by clandestine midwifery, to the status of a medical practitioner? Will his examinations whitewash his Ethiop's skin, or his diploma rub out his leopard's spots, and eradicate the taints of nastiness and quackery? We doubt it altogether. It is easier to make such a one a medicine-man than to make him a gentleman, which we maintain every medical practitioner *ought* to be."

We must confess that we have for long felt much of the doubt which our contemporary so rashly expresses. It is quite true that an exceptional example of indomitable pluck and energy is occasionally found which surmounts all difficulties, and may even reach the highest pinnacle of success; but the exception only proves the rule. The druggist's assistant, who might have become a respectable shopkeeper, too often struggles through the forms of a medical curriculum only to become anything but a reputable practitioner; and the number of broken down qualified medical men who are only too happy to "stop a gap" when occasion offers, are not unfrequently the victims of a cheap school and a too lax system of medical diploma-giving.

We know that at this time of the year urgent appeals *ex misericordiam* are frequently made to the authorities of medical schools to reduce their fees in favour of some impecunious aspirant to medical honours, and these we fear are but too frequently yielded to. We would urge upon all managers of medical schools the duty they owe both to themselves and their professional brethren not to facilitate the entry of men of inferior education, except upon very good and well-ascertained grounds; since they may be sure that the temporary triumph of an increased entry will be more than counterbalanced by the trouble and annoyance which men of this stamp too often inflict upon all with whom they have to do.—*Lancet.*

Hospitals.

Ed. of Med. and Surg. Rep.

There are three classes of civil hospitals in Paris 1. General, for general complaints. Hotel Dieu the largest of this class. 2. Special hospitals. 3. Hospices or alms-houses. More than 40 millions of francs have been expended in past 30 years upon these hospitals. Total number of beds is now 19,600. All public places of amusement pay a tax of 5 per cent on receipts for support of hospitals, and a heavy tax is also levied on every piece of ground purchased in the cemeteries. Medical students by the thousand still flock here, attracted partly by the past reputation of Paris as an educator, although she has lost much of her former fame, partly because living and instruction are cheap here, and *no doubt* partly because neither father, priest or laymen here think it at all amiss for a medical student to have a furnished room, and to contract, on good terms, with a pretty girl of 16 or older, to be housekeeper and mistress for him during his college course. Christian curtation must blush at this statement, but it is true.

Many of the great men have died within the last five years, and those of their compeers, Nelaton, Ricord, Paul Dubois and others who add lustre to the schools of the French capital, are so old that neither of them does much teaching now. Ricord does an enormous and profitable private and consultation practice, but does not lecture at all. It was my pleasure to call on him by personal invitation. He received me with great courtesy—speaks English fluently (resided in Baltimore, U. S. A.,

(when a youth). He still holds to the non-contagiousness of secondary syphilis, although in a very modified sense from what I had conceived as to his views, and prescribes mercury and iodide potassa as formerly, with iron and generous diet in advanced conditions of disease. He did not seem at all displeased at my mention of his more clear and comprehensive description of the Hunterian chancre than even that by the great master, Hunter himself. He recognizes the *Ricordian chancre*. Nelaton stands here at the top of surgery. Much renown has added to his already proud distinction with the French by the simple operation by which he, a few years ago, relieved Garibaldi of a minie ball in the foot, after Mr. Spencer Wells, in council with the Italian surgeon, had failed. He attempted crushing a stone for Marshal Niel, the Emperor's Secretary of War, a few months ago, and is said to have succeeded; but rumor in medical circles here says the instrument broke in the bladder, and that possibly injuries were sustained thereby. At any rate, the patient died about four to six weeks after the operation—several stones being found on *post mortem* in the bladder.

Maisonneuve is the leading man of the older stamp, who still lectures and walks the hospital wards. He is at Hotel Dieu, operates with coolness and care, and lectures so clearly and well, that although the *spoken French* is not very familiar to me, still I could understand him quite well. He uses his favorite caustic arrows to a great extent. They are made of wheat flour and chloride of zinc. He makes incisions into the part to be acted upon, and thrusts them in. I saw him employ them thus in a case of cancer of the womb, also cancer of the lower eyelid. In neither case do I suppose any good would follow. Surgery in Paris, and especially at Hotel Dieu, has become pre-eminently conservative; caustics are employed wherever by so doing the knife can be dispensed with, nor do I wonder, for the mortality after operations with the knife is great. Owing, I have no doubt, to bad ventilation, and to the generally unfavorable atmospheric condition of this climate for surgical success. Out of 4 cases of amputations which I noticed in the surgical wards, 3 were suffering from phlegmon. The new building which is rapidly under construction, and will be when completed, one of the largest and best appointed in the world, may obviate some of the difficulties which defeat success in the old.

