

Report of Professor Valentine Mott's surgical clinics in the University of New York, session 1859-60 / by Samuel W. Francis.

Contributors

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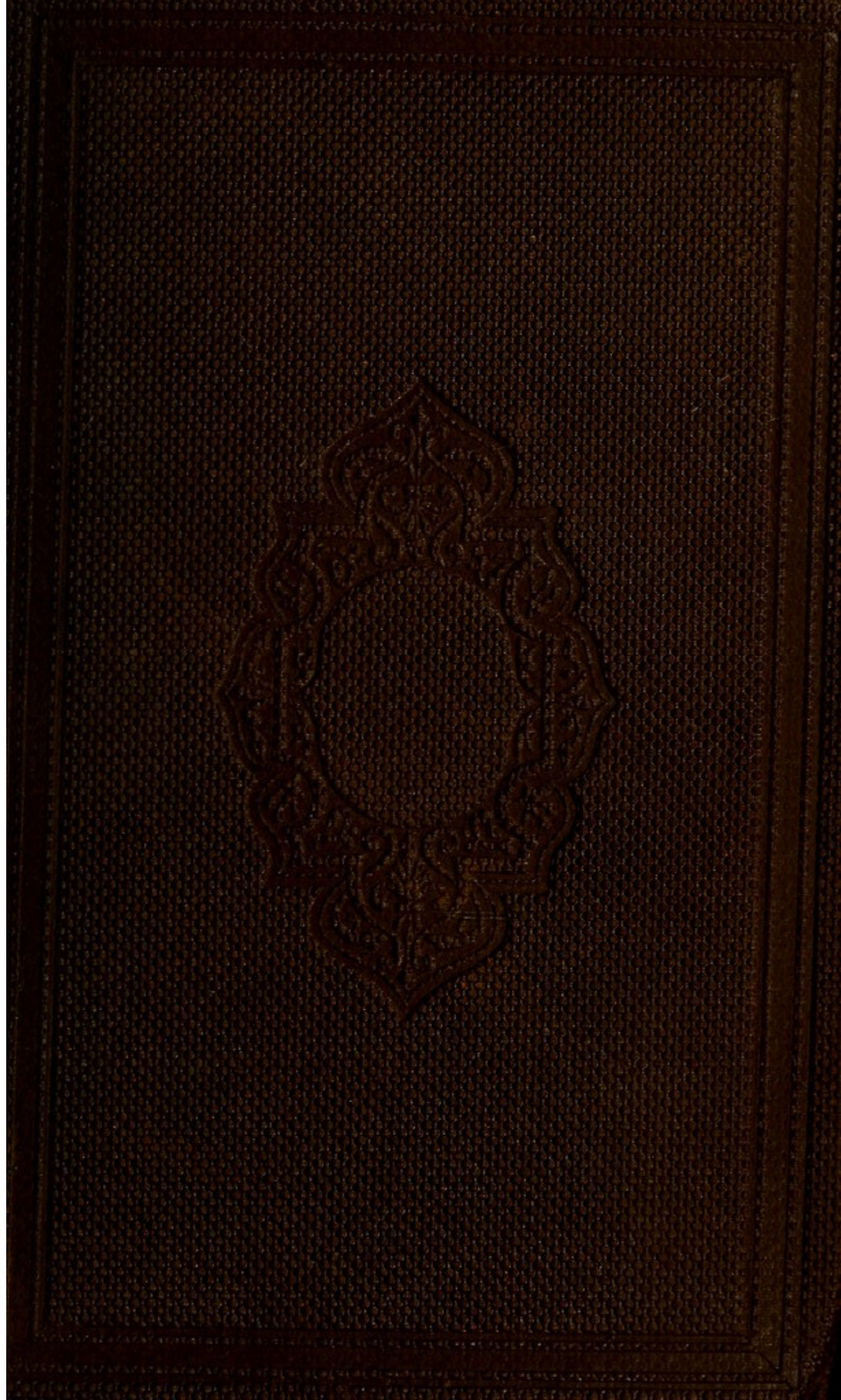
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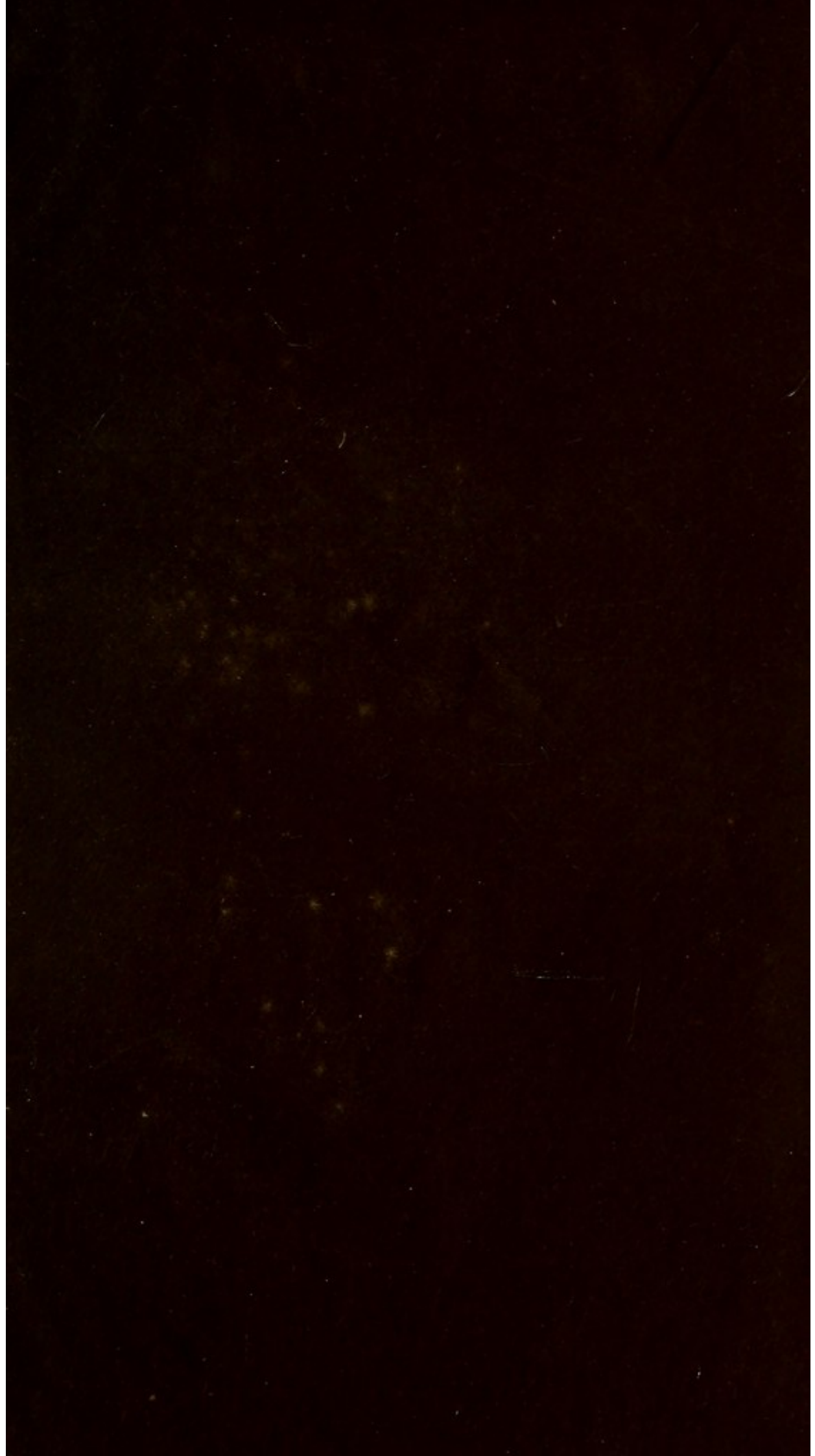
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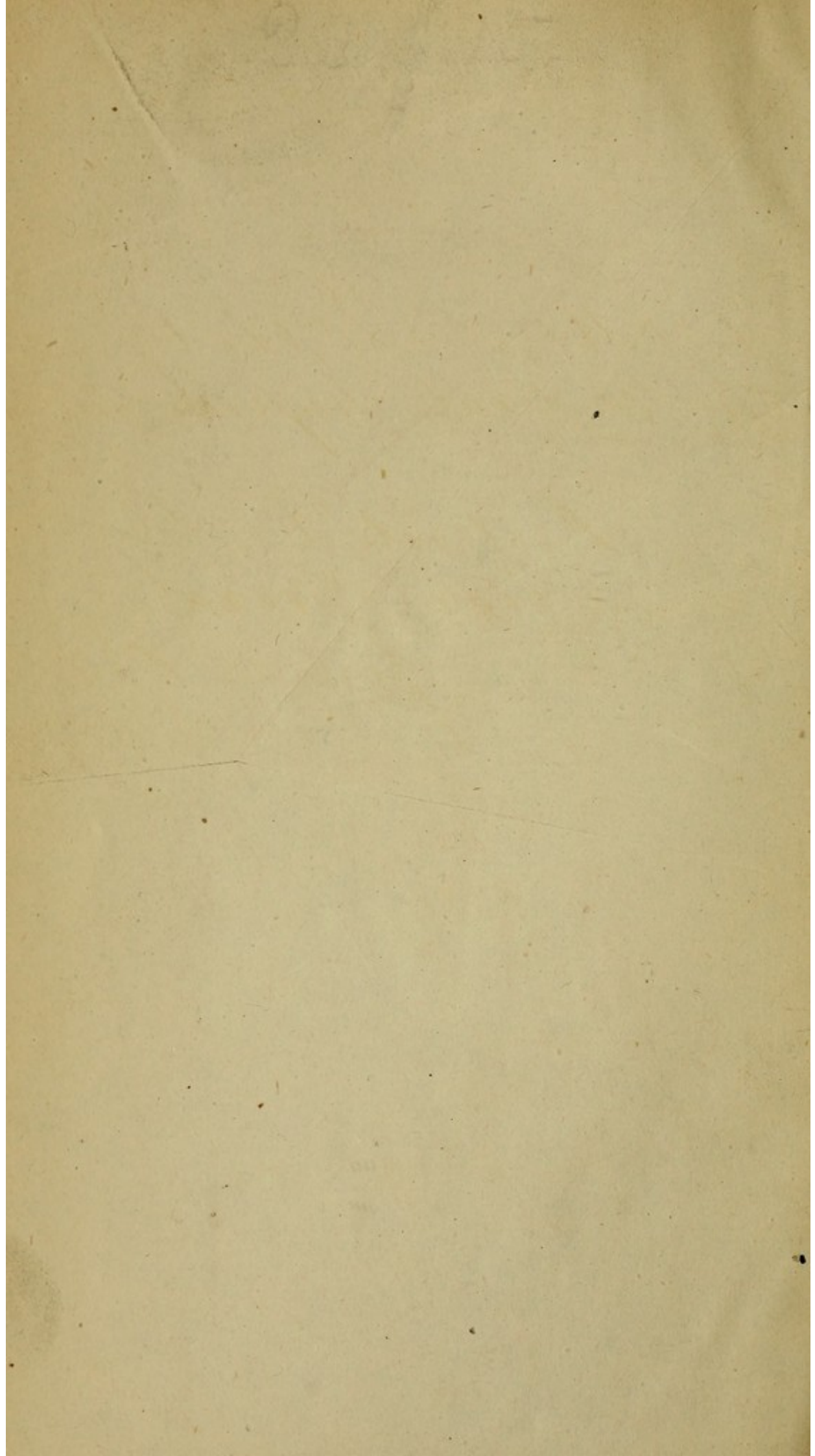
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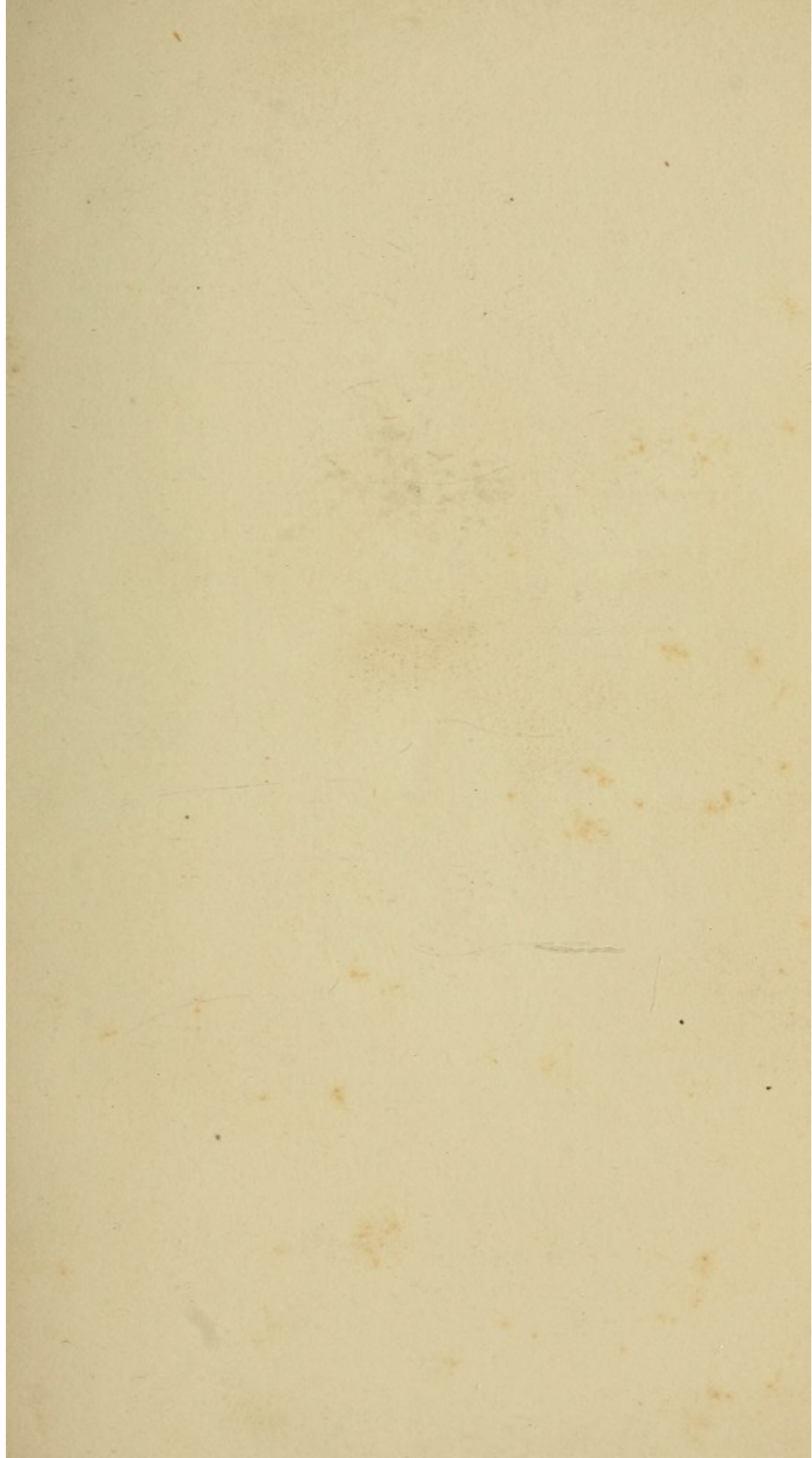
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1861 Nov. 10
To the Hon. Secy of the
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receipt of your
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SURGICAL CLINQUES.

RECEIVED OCTOBER 18





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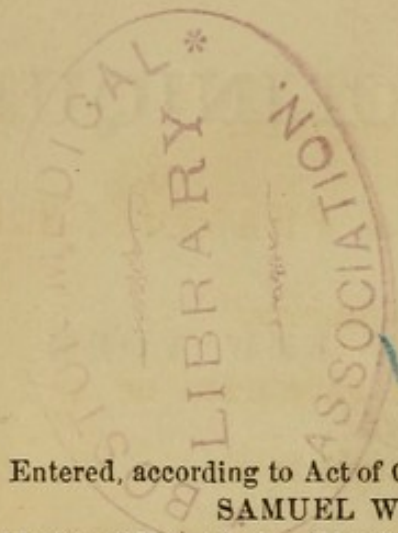
Valentine Thott.
"

R E P O R T
OF
PROFESSOR VALENTINE MOTT'S
SURGICAL CLINQUES
IN THE
UNIVERSITY OF NEW YORK
SESSION 1859-60.

BY
SAMUEL W. FRANCIS.
MEMBER OF DR. MOTT'S SURGICAL STAFF.

Sic est vita.

NEW YORK:
S. S. & W. WOOD, 389 BROADWAY.
1860.



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SAMUEL W. FRANCIS,
In the Clerk's Office of the District Court for the Southern District of
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50 Grece St., New York.

TO MY BROTHER,
VALENTINE MOTT FRANCIS, M.D.,
WHO COMBINES,
WITH THE NOBLE PRINCIPLES OF A
CHRISTIAN'S LIFE,
THE RARE AND EXCELLENT QUALITIES OF
FRATERNAL AFFECTION,
THIS WORK
IS MOST CORDIALLY DEDICATED
BY THE
AUTHOR.

TO THE EDITOR,

THE NEW YORK TIMES,

NEW YORK,

WITH THE FOLLOWING ARTICLE:

THE NEW YORK TIMES,

THE NEW YORK TIMES,

THE NEW YORK TIMES,

THE NEW YORK TIMES,

THE NEW YORK TIMES,

THE NEW YORK TIMES,

THE NEW YORK TIMES,

THE NEW YORK TIMES,

THE NEW YORK TIMES,

THE NEW YORK TIMES,

THE NEW YORK TIMES,

THE NEW YORK TIMES,

THE NEW YORK TIMES,

THE NEW YORK TIMES,

P R E F A C E.

THE object of this brief work is to preserve in a durable shape, some of the aphorisms of one whose experience is as vast in the practice of surgery, as his reputation is great in the eyes of his countrymen.

Those who cherish that love and respect for the Professor, many of whose cases have been recorded in this book, will at least commend the labor and appreciate the feeling that prompted the undertaking.

Where the nature of a Clinique is comprehended, it will be readily understood why the words of the lecturer should be few and confined to the individual and salient points.

When Vidal devotes over four hundred pages to the consideration of Syphilis ; Mackenzie occupies one entire octavo volume on the Diseases of the Eye ; Hamilton requires the

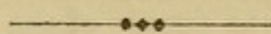
exclusive use of a ponderous tome to exhaust the subject of Fractures ; and John Hunter consumes a separate work, of gigantic proportions, in treating alone of Inflammation, it will at once be easily perceived that the remarks, touching nearly one hundred distinct cases, and contained in a small duodecimo, must necessarily be brief in their nature and concise in their expression.

The accuracy of the statements, contained in these pages, is vouched for as correct ; each form, while passing through the press, having been subjected to the examination of Professor Valentine Mott.

S. W. F.

1 Bond Street.

TABLE OF CONTENTS.



CLINQUES. 1859—OCTOBER 25TH.

		PAGE
CASE	I. Torti Collis,	1
"	II. Lues Venerea,	2
"	III. Pott's Disease of the Spine,	4
"	IV. Hip-Joint Disease,	5
"	V. Caries of the Vertebrae,	5
"	VI. Rheumatism,	6
"	VII. Needle in the foot,	7
"	VIII. Calculus,	7
"	IX. Imperfection of the Lower Extremities,	8
"	X. Ulcerated Aneurism by Anastomosis,	9
"	XI. Psoriasis Palmaris,	10
"	XII. Exomphalos,	11

NOVEMBER 1ST.