Chomel, Corvisart, Bouchut, Moissenet, Duprez, Chassaignac and others of considerable note I must leave for another letter, as this one must close. At the Hospital Loucine, for female syphilitic patients exclusively, 2000 are annually treated—mortality 1 in 27. Here the non-mercurial treatment is carried to a greater extent than anywhere in France, and strange to say, under the direction of Drs. Goupil and M. M. Verneuil, the latter a pupil of Ricord.

REAMY.

Cholera in India.

The regularity with which epidemic cholera appears season after season in India, is truly lamentable; not only on account of the mortality occasioned by this scourge—and this is terrible,—but because every outbreak of cholera is likewise the indirect source of much sickness, often of death itself, and always of the gravest discomfort to the troops among whom it appears. The apprehension and anxiety, the hurried movements to cholera camps, the exposure to the effects of an Indian sun, and the occupation of tents at such seasons, are so many causes of physical and mental distress to those who fortunately escape attack.

Up to the latest intelligence, the sickness and mortality resulting from cholera among the British troops in Bengal, during the present season, amounted to 501 cases of cholera and choleraic diarrœa, with 307 deaths. The disease has spread over a vast extent of territory, and is generally of a virulent character. The disease exists to a greater or less extent at Lucknow, Fyzabad, Jubblepore, Nowgong, Saugor, Cawnpore, Dinapore, Subathoo, Moolton, Sealkote, Agra, Benaret, Jhansie, and Seepre. The 62nd regiment, at Lucknow, has had 65 cases and 42 deaths; and the 7th, 25th, and 103rd Regts. and Royal Artillery at different stations in the presidency, have also suffered to some extent. According to the *Delhi Gazette*, cholera was prevailing in the fortress of Gawlior, and over nearly the whole town of Umritsur, where it was carrying off between 70 and 100 victims daily. Those who know India well will recognise, amongst the list of places we have enumerated, many posessing a bad reputation for unhealthiness. The sanitary measures required are so numerous and important that they will involve an enormous outlay of money and a considerable lapse of time before they can be executed; but there is one subject which seems to us of paramount importance, and it is the water supply. If we are to believe the results of chemical analysis, pure water is a rarity in India, it being generally contaminated with the products of organic decomposition of some kind.—*Lancet.*

Syphilitic Insanity.

By J. W. HADLOCK, M. D.,
OF CINCINNATI, O.

That the internal organs often become the seat of syphilitic affections, of the gravest character, is, I believe, no longer seriously doubted. If those who are still disposed to be sceptical on this point will read the paper of Dr. Wilks on "Syphilitic Affections of the Internal Organs," in vol. Ninth, Third Series, of Guy's Hospital Reports, and study the cases he there gives in detail, they will have their scepticism in a great measure, if not entirely, removed, concerning the ravages of syphilis on every tissue of the body. I myself was in attendance on a post mortem, conducted by Professor W. T. Dawson, of this city, where the liver, as well as the glandular system generally, was the seat of very extensive syphilitic disease. And in the *Reporter* for August 7th, I notice a case where the disease attacked the brain, producing insanity and ultimately death of patient. A similar case I have to report.

While engaged in practice at Idaho city, I. T., in May, 1865, Samuel T., aged about 30 years, of good constitution, came to my office to be treated for chancre, situated on the prepuce. The chancre was large and irritable. He otherwise was in good

health and spirits. In fact he was remarkable for his genial, lively disposition; a patient to whom a physician would become attached for his social qualities, and for that reason we gave him more than ordinary attention, but all to no avail, as the sequel will show.

Mercury was given as constitutional treatment, while locally we used Monsel's salts, as a cautery, ordering a poultice of elm bark at night, and a dose of opium to produce rest.

After a few weeks the chancre healed and disappeared entirely, without leaving any unpleasant symptoms, save a slightly debilitated condition of the patient; a debility hard to define, yet of such a peculiar character that his usual lively and jovial disposition gave way to a kind of low melancholy.

By the middle of July his health had again become quite good, (not, however, reaching the usual standard which it attained previous to his affection,) and having urgent business thirty or forty miles away, concluded to make the trip on horseback, returning in about a fortnight with the worst case of iritis that I ever saw. My first anxious enquiry was—"Can I save the eye?"

I began the use of mercury internally, at once; bathed the eye in a solution of extract of belladonna, applied cups freely to the temples, and drew blisters behind the ears; gave opium at night to allay pain, which was now excessive. In a few days the attack began yielding to the treatment, and after a reasonable time the eye cleared up and I congratulated myself it was saved.