CASE	XIII. Adenitis,	13
"	XIV. Ganglion,	16
"	XV. Needle in the foot,	17
"	XVI. Hip-Joint Disease,	17
"	XVII. Fracture of the Radius,	19
"	XVIII. Impetigo,	20
"	XIX. Scirrhus,	21

NOVEMBER 8TH.

CASE	XX. Sore Foot,	24
"	XXI. Sprained Wrist,	25

		PAGE
CASE	XXII. Bloody Tumor,	26
"	XXIII. Syphilitic Ulcer,	28
"	XXIV. Congenital Hernia,	29
"	XXV. Ramollissement,	30
"	XXVI. Partial Hemiplegia,	32
"	XXVII. Malignant Tumor of the Breast,	34

NOVEMBER 15TH.

CASE	XXVIII. Fracture of the Os Brachii,	35
"	XXIX. Strumous Enlargements,	37
"	XXX. Strumous Conjunctivitis,	38
"	XXXI. Ganglion,	39
"	XXXII. Talipes Varus and Equinus,	40
"	XXXIII. Hemiplegia,	41
"	XXXIV. Pendulous Tumor,	42
"	XXXV. Fever and Ague,	43
"	XXXVI. Fever and Ague,	44

* * * * *

NOVEMBER 29TH.

CASE	XXXVII. Cancer of the Nose,	46
"	XXXVIII. Adenitis,	49
"	XXXIX. Epithelial Cancer,	51
"	XL. Syphilitic Ulcer of the Nose,	53
"	XLI. Talipes Varus,	53

DECEMBER 6TH.

CASE	XLII. Congenital Hydrocele,	55
"	XLIII. Malignant Disease of the Bone,	56
"	XLIV. Complicated Hare Lip,	57
"	XLV. Ulcerated Aneurism by Anastomosis,	59
"	XLVI. Osteo Chondromatous Sarcoma,	59

DECEMBER 13TH.

		PAGE
CASE	XLVII. Strumous Conjunctivitis,	62
"	XLVIII. Epithelial Cancer,	65
"	XLIX. Orchitis,	66
"	L. Gonorrhœa and Syphilis,	69
"	LI. Gunshot Wound,	71
"	LII. Ozæna,	75

DECEMBER 20TH.

CASE	LIII. Contraction of the Little Finger,	77
"	LIV. Deafness,	81
"	LV. Hydrocele,	83
"	LVI. Fracture of the Radius and Ulna,	90
"	LVII. Strumous Ulcer,	94

* * * * *

1860—JANUARY 31ST.

CASE	LVIII. Tumor,	99
"	LIX. Gonorrhœal Ophthalmia,	103
"	LX. Fracture of Radius and Ulna,	106
"	LXI. Scirrhus of the Breast,	107
"	LXII. Dislocation of the Shoulder,	110
"	LXIII. Constitutional Syphilis,	113
"	LXIV. Disease of the Cervical Vertebrae,	119
"	LXV. Paronychia,	122
"	LXVI. Ovarian Dropsy.	124
"	LXVII. Vesico-Vaginal Fistula,	127
"	LXVIII. Polypus,	129
"	LXIX. Opacity of the Cornea,	131

FEBRUARY 7TH.

CASE	LXX. Congenital Hydrocele,	134
------	--------------------------------------	-----

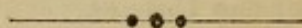
			PAGE
CASE	LXXI.	Chronic Sinovitis,	136
"	LXXII.	Hip-Joint Disease,	139
"	LXXIII.	Lues Venerea,	142
"	LXXIV.	Porrigo,	143
"	LXXV.	Stone in the Bladder,	145
"	LXXVI.	Morbus Coxarius,	150
"	LXXVII.	Strumous Conjunctivitis,	152
"	LXXVIII.	Porrigo,	154
"	LXXIX.	Pott's Disease of the Spine,	156

FEBRUARY 14TH.

		New Artificial Leg,	159
CASE	LXXX.	Fracture of the Ulna,	160
"	LXXXI.	Scabies,	163
"	LXXXII.	Lead Palsy,	166
"	LXXXIII.	Atrophie Musculaire,	169
"	LXXXIV.	Infantile Leucorrhœa,	172
"	LXXXV.	Disease of the Spine,	174

FEBRUARY 21st.

CASE	LXXXVI.	Disease of the Eyes,	179
"	LXXXVII.	Varicose Veins,	184
"	LXXXVIII.	Piles,	191
"	LXXXIX.	Imperforate Vagina,	194
"	XC.	Ulcerated Palate,	195
"	XCI.	Tertiary Syphilis,	197





PROF. VALENTINE MOTT'S
SURGICAL CLINIQUE.

OCTOBER 25th, 1859.

CASE I.—TORTI COLLIS.

MARIA SUMNER, *æt.* 12 years, came to the Clinique, complaining of great pain in the region of the neck, attended with much swelling and difficulty of movement. This had gradually come on during the past two months; blisters had been applied with no beneficial effects, and it was thought best to seek surgical advice, with a view to alleviate suffering, and remove the disorder.

Prof. Mott then examined the parts, and gave it as his opinion, that the sterno-clido-mastoïdeus muscle was diseased, resulting in Torti Collis—a partial rigidity of one muscle, while the other was much relaxed, thereby draw-

ing the chin to one side. This disease differs from Atrophia in this important characteristic; that while, in Atrophia, the head may be placed in its normal position, though, on removing the force employed, it resumes its former place—the Torti Collis is so rigidly contracted that it is not possible, save with unnatural power, to straighten the neck. Let it likewise be an object of care to the young surgeon, that he do not cut the wrong muscle in his anxiety to bring about speedy relief. The rigidity is in the side opposite the one on which the head is inclined.

ce/ In this case there has no doubt been myositis in the first instant, ending in chronic inflammation, and hence the rigidity. At present there is no need of an operation. Often without dividing the muscle, the patient is relieved by applying some Oleaginous preparation.

Treatment.

Rx

Olei Camphorat. $\frac{3}{4}$ vii.

To be applied morning and evening.

CASE II.—LUES' VENEREA.

ALICE VALLEY, æt. 13 years, a girl of fragile form, red hair and pale features, came to

the Clinique, complaining of running at the nose, which was filled with bloody scabs, producing much difficulty in breathing; and at night being suddenly aroused by a choking sensation. On examination, caries of the bones of the nose were detected, accompanied with ulceration of the inner canthus of the eyes, leading to the lachrymal sac, and resulting in destruction of the turbinated bones of the Ethmoid. The uvula was also found to be much enlarged. Struma in many cases ends in Lues Venerea. This disease is transmitted not only to children, but likewise is developed in the female; and this leads also to the strange fact worthy of attention: that secondary disease in the husband will be communicated to the wife, and also to the offspring. Some have said they run into one another imperceptibly. The Prof. remarked that he had often said what appeared to some strange, but might be nevertheless true: that the Leprosy of Greece, Egypt, and other parts of the East, the resemblance being very remarkable, as he had seen it in those countries, was the great progenitor of Lues Venerea.

Treatment.

Rx

Alum. Sulphat. \bar{z} ij. — ??
 Aquæ puræ 2 \bar{z} j.

M.

To be snuffed up morning and evening, and also to gargle the throat with continually.

R

Iodid. Tr. \bar{z} j
gtt. viii. three times per diem.

CASE III.—POTT'S DISEASE OF THE SPINE.

MORISON HEARNE, æt. 6 years, came to the Clinique, suffering from what is termed in Paris *Maladie du Pott*. This is a tuberculous disease, characterized by lesion of the bodies of the vertebræ, resulting in curvature, and not unfrequently attended with death. Nelaton thinks it begins in the bones, and is produced by a strumous diathesis. The boy complains much of weakness in his back, a general debility and loss of appetite. The best method of curing this affection is the old English plan of issues, which affords a proper outlet for unhealthy accumulation, and relieves the parts.

Treatment.

℞

Ferri Iodid. \bar{z} ij.

gtt. viii. three times per diem and fresh air.

CASE IV.—HIP-JOINT DISEASE.

MARGARET HAXTON, æt. 4 years, was brought to the Clinique by her mother, on account of great pain in the region of the hip-joint, preventing sleep at night, and rendering the child fretful and peevish throughout the day. Her pale anæmic face indicated a deficiency of red globules in the blood, and there was that about her appearance that betokened scrofula. This disease had evidently arisen from the want of nutritive supply of the blood-vessels to the tissues, resulting in one form of struma, called literally a white swelling of the Hip-joint.

Treatment. Preparations of iron—healthy Histogenetic food, a moderate amount of exercise, and plenty of fresh air.

CASE V.—CARIES OF THE VERTEBRÆ.

JOHN MACKONEN, æt. 2 years, light hair and blue eyes, was brought to the Clinique for surgical treatment, suffering from caries of the cervical Vertebrae, which had terminated in curvature of the spine, though as yet the progress of the disease had not been arrested. This is

very common in the lower walks of life. The want of proper care, food, airing, etc., renders the child more or less susceptible to any morbid impression ; and when by carelessness on the part of the parent or attendant, it receive a fall resulting in injury to the spine, the process of reparation is much protracted ; and not unfrequently is wanting.

Treatment.—At present the best thing possible, where the case is a chronic one, is to put a seton in the back of the neck, and thus divert the course of inflammation.

CASE VI.

FELIX MURPHY, a young lad, came to the Clinique complaining of pain in the muscles of the leg, which increased on walking. The case was of little interest, and the

Treatment.

R

Saponis Liniment. $\frac{z}{3}$ ij.

To be rubbed on the parts freely night and morning.

CASE VII.—NEEDLE IN THE FOOT.

AN infant was brought to the Clinique by its mother, who stated that two or three days since, a needle had run into the ball of the foot, had not come out, and caused much suffering on the part of the child. Prof. Mott remarked that he had adopted a plan which he recommended to the students, and that was; never to cut down for any foreign substance in the body unless you are positively certain of its position, and can feel it beneath the integument. If you recognize its locality, then make a little flap, dissect the parts, and you can readily remove the needle—pin, &c.

Treatment.—Not feeling the needle, the mother was recommended to poultice the part, and come on the following Tuesday.

CASE VIII.—CALCULUS.

MARY ANN KERNEY, æt. 4 years, was brought to the Clinique complaining of constant pain in the bladder, and exhibiting some of the signs of calculus, such as a constant desire to pass water; and experiencing great pain after micturition, this latter being the strongest proof.

Treatment.—Let her drink freely of lettuce tea, and take the usual dose of sweet spirits of nitre. If, on sounding, no deposit is felt, the best plan is to wait till further indications call for more active treatment on the part of the surgeon.

CASE IX.—IMPERFECTIONS OF THE LOWER EXTREMITIES.

ESTHER HALL, æt. 3 years, was brought to the Clinique to be treated for a weakness of the lower extremities, that had come on fourteen months before, following within a month a fit. Walks with difficulty. Has always been delicate. Dr. Mott remarked that it was evidently a case of paralysis of motion arising from sensation; resulting in imperfection of the lower extremities, which were generally affected; sometimes one, occasionally both. It invariably comes on suddenly, and may be caused by teething, prolonged fever, trouble in the bowels, and diarrhœa. This is not a case of the *Atrophie musculaire* of Cruveilhier which is beautifully seen at times in the deltoid, where it withers, and no one can detect the cause. This case is often treated with strychnine but never with benefit, and cannot be cured.

Treatment.—Rub the back with cold water, and apply liniment till it becomes red. The best plan is to let it alone.

CASE X.—ULCERATED ANEURISM BY ANASTOMOSIS.

MARY ANNE GRIFFIN, æt. 7 years, black hair and dark eyes, came to the Clinique, complaining of a sore tongue, that had troubled her for the past four years. At present suffers no pain. But occasionally the tongue begins to bleed, and ere it ceases causes much exhaustion by the loss of a pint at a time. This statement renders it necessary to pursue some vigorous measures, to remove the nævus by some means, to prevent any recurrence of hemorrhage. On closer examination Prof. Mott remarked that there was a vitiated ulcer on the tongue; but on feeling the parts there did not exist any of the carcinomatous hardness. He stated that he had never before seen a similar case in so young a patient. This circumstance, however, might render the prospects of cure more favorable. In many cases of a like nature he had often removed large portions of the tongue, and they had resulted in success.

This was most certainly an ulcerated aneurism by anastomosis. Many months previous the sulphat. cupri had been applied, but with only temporary relief by dulling the pain, and staying the flow of blood. Could the tongue be held with firmness, and the patient consent to the operation, the most effectual method would be actual cautery. But under the circumstances ligatures might be applied. This requires great care, as the lingual arteries are very large, and once severed bleed freely.

Treatment.

R

Cupri sulphat. 3 i

Melis

Aquæ puræ āā ʒ i

M.

Let the part be washed with this four or five times every day. It would be well to inject a solution of the perchloride of iron.

CASE XI.—PSORIASIS PALMARIS.

ELIZA THOMPSON, a middle-aged woman, came to the Clinique, complaining of a sore hand, that troubled her much by a constant burning sensation accompanied by incessant itching, which rendered her nervous and incapable of

remaining long at work. Her health otherwise was in a normal state. On examination of the hand, Dr. Mott stated that it was a case of Psoriasis Palmaris in a more ulcerated condition than is ordinarily the case with this disease. It is exceedingly difficult to cure : and when it is effected, it is after much trouble and expenditure of time and patience.

Treatment.

R

Tabac. Ol. gtt. x
Hydrarg. ammon. chlorid. 3 ii
Adip. ʒ i

M.

By making a glove of oil silk and covering it with this tobacco ointment, the patient will at least be freed from some of the itching, and the parts may, in a great measure, be deprived of their inflammatory tendencies.

CASE XII.—EXOMPHALOS.

WILLIAM HENRY, æt. 10 months, was brought to the Clinique by his mother to be treated for Umbilical Hernia. On examination the Hernia was seen to protrude about the size of a filbert nut, and on coughing or crying, became much enlarged. This is a very common

case where children are neglected by their attendants. It is caused often by sloughing off of the chord ; and the nurse is frequently blamed, when in no respect culpable.

Treatment.—Never under any circumstances apply a truss. But make one for yourself by taking a cork, and cutting it the size of sixpence ; then divide the cork, thus making a cone-shaped pad. Cover this over with soft sheepskin. Plaster is the best. Be careful when the pad is applied that the seam is not next the skin, for this would irritate the parts and materially injure the child. As all Umbilical Herniæ fall a little forward, when applying the pad, bind it facing inwards and upwards. This must be worn for a long period.





PROF. VALENTINE MOTT'S
SURGICAL CLINIQUE.

NOVEMBER 1st, 1859.

CASE XIII.—ADENITIS.

MARTHA HAWKINS, æt. 20 years, came to the Clinique complaining of enlargement of the neck, attended with great inconvenience of motion. This had gradually come on during the past 9 months, but had not increased since April last. Her general health was bad, and her chlorotic face, indicated a deficiency of healthy nutrition, and a want of vital force to withstand whatever might attack her enfeebled constitution. She had been occasionally troubled by a pain in her side, and a slight hacking cough,

which brought with it no relief, but, on the contrary, tended to weaken.

On examining both sides of the affected part, Prof. Mott pronounced it to be a strumous enlargement of the lymphatic glands of the upper third of the neck. Some situated above the deep cervical fascia, more below, extending along the sterno-cleido-mastoid. In these cases, there is always a tendency to grow. Modern writers, have termed the disease Adenitis—a glandular inflammation. We know that it is the result of a scrofulous habit, but no one can state the real materies morbi, that constitutes this morbid diathesis. In all probability it is a disease of the blood. This opinion is the result of observation and experience. Should this continue, it will probably result in tuberculosis. Here is a great and glorious field open to the young practitioner, and could he but find some specific remedy for scrofula, as certain in its cure as cinchona in intermittent, and mercury in syphilis, he would be a blessing to humanity, and a fit subject for the encomiums of a nation. But the great thing in these cases is, What is to be done? What is the diagnosis? When treatment fails, we must employ surgery. These enlarged glands, doubtless many in number, can be removed, but they are sure to return.

If the operation be conducted with care, no dangerous consequences need be apprehended. Dr. Mott stated, that not long since he had removed 21 of these glands, covering that portion of the neck from the ear to the clavicle, and though in this instance a formidable affair, it was attended with success. Tr. iodine has been painted over the part with no very beneficial results. At first the swelling diminished, and relief was experienced, but shortly after it increased more than before the application of the iodine. The following was recommended.

Treatment.

R

Potass. Hydriodat. 3 ij.

Unguent. Simpl. 3 j.

M.

Let this be rubbed over the part affected, night and morning, and cover it with oil silk.

R

Iodin grs. x

Potass. Hydriodat. . 3 i.

Aquæ puræ . . . 3 i.

M.

gtt. V. three times per diem.

CASE XIV.—GANGLION.

MARY ANNE REYNOLDS, æt. 7 years, came to the Clinique, to be treated for a swelling on the back part of her hand, that had been gradually increasing for the last 8 months. On examination, Dr. Mott stated that it was a Ganglion. These are circumscribed tumors, generally within a bursa mucosa ; and most commonly found on the back of the hand. They are free from pain, and are readily recognized by their fluctuation. This does not at all interfere with the motion of the hand. They are called popularly, "weeping sinews;" but it is in no respect a correct view of the case.

Treatment.

Burst them by striking the wrist when bent, with a heavy book. By this means they burst inwardly, the sac containing the fluid being ruptured. There is another mode more tedious, and less effective. It is to apply pressure by strapping firmly a coin wrapt in linen, over the tumor, thereby forcing it to diminish in size, and gradually to exude through the sac. A third method is sometimes employed with successful results ; that is to puncture the ganglion.

But it is necessary to do it often, and even then it fails to cure permanently, unless Tr. iodine be injected to bring about inflammation. This latter plan has proved efficacious in one case, where Prof. Mott, treated a patient whose entire palm was involved up to the annular ligament. Exsection, when permitted, is never attended with unpleasant consequences, and terminates favorably in a radical cure.

CASE XV.—NEEDLE IN THE FOOT.

This case appeared in last week's Clinique. Following Prof. Mott's directions, the foot had been poulticed ; and on examination the needle could be seen and felt beneath the fascia plantaris, covered over by the integument. Dr. Alexander B. Mott then made a little flap, dissected it up, and immediately removed a needle about an inch and a half in length.

CASE XVI.—HIP-JOINT DISEASE.

PATRICK TENNY, æt. 5 years, was brought to the Clinique, complaining of great pain in the knee, increasing at night, and inability to walk with the affected leg. This very pain in the

24/ 8 knee is a characteristic feature of hip-joint disease, occurring much more frequently in that region than in the head of the femur. The toes of the foot are turned more inwardly than outwardly, the round ligament being relaxed. Dr. Mott stated that he believed it begins in the sinovial membrane, and in due season affects the surrounding parts. Bonnet has written much and well, on the diseases of joints. His deductions are useful and his theories correct. To Nèlaton we are also indebted for valuable statistics, and original conceptions, based on knowledge derived from observation and matured by experience. It is exceedingly difficult to diagnose this disease in its commencement. The first stages, pain, and distortion, are so complicated with troubles about the knee-joint, that much care is required to arrive at any true or satisfactory conclusions.

The disease, if cured, frequently terminates in permanent anchylosis; the foot crossing the other, and hanging in a useless manner over the healthy leg. The little patient has already lost the use of his leg, but as yet there is no indication of suppuration.

Treatment.—If the patient is seen before the period of suppuration, and consequently previous to the third stage, namely anchylosis, the most

efficacious remedy is to apply powerful counter-irritants. Among the best adapted to this particular seat of the disease, accompanied as it invariably is by some lesion, is the Pea Issue. By making a small incision behind the great trochanter, and then placing one or two peas beneath the integument, and applying over it a piece of adhesive plaster, a slight degree of inflammation will set in. This in many cases results in temporary relief, and not unfrequently terminates in positive benefit. Resting the limb must be enjoined, with tonics and nutritious diet.