The following mixture was now ordered to be taken three times daily, in drachm doses; the quantity to be gradually increased until two drachms were taken at one dose:

R. Hydg. bi-chloride.,.....grs. ij.
Iodide of potassium,..... ʒij.
Syrup, sarsap. comp.,..... ʒvj.

The above was given for ten days or two weeks, when, finding him grow so weak and debilitated, I changed the treatment to tonics and stimulants with the hope of building up his shattered health, which had now become bad in the extreme. Digestion poor. Bowels constipated. Much emaciated. Melancholic to an extreme degree, and complaining of severe pain "shooting" through the head. Had a wild, vacant stare, and when alone was almost constantly muttering to himself—when spoken to would hesitate about answering, but after apparently deliberating or debating in his own mind whether to answer or not, all the time giving you a painfully vacant stare, he would answer intelligently, and keep him talking, especially concerning his business, one would become impressed with the idea that nothing serious was the matter. But cease talking to him and he would lapse into a deep melancholic state, from which it was with difficulty that he could be aroused.

He never called for anything to eat. In that respect he had to be looked after as much as a child; the same in regard to the calls of nature.

Partial paralysis now supervened, so that he was fast losing the use of one side, including the upper and lower extremity, and he daily grew more loud in his mutterings and grumblings.

As I could see no hope for his recovery there, I informed his friends that they had better take charge of his business, settle it up and take him to San Francisco, California, as possibly the change to that genial climate, with better facilities for treatment in that delightful city, might be beneficial to him. They carried out my suggestion, and accordingly left Idaho City about the 1st of October, arriving at San Francisco in safety, where the patient lingered some weeks and died with total paralysis of both lower extremities, and himself perfectly insane. I am not aware that any post mortem was had and do not know the condition of the brain at the time of death. There is no doubt in my mind that the brain was greatly affected, as the symptoms indicated. Why the violent pain in the head, at times almost unbearable, the vacant look, low delirium, all followed by paralysis, if the great nervous centre was not the seat of extensive lesion! And from what other cause came all this, but from syphilis first attacking the penis in form of a chancre.—*Medical and Surgical Reporter.*

The Effects of Hashish.

A writer in *Appleton's Journal* of September 4, 1869, thus describes the effects experienced from the use of this drug:—

I have often taken the drug, rather for curiosity to discover what its attractions might be, than for ought of pleasurable excitement I ever experienced. The taste of the potion is exactly what a mixture of milk, sugar, pounded black pepper, and a few spices would produce. The first result is a contraction of the nerves of the throat, which is anything but agreeable. Presently the brain becomes affected; you feel an extraordinary lightness of head, as it were; your sight settles upon one object, obstinately refusing to abandon it; your other senses becomes unusually acute—uncomfortably sensible—and you feel a tingling which shoots like an electric shock down your limbs till it voids itself through the extremities. You may stand in the burning sunshine without being conscious of heat, and every sharp pain is instantly dulled. Your cautiousness and your reflective organs are painfully stimulated; you fear everything and everybody, even the man who shared the cup with you, and the servant who prepared it; you suspect treachery everywhere, and in the simplest action detect objects the most complexedly villainous. Your thoughts become wild and incoherent, your fancy runs frantic. If you happen to exceed a little, the confusion of your ideas the disorder of your imagination will become intense. I recollect on one occasion being persuaded that my leg was revolving upon its knee as an axis, and could distinctly feel as well as hear it strike against and pass through the shoulder each revolution. Any one may make you suffer agony by simply remarking that a particular limb must be in great pain, and you catch at every hint thrown out to you, nurse it and cherish it with a fixed and morbid eagerness that savors strongly of insanity. This state is a very dangerous one, especially to a novice; madness and catalepsy being by no means uncommon terminations to it. If an assembly are under the influence of the drug, and a single individual happen to cough or laugh, the rest, no matter how many, are sure to follow his example.

The generally used restoratives are a wineglassful of pure lemon-juice, half a dozen cucumbers eaten raw, and a few puffs of the hookah; you may conceive the state of your unhappy stomach after the reception of these remedies. Even without them they generally suffer from severe indigestion, for, during the intoxication, the natural hunger which the hashish produces, excites you to eat a supper sufficient for two days with ordinary circumstances. —*N. Y. Med. Jour.*

Severe Burn, successfully treated by Carbolic Acid and Linseed Oil.

By C. C. LANGE, M. D.,
OF PITTSBURG, PA.

F. R., æt. 19, a moulder, last summer, while working, made a misstep, and with a whole case of hot sand slipped into one of the pits, four feet deep; the almost red-hot sand covered his legs from the knees down, and though he had on woolen socks and shoes, yet the sand insinuated itself in them and between the toes. He was removed almost immediately, and was found to be badly burned and carried to his home. I was called to see him four hours after the accident, the friends having exhausted their skill in trying to give him relief. Found the legs covered with a black tarry-like mass, recommended by a neighbour; removing which, a greater portion of the cuticle came with it. Having cleansed the parts, I dressed them with flannel cloths soaked in eight parts of linseed oil and one of the commercial carbolic acid. At first the pain was slightly augmented, but in a few moments relief was experienced. Continued this dressing for four days, but a slight trace of suppuration appearing along the edges. At the end of this time, removed the acid dressing, substituting simple cerate, a new skin having been formed. The case did well, the burned heal rapidly.—*Amer. Jour. Med. Science.*

Medical Items.

Perforation of the Bladder by a Calculus.

Dr. Mendel relates the case of a lady, 62 years of age, who came under his care, January, 1868, on account of a urinary calculus in the vagina, which was expelled thence during a violent cough. Its presence had given rise to a great febrile irritation, and had led to various erroneous diagnoses. The calculus measured 8 centimetres in its long diameter and 6½ transversely, its largest periphery measuring 23 centimetres. It weighed 173 grammes when dry, and was found to be phosphatic. It had caused much suffering during six years, perforating the posterior wall of the bladder and the interior wall of the vagina, the urine being involuntarily discharged through the vagina during three years and a-half. At length it passed into the vagina, but instead of being immediately expelled, it accumulated around its new deposit, and was detained six months within that cavity. Cases of perforation of the vagina by urinary calculi are mentioned by P. Frank, Scanzoni, and Erichsen.—*Virchow's Archiv, and Medical Times Gazette and N. Y. Med. Jour.*

A True Tail.

William B. Owen, in the *British Medical Journal*, says:

I delivered the wife of a farmer in Essex, of a full grown, well developed, female child. To the extremity of the spinal column of the infant was attached an appendix, which was in every respect a tail. It resembled in form and appearance that of a pig about three or four months old. It was about the length and nearly of the thickness of a little finger, tapering at the end. It was well supplied with nerves and muscles; and, as it lay at rest, it was curled up over the back, and was moved actively upon being touched. Unlike the tail described by M. Gosselin, it was not soft; but resisted the pressure of the thumb and finger just as would that of a pig. It evidently consisted of a cartilage, but was rather less hard. The mother having expressed great anxiety for its removal, I applied a silk ligature about the fifth day; this completely effected its object in about four or five days. The child was restless during that period, but in other respects did not suffer at the time from the operation. She was, however, less fortunate in the after consequences; for although she lived to about twelve years of age, she could never walk without the aid of crutches, or without holding on to a chair. She subsequently died from hæmoptysis. The parents would not allow a post mortem examination. I presented the tail, with its history attached, to the late Mr. Bransby Cooper, who placed it in the museum of Guy's Hospital; where I have no doubt, it may still be seen in alcohol.

Strange Monstrosity.

We have received the following singular account from a gentleman in New York:—"A correspondent of the *Dantzic Gazette* writes as follows from Dirschau: 'Last Sunday, February 1, at Schliewen, near Dirschau, a young and blooming shepherd's wife was delivered of a girl otherwise sound, but having on the lower part of her back *(auf unterm Ruckentheile)* a tumor as big as two good sized fists. In this tumor, which is covered by the skin, is a very lively fœtus, whose well-developed mass may be felt through the walls of the tumor. Its limbs indicate a growth of from five to six months. The father called in the health commissioner, Dr. Preuss from Dirschau, and begged him to remove the tumor together with the fœtus. The Doctor, however, after he had long and carefully examined it, declared that there was a possibility in this extraordinary case, of the child in the tumor (whose existence and active motions were palpable to all present) coming to fruition. No physician could be justified in destroying this marvellous being. Rather it ought to be protected and cherished. The new-born girl is of unusal strength and beauty, and takes the breast very cheerfully.'"

An Antidote to Nicotine.

A bit of news which will be welcome to hygienists and smokers! M. Armand, a French *savant*, has stated to the Academy of Sciences that he has discovered a sure antidote to nicotine. Success has thus crowned the efforts which he has been making for the last few years. The antidote is nothing else than common watercress. It destroys the

poisonous effects of nicotine, and yet does not alter the aroma of tobacco. A solution of watercress may, therefore, be employed for steeping the leaves of tobacco, and would thus effectually divest them of their noxious properties; moreover, a draught of the same will act as a sure antidote to nicotine.—*Paris Cor. of Lancet.*

Painless Cutting in Surgery.