CASE XVII.--FRACTURE OF THE RADIUS.

MARTIN McEVERY, æt. 28 years, a stout, athletic laborer, came to the Clinique, to be treated for fracture of the upper part of the Radius, occasioned by falling from a tier of beams, while engaged at work some two days previous. On examining the injured arm, Dr. Mott found it to be much swollen, by the consequent inflammation that had followed the fracture and displacement of the bones. The tension and tumefaction of the parts, rendered it very difficult to ascertain the extent of the injury. There was found to be a good deal of motion, considerable projection of the ulner, and greater prominence of the olecra-

7
a/

non process than was normal. Professor Mott remarked, that while swelling existed, there always followed a corresponding uncertainty in diagnosis.

Treatment.—The first thing to be recommended to the patient is to wait till the parts assume their proper proportions ; then a careful examination would indicate the best method of applying the splints. At present, then, let the fore-arm be bandaged loosely, and strengthened by two delicate splints, until all signs of irritation have subsided, and the increased dimensions assume a normal size.

CASE XVIII.—IMPETIGO.

her ANNA MULIERA æt. 10 months, was brought to the Clinique by its mother, to be treated for an irritable state of the skin, pervading the whole of the surface of the face, neck, and shoulders. This affection had come on gradually during the past six weeks, accompanied with no fever, but covering the child with scabs that constantly fell off, giving place to others of a similar character. The head had been likewise diseased, causing the hair to come out, and rendering the patient fretful and sickly ; but this part was much bet-

ter, though the face, etc., refused to submit to treatment or abandon the ground. This disease has many names, such as *Lepra Squamosa*, *Running Scall* or *Tetter*, *Cowrap*, *Phlysis Impetigo*, and as many more. It is of the class *Cachexiæ* of Cullen, and forms the first genus of the 5th order, *Pustulæ* of Bateman; being composed of small pustules, termed *Psydracia*.

It is a tedious affection, and only after much trouble is removed.

Treatment.

Let the bowels be kept open by small doses of *Calcined Magnesia*.

R

Tabac. Ol. gtt. iv.

Hydrag. Ammon. Chlorid. 3 i.

✓ Adip _o 3 i.

M.

Apply this ointment to the affected parts.

CASE XIX.—SCIRRHUS.

SARAH DRAMIN, a native of Ireland, æt. 58 years, came to the Clinique, complaining of a swelling in the right bosom, extending from the nipple to the axilla, which had gradually increased

in size since its first appearance some four years before. This tumor frequently startled her, while occupied in her duties, by its sudden shooting pains, that came rapidly and as rapidly ceased. On examining the breast Dr. Mott found the skin much corrugated, its color slightly darker than is usual in the healthy state, and the nipple much retracted: this last is one of the sure indications of malignant disease of the mammæ. The symptoms as described by the patient, the appearance and feel of the tumor, its locality, though being on the right side is rather unusual, and the age of the woman all go to prove the certainty of scirrhus. Caustics and plasters, where genuine carcinomatous affections exist, are alike abominable as remedies, and useless as auxiliaries in the process of removal.

Treatment.

The only method of proceeding in these unfortunate cases is to cut out the cancer completely and entirely, leaving a healthy tissue behind. But as the cancerous cells are in the blood and not only around the part, and consequently circulate freely throughout the body, there is almost a positive certainty of their return, and nearly always the recurrence is in the same place, or near at hand, and that too within

a year. When the glands in the axilla were not yet affected and the case was seen at an early date, Dr. Mott remarked that he had removed large tumors of this character from the breast with entire success, satisfactory healing of the wound, and no return of the disease.





PROF. VALENTINE MOTT'S

SURGICAL CLINIQUE.

NOVEMBER 8th, 1859.

CASE XX.—SORE FOOT.

MARY OWENS, æt. 19 years, came to the Clinique, complaining of a sore toe, which had been growing worse for the past five weeks. The soreness had increased from the little toe, and now involved the next one, cracking between, and rendering it very painful to use the foot, and altogether impossible to walk any distance. The other lower extremity was in no way affected. But her throat troubled her much by a constant burning sensation, causing difficulty of deglutition and some dyspnœa. About the same time that her foot became sore, she had been at-

tacked by venereal disorders, which she was most anxious to be freed from, lest they assumed a chronic form.

Treatment.

Rx

Hydrarg. Bichlor. grs. iv.

Aquæ Calcis, . . . $\frac{z}{3}$ iv.

M.

Moisten a rag in this yellow wash and put it between the toes. Come on the following week, and if you are willing to answer the proper questions with reference to your other troubles, which you seem so desirous to conceal, some mercurial remedies will be prescribed.

CASE XXI.—SPRAINED WRIST.

ROBERT SANDS, æt. 12 years, factory boy, came to the Clinique to seek advice concerning an injury inflicted upon his wrist while engaged at work. On examining the part, it was found to be swollen, rigid in movement, and painful when touched. Prof. Mott remarked, that it was a simple sprain, accompanied with nothing very serious or interesting, save this one lesson that it taught. Had the young lad performed passive motion frequently at the expense of feel-

ing, and rubbed the wrist often, he might now have been perfectly well, and the use of the hand would have been completely restored. But by delay in such cases, each day renders it more difficult and still more painful to move the parts ; and finally, if care be not taken, a chronic ankylosis is the result, and all for the want of precaution and forethought.

Treatment.

R

Camphor. Spir. ʒ v.

Rub the wrist freely with this three or four times a day ; and use the hand constantly until flexion and extension be perfectly restored.

CASE XXII.—BLOODY TUMOR.

JAMES RICHARDS, æt. 14 months, was brought to the Clinique to be treated for a tumor on the head, resulting from a fall which partially stunned the child, and ended in this large amount of extravasated blood. On feeling the part, Dr. Mott remarked, that there certainly was an unusually large bloody tumor on the head, and on passing the finger over the swollen surface, a depression of bone was felt, rendering the case more serious

and complicated in its character. Never open these tumors unless the brain be affected. Sometimes, indeed, these cases are very obscure in their commencement ; but it is best, under all circumstances, save when the cerebral functions are deranged, to await the issue, applying gentle remedies, and watching carefully the progress of the injury. It is often difficult to discriminate between them and fracture of the skull. Bloody tumors are well described by Mr. Pott ; and next to him John Bell has written admirably on their variety, characteristics, termination, and the proper treatment. Dr. Mott stated, that he lately saw a newly-born infant that had been delivered without instruments, with one of these tumors, of the bloody kind, the size of an egg. There being much pain, he punctured, and nothing but blood came out.

Treatment.—Immediately after a child meets with a fall, mothers are in the habit of applying ice to the injured part. This scatters the swelling, as they popularly term it, and prevents extravasation, by causing the congested capillaries to contract powerfully, and thereby force out the surplus amount of blood. Salt and vinegar, being always at hand, are very good as stimulants to the surface of the tumefaction. Also spirits of camphor, or any of that class.

CASE XXIII.—SPYHILITIC ULCER.

JAMES SUYDAM, æt. 61 years, came to the Clinique to be treated for an Ulcer, in a sloughing state, that had appeared on his leg some three years since. It had gradually become worse, from constant scratching, after the itching, consequent upon the inflammation that first involved the part, had commenced.

He had the venereal disease 20 years before, often appearing in both the forms of syphilis and gonorrhœa; the many sores on different parts of his body running, one after another. The pain resembled rheumatism in much of its feeling, increasing however greatly at night; this latter characteristic being one of the additional proofs of the presence of secondary syphilis in the constitution, not yet eliminated. On examining the leg, Dr. Mott stated that there was a large vitiated sore, involving the fascia of the Tibialis anticus, thereby giving great pain on extension of the foot. And as the tendon is more or less affected, the cure will be proportionately tedious. He requires an Alterative and Tonic.

Treatment.

℞

Hydrarg. Bichlor. . . grs. vi.

Tinct. Cinchon. . . 3 vi.

M.

1!!!-3v

Take a teaspoonful three times a day. Poultice the sore with yeast, and keep the leg still. If convenient, by elevating the foot, the tendency of the blood to remain congested in the vessels would be counteracted, and the ulcer thereby freed from the sluggish congestion, preventing the forming of healthy tissue.

CASE XXIV.—CONGENITAL HERNIA.

BERNARD BRADY, æt. 7 months, was brought to the Clinique to be treated for Inguinal Hernia, which had appeared at birth. The intestine could be easily replaced in its normal cavity ; but on the child's coughing or crying, would descend as readily, and swell out the scrotum three times its natural size. Congenital Hernia in this situation is always an Indirect Inguinal Hernia, taking the course of the spermatic cord, and passing through both the internal and external abdominal rings. The patient is not too young to apply remedies in the way of trusses with the proper bandages.

Treatment.—On account of the constant dribbling of urine in children, an india rubber truss is far better than ordinary cloth or other material, which, after a short period, would become a

source of irritation to the parts, and likewise offensive to the smell. After wearing a truss one year, a cure may be radically effected.

CASE XXV.—RAMOLLISSEMENT.

MATTHEW GILVARY, æt. 42 years, drygoods clerk, came to the Clinique complaining of a complicated state of disorders in most of his organs. He stated that seven or eight years before he went to Dublin, to be treated for trouble about the liver and kidneys, but received no benefit. Afterwards he underwent cold-water treatment in Scotland, with no better success. On the contrary, other symptoms of derangement of the nervous system appeared, rendering it difficult for him to walk with steadiness, the balance of power being lost in the lower extremities. On examination of his person, his eyes were found to be deeply sunken, the pupils very much contracted, though the sight was apparently good. Features sharp, and indented with deep ridges. His body spare and emaciated: chest flat. On one of the false ribs a nobby projection of some hard abnormal growth, could be seen and felt. He also remarked, that he often experienced sudden twitchings pervading his body very much in the manner of electrical shocks,

which at first excited, and after rendered him more feeble. Cannot eat with the same pleasure or benefit. And to a great extent has lost the power of ejecting the fæces. Also finds it difficult to micturate with ease. At first it was out of his power to empty his bladder ; now it dribbles away at different times. Sleeps well at night, has no pain in his head ; but feels generally nervous and good for nothing. Does not take an interest in every thing as formerly. Cannot account for this curious state of things in any other way, than that he was often in the habit of sitting down upon cold marble slabs, when heated with over work. And once, while lifting a heavy box of goods, he felt something give way internally.

Dr. Mott expressed his opinion that this was a very interesting case, rendered more so by its very obscurity and general extension throughout the body. It formed one of a group of several similar cases which he had seen and treated, but with little success. This is an abnormal state of the medulla spinalis, being a gradual inflammation, leading to two pathological conditions, namely : softening, and hardening of the spinal cord. This is verified by an autopsy. A similar case of paraplegia, arising from no traumatic cause, occurred to a gentleman in this city, which

prevented his going up stairs for seven years previous to his death. And though every possible remedy had been tried, all proved of no avail ; the disease continued on its course till death closed the scene.

Persons so affected live for years, and enjoy comparative ease if their means can afford them the proper comforts ; but at best it is a prolonged dissolution. Sometimes this results from dislocation of one or more of the vertebræ, which is always accompanied with fracture of an oblique process.

Treatment.—Phosphates, tonics in the various forms of iron, arsenic, and strychnine may be tried, and with temporary improvement of the general health ; but the best plan is to apply counter irritants the size of a ten cent piece, two at a time, made by rubbing nitric acid on the back. And thus extending them along from the dorsum to the sacrum. Seven drops of Fowler's Solution of arsenic three times a day, will strengthen the man and give tone to his nervous system.

CASE XXVI.—PARTIAL HEMIPLEGIA.

MARY CLARK, æt. 2 years, and John Fisher, æt. 18 months, were brought to the Clinique, to be treated for a complete loss of power of one

lower extremity ; which followed immediately an attack of inflammation of the bowels. This partial Hemiplegia had existed one month. Anxiety on the part of the parents lest the power of locomotion would not return, had induced them to seek advice with a view to some specific treatment. On examining the limbs, Dr. Mott stated that these two cases were of a mysterious character, presenting similar conditions, and at the same time affording pathological phenomena which might readily puzzle the practitioner and confound the student. Why should one half of the spinal cord be affected and the other present a normal appearance to investigation, perfect in its functional performance, and in no respect diseased ? Why should this morbid state of things be superinduced by bowel complaint, teething, scarlet fever, and such diseases ?

Treatment.

Rx

Strychnin. grs. ii.

Adip. . . ̄ i.

M.

Let the parts be rubbed once a day with this ointment. Keep the bowels in a healthy state, and endeavor to build up the constitution by good food and fresh air.

CASE XXVII.—MALIGNANT TUMOR OF THE
BREAST.

ANNE MULIERIAN, æt. 35 years, came to the Clinique to seek the advice of surgical experience, with regard to a small tumor in the breast, involving the nipple, and causing at times much suffering from shooting pains. On being recommended to have it removed, she submitted to the operation, and Dr. Alexander B. Mott, after making the necessary incisions, at once exsected the malignant tumor, the size of a walnut, as yet in its incipient stage, and brought the sides of the wound together by sutures and adhesive straps. This tumor differed from scirrhus, being soft in its character, though similar in other respects.



PROF. VALENTINE MOTT'S
SURGICAL CLINIQUE.

NOVEMBER 15th, 1859.

CASE XXVIII.—FRACTURE OF THE OS BRACHII.

JAMES DUNNAN, æt. 4 years, was brought to the Clinique to be treated for fracture of the arm which had occurred some four weeks since, while engaged at play with his young companions. On examining the parts they were found to be still slightly swollen. The arm could be flexed with ease, though not to as great an extent as in the normal state, thus indicating that the fractures have involved the insertions of some of the muscles, therefore limiting to a certain degree their power of mobility. Prof. Mott also remarked, that the Os Brachii was broken a little above the epiphysis of the shaft of the bone. This separation is very common in children, the entire shaft

not yet forming one complete ossification. It is difficult to state with certainty the exact nature of the injury, it being some time since the accident. The parts have healed up well, and with little detriment to the young lad. But it is very evident that there is a slight deviation from the true relation of the humerus with the coronoid process of the ulna. This, however, is of little consequence, save in appearance, and that it in some degree restricts the free use of the joint. There is yet great mobility and good pronation and supination in the motion of the hand. A slight bulging on the wrist may be seen. This may in time subside.

Treatment.—Apply no bandages so as to confine the limb in any way ; use it frequently, and though it pain, passive motion must be kept up to restore the entire power of voluntary motion to the patient.

R

Saponis Liniment. ℥ i.

Rub the arm night and morning with this liniment, to bring about perfect circulation to the parts, and cause a healthy state to take the place of the otherwise sluggish flow of blood to an unused extremity, which, if retained for any period immovable, must necessarily terminate in atrophy of the muscles.

CASE XXIX.—STRUMOUS ENLARGEMENTS.

WALTER BUDD, æt. 11 months, and CHARLES WALSH, æt. 4 years, were brought to the Clinique to be treated for an enlargement of the glands in the neck, which had existed for some time. There was also a constant discharge from the ears, some running at the nose, a continual coughing, loss of appetite, and a general debility pervading the whole system. When food was taken into the stomach, their parents stated that they were invariably found to be incapable of retaining it for any length of time, and thereby seemed to derive little benefit from what had been administered as their proper diet. This indicated an over irritability of the mucous coats of the stomach, and a consequent tendency to eject whatever might come in contact with the lining membrane of this organ.

Treatment.—Prof. Mott recommended the ear to be kept cleansed with warm water; remarking that all these symptoms indicated a scrofulous diathesis, resulting from a deficiency of healthy food, a bad system of ventilation in the apartment, and probably an inherited predisposition to struma from one or both parents. The patients were recommended to keep as

much as possible in the open air, when favorable to out-door exercise, and good food. Iron would serve as a proper tonic.

Let them take small doses of Tinct. Ferri Iodid. This will add tone to the system, strengthen the digestive organs, and increase the appetite.

Some benefit might be derived by painting over the glands with Tr. Iodine,

CASE XXX.—STRUMOUS CONJUNCTIVITIS.

THOMAS HARRIS, æt. 2 years, was brought to the Clinique to receive the proper treatment for a constant inflammation of the eyes, accompanied with some discharge, and more or less itching, also great amount of photophobia. The parent stated that the disease began on the edges of the lids, and gradually involved the surrounding parts, affecting in due time the meibomian glands, which is very commonly the case with children of an enfeebled constitution and degenerated powers. Dr. Mott also remarked, that it was very common to see three and four children in the same family affected with a similar disease, shunning the light, and present-

ing that peculiar appearance about the lids characteristic of the malady.

Treatment.

R

Hydrarg. Bichlor. gr. xxth.

ae Cinchona Tr. . $\frac{z}{3}$ i.

M.

Let him take a teaspoonful twice a day, in sweetened water.

The Iodide of Potassium, when pure, in the cachectic stages of syphilis, given in five grain dozes and increased, produces an effect more beneficial in its results than many of the remedies administered some fifty years ago, such as the old tonics, opium, &c. However, Iodide of Potassium will not alone remove this disorder. A small ringworm being found on the arm, the patient was advised to rub the part with tobacco juice as a stimulating application, calculated to promote a healthy circulation.

CASE XXXI.—GANGLION.

MRS. REYNOLDS, æt. 42 years, came to the Clinique to be treated for a swelling immediately over the flexor carpi ulnaris of the fore arm, and

presenting in its characteristics the appearance of a Ganglion. Being small in dimension, Prof. Mott recommended that it be let alone for the present.

For treatment of Ganglions see Case XIV. page 16.

CASE XXXII.—TALIPES VARUS AND EQUINUS.

JAMES SOMMERING, æt. 10 weeks, was brought to the Clinique to be operated upon for club-foot. On examination the foot was found to incline downwards and inwards, constituting what is known as Talipes Equinus and Varus. This, in most cases, is caused almost entirely by an abnormal rigidity of the Tendo Achillis. Though in some instances other tendons require to be severed by the knife, as a general rule, when the patient is seen at an early period, and especially previously to their walking, by cutting the Tendo Achillis the foot may be righted, and with proper treatment recover its normal position. Dr. Alexander B. Mott then introduced a tenotomy knife beneath the integument, and cutting through the Tendo Achillis, at once placed the foot in the proper position. The slight wound from the incision being covered with plaster, the foot was bandaged and placed in an apparatus

made for the purpose, resembling a metallic boot bound with leather. In many instances the gutta percha boot is found more readily adaptable to the shape of the extremity, being so easily softened by warm water ; but at first the former more firmly secures the limb, and admits of no injurious motions and consequent derangement.

CASE XXXIII.—HEMIPLEGIA.

MARY FOY, æt. 2 years, was brought to the Clinique, by her mother, to be treated for partial paralysis of one-half of the body, which immediately followed a severe attack of Scarlet Fever. Soon after her recovery from the febrile symptoms that ensued, her mother noticed a gradual enlargement of the abdomen, which presented every characteristic of Dropsy. Ascites, being very commonly the consequence of Scarlet Fever, Measles, or any diseases of that kind, is not unfrequently followed by Hemiplegia, a sort of derangement of the nerves of sensation and motion. Prof. Mott also remarked, that teething and bowel complaints, by a species of reflex action of the nervous system, often produced similar results, curious in their effects upon the

patient, and at times very difficult to remove, or even palliate, by specific remedies.

Treatment.

R

Strychnine, gr. i.

Alcohol, $\bar{3}$ i.

M.

Let the patient take gtt. ij. three times a day, and perform passive motion on both of the affected extremities. Friction applied to the parts is often beneficial. Sometimes electricity has proved efficacious in extreme cases of long standing.

CASE XXXIV.—PENDULOUS TUMOR.

MRS. KAFE, æt. 42 years, came to the Clinique to be operated upon for a pendulous tumor of a fatty character, some three inches in length, attached to one of the labiæ externæ. On examination it was found to be constricted at its neck; and Dr. Alexander B. Mott immediately removed it by one clip of the scissors. The parts not bleeding much, the patient was dismissed, after a slight dressing.

CASE XXXV.—FEVER AND AGUE.

MARY MELLEY, æt. 45 years, came to the Clinique complaining of a severe pain in her side, alternate chills and burning fevers, followed by an exhausting and profuse sweat. She stated that she was unable, after these attacks, to engage in any work, owing to great debility. Her appetite was very poor; and even when food was taken into the stomach, on rising from her meals she was constantly troubled with pyrosis. Seven years before she had suffered from Fever and Ague, which, since that period, had more or less affected her by an occasional prostration of an intermittent character.

Treatment.

℞

Fowler's Sol. Arsen ic, 3 ss.

Gtt. vi. three times a day. If after taking this preparation the eyes begin to swell, let her stop, and come in two weeks. Many of the numerous preparations of Quinine would prove no doubt of service as a tonic, but for the present Fowler's Solution will strengthen her nervous system, and correct the evil tendencies of the disorder.

CASE XXXVI.—FEVER AND AGUE.

i/ JOSEPH O'HANLY, æt. 21, a picture moulder, came to the Clinique complaining of Fever and Ague, which had attacked him last Fall, rendering rest, since that time, altogether impossible, from the alternate chills that ensued, and the approaching fever that seemed to burn his entire surface dry. With only slight intermission he had suffered for the last three months ; and now the continual swelling in his feet has rendered it probable that anasarca may be existing in the lower extremities, resulting either from valvular trouble about the heart, or the direct effect of the miasmatic influences that surrounded him in his abode. His appetite being good, indicates that the chylopoetic viscera have not as yet been functionally deranged by the morbid tendencies of the disease. But his sleep being much disturbed, is an additional proof that his nervous system has suffered from the repeated shocks of this wasting infirmity. His bowels acting very irregularly, sometimes twice a day, and again not for the space of three days, exhibit a deficiency of tone and a torpor of the intestines. His emaciation is not remarkable, being characteristic of the rapid progress of this

disease, and the gradual sinking and succumbing of the energies of the sufferer.

Treatment.

Rx

Quinin. Super-Sulphat. 3 i.

Aromat. Sulphur. Acet. 3 ij.

Zinzer. Syrup. . . . 3 iij.

g
M.

Small doses at first are even more direct in effect and beneficial in their results than large ones. Let him take a teaspoonful every three or four hours, and just before the approach of the chill ; guard against any sudden check of perspiration ; and live, when not suffering from fever, upon the best food his means can afford or his appetite suggest.



Prof. Mott being prevented by professional duties from holding a Surgical Clinique on Tuesday, November 22, there was consequently no report of cases for that week.



PROF. VALENTINE MOTT'S
SURGICAL CLINIQUE.

NOVEMBER 29, 1859.

CASE XXXVII.—CANCER OF THE NOSE.

HANNAH CUNNINGHAM, æt. 62, came to the Clinique to be treated for a carcinomatous affection of one side of the nose, which had gradually increased, from a small sore, for the last fourteen years, growing more painful to the touch, and now becoming serious in its character. On examining the patient, Prof. Mott found a tumor about one inch and a half in length and an inch in width, involving nearly one entire side of the nose. He remarked, that it was covered with a thick scab, evidently a provision of nature to keep out the air and exciting ten-

dency of an accidental blow on the affected part.

Dr. Mott also stated that he had seen many of a similar character on the face, involving and destroying the nose, lip, and cheek, of the individual so diseased, thus rendering him an object at once repulsive to behold, yet melancholy to visit. When once the disease has reached a certain stage, and no remedies can prove of service, the knife is altogether useless, and hope of recovery has vanished from the sufferer's mind ; nothing can be more formidable in its gradual approach, nothing more agonizing to friend or victim than the slow, torturing, exsiccating, gnawing pains of a cancer !

Dr. Bennett of Edinburgh has written a valuable work on what he terms Cancroid affections, being only another term for carcinomatous diseases. The work is valuable to the student for its original views, clear and facile expressions of experience, and judgment ; and may be perused by the man of science with improvement, and by the scholar with benefit.

This particular case appears to be a cutaneous carcinoma of the nose, a very common place for them to originate ; it was called Lupus in olden times ; then Herpes exedens ; and by modern pathologists *Noli me tangere*. This,

on examination, may prove to be of a strumous character. In that event it would be more difficult to remedy the evil, and heal the part by the formation of healthy tissue. There remains much yet to be done by the surgeon for the eradication of struma affecting the face, and impairing the constitution.

Prof. Mott then mentioned a case where he performed a plastic operation on the face, removing nearly the entire cheek, with perfect success, as regards the surgical portion of the affair, but when the sutures came away and the cicatrix began to form, as is most common in such diseases, the cancer returned, and the patient at length sank under its frightful ravages.

Treatment.—In the present instance circumsection would be far more efficacious in its results than any manner of caustic applications. But until the patient can make up her mind, let the following be recommended.

Rx

Tabac. Olei. . . . , gtt. v.

Hydrarg. Ammon. Chlor. 3 ij.

Adip. , $\frac{z}{3}$ i.

M.

Rub the part every day, morning and even-

ing with this ointment, and avoid removing any of the scabs on the nose.

R

Fowler's Sol. Arsenic, $\frac{7}{3}$ ss.

Gtt. vii. three times a day.

Let her also drink of an infusion made from the common dock root.

CASE XXXVIII.—ADENITIS.

HENRY WISE, æt. 5 years, came to the Clinique with his mother, to be treated for an enlargement of the glands in the neck, about the upper third ; some situated above, some below the deep cervical fascia. They were attended with no pain, but gradually increased in number and size. On examining the part affected, Prof. Mott pronounced the disease to be the beginning of one of those glandular lymphatic enlargements, so beautifully and clearly described by Mr. Abernethy of London. Their tendency is to grow ; and though not of a malignant type in many of their characteristics, still, from their great liability to return, their softness in consistency, and direct influence upon the lymphatic system of the adjacent parts, ren-

der it not at all improbable that they may eventually terminate in carcinomatous degeneration ; and this is especially the case where the patient is of an enfeebled and cachectic diathesis, rendered scrofulous by bad diet, unhealthy food, and improper ventilation in his apartments. Dr. Mott read a paper on this interesting subject before the Academy of Medicine of New York, wherein he set forth many original views, and described several formidable operations—one particularly, where he was obliged to remove an immense tumor of this character, which involved a large portion of the deep jugular. On making the necessary incisions, it was found impossible to extirpate the gland without taking away a part of this vein. Three inches of it were exsected with the diseased mass. The proper ligatures being applied, and no phlebitis setting in, the parts were brought together and united by adhesion, and the patient recovered. This specimen may be seen in Dr. Mott's Pathological Museum.

Treatment.—Tr. Iodine is not as beneficial a remedy as is supposed ; it frequently shuts up all the surface by causing the capillaries to contract powerfully, and consequently the integument presents rather a dried exterior. It is far from being a resolvent.

℞

Potass. Hydriodat. 3 i.

Adip. 3 i.

M.

Rub this ointment over the part night and morning.

℞

Iodid. Tr. . . ʒ ss.

Let him take gtt. iii. three times a day; live on the best food; keep much in the open air; avoid catching cold, and take a moderate amount of exercise.

CASE XXXIX.—EPITHELIAL CANCER.

JOHN FINNEY, æt. 60 years, came to the Clinique to be operated upon for a small cancer of an epithelial character, that had been gradually increasing for the past two years. It seemed to have been superinduced by the habit of smoking a short pipe. This is more frequently the cause among the poorer classes than any other. The constant hot application, and the concentrated extract that accumulates in more or less quantities around the inner surface of the tube, all conduce to increase the irritation and produce a chronic sore. On examination it was found

to be rather hard, and covered over by a thick coating. The frequent shooting pains that come and go alternately, and with marked suddenness, are additional proofs of the presence of carcinoma. Its only cure is excision. But why cancer should always affect the lower lip, and Hare lip likewise with as certain accuracy involve the upper lip, are paradoxes that must be classed among the unexplained phenomena.

Prof. Mott then mentioned a recent case, where his son, Dr. Alexander B. Mott, removed the greater part of the lower jaw, from the angle down, together with all the fleshy parts, for a similar disease, which, from neglect, had eaten away the entire healthy tissue, and had sent out that peculiar idiopathic cauliflower excrescence. The muscles were severed ; and there being no tendency on the part of the patient to swallow his tongue, the sides of the cheek being brought together, and uniting, formed a substitute for the chin. He soon recovered.

Treatment.—Dr. Alexander B. Mott then, making a slight V incision, removed the cancer, and applying sutures and adhesive straps, the patient was dismissed.

CASE XL.—SYPHILITIC ULCER OF THE NOSE.

MARTHA O'BRANIGAN, æt. 35 years, came to the Clinique complaining of a sore throat and nose. Constant pains in her bones, increasing at night, also troubled her. The seat of this pain is generally on what is popularly termed the "shin," where, most commonly in the secondary stages, nodes appear, leading not unfrequently to necrosis of the tibia. A characteristic of the disease may likewise be diagnosed by the peculiar headache; this seems to affect the parietal bones, especially in the region of coronal sutures. Sometimes the throat is terribly affected.

Treatment.

℞

Hydrarg. Bichlor. . grs. iv.

Cinchon. Tr. . . . $\frac{5}{8}$ iv.

M.

Let her take a teaspoonful three times a day.

CASE XLI.—TALIPES VARUS.

A little child was then brought in by its mother, both of whose feet were affected by that peculiar inward twist caused by the abnormal

rigidity of the Tendo Achillis, and known under the name of Talipes Varus.

There are four kinds of club foot. First, the Varus, that where the foot is turned inwards. Secondly, Valgus, where it is turned completely outwards, and cannot be restored to its normal position. Thirdly, Equinus, where the foot points downwards, as the horse's hoof. And lastly, Equestrius, where the foot is flexed upwards, as a horseman's when it is inserted into the stirrup. These latter are less frequently to be met with, involving other muscles. But where two or more kinds of Talipes are to be operated upon in the same case, the result is more doubtful and the treatment more complicated.

Dr. Alexander B. Mott then cut the Tendo Achillis of both feet, and one still remaining rigid, severed a portion of the plantar fascia. The necessary dressing being applied, the feet were then placed in boots supported by strong bars, which served to keep them in their proper position, and yet did not materially interfere with the immediate comfort of the young sufferer.



PROF. VALENTINE MOTT'S
SURGICAL CLINIQUE.

DECEMBER 6th, 1859.

CASE XLII.—CONGENITAL HYDROCELE.

MARTIN SEELY, æt. 2 months, was brought to the Clinique to be treated for a swelling of the scrotum, which had existed since birth. The differential diagnosis between an inguinal hernia and a hydrocele in an adult may be easily determined by the feel of the parts when the patient coughs. Of course then the impulse is felt if it be hernia. Again the intestine may be readily reduced in most cases, on laying him on his back and applying taxis. The test for translucency and the pyriform shape will at once reveal the hydrocele. But when the case is that of a child it becomes far more grave to decide. It is indeed then a nice question to

+

distinguish between them. And when the hernia and hydrocele are together, unless the matter may with certainty be decided upon, and this may be aided by the relative displacement of the testicle, the best thing is to let it alone, if it be not very much enlarged.

Treatment.—The old practice of applying muriate of ammonia and vinegar has been superseded. Injections are dangerous and difficult. In such a case a small seton would effect much more than the active measures requiring the knife.

CASE XLIII.—MALIGNANT DISEASE OF THE BONE.

MARTHA MURPHY, æt. 11 years, came to the Clinique, complaining of swelling of her jaw, accompanied with occasional shooting pains. Her general health was good ; but this tumefaction seeming to increase, and not yielding to palliative treatment, she experienced great uneasiness as to the issue.

Prof. Mott, on examining the jaw, pronounced it to be a malignant disease of the bone—which if not speedily removed would involve the surrounding parts, and perhaps endanger the patient's life. She was recommended to go home, and when she could make up her mind,

have it at once cut out. Painful as the operation might be, the fatal consequences called for immediate measures.

CASE XLIV.—COMPLICATED HARE LIP.

A poor woman came to the Clinique, with a young infant of 7 months to be operated upon for Hare Lip. She had had six children, and alternately every other baby was born with Hare Lip. In one instance she brought forth twins; one was so affected and the other perfectly well. Prof. Mott then gave the following division :

Simple	Hare Lip.
Compound	“
Complicated	“
Compound-Complicated	“

This complicated case goes through the soft parts as well as the bone. The lip is split ; and the bone, gum and palate are divided with almost mathematical precision. Though Prof. Mott had operated over two hundred times for Hare Lip, he never saw convulsions arise from the direct cause. The dangers attending the operation are suffocation, if the sides of the nose are brought together by the sutures and the child cannot breathe. Again they sometimes

sink from loss of blood and consequent prostration. But with proper care there is little danger. After the operation, one drop of Tr. Opii. may be administered two or three times a day to soothe the patient and quiet its nerves. The great object must be to make a good mouth, and this may be accomplished by putting one of the sutures through the lower part of the lip just about the vermilion border, so as to bring the sides exactly in juxtaposition. When there is some tension, and the parts bleed, the application of a pin and figure of 8 suture will prove of much service in adapting the sides and staying the flow of blood. A napkin should pinion the arms of the child, if it be 7 months, so as to prevent any unfortunate consequences resulting from its touching the part. The stitches may be removed in six days. Care should be taken not to perform this or any operation of a similar nature on a child when teething. We know that convulsions, or bowel complaint and many other disorders are produced alone by teething, why then subject a child to additional danger when under its exciting influences?

Treatment.—Dr. Alexander B. Mott then performed the operation with care and dexterity, bringing the sides together so as to scarcely leave any trace of the former appearance.

CASE XLV.—ULCERATED ANEURISM BY ANASTOMOSIS.

MARY GRIFFEN, æt. 7 years, came to the Clinique—see Case X. page 9. The great flow of blood that came on the previous night, nearly producing death, rendered it advisable to proceed at once to some radical cure of the nævus.

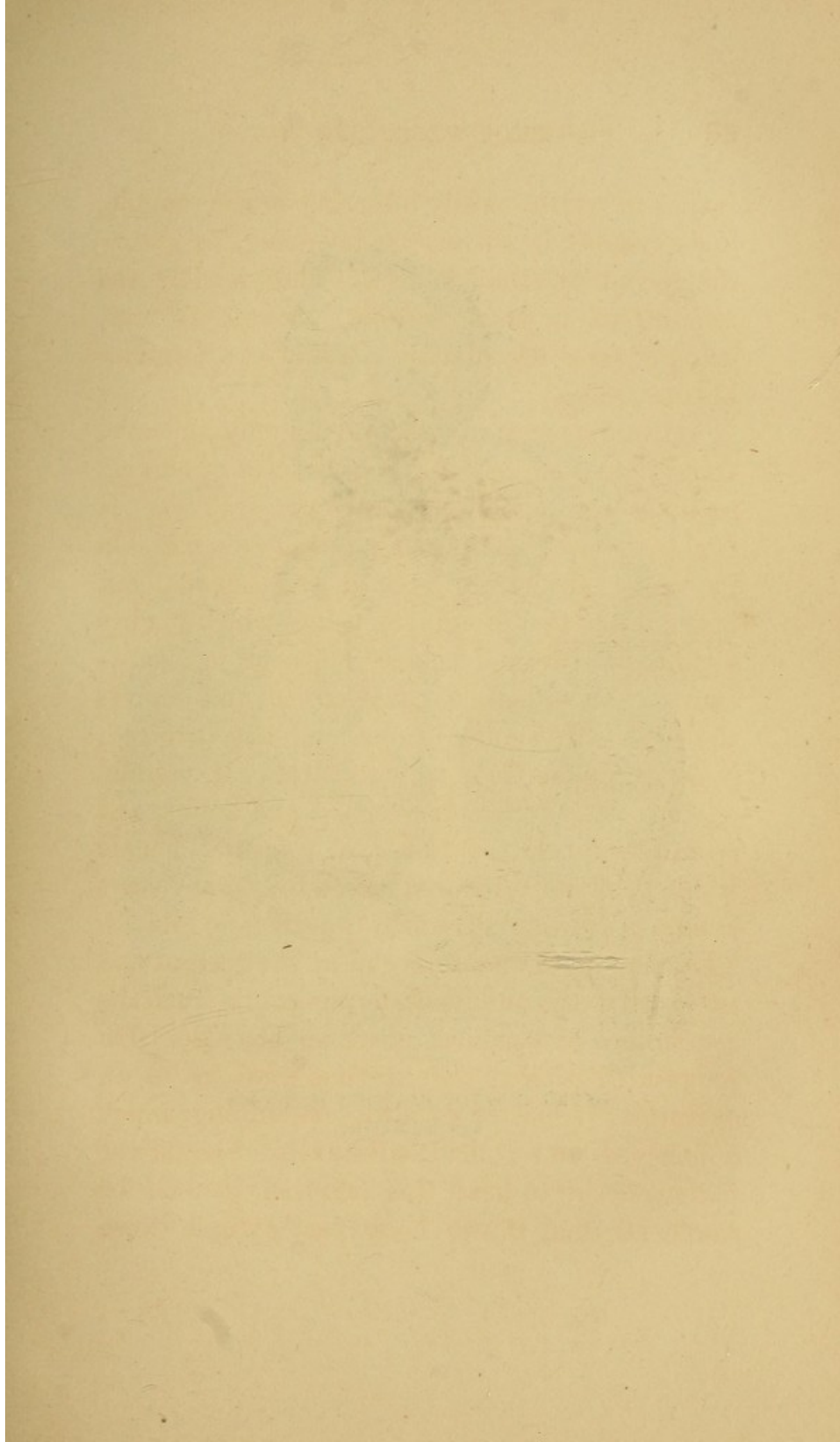
Treatment.—The Per-chloride of Iron was then injected into the tongue through the syringe, it being held out by a pair of pincers. But on puncturing the nævus a stream of blood spouted forth some four feet. The actual cautery was then applied with red hot needles, the patient being all the time under the influence of chloroform.

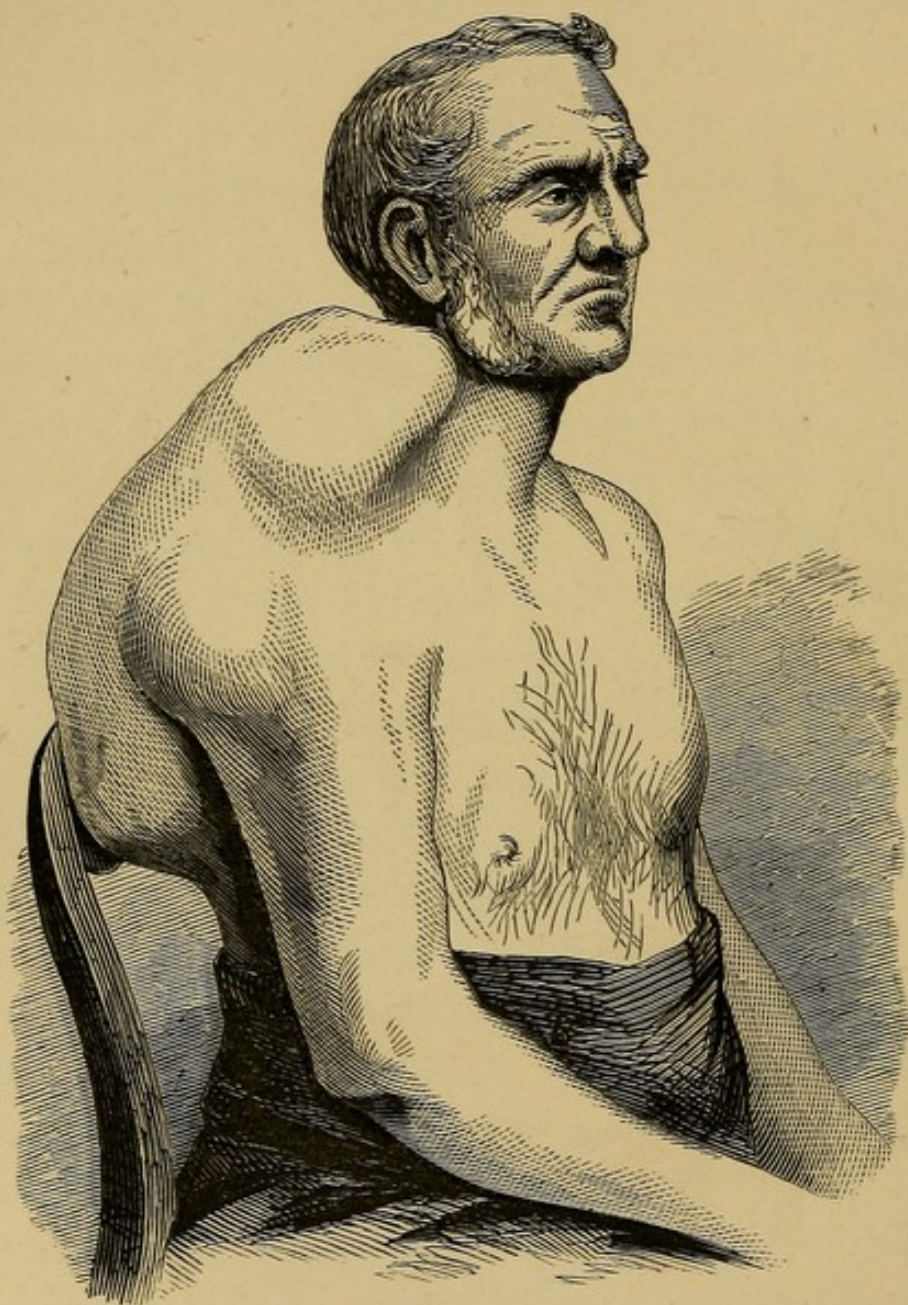
CASE XLVI.—OSTEO CHONDROMATOUS SARCOMA.

LOUIS FOOT, æt. 70 years, came to the Clinique, to exhibit, for the benefit of the students, an immense tumor on his shoulder. On measuring the tumor it was found to be eighteen inches in length, vertical in position, and eight

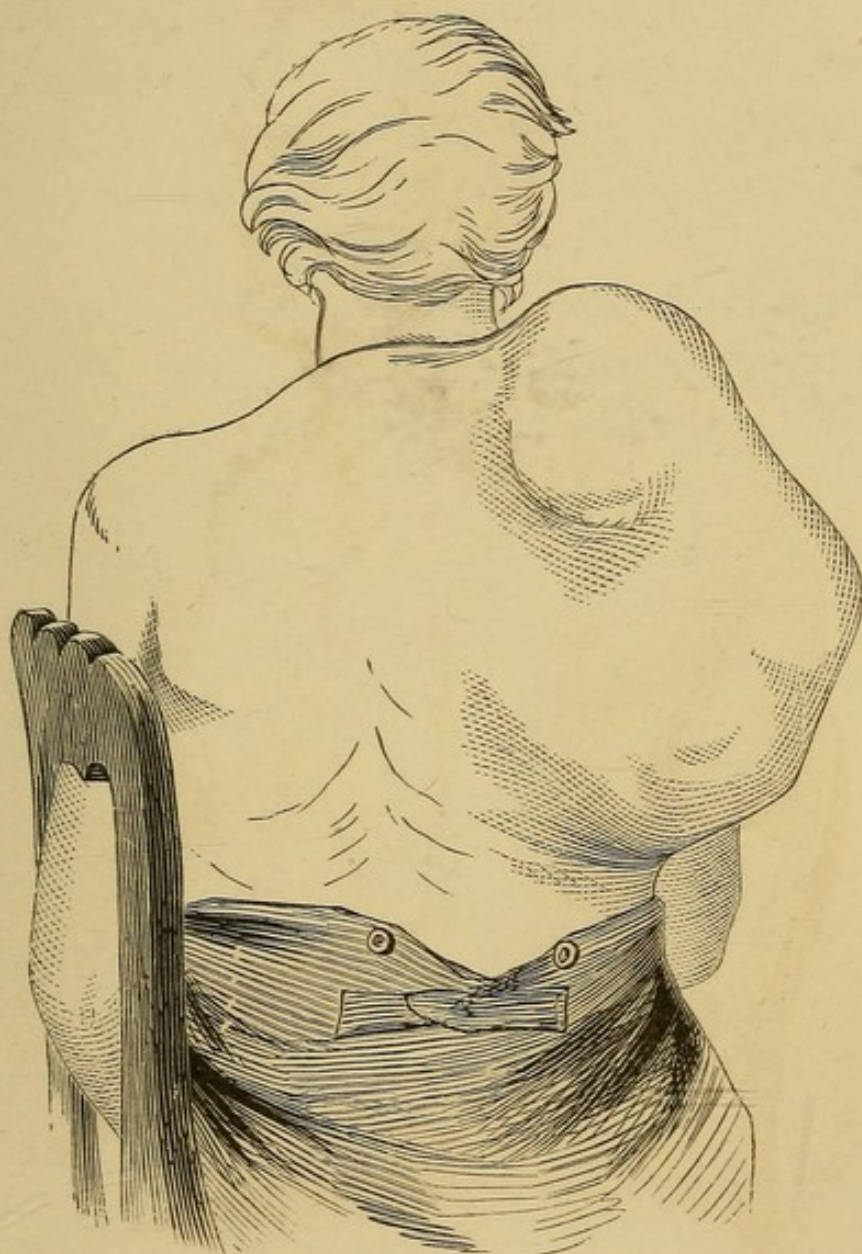
inches in width, mostly adhering to the scapula, and probably in no respect involving, by immediate contact, the clavicle. This renders the removal of it more feasible, though at best, being of great vascularity, it would be a formidable operation.

It is of recent growth, having only appeared three years since, when it was the size of an egg, and was situated directly over the scapula. It could be moved then, though now it adheres. On its upper surface it is hard and osseous, but below forms two prominent points which readily yield to pressure and feel internally soft in consistency. You sometimes can even feel and depress the shell. The deltoid muscle is much involved, it being impossible to raise the arm to its normal extent. The surface is irregular and nobby, and resembles much the tumor of a young female which Prof. Mott removed successfully many years before, a drawing of which he then exhibited. This mammoth disease began at the occiput and extended to the umbilicus, forming very much the appearance of a ruffled cloak on one side. On puncturing it from time to time previous to an operation, a matter exuded, resembling much a honeyed and colloid substance. Should the patient desire to have this removed, it must be sawed off, and if the bony part extend down



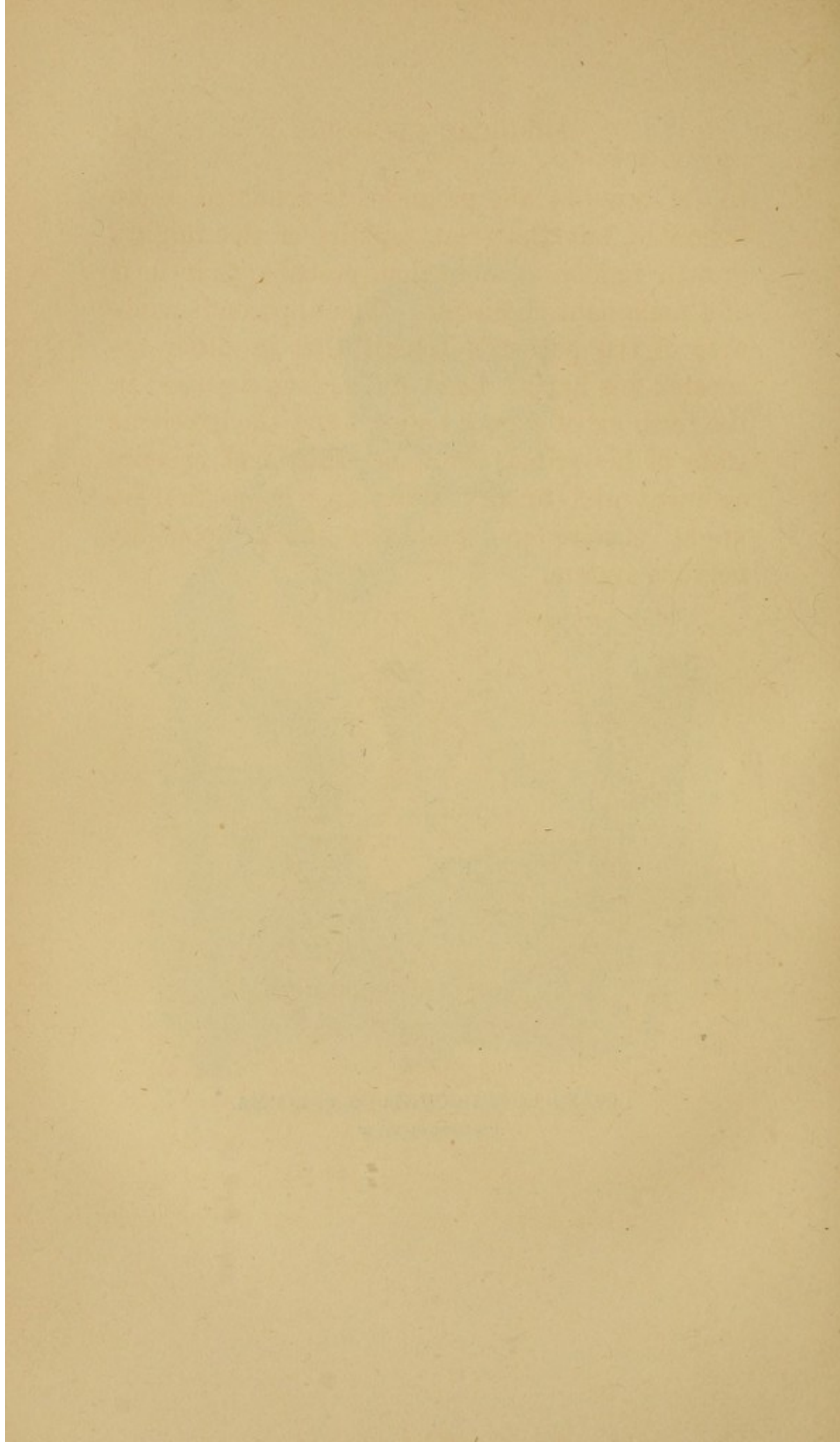


OSTEO CHONDROMATOUS SARCOMA.
ANTERIOR VIEW.



OSTEO CHONDROMATOUS SARCOMA.

POSTERIOR VIEW.



to the scapula the prognosis is rendered more favorable, but the great rapidity of this mighty growth renders it more than probable that it is of a malignant character. The apparent soundness of the patient's constitution in other respects ; his having lived for so long a period in the fresh air of a pure region ; and the excellent state of his primæ viæ, give additional encouragement and furnish promising hopes that he might survive so sudden a shock upon his nervous system.





PROF. VALENTINE MOTT'S

SURGICAL CLINIQUE.

DECEMBER 13th, 1859.

CASE XLVII.—STRUMOUS CONJUNCTIVITIS.

MARY FINIGAN, æt. 15 years, came to the Clinique complaining of a general inflammation of her eyes, affecting the outer coat, and producing more or less photophobia. The constant running of the eyes, and incessant itching, accompanied by a great amount of burning pain, called for immediate measures to rectify what had arisen from prolonged neglect on the part of the patient.

On examining the eyes there was easily discernible an increased amount of vascularity in-

dicating a passive congestion, and at once marking the presence of acute conjunctivitis. On depressing the lids it was seen that there was also some sclerotitis which added much to increase the difficulty and prolong the trouble. This coat being far less vascular than the conjunctiva, requires of course much more irritation before it can become inflamed ; and inversely is equally obstinate in submitting to curative measures. A large amount of matter was also found deposited in the anterior chamber of the eyes, falling down on a level with the iris, and interfering greatly with perspicacity of vision. The existence of the scabs on the lids is readily accounted for by the increased secretion of the meibomian follicles, which is an important consequence of this disease. The young patient being of a strumous diathesis, is a fit subject for such an affection ; and an equally difficult one to remedy speedily.

Treatment.—By applying a general constitutional tonic treatment to build up her enfeebled health and strengthen her system, there would be a corresponding evil in increasing the already excited state of her inflammatory affection. She requires, on the contrary, to be depleted, in order to decrease this abnormal amount of febrile action, which renders at present ap-

plications of no avail, till it is diminished by antiphlogistic remedies of an active character. Let her diet then be of the simplest kind, consisting of broth, gruels, and vegetables ; avoiding as far as possible any meat for at least a period of two weeks. The eye must not be used under any consideration. Her own instinct will lead her to seek apartments of a subdued light, for this photophobia is a most painful feature of the disease.

℞

Hydrargyri Submuriat.

Jalap. Pulv. āā grs. x.

M. et ft. Pulv.

Let her take this powder in a little syrup to-night. This will tend to clear out the system, and also lessen the congested state.

℞

Plumbi Acetat. grs. xx.

Opīi Tr. . . 3 j.

Aquæ Bulient. . . oʒ.

M.

This lead and opium wash, which is so frequently used in syphilitic sores, will arrest the irritation of the choroid, which is the vascular coat of the eye. Bathe the eye frequently with this, when warm. It is as unaccountable as it

is true, that warm applications, in passive congestion, serve to allay pain, soothe the parts, and favor exudation when the capillaries can no longer contract forcibly upon the blood, though stimulated by cold dressings or astringent lotions.

CASE XLVIII.—EPITHELIAL CANCER.

GEORGE CRAMULE, æt. 31 years, baker, came to the Clinique, to be operated upon for cancer of the lower lip, which had arisen from the constant habit of smoking a pipe. Dr. Mott remarked that it was not so much the pipe smoking as the kind of pipe. This small, clay, cheap tube that sticks to the lips when held between them, seems from its porosity and heat to communicate directly with the surface of the lip—while in the East the Turks with great care attach to the upper extremity of their long chebouks pieces of amber, which are bad conductors of heat, and likewise may be easily removed and washed ; moreover they exercise much forethought in causing their smoke to pass through a small flask of water. By this means a twofold purpose is accomplished, the smoke is washed, all the impurities being taken from it, and it is cooled before it reaches the mouth of the smoker. This precaution has no doubt

saved many from this painful and most distressing disease.

Dr. Alexander B. Mott then made a small V incision and removed the cancer. Two sutures were then passed through the parts, including in their passage the arteries themselves; adhesive straps were applied, and the patient dismissed.

CASE XLIX.—ORCHITIS.

JAMES BRADY, æt. 45 years, a married man, of temperate habits, came to the Clinique, complaining of a swelling of the testicle, which commenced about three weeks ago, and has been gradually increasing in size. He first noticed that it had become heavy, and painful to touch in any way. He experiences some difficulty in passing his urine; micturates frequently and little at a time. This increase of size beginning above and gradually going down, continued to pain intensely for the first week. Then the parts seemed to adapt themselves better to the enlargement of the testicle which had of necessity pressed upon the nerves of the affected organ.

On examining the patient Dr. Mott stated that it appeared to be an idiopathic orchitis assuming a chronic character, from the fact of

the patient having in no way contracted any venereal disease at any period before the inflammation had set in ; and moreover because he could in no way account for any direct or indirect violence injuring the parts in that locality. There was found to be no enlargement of the spermatic cord, and on palpation there existed no evidence of that peculiar hardness, indicating the presence of scirrhus. Though malignant disease not unfrequently attacks the testicle in the form of encephaloid tumor, still as that is rapid in its growth and gives proofs of its presence by sharp shooting pains, there is not sufficient ground for such a diagnosis. This may be also termed the "sclerocele" of Ramsden of St. Bartholomew's Hospital, which simply means a hard swelling, attended with little or no pain. It is likewise called *Hernia humoralis*.

Prof. Mott also remarked that he had removed over a bushel of testicles, some of them weighing more than a pound, and often increased by disease to the size of an ox's bladder, when of the cerebriform kind. It is rather curious to the practitioner, when in a prolonged case of parotitis, by some unknown nervous metastasis the testicle by sympathy commences to pain intensely and without the presence of any syphilitic taint, or gonorrhoeal trouble. This, how-

ever, is fortunately only to be met with in adults. Infants, who are most usually afflicted by this disease, are entirely exempt from its attendant consequences.

Treatment.—Let him at once procure and apply a suspensary bandage to the part. Judicious strapping often keeps down the swelling, and by degrees reduces it to a much smaller size.

℞

Hydrargyri Unguent.

Camphor. . . . āā 3 i.

Adipis. ̄ vi.

M. et ft. Unguentum

This ointment is to be applied directly to the scrotum of the enlarged testicle.

℞

Hydrarg. Sub. Muriat. grs. x.

Pulv. Scillæ. ̄ i.

Opii. grs. x.

M. et divid. in Pil. no. lx.

Let him take one of these pills every morning and evening. Squills are excellent deobstruents and diuretics, and taken in conjunction with the other remedies act as an alterative.

CASE L.—GONORRHOEA AND SYPHILIS.

PATRICK HIGGINS, æt. 23 years, a stone polisher by trade, came to the Clinique, complaining of an enlarged penis which had been covered with sores for the last six weeks; and was also accompanied with a slight discharge from the urethra, which last had only commenced in the past three days. During each attempt to pass his urine he had experienced an intense scalding pain following the course of the urethra. The sore began near the glans penis in a little chancre some three weeks after connection with a woman. Prof. Mott remarked, on hearing this statement, that it was unusual for the disease, when so contracted, to remain dormant for such a period of time.

It is a clear case of Gonorrhœa and syphilis; both attacking the unfortunate man at the same moment. This is not at all unfrequent with the lower classes of life, in infested cities and among so debased a community as inhabit some of the poorest quarters of a densely populated neighborhood.

The chancrous part of his disease is by far the most important to treat at present; to prevent, if possible, any constitutional trouble that might ensue if it be neglected. With regard to his clap, Mr. Abernethy said that Dessault

used to remark in his Lectures that "clap was like a cold or bronchitis ; it would wear itself out." But this is not so : in too many cases it wears out the sufferer, and if it be of an inflammatory character, though apparently corrected and exterminated from the part, twenty or thirty years after a stricture may tell of past troubles and present difficulties.

Treatment.—Let him drink from oj to ojj of warm, sweetened flax-seed tea, during the day. Syrups of all kinds are great soothers in clap. And when the case is an aggravated one, Balsam of copaiba, or syrup of cubebs, will relieve the immediate pain and correct the disorder.

Urethritis can be treated with complete success without administering injections. And as there are very few who take sufficient care in introducing the syringe, it is best unless the case be an obstinate one to employ other remedies. The glass syringes are not worth any thing ; their points are too long ; and if introduced, produce great pain and increase the inflammation by distending the already contracted meatus urinarius. In olden times the pewter syringe with a short conical tube was the best. But of late years the gutta percha ones are by far the easiest to adapt and least irritating when introduced.

The black wash is excellent, consisting of Hydrargyri submuriat. and aquæ calcis ; but as a general rule it sticks to the chancre on the rag, and cannot be as readily removed as the common mercurial ointment, which is the best external application. Ricord recommends the following :

R

Hydrargyri Protiodid. grs. xx.

Pulv. Acaciæ. . . . 3 i.

M. et div. in Pil. no. lx.

Let him take one of these pills three times a day. Sometimes a little opium will assist in quieting the pain and lessening the nervous excitement of the patient. He must on no account drink any liquors of any kind whatsoever. Lager Bier would tend much to increase the trouble by its direct action on the kidneys.

CASE LI.—GUNSHOT WOUND.

PIERCE BUTLER, æt. 22 years, came to the Clinique, to be treated for a gunshot wound received in the hand some ten days before.

While attempting to place a cap on his pistol he accidentally pulled the trigger, which resulted in the immediate discharge of the piece, sending at once two slugs through the palm of his hand,

and passing obliquely through the lower part of the fore arm. This last was inferred from the fact that there were two holes, the one in the hand and the other in the arm. It being well known that the aperture made by the ball in its exit is much larger than that formed by the entrance of a bullet, the only inference to be deduced is, that the slugs are not in any part of the patient, and that the inflammation is only the necessary consequence of their former presence in the wound. The pain is of the peculiar character which belongs especially to gunshot wounds. This kind of solution of continuities embraces all the features of every species of wound to be met with in surgery. The great danger to be apprehended in all cases of a similar nature, is that the sudden shock produced upon the nervous system, like railroad fractures, or accidental scaldings, reduces the patient at once by instant prostration; or the reaction may terminate in dangerous inflammation, which too often ends the life of the sufferer by the sloughing and gradual mortification of the surrounding parts. If any foreign substance can be found in the flesh, it should be instantly removed. But if the probe does not speedily determine the locality of the bullet, no exploration ought to be made with a view to ascertain posi-

tively its exact position. For, in a short time, a small cyst is formed round the irritating body ; and it may remain for years in the fleshy parts without producing the slightest inconvenience, or occasioning any painful sensations whatsoever. Prof. Mott then related a case where an officer, in the war of 1812, received a grape-shot through Poupart's ligament, close to the artery ; but, being external to it, there was not so great a flow of blood as might otherwise have been apprehended. The ball, on its way, carried in with it a portion of his clothes, and emerged behind the great trochanter, through the glutei muscles, leaving a gap so wide, on its entrance, that two fingers could be inserted with ease, and the pulsations of the artery were as distinct as though it had been laid bare for ligature.

Again, even where there is only one hole, and the bullet cannot be felt, it is not at all improbable that it will escape notice. There are not a few cases of this nature, where the ball has passed through the integument on the head completely round the skull, and come out on the opposite side by which it entered. Another case occurred where a young lad, while walking through Chatham street, was accidentally shot by a pistol going off on the other side of the way. The bullet passed through the window pane, and

lodged itself in the calf of his leg. On endeavoring to ascertain its exact position it was found impossible. The patient was left to himself, being only treated for the inflammation arising from a wound. In a short time the bullet was covered over by a cyst, which protected the parts from any future irritation ; the slight solution of continuities connected with the surface healed up, and the young man recovered the entire use of his leg, and suffered no material inconvenience when taking exercise.

In another instance, a gentleman received a shot from his opponent, while engaged in a duel, which resulted in the lodgment of the ball immediately over the capsular ligament, around the head of the femur. The exquisite pain that he suffered called for some treatment that might, in some way, mitigate the torture, and relieve him from the agony arising from the vast amount of inflammation that followed the entrance, and irritation caused by the foreign substance. He was advised, by some of his surgical friends, to let the swelling of the limb subside and await the issue of a few days. But one of the attending surgeons, deeming it more prudent and advisable to explore for the bullet, cut down, freely exposed the ligament, laid bare the ball, and removed it. Though the ball

had been extracted, inflammation of the hip-joint set in, of a most awful character, and the gentleman, after enduring a protracted illness, occasioned by prostration ensuing the agony of the inflammation, recovered, with permanent ankylosis of the joint. Hence, it is best, on all occasions, to poultice the wound till suppuration sets in ; then keep the part protected from cold, and watch carefully the progress or decrease of the irritation.

Treatment.—As there is every reason to believe that the balls only passed through the hand, the best thing to be done is merely to wash the parts twice a day with warm water and Castile soap, for half an hour at a time. Anodynes, in punctured and gun-shot wounds, where an undue amount of irritation is the result of reaction from the sudden shock, allay pain and quiet the patient's nerves.

CASE LII.—OZNÆA.

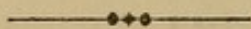
WILLIAM SULLIVAN, æt. 12 years, came to the Clinique, complaining of a sore nose, which discharged, at times, matter very offensive to the smell, and which ulcer also seemed to increase in size, involving both sides.

Prof. Mott examined the nose, and found the

sore to be of a phagedænic character, which, not unfrequently, destroys the nasal bones, causes the nose to fall in, and terminates in the derangement of respiration and articulation.

In the adult, this is most commonly the result of constitutional syphilis, affecting, more or less, the palate, roof of the mouth, and nasal organs. Mercury, given in too powerful doses, sometimes, by salivating the patient to a great degree, will bring about a similar result. While, in the child, a vitiated habit and strumous cachexia, will produce an equal amount of disorganization of bone and tissue, which at times defies the therapeutics of a practitioner, and terminates in the loss of the nose.

Treatment.—Build up the constitution by tonics, Arsenic in small doses, Iodide of Potassium, and the best and most nutritious food. Injections with some of the chlorides, will arrest the offensive fœtor, which is a part of the disease. Should the child present evidences of a syphilitic taint, inherited from one or both parents, then the mercurial remedies must at once be recommended.





PROF. VALENTINE MOTT'S
SURGICAL CLINIQUE.

DECEMBER 20th, 1859.

CASE LIII.—CONTRACTION OF LITTLE FINGER.

BRIDGET LANNEY, æt. 23 years, came to the Clinique to be treated for a contraction of her little finger, which had existed from her birth. The family with whom she lived, objected to the ungainly appearance of her hand when waiting on table. Dr. Mott stated that this was most natural, especially in newly married families, where the young wife being with child, is naturally nervous, and might in some way affect the foetus by a mother's *mark*, the result of a repulsive sight constantly before her.

On examining the hand, Prof. Mott stated that it was exceedingly common for the digita-

tions of the fascia palmaris to contract in such a way as to lead to conditions similar to those which are the consequence of burns. The metacarpophalangeal joints are ankylosed: and in such a case it is necessary to divide the flexor tendons, in order to free the finger from any rigidity of parts, which results, as well from a fixture of the joints, as from the tension of tendons.

Gerrain and Dupuytren have written well on this subject, and suggest many methods, of a novel kind, to bring about a perfect cure. But in the English language few have equalled, in simplicity of diction and clearness of expression, Little on club-foot, and diseases of the extremities, whose details are at once plain, while their execution is easy and propitious.

Treatment.—The first thing to be done is to cut the digitations. Then bandage the finger with splints. But great care should be taken in employing force. For if too much violence is used, the parts will slough and thereby complicate the difficulty. The finger should not be entirely straightened before the lapse of three weeks. If, however, there exists too much resistance, the flexor tendons may be divided, and then the finger may, at once, be extended and bound over a small splint.

In cases, where a cicatrix has resulted in, what the French term, "contracteur" of one or more of the phalanges of the hand, the best possible means of remedying the evil, and bringing about a positive and permanent cure, is to make a free incision, lay bare the line of union, and cut out entirely that portion of integument which has thus caused the restriction of movement on the part of the flexors. Should there be too much of the flesh removed by this operation for the wound to heal by granulation, without preventing more or less deformity, a plastic operation, judiciously carried out, by taking some of the flesh from the fore arm, and twisting it so as to accommodate it to the formation of a new palm, may succeed and leave little that may derange the function of the parts, or increase the difficulty of healing. Of course, where the patient is of a strumous, syphilitic, or otherwise vitiated diathesis, this would be as imprudent in its undertaking as it would be disastrous in its consequences; but, *cæteris paribus*, the prognosis is very unfavorable.

Seafaring captains, who are constantly exposed to hardships of a manual character, and who, in youth, when before the mast, have handled ropes and stood for hours at the helm, not unfrequently are unable to open their hands entirely. The constant contraction of the flexors,

in holding on ; and the rough usage to which they are exposed, not only so affect their fingers, by curving them, but the horny texture of their hardened skin adds much to complicate the operation and prolong the treatment for radical cure. Where, in children, a congenital difficulty arises, from their being born with a union of three or more fingers, the best manner of overcoming this abnormal growth is to divide them, each separately, carefully avoiding the course of the digital arteries, and likewise bearing in mind the relative anatomy of the delicate nerves distributed to their extremities, and being the most superficial in position. The integument between, being thus dissected, should the case call for it, the fingers may be symmetrically healed by what the French term "glissement,"—a gliding of the parts to be adapted.

Dr. Alexander B. Mott then divided the flexor tendons of the little finger, and a portion of the fascia palmaris, the patient not being willing to have it cut off, in accordance with Prof. Mott's advice : for its permanent contraction during so long a period, and the absence of all mobility, rendered it exceedingly doubtful as to the result of the present operation. The finger was then straightened, wrapt in lint, and bound to a small splint made for the purpose, and the

patient was dismissed, with directions not to use the hand, in any way, while engaged in her attendance on the family with whom she lived.

CASE LIV.—DEAFNESS.

JAMES NEWMAN, æt. 34 years, came to the Clinique complaining of a hardness of hearing, which had existed for the last three years. It gradually becoming worse, and rendering him consequently more worried in mind, had induced him to call, that he might ascertain the prognosis of the malady, or obtain some advice of practical importance. On being questioned as to the cause, he could in no way account for it.

Not unfrequently cases are to be met with where patients, afflicted by partial loss of hearing, have, to a more or less extent, irritated the parts, by introducing the end of their spectacles, the heads of pins, or other such instruments, with a view to remove the wax, which, from their ignorance, they know not is secreted by the ceruminous glands,—a wonderful provision of nature to keep out the approach of all insects, which otherwise would enter and materially affect this all important sense. Whereas, by their rough process of excavation, they do far more harm than even an insect within the

meatus auditorius externus, by seriously injuring the tympanum, bring about a low form of chronic otitis, which terminates in a consequent thickening of this little drum; and a permanent deafness is the result. All this cleansing might much more effectually be brought about by the free use of warm water and soap-suds.

Treatment.—On examining the ears, they were found to be filled up with a hard, waxy substance, very dry and thick in consistency. The patient was recommended to wash out his ears, carefully, every morning and evening, with warm water and Castile soap; and avoid, in any way, scratching or picking them, and get $\frac{3}{4}$ i. of Glycerine. Let him drop a few gtt. into his ear every night; this will allay all irritation, conduce much to the formation of a healthy secretion, and do away with the undue amount of wax which is now exuded by the little follicles surrounding the meatus auditorius. As his deafness is in no way attributable to scarlatina, a disease, at times, serious in its consequences, and which, very often, closes up the Eustachian tube, constituting "Eustachian deafness," there appears, at present, to be no necessity for an operation. In cases which are similar to those which arise from stoppage of the Eustachian tube, by trephining over the mas-

toid process of the temporal bone, which is full of air-passages connecting with the ear, a direct communication is made by the entrance of air. By this means, the cause of deafness being removed, by supplying the place of the occluded air passage, hearing is restored and the patient recovers. This has been successfully accomplished. However, in a case where the physician of the King of Sweden was so afflicted, and tried this mode of curing himself, by permitting an operation to be performed upon his own person, he recovered his hearing, but phlebitis set in on the twelfth day, and terminated in pyæmia, which, pervading the system, soon ended his life. Since that time this mode of bringing about a radical cure has been abandoned, and the surgeon has to endeavor to reopen the Eustachian tube by introducing his instrument through the nose, and then, a little back of the passage, turning its curved end upward and obliquely outwards. This has also resulted favorably ; but it requires great delicacy of manipulation, and a clear idea of the relative anatomy of the parts.

CASE LV.—HYDROCELE.

JOHN LATIMER, æt. 17 years, came to the Clinique to be treated for a swelling in the scro-

tum, which had arisen from a fall off a hay loft, striking the testicle in his descent. This swelling commenced immediately, some two years since, and soon after the tumefaction was visible, water appeared to fill up the entire sac, distending it to abnormal dimensions. But the secretion of this fluid, within the tunica vaginalis, had been so gradual and slow that the parts had accommodated themselves, the pain subsided, and the only inconvenience, accompanying the present case, was the great weight of the bag so filled with the fluid as to depend in a strained manner and greatly interfere with the process of locomotion. The Hydrocele had been punctured eighteen months before, and a quantity of this mucous liquid had been drawn off, but ere long it would reappear, and continue in much the same way as formerly. Though the testicle appeared to have recovered its natural tone, and no orchitis could be detected, by questioning or palpation ; as is most frequent in similar cases, the original cause having been arrested, fluid was still secreted.

Prof. Mott then examined the part affected by this malady, very carefully, and remarked that a feature existed in the present instance which was not at all uncommon ; namely, the peculiar contraction in the middle of the tumor.

On feeling the spermatic cords, nothing abnormal could be detected. Fluctuation was readily recognized, by gentle pressure on both sides, at the same time alternately. As the young man stated that the swelling, arising from the accumulation of fluid, began at the bottom of the scrotum and gradually filled up the whole bag, this was an additional proof of the non-existence of hernia, in the case then under examination. Its shape, though not pyriform, was by no means that of an inguinal sac filled with intestine, or other viscus.

There are five kinds of Hydrocele, each of which presents pathological characteristics peculiar to itself. In the first instance, we have Hydrocele proper, a condition in which serum is effused into the tunica vaginalis, the result of inflammation. This is diagnosed from Hernia, by means of the dioptric test ; the patient being taken into a dark room, and a lighted candle held on one side of the bag, the transmitted light reveals translucency, indicating the presence of fluid. An additional proof of this disease, which assists greatly the physician in determining the presence of fluid and not intestine or omentum, is the pyriform shape, the scrotum being filled from the bottom upwards. In Hydrocele the testicle cannot be easily felt, and is likewise to be found,

when palpation can determine its position, behind the fluid, at the point where the epididymis becomes vas deferens; whereas, in Hernia, the sac pushes forward the testes. Fluctuation may also not unfrequently be felt by placing the fingers above and below and pressing alternately, though sometimes distension is so great, from the accumulation of fluid, that this cannot be done. The impulse felt on coughing is almost conclusive of the presence of Hernia. Sometimes the hernial sac is so distended by flatus as to deceive the examiners, by its translucency and consequent resemblance to Hydrocele. There is sufficient proof of the non-existence of varicocele, for the worm-like collection of congested veins may be easily distinguished by the touch. A second kind may be termed Congenital Hydrocele. This condition exists where the testicle, having descended into the scrotum, at about the seventh month of foetal life, the opening has not been occluded. This may be recognized, at birth, or may come on some short time afterwards. Though the treatment, as regards puncturing, is the same as that of the common Hydrocele, it would not be safe to inject any Iodine, or other such stimulants, for the purpose of begetting adhesion, as peritonitis might follow. This

species of disease may be distinguished from the other kind by pressing along the cord ; the fluid, by this means, may be forced up, and, as it were, reduced. The best method of cure in such cases is to apply pressure above the collection of serum, and thereby bring the sides together, separating the sac from the cavity of the peritoneum. When this may be considered as fairly accomplished, a radical cure is readily effected by pursuing the same method as that followed out in the treatment of common Hydrocele.

The other kinds of Hydrocele, three in number, are more difficult to diagnose, and less frequently to be met with in practice. The diffused Hydrocele from its name, determines the nature of the variety. Another kind, encysted Hydrocele, is characterized by a serous cyst developed on or near the testis ; and is most commonly to be met with in the upper part of the tunica vaginalis, and as unfrequently between the tunica vaginalis and testis. This kind may be punctured, and a small seton retained until inflammation set in. Hydrocele of the spermatic cord consists of a collection of serum in the cellular tissue of the cord, or of small cysts along its course. It is sometimes confounded with congenital hernia. In such cases a truss should be worn.

It is an interesting fact that formerly most of the Hydroceles, operated upon by surgeons in this country, came from the South ; whereas, at present, the city of New York has more cases, of this nature, to treat in one year, than all the other cities in that space of time. Perhaps in some measure an indirect cause may be owing to the constant habit of horseback exercise in the South. Any sudden jerk, under these circumstances, would at once tend to injure the testicle, or other portion of the scrotum, by direct violence applied to the delicate organs.

Treatment.—With regard to the treatment for this disease, many different methods have been adopted by the learned of various countries. In olden times it was the custom to puncture the distended bag and then inject sulphate of zinc in the proportion of 3 i. to the oj. This rarely failed to prove efficacious. But, when it did not bring about sufficient irritation to beget inflammation, the amount of sulphate of zinc was doubled, and the desired result accomplished.

Sir James Earle was in the habit of injecting port wine and water ; but, in many instances, this did not possess sufficient strength to bring about a radical cure. Sometimes, however, it was quite successful. It is said by some

practitioners that iodine does not pain as much as the sulphate of zinc and copper, or other such stimulating fluids. But this is not so. In some cases the patient will not experience in any way inconvenience by the throwing in of the tr. iodine ; while in other instances the greatest amount of suffering will be apparent on its injection. All fluids, of every description, will cause a great amount of pain, when introduced as foreign substances into the scrotum.

Velpeau was constantly accustomed to inject cold water. And even in those cases great pain was felt by the patient. On using any injections great care should be observed not to let the fluid enter the cellular tissue between the coats. For, in many instances, this untoward accident has brought about an erysipelatous condition, which has terminated in sloughing and loss of a part or the whole scrotum. Celsus was addicted to the method of making a free incision, and then filling up the wound with lint soaked in oil. But this was a very tedious mode of remedying the evil, and not unfrequently prolonged the treatment to many weeks. John Hunter, following a similar theory, based upon principles of a like nature, introduced dough balls. He never failed to set up inflammation. But, at times, it was of too intense a character.

In children, where there is danger from injecting any fluid, the seton is a very excellent substitute ; it being always in the power of the attending surgeon to increase the irritation, by adding to the number of threads, or lessening them, as the case may suggest, or precaution dictate. Should the infant be of a sound diathesis the best seton would be a gutta percha one. This may be easily moved and washed : besides, as the matter does not so readily permeate its texture, that peculiar unpleasantness of smell is at once gotten rid of, and is consequently less offensive.

CASE LVI.—FRACTURE OF THE RADIUS AND ULNA.

JANE MURPHY, æt. 60 years, came to the Clinique to be treated for a fracture of both of the bones of the fore-arm. The day before, while walking on the ice, her foot slipped and she fell forwards : and, as is most common in such cases, putting her hand before her, to lessen the violence of the shock, broke the Radius. On examining the fore-arm of the right side, Professor Mott found the injured part to be very tense, from the inflammation consequent upon the derangement of the bones. Crepitus

was, however, easily felt along the Radius. And, on endeavoring to pronate and supinate the hand, crepitus could likewise be readily detected, indicating, at once, together with the peculiar tumor on the back of the wrist, the existence of what is commonly known as "silver fork fracture." This case presents many of the features that are beautifully, and with marked precision, described by Dr. Colles in his able work on Fractures. At first it is exceedingly difficult to diagnose, exactly, the amount of injury, until the tumefaction shall have in some degree subsided : then a second and more careful examination should be made before putting up the limb in splints and bandages.

Treatment.—Apply a roller bandage, moistened so as to render it softer, round the fore-arm, beginning from the hand and binding upwards. By this means, the blood in the veins is forced, in some measure, out of the swollen parts ; and there is no danger from the uniform pressure of constricting any arteries that may supply the fingers ; otherwise mortification might set in and the hand be sacrificed. Moreover, should erysipelas, arising from exposure, attack the inflamed limb, free incisions ought at once to be made ; otherwise the matter burrows, and in less than twenty-four hours the hand might be

lost. Around this first bandage wet "binder's pasteboard" may be placed, or splints adapted to the shape and size. Then another roller is to be bandaged round the splints with a very slight degree of force, and the arm is to be carried in a sling. The splints are only to come to the carpal joint, and the hand to hang out of the sling towards the ulna. This is the first or popular dressing necessary to confine the arm till all inflammation shall have disappeared. If much pain is experienced, a warm application, of sugar of lead and wormwood and vinegar, will greatly relieve the suffering.

Where there has been intemperance, the healing of all wounds is much slower.

In many cases, where crepitus cannot be distinguished, owing to the gliding of one bone over and above the other, the existence of fracture may still be recognized by the increased mobility of the part, and a corresponding shortness of the limb. The great indication called for, is that the attending surgeon extend the extremity so as to equal in length the normal proportions. Bandaging is then employed for the twofold purpose of preventing œdema of the parts; and likewise to restrain any undue movement of the muscles.

When the Ulna and Radius are fractured there

is always an indispensable rule which should be followed out with great care ; namely, the applying an interosseal pad, between the bones of the forearm, to keep the ends of the fractured bones in place. It is not, by any means, necessary for the patient to remain in bed until the fractured limb unite, unless prostration, arising from the shock of a sudden fall, or other accident, render him weak for the period of a few days ; or disease of some kind weaken his frame and enfeeble his constitution. Some practitioners have prescribed phosphate of lime, in suitable doses, with good results and practical benefit. This experiment has been tried on animals, whose limbs have been broken. Those that were treated with the phosphate of lime recovered sooner and with firmer union, in a shorter space of time, than the others, whose food was of the ordinary character.

In three weeks passive motion ought to be gone through with every day or two ; at first beginning in the mildest possible manner, as there is scarcely any minor operation so painfully acute, as extending and flexing the phalanges, after so long a period of perfect repose. Moreover the ends of the lower portions of the fracture, not uncommonly, irritate the sheath of the

tendons, and beget a low form of inflammation, which adds much to increase the suffering, occasioned by any motion, though it be of the slightest character. Lotions of warm water will allay much of the pain occasioned by this unnatural tension of parts, and the soothing influence of the hot applications will promote exudation through the passively congested capillaries, and thereby tend effectively to decrease the swelling. The age of the patient, together with her enfeebled appearance, would have precluded all chances of union of the bone, had the fracture been that of the femur near the head of the bone. For, though occasionally, there are cases where persons, advanced in life, recover the entire use of their limbs, still it is rare for old people to meet with adhesion of the fractured thigh when over fifty, unless their constitution be neither vitiated by too free and generous a course of life, nor injured by cachectic diatheses, the result of prolonged disease.

CASE LVII.—STRUMOUS ULCER.

ELLEN COLLINS, æt. 32 years, came to the Clinique, complaining of an ulcer in her mouth which had, for years, baffled treatment and pro-

longed annoyance. She stated that the disease commenced in the form of small blisters on the gums, but that now it seemed to involve the bones of the upper and lower jaw, and a portion of the nasal [organs. When ten years of age, while attending school, she was constantly troubled with scabs from the nose and an itching sensation which continually fretted her.

Shortly after, her teeth began to fall out, and the gums seemed to be, in a measure, affected. The physician in attendance, applied caustic and freely lanced the gums: but to no purpose. The only time disease, in any way, affected the face, was when she had erysipelas. This last diffused inflammation she had had very often, but fortunately recovered without any serious consequences resulting from it.

Professor Mott then examined the mouth and surrounding parts; and pronounced it to be an affection of the lower jaw wherein the periosteum was involved, and the bone had become necrosed. The upper jaw was not entirely free from the inroads of the disease that appeared to be destroying the bony tissue of the lower one.

Dr. Mott also stated, that the account, as given by the woman, of the origin of her dis-

ease ; its duration for so many years ; and the present appearance of the ulcer, and peculiar roughened feel of the bone ; indicated that it was of a strumous character, and consequently by no means an easy affection to be freed from the system. Had it been of a syphilitic nature, resulting from secondary, or inherited syphilis, long ere the present period would its malignancy have destroyed the entire jaw and surrounding parts : and perhaps the patient's life might have been sacrificed.

Treatment.

R

Nitric. acet. 3 i.

Aquæ . 3 iv.

M.

Apply this stimulating wash to the roof of the mouth, morning and evening.

R

Cinchona Tinct. . 3 i.

Hydrargyri Bichlor. gr. i.

M.

Take one teaspoonful twice a day ; and keep the bowels regular. Eat the best food that can be obtained. Take a moderate amount of exercise ; and keep much in the fresh air. Avoid all over work. And never, under any consideration, expose the face to severe cold. For any

undue irritation would, at once, bring on an inflammation as disastrous to the parts as it would be dangerous to life. Should the disease increase in extent or malignance, it would be advisable to submit at once to immediate remedies, that might arrest its present growth, and remove, at least for some time, all apprehension of a sudden and fatal termination.



A severe illness, together with continued inclemency of the weather, prevented Professor Mott from holding his Surgical Cliniques for the past five weeks. Owing to this circumstance, there was, necessarily, a break in the course of lectures.



PROF. VALENTINE MOTT'S
SURGICAL CLINIQUE.

JANUARY 31st, 1860.

CASE LVIII.—TUMOR.

CATHARINE MACARTEY, æt. 22 years, came to the Clinique complaining of a large tumor, accompanied with pain, extending around the entire waist, and involving most of the abdominal parietes. This swelling had gradually increased in size since its commencement, some two years since. Its rapid growth had interfered greatly with the accustomed freedom of respiration, and its constant pressure upon the viscera disturbed much the digestive functions, and kept up a continued irritation of the parts

confined within the abdomen. This hidden and obscure disease had rendered the patient exquisitely nervous, both by its direct influence upon the internal organs, and likewise by its being a continual source of worry and inconvenience. The protracted state of irritability of the nervous system had deranged the diathesis of the young woman, and now she was constantly the subject of epileptic fits, which, invariably, left her in an enfeebled and prostrated condition. Her heart palpitated violently on the slightest exertion ; and, on moving, a shooting pain ran along the side to the heart and thence up to, and over the left shoulder. On lying down, in a supine posture, her abdomen, distended either by fluid or gas, would become greatly enlarged, and raise the clothes several inches.

Professor Mott then removed the clothing of the woman, and examined the body with the greatest care. On exposing the flesh the swelling could be distinctly seen extending, as the patient had said, over the entire abdomen. On palpation much pain was experienced by the patient, and nothing could be clearly discovered. The parts felt, as they undoubtedly were, much enlarged. There was no local hardness. The surface of that portion felt soft, though rather tense. No abdominal pulsation was visible.

The beatings of the heart, naturally accelerated by nervousness and the general weakness of the sufferer, presented nothing abnormal in the way of the position of the apex of the heart, or the intensity of its action.

Professor Mott remarked that there was much that rendered not only the diagnosis obscure, but that the idiopathic nature of the disease, it having been traceable to no direct cause, left most of the treatment to be based upon theoretical principles, founded on analogous deductions. It appeared in reality, to affect more generally, the external muscles than any one viscus. But time alone would reveal its hidden nature and indicate the proper remedies. The general symptoms could, however, be removed, in some measure, by administering palliating medicines of a mild character.

Treatment.

R

Compound Lithar. Plaster.

Extract of Stramonium, 3 ij.

M. ft. Emplastrum.

Let this be spread over the right and left hypochondriac region, covering likewise the epigastrium. This will prove soothing to the parts ; keep off all irritation arising from external pressure ; and serve, in a slight degree, to bring out

any eruption that might at once assist in relieving her.

Though very nervous, the system and pulse do not call for any digitalis to quiet the action of the heart, or lessen the excitability of the patient's temperament.

R

Chloroform, \bar{z} ss.

Comp. Tr. Lavend. \bar{z} i.

M.

Take gtt. xx. three times a day in a little sugar and water.

If the bowels are in any way constipated, a gentle purgative would keep the system in a cool and quiet state, free from irritability.

R

Extr. Aloes.

y/ \pm Extr. Hyosiami āā 3 i.

Extr. Nuc. Vomicæ, grs. x.

Ol. Anisi, gtt. x.

M. et. ft. in pil. no. LX.

One every day after dinner, will correct any sluggishness of the intestines. This may be discontinued if the desired effect is produced without any inconvenience.

CASE LIX. GONORRHOEAL OPHTHALMIA.

MARTHA McGRUS, æt. 40 years, married, and the mother of two children, came to the Clinique, complaining of an intense inflammation of her right eye, which had followed immediately a severe cold, contracted some four weeks since. The severity of the pain, and the constant motion on the part of the eye, called at once for some remedy that might allay the suffering, and avert the tendency to increased vascularity. She had lost a portion of this eye six years before, owing to a severe attack of gonorrhoeal ophthalmia which she took from her husband, who, at the time, was the victim of venereal disease of an aggravated character. The acute inflammation of the conjunctiva and ulceration of the cornea, the result of the rapid progress of this disease, terminated in staphyloma, a condition in which the aqueous humor protruded and escaped : the lens fell forward ; and the eye collapsed.

Professor Mott stated that this gonorrhoeal ophthalmia was of a character so malignant and rapid in its disastrous effects as to defy all treatment, unless the patient can be seen and attended to at once, without loss of time. And often, where there is no delay on the part of the

practitioner, all efforts prove ineffectual ; the eye is sacrificed, and nothing remains but to endeavor to save the other organ from sympathetic irritation, and consequent destruction ; an event not unfrequently met with in this most contagious of eye diseases.

This sad affection often attacks infants immediately after delivery, constituting the disorder known as ophthalmia neonatorum. If the parturient female be suffering, at the time of labor, from leucorrhœa or gonorrhœa, the foetus in its passage through the inferior strait, and thence out, is very apt to receive some of the poisonous fluid on portions of the face, and more especially in the inner canthus. Hence the necessity for the attending obstetrician, as soon as may be, removing the matter by wiping out any liquid that may have accumulated round the margin of the eyes. Otherwise a few hours will destroy the exquisitely delicate coats of an infant's eyes.

This disease is not only contracted by improper connection with a person suffering from gonorrhœa, and from the direct application of the matter to the eye ; nor is it merely confined to those children who pass through the vagina in being born. The physician or surgeon can catch the affection by approaching too near

the eye of his patient. There are not wanting cases on record where the attendant has lost one, and even both eyes, by using unadvisedly a towel on which the patient had wiped his face. In hospitals, particularly, the greatest precaution should be taken to confine all those similarly affected in the same ward, and force each man to conceal in some special place his own individual towel or bandage, as the case may be.

Treatment.

Nothing is to be done in the present condition of affairs but apply soothing collyria to the inflamed eye. As it protrudes abnormally, and must necessarily come in contact with the sunken lid, producing, under the existing circumstances of active congestion, increased irritation, the eye may be sunken by a slight incision, which would allow the already useless organ to subside. The parts would thereby retract ; the cause of excitement in a great measure be arrested ; and the unseemly appearance of that portion of the features removed.

General hygienic principles are to be carried out with some degree of persistency. The diet for a few days ought to be of a vegetable nature. Let her avoid, as far as possible, taking cold and all will go well. The other eye fortunately seems to be in no way affected.

CASE LX.—FRACTURE OF RADIUS AND ULNA.

JOHN MULVEY, æt. 5 years, was brought to the Clinique by his mother, to receive the advice of Dr. Mott relative to a deformity that had followed the union of the fractured bones. Two months before the little boy had fallen on his fore-arm, fracturing the radius and ulna by the violence of his descent. The attending surgeon had applied the proper bandages and splints,* and all had terminated favorably. Passive motion had been gone through with, and the boy recovered with an entire use of all his fingers, his wrist and both the bones of the fore-arm. But, on closely examining the healed extremity, it could be clearly seen that an abnormal curve indicated that the bones had united out of a straight line, interfering in some degree with the entire mobility of parts or natural length of the limb. In every other respect the child enjoyed perfect health, and the mother was only anxious that no irregularity of outline should disfigure the symmetry of his proportions.

Treatment.—Professor Mott then examined the arm of the boy, and ascertained that the bones had united in a proper manner. The

* See page 90.

flexion and extension of the ulna were normal ; and on pronating and supinating the radius, nothing could be detected unnatural in functional motion. In all probability, the softness of the bone, in so young a child, owing to a deficiency of the phosphate of lime, and perhaps injudicious or rather unequal bandaging, had bent the limb a little to one side. But this did not materially signify. By taking a small splint, the length of the fore-arm, not including the wrist, and carefully strapping it with the roller bandage, all this would in a little while come right, and in all probability no evil results need be apprehended.

CASE LXI.—SCIRRHUS OF THE BREAST.

MRS. MILL, æt. 32 years, a married woman, with four children, came to the Clinique to seek the advice of Professor Mott concerning a tumor of the breast, which had gradually increased in size for the past few months. The disease had commenced in the glands, under the axilla, and had, by degrees, involved the entire mamma of the left side. Its hardness extended all over the breast. The nipple was retracted on its outer edge with a slight furrow; and, on inspection, a peculiar dull redness revealed at once its

malignant type. In all case where cancer, of this kind, has affected the breast, the prognosis, arising from an operation, resulting in exsection, is by no means favorable. Life may be prolonged some few years by the successful removal of the diseased organ. If the glands in the axilla be not sympathetically involved, and after excision, the sutures come away without any apparent return of the disease, cases are on record where the patient has entirely recovered, and suffered in no way from any cancrioid tendencies. Again, instances have been known where the scirrhus has been cut out, five and six times after the lapse of two years or so. But this must necessarily be where they have been small in circumference and of short growth. Should a woman, so afflicted, decide to await the fearful issue, and abide the fatal termination of a cancer of the breast, its general duration, where the person is not eminently cachectic or too much vitiated by struma or constitutional syphilis, is about four years. In most cases its origin is due to some direct violence, resulting from a blow, or bruise from sudden contact with a hard corner or other substance. But, like epithelial cancer of the lip, or cerebriiform affections of the scrotum and testes, it may be idiopathic, as in the present

case where no immediate cause may be recalled by the patient.

Where an operation is advisable ; after the malignant tumor is removed, if the gap be not too wide, the edges of the wound should be drawn together, for the purpose of bringing on adhesion by the first intention. But, if this is not practicable, cold water dressings will allay inflammation, and granulation, in the process of time, will heal up the chasm devoid of integument. Why cancer of the mammæ should more frequently attack the left breast, cannot be readily accounted for ; but statistics show that eighty per cent. involve this side in preference. All plasters, washes, or other such quackeries, are as absurd in their remedial effects as they are dangerous in their cause of delay, until the time has passed for active measures to be pursued ; and the afflicted sufferer falls a victim to its frightful ravages.

Treatment.—Professor Mott remarked that in this particular case the peculiar corrugation of the nipple ; the great extent of the hard surface ; the disease having commenced in the glands of the axilla ; the unusual appearance of the variegated spots, and the disease having arisen from no traceable cause, one and all combined to prohibit an operation. The mammary

gland could not be felt on the affected side on account of the infiltration and abnormal density of the whole region about the pectoral muscle.

Nothing can be done for the poor woman in this advanced state of the disease, but to cover over the breast with soft lint and oil silk, and avoid as far as possible much exertion with the left arm, or any exposure to severe cold.

R

Iodid. Potassii, 3 ij.

Aquæ Puræ, ʒ iij.

Let her take a teaspoonful twice a day ; live on the best food she can obtain, and bear up as cheerfully as may be under the existing, trying circumstances.

CASE LXII.—DISLOCATION OF THE SHOULDER.

JAMES CODOMAN, æt. 43 years, came to the Clinique, to be treated for a dislocation of the shoulder, which had taken place three months previous by being thrown from a carriage. The accident occurred owing to the horses taking fright from the breaking of the traces. The carriage was overturned and the driver thrown with much violence on his shoulder. The man stated that a surgeon had succeeded, after much

manipulation, in reducing the dislocation ; but, that a few days after, the head of the bone had slipped out of its place, and he had not been able, since that time, to adjust the parts to their normal position and proper relations. The patient had not the power to use the arm in any way save the slight movement of the hand and bones of the forearm. On being requested to raise the hand to the top of the head, it was found altogether impossible. On inspection the deltoid presented a characteristic atrophy.

Professor Mott then examined the shoulder and found the muscles much diminished in size, that peculiar sharpness of outline owing to the protuberance of the acromion process and the deficiency of the normal rotundity of parts. The head of the bone being found in the axilla ; the increased length of the arm ; the flattened appearance of the shoulder ; and the projection of the elbow from the side, afforded convincing proofs of the existence of dislocation into the axilla. By feeling the coracoid process of the scapula and then elevating and depressing the humerus, if there were any fracture, crepitus would at once be detected. Again, it is well known that fractures of the heads of bones occur more frequently in young persons and dislocations in old ones.

This joint, being moreover the best example of a ball and socket motion, and being capable of any motion, must necessarily be placed in a much larger cavity than would otherwise be requisite ; hence its great liability to displacement. Where the capsular ligament has once been ruptured, and the head of the bone forced from its normal position, there exists a great predisposition for it to slip out after any undue exertion.

Dr. Mott mentioned a case where a practitioner met with an accident that ended in dislocating his shoulder. The bone was reduced ; but ever after, on the slightest motion of the arm, even raising the hand to place his hat on his head, it would slip out ; and, though it could be as easily replaced, for all practicable purposes the arm was useless.

Dr. Hamilton of Buffalo has written the best treatise on Fractures. It is clear, and replete with facts ; exhibits vast research, and, at once, stamps its author as master of his subject. The present work is superior to any that have, as yet, appeared.

Treatment.—Chloroform being administered to the patient, while in a recumbent posture, Dr. Alexander B. Mott then manipulated freely, trying the method as recommended by Mr. White

of Manchester, and practised by Malgaigne ; that is, to use the arm as a lever, the surgeon standing behind the patient. The scapula is held firmly, and the arm raised and carried up past the head. By this means the head of the bone is brought directly over the socket, into which it slips. But in this particular case, the rigidity of parts, the continued disuse of the muscles of the arm, and the length of time since the luxation, prevented the usual success attending these efforts, and it was deemed expedient to try, some other day, the apparatus employed for similar cases.

CASE LXIII.—CONSTITUTIONAL SYPHILIS.

EDWARD SULLIVAN, æt. 18 years, came to the Clinique, complaining of constitutional disorders which had resulted from the contraction of disease, the consequence of illicit connection. He stated that some three months before he had had improper intercourse with a woman. Two weeks after a chancre appeared on the glans penis near the meatus urinarius. Not conceiving that any danger would arise from this, apparently, small pimple, he had apprehended little trouble, and sought for no relief, trusting that, in a short time, all would go well. This, how-

ever, was not the case. In a few days after the chancre had appeared a swelling began in the groin which occasioned some alarm on his part. He then visited some practitioner and was recommended to take the iodide of potassium, which he did with but little success. The disease began to make rapid strides; and, in the space of three months, his face broke out with a disgusting eruption, causing much itching and confining him to the house from the ungainly appearance which he presented. Soon after this the roof of his mouth commenced to suffer; the glands in his throat swelled and became very sore; and pains in his bones, increasing greatly at night, occasioned much inconvenience, and prevented him from taking his accustomed rest. He had, on no occasion, taken any mercury, but was most desirous to follow out the directions of any physician who thought that he could, in any way, allay the pain and remove the disorder.

Professor Mott then remarked that this was a clear and well marked case of secondary syphilis, but of a most rapid growth. All the statements, as made by the young man, showed distinctly the course taken in cases of a similar character. First we have a chancre. If this is not of a simple kind, but presents the marks of a

Hunterian, indurated form, it should, at once, be burnt out with nitric acid dropped upon its surface. This particular kind may be diagnosed by its ashy color and hardness, the sharp cut edge around it, and, on pressing, the feel like half a dried pea beneath the integument. Should this not be destroyed and the constitution become tainted, the half-way house on the poisonous road is the bubo. A bubo may occur in three ways. First as a sympathetic bubo resulting from a bruise on the foot or leg. It sometimes appears when simple chancre is only to be seen. And, again, in aggravated cases of gonorrhœa the nerves of both localities, from a reflex action, occasion this result. But there is one marked difference which greatly facilitates the surgeon, and that is, that where there is not constitutional disease there is only one bubo; while in indurated, phagedenic and sloughing chancres, there are always two, and not unfrequently more. On opening buboes care should be taken not to make too free incisions if they be of a suppurative nature. For, on cutting into them, they collapse and a scar deeply set is the result. Again, a bubo may be confounded with femoral hernia, if the patient be suffering, at the time, from constipated bowels, great nausea, and vomiting, and the other symptoms connected with the

strangulation of an intestine. And, should the practitioner perceive a chancre on the penis, he would be greatly at a loss to determine between the two cases. There is, however, an additional assistance afforded from the fact that only sympathetic buboes, resulting from injuries inflicted upon the lower extremities, etc., appear below Poupart's ligament, while those of an indolent, suppurative kind, or buboes by absorption, most generally involve the lymphatics in the groin, above the crural arch. Sometimes the real cause for the appearance of a true bubo is obscure, of necessity, from the existence of a concealed chancre within the orifice of the penis. The practitioner fails to detect its presence, neglects to treat the patient constitutionally, and much valuable time is lost, and the health of the sufferer materially injured. If the person under treatment receive too large doses of mercury, or be of a scrofulous diathesis, there is great danger that he may have a chronic bubo. This is to be avoided, if possible. The glands become very gradually enlarged, and by degrees suppuration takes place. If this be the case, build up the patient at once by tonics and the best of food, and cease the administration of mercury. A sea voyage has been recommended by some as the most efficient method of producing a beneficial change in

broken-down constitutions. If there be any loose skin around this glandular swelling, it should be cut off or burnt out by applying caustic potash. Where sinuses exist, a stimulating injection will favor much their removal. But if this treatment do not prove sufficiently powerful, they may be cut into with a proper degree of freedom.

The young lad's face was covered with a peculiar eruption, resembling, in some of its characteristics, the *Lepra Syphilitica*. For these venereal eruptions, which constitute the second stage of the disease, sulphur baths have at times proved salutary. The yellow wash, applied in a weak solution of one grain to four ounces, not unfrequently discusses them. It is a curious fact, and well worthy of remark, that the constitutional effects of syphilitic virus are seen first in the upper part of the trunk, affecting the face, throat, larynx, and scalp.

Treatment.—As the patient has two buboes, one on each side, and one has burst, the other being nearly in the suppurative stage, it will be advisable to open it with care, and apply a warm poultice at night to favor exudation and reparation of the inflamed parts. Where mercury has not been administered freely, yet with caution, it is best to subject the person, to be treat-

ed, first to a thorough course of mercury. Afterwards the iodide of potassium may be given with benefit and satisfactory results.

R

Protiodid. Hydrargyri, ℥ i.

Pulv. Acaciæ, . . 3 i.

M. et ft. in pil. no. xl.

Let him take one morning and evening. Few persons have sufficient constitutions, in these degenerate times, to take three a day.

When the patient becomes ptialized, and is sinking from the evil effects of too much mercury, which is more or less powerful upon different temperaments, and eczema mercuriale appears, or mercurial erythema, characterized by red blotches in the flexures; and the heart is disturbed in its normal actions by the disease named erethismus, the best remedy is the chlorate of potash, administered in doses of five grains. But where there is a compound of scrofula and syphilis, the life is truly jeopardized, and the result fearful in the rapid progress of the disease, and the sinking of the unfortunate. Stimulants must be freely given, and plenty of fresh air, together with the proper hygienic principles of therapeutics. If it be necessary for the surgeon to give mercury constitution-

ally for months, calomel cannot be prescribed. Experience has taught that it is too powerful in its remedial effects. But the bichloride may be administered in compound with tr. cinchona, or sirup of sarsaparilla for a year ; and far from proving deleterious in its issue, this preparation will act as a tonic, besides promoting the secretions and removal of the poison. Opium, "magnum donum Dei," is often of practical benefit in quieting the bowels when too much irritated by the use of mercury.

CASE LXIV.—DISEASE OF CERVICAL VERTEBRÆ.

LIZZIE KELLY, æt. 3 years, was brought to the Clinique by her mother, to seek the advice of Professor Mott, concerning an injury of the neck, occasioned by a fall from a height on her head, which, turning the face out of a straight and normal position, terminated in permanent disease of one or more of the cervical vertebræ.

On examining the part affected, Professor Mott found the neck to be very rigid, the young girl not having the power to flex or rotate the head in any way. This indicated that the disease had already made rapid progress. There was no

difficulty, however, in ascertaining that the injury was very high up. The characteristics of Pott's disease of the spine were unmistakable. The loss of the normal motions of the part ; the rigidity of the adjacent and contiguous muscles ; the absence of all crepitus, and the unusual prominence of the upper cervical vertebræ, at once declared the true nature of the disease. Caries of the vertebræ are more generally to be met with in children of a strumous diathesis. The anemic state of their blood ; the constant habit of living on the poorest kind of food ; the foul and offensively noxious gases which they continually inhale ; one and all combine to vitiate their constitution, and permanently impair their vital power. When disease attacks one of these of feeble growth, their ability to resist its progress is wanting ; recuperation is not as rapid as in the normal state ; the *vis medicatrix naturæ* is greatly deteriorated ; and they succumb, or recover, with some chronic traces which follow them to their graves. Now, in this particular case, as there was evidently some violence brought to bear upon the spine, a disease of the vertebræ might have ensued in a healthy child ; but there is every reason to think more favorably of its recovery, than in the present instance, where all the laws of hygiene are violated, and

the offspring of poor parents become the debilitated and enfeebled victims of an intemperate life and scrofulous habit.

Treatment.—Apply an issue over the side of the diseased vertebræ, a pea issue will answer as well as a nitric acid one. This counter irritation will favor much the decrease of inflammation of the bones or intervertebral substance, and consequent exhaustion of the little patient, from the continued dull, aching pain. The head should be supported by an apparatus made for the purpose, which prevents any undue pressure upon the already diseased spine, and there is greater probability of recovery with a less deformed back, than if the head rest with all its weight upon the mass of diseased bones.

R

Syrup. Iodid. Ferri \bar{z} ss.

Take gtt. iv. morning and evening.

Give the child the best food you can obtain. Let her take moderate exercise, keep much in the fresh air, and avoid any amusement that might hazard the apparatus, or threaten to disturb the partially united vertebræ.

CASE LXV.—PARONYCHIA.

ARCHER BAUL, æt. 40 years, came to the Clinique to be treated for an inflammation of the surface of the skin of the last phalanx of the forefinger, accompanied with great pain, and much redness and swelling. It had resulted from a slight bruise, which had irritated the part. The constant use of the hand had induced much irritation by friction, and a determination of blood to the affected part. From the continual neglect of the finger, the throbbing had become intensely painful, and a gradual increase of size in the already tumefied part, had alarmed the man, and caused much anxiety. Of all the acute inflammations of the body, with the exception of phlegmanous erysipelas, a whitlow demands immediate and heroic measures to arrest the increase of excitement, which would ere long bring on paronychia, and result in the loss of the finger and not unfrequently end in destroying the hand. Again the pathology of this disease is simply that the blood-vessels become distended beyond their normal capacity; and suppuration takes place, but finding no means of egress—it being confined by the sheath which is very dense in this locality—it burrows beneath; the periosteum

becomes involved ; and, if a free incision is not made down upon the finger, the bone will die, and the part be destroyed.

A free incision may be made with the utmost safety, if the surgeon cut down upon the common flexors of the phalanges ; for the digital arteries lie on the sides, and inosculate at the end ; while the delicate nerves which supply the part occupy nearly the same position, though they are more superficial, in their distribution. If it be necessary to lance a whitlow, which has involved the fascia palmaris and lies immediately over the superficial palmar arch, it would not be safe to cut boldly without some fixed law. The best plan in such a case is to draw an imaginary line across the palm of the hand, commencing with the beginning of the first phalanx of the thumb, and ending it at the origin of the metacarpal bone of the little finger. Below this there is little danger ; but should it be deemed advisable to proceed above it, it would be more expedient to dissect with care the integument, and then raise up the fascia and cut into it delicately. If, on probing the opening, where there has been no operation performed, and neglect has brought on much suppuration, the bone itself is felt freed from periosteum, and no pain is experienced by the patient, it remains for the atten-

dant sometimes to amputate the finger below the disease.

Treatment.—This particular case has not advanced sufficiently to call for any lancing. Let the patient poultice the finger with flaxseed, avoid using the arm of the affected extremity, and keep the hand supported in a sling to prevent any determination of blood to the already congested vessels.

CASE LXVI.—OVARIAN DROPSY.

MRS. SEABRIDGE, æt. 38 years, a married woman and the mother of several children, came to the Clinique, complaining of a large tumor situated in the abdomen, which had existed since her last confinement, some two years previous. The tumor had, almost imperceptibly, gained in size, causing at first little or no pain. But lately it had increased in dimensions, distended the abdomen, weighed very heavily upon her when taking even moderate exercise ; and fearing lest it might be dropsy, she had come to seek Professor Mott's advice relative to diagnosis, prognosis and consequent treatment.

Dr. Mott then exposed the abdomen of the patient, and discovered at once the generally enlarged tumor of the parts. The appearance of the skin was pale, flabby and corrugated. The

result of palpation revealed no evidence of ascites resulting from hepatic disorders, or peritoneal effusion. But on pressing down upon the parietes a large tumor could be felt within the hypogastric region. The fluctuation was much less than exists in ascites, moreover, the bowels, being much lighter than the serum which occupies the peritoneal cavity, are consequently found in the upper part ; and this may be easily diagnosed by percussion, the patient being in a supine posture. Ovarian tumors, on the contrary, displace the intestines to either side, and may be found directly anterior where is marked dulness on percussion. When the ovarian dropsy is contained within one cyst, the differential diagnosis is much more difficult to determine positively. But in cases where the fluid is contained in many cysts, constituting the multilocular, as distinguished from the unilocular, the fluctuation is not so great, and there exist more characteristics peculiar to the disease. The indications called for are to perform paracentesis ; ovariectomy, a very dangerous and unpromising operation ; or administer medicines.

Treatment.—Professor Mott stated that, as regarded his experience in operations for the removal of this tumor, which gradually fills up the entire abdomen ; interferes materially with

free respiration, and wears out the patient with prolonged irritation, he would nevertheless recommend her to let it alone, and cheer up under her affliction, living upon the best of food, as her health seemed to be otherwise in an excellent condition, and abstain from brooding over her disease : for he had known many instances where ladies, attended with the same disease, had lived for years and years, free from all troubles save a slightly disturbed stomach, some nervousness, and occasional dyspnœa. He mentioned a case where a lady patient of his had lived *forty* years, after being attacked with an ovarian tumor. She had consulted him relative to the best thing to be done, and the reply was "Let it alone." The great danger arising from opening the cavity of the abdomen is so serious that it is best to await the issue from year to year ; if the parts are too much distended with fluid, and fluctuation is clearly ascertained, tap the patient and leave her in the same condition. On no account perform the operation, for, like cæsarian section, it is too frequently attended with fatal results. Some diuretic will relieve her.

Rx

Iodid. Potassii. ℥ ii.

Aquæ Puræ, ℥ iii.

M.

Take a teaspoonful three times a day in a little water.

CASE LXVII.—VESICO-VAGINAL FISTULA.

ELLEN DOYLE, æt. 26 years, came to the Clinique, complaining of a rupture which had taken place in her front passage, when confined, the result of premature labor, which was brought on by an accident six weeks before the proper time. No instruments had been used in the delivery of the child: but, in its passage through the vagina, extension, occasioned by the contraction of the uterus, caused the head to sweep over the perinæum. The distended parts could not resist the pressure, the hand of the accoucheur probably did not support the perinæum, or, if it did, pressed too powerfully, and this melancholy consequence is the result. There is, however, a special treatment for this peculiar calamity which is not rare in primiparæ. The great difficulty arising from the operation for radical cure formerly, was the inflammation caused by the common sutures. ae

The extreme delicacy of the tissues; the danger of urine dribbling over the part that had been cut, in the operation; the vast amount of irritation and sloughing produced by the foreign

substance, in the shape of sutures ; one and all combined to render the prognosis, formerly, as doubtful in its issue as the misfortune was distressing. The communication between the bladder and the vagina may be stopped by applying the valuable method as recommended and practised by Dr. Sims,* with eminent success and encouraging results, namely, the silver suture, a discovery as valuable to surgery as it is important to the afflicted female, who before was obliged to linger on, with no prospect of being a mother, no hope of a radical cure. It is a decided advance. The practice adopted, in similar cases, before Dr. Sims's invention of the silver suture, was that of Dr. Reid, who was accustomed to plug the vagina with an India-rubber bottle for the purpose of preventing the urine from entering the front passage. This method was very tedious, and not always favorable in its termination. Mr. Beaumont's treatment of like troubles was to apply, sometimes, nitrate of silver to the parts for the purpose of begetting inflammation which might result in adhesion. If this failed, he recommended common sutures to be applied, the sides of the wound having been pared. But the peculiarity of this part

* Surgeon to the Woman's Hospital of New York.

caused sloughing to commence before the sides of the approximated tissue were sufficiently united, and almost invariably the experiment proved abortive.

Treatment.—Pare off the edges of the fistula, then bring the sides of the wound together by interrupted, silver sutures. Their presence occasions no excitement of the vascular distribution to the contiguous tissues, and, in a brief space of time, all will go well, and the patient will be freed from what may be termed a chronic source of distress.

CASE LXVIII.—POLYPUS.

BRIDGET DENNIS, æt. 9 years, was brought to the Clinique to be treated for a small pendulous tumour, pyriform in shape, and attached, by its constricted neck, to the labia minora, immediately below the meatus urinarius. Its presence was a constant source of irritation, and caused much pain on micturition. At times fœtid matter was discharged from the vagina. Though the tumor itself was not painful, its acting as a foreign substance in the vagina served to inflame the adjacent parts and surrounding soft tissue; and by this means the little girl was continually

fretted by its presence, and rendered nervous from its unknown character.

Professor Mott then examined the tumor, and found such to be the case; stating that he had never seen one in so young a child before. Though it is customary to apply a ligature to polypi in this locality and let them slough off by a gradual disintegration, it was deemed more expedient to remove it at once by exsection, as its bulk was not large—the diameter being about three quarters of an inch, and the length, from fundus to apex, very nearly one inch and a half. As its neck was very much constricted, should there be any undue flow of blood it could be readily arrested.

Treatment.—The young girl, having been laid down in a supine posture, Dr. Alexander B. Mott then proceeded to operate. Grasping the base of the tumor within a pair of forceps in the left hand, he cut through the narrow bond of union at the apex of the polypus, and removed it at once. A slight amount of hæmorrhage occurring, the vagina was stopped up with some fine lint, which stayed the bleeding, and served to prevent the parts from contracting any cold by unnecessary exposure.

CASE LXIX.—OPACITY OF THE CORNEA.

BRIDGET FOY, æt. 17 years, came to the Clinique to consult Dr. Mott relative to an inflammation of the eye, which had resulted from a severe cold, some two years previous, and had terminated in opacity of the cornea. For a long while before, her eye had troubled her, and gradually something obscure seemed to form in front of her vision, which served, at present, to form an outer coat or thick veil.

Professor Mott then examined the eye carefully, and pronounced it to be a case of opacity of the cornea resulting from coneitis which had been brought on by cold. Though it did not pain the young girl now, there was no doubt that it originated in congestion and all the phenomena of inflammation, which should be treated at once, when the case will admit of it, with counter irritants and antiphlogistic remedies. There are two kinds of opacity of the cornea, which may be described as follows: The first kind is the result of adhesion superinduced by inflammation. This may take place between the two layers of the cornea occasioned by the effusion of fibrine, or that part between the conjunctiva and cornea may be filled in with this exuded mat-

ter, which, coagulating, terminates in opacity. If it be only of a moderate density it is called nebula, from its resemblance to clouds. If, on the other hand it pervades the whole coat and excludes vision, it is termed albugo.

That condition which goes under the name of pannus, exists where the lymph which has been effused becomes vascular, and, supplied by one or more of the little capillaries that permeate the coats of the eyes, assumes a reddish tint.

6/ The second cause for opacity is that where the loss of more or less of the substance has resulted in a cicatrix, often caused by small-pox. This is termed *lucoma*, and is by far the more serious of the two affections. Where both eyes are involved by this latter disease, and the formation, as it were, of a false membrane is directly in front of the pupils, an operation for artificial pupil is not only practicable, but, in every respect, advisable, if a portion of the cornea may be found sufficiently transparent to admit of a free passage of light through the artificial pupil in the iris.

Treatment.—Any foreign substance should at once be removed from the eye or beneath the lids. Not unfrequently small granules may be found in the superior palpebral sinus, where they set up a constant irritation, and promote

congestion. Mercury, in the form of calomel, together with counter irritants and blisters, will assist greatly in absorption of the lymph.

R

Hydrargyri Submuriat. grs. xii.

Pulv. antimon. . grs. xxxvi.

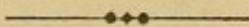
M. et divid. in pulv. xii.

Take one powder every evening before going to bed.

R

Vini Opii. 3 i.

Gt. i. in her eye every day, morning and evening. This must be done regularly, and with great care, lest more than is necessary be administered.





PROF. VALENTINE MOTT'S
SURGICAL CLINIQUE.

FEBRUARY 7th, 1860.

CASE LXX. CONGENITAL HYDROCELE.

EDWIN H. BAILEY, æt. 3 months, was brought to the Clinique by his mother to be treated for a swelling in the scrotum, which had existed since his birth, and had occasioned much uneasiness on her part relative to its termination. She stated that it seemed to increase in size on his crying; and that several medical practitioners had informed her that it was a rupture, and required to be properly supported with a truss until the intestine should remain within the abdomen, the opening into the bag being occluded.

Professor Mott then examined the tumor. Though tense and much swollen, there was distinct fluctuation. But the scrotum seemed unusually thick, and was scarcely translucent, though in infants such is almost always the case, *see p. 13* it being generally easy to distinguish between the two conditions of hernia and hydrocele. On pressing carefully, the testis could be felt, it having descended. Sometimes parents will complain, and experience much anxiety for their child if the testicles have not descended at birth, or before. This need not be a source of worry, for there are instances on record where they have remained within the cavity of the abdomen until puberty, and even during life. In such cases there was no deficiency on the part of the male; and he, having married, impregnated the female with the same facility. The position of the testicle, the peculiarity of the tumefaction, and slight amount of translucency, resulting from the dioptric test, indicated at once the necessity of puncturing the hydrocele for the purpose of evacuating the contents of the tunica vaginalis.

This is often done by means of a trochar fitting into a small canula. On puncturing the swollen and distended part, the canula is left within, the trochar is withdrawn, and the serous fluid

readily flows out. Tr. of iodine is generally injected, if the case be an obstinate one, in adults. This practice would not do for infants, for the passage through which the gubernaculum testis draws down the testicle, at about the eighth month, into the scrotum, is no doubt still open.

It is not here uncommon to find this canal, leading to the abdominal cavity, still unclosed and filled with serum, the result of effusion consequent upon some injury of the contiguous parts.

Treatment.—Dr. Alexander B. Mott then freely opened the sac which contained the serum, with a sharp pointed bistoury; and, after the fluid had been evacuated, irritated the internal coat of the tunica vaginalis by scraping the parts. The injection of some stimulating liquid would have proved