Dr. W. B. Richardson read a paper before the British Medical Association, on a new method of painless cutting in surgery. The author placed before the section a knife consisting of a revolving blade, and which divided with so much rapidity that superficial incisions could be made with it without pain. The revolutions were about twenty-five per second, but the speed might be greatly increased. The knife in its action illustrated that an appreciable interval of time is necessary for fixing an impression on the mind, and for the development of consciousness. He hoped he should soon be able to give to the surgeon a small pocket instrument with which to open abscesses and perform many minor surgical operations painlessly, without having recourse to either general or local anæsthesia.

Cold Water Treatment of Typhoid Fever.

The object is to allay the excessive heat that is usual in all fevers. The thermometer is employed to determine the animal heat, either the axilla or the rectum being selected as the place for the observation. When the animal heat exceeds from 102° to 104° F., the use of the cold water is indicated. The cold bath, cold affusions, and the cold pack are used, the first being regarded as the most efficacious. The temperature of the water should be about 68°, and the patient be kept in the bath from five to ten minutes, according to the strength and degree of tolerance. The pack is suitable for very feeble patients. The mortality, by this treatment, has been very much reduced, the diarrhœa being less severe, the delirium not so persistent, and the comfort of the patient promoted. Other remedies, such as iodine, calomel, etc., were used in conjunction with the bath. The heat, in some cases, returns so rapidly after the use of the bath that its frequent repetition becomes necessary, as often sometimes as every two hours.—*Medical Archives.*

"Chock Full of Lightning!"

A correspondent on the wing in one of our western States, gives the following as an illustration of the ignorance of some practioners in the West. He says: I was invited home to dine one day by a regular M. D., a graduate of a Cincinnati college, who is doing a large business, and is worth perhaps $10,000. In the course of our conversation he mentioned the fact of his having lately ben called to see a woman who had been struck by lightning, after stating his treatment in the case, he said the results had not been satisfactory, and that if called to see a similar case again, he would pursue a different course. I asked him what that would be. Said he, "I would wrap her in a wet sheet to draw the lightning out of her!" "Why," said he, "she chock full of lightning yit, you can see it run down her legs and arms every now and then, and she can feel it shootin' through her body." "Now if I had wrapped her up in a wet sheet, the lightning would have been drawn out and she would have got well sooner." In answer to all my explanations of the laws of electricity his reply was that "he didn't keer for equilibrium or anything else, he knew she was chock full of lightning anyhow." This case is true in every particular, and the man has a diploma from a regular medical school, and *one* of the first in this country.—*Medical and Surgical Reporter.*

Praiseworthy Action.

At a meeting of the Adams County Medical Society, Illinois, on the 9th of August, a resolution was passed and forwarded to the editors of the local papers, which is worthy of praise and imitation. It was as follows:

Whereas, The publication of accidents and Surgical operations in the daily prints, with the name of the medical attendant, may injure his standing in the profession, and subject him to censure by creating the presumption that he has, in violation of the code, reported the case for publication; therefore,

Resolved, That the editors in this city be specially requested to omit the name of the attending physician, or surgeon—if a member of this society—in every case of accident or disease they may see fit to publish.

We like this, and it is done in the right spirit.—*Ibid.*

Medical Gleanings.

St. Louis has started another Medical College—the College of Physicians and Surgeons—with a faculty of seventeen professors. Dr. Bauer, late of New York and Brooklyn, is the President of the Faculty, and Professor of Surgery.

A Ready Coating for Burns.

An exchange recommends the albumen of eggs as an efficacious application for the protection of burned parts from the air. Seven or eight successive applications are necessary.

—It was decided on Monday that the next meeting of the British Association for the advancement of Science shall be held in Liverpool, under the presidency of Professor Huxley. Invitations were also received from Edinburgh, Brighton, Bradford, and Belfast. The contest ultimately lay between Liverpool and Edinburgh; the former gaining the victory by a majority of 91 votes against 86.

Obituary Record.

Died, July 28th, at Prague, in the eighty second year of his age, Professor Purkinje, one of the most celebrated physiologists of modern times, and particularly known for his researches on vibratile cilia and the development of the ovum.

Died, at St. Petersburg, recently Dr. Heyfelder, consulting surgeon of the military hospitals of the city, and councilior of state to the Czar; also the author of numrous publications, the most celebrated of which is a treatise on resections and amputations.—*News and Library.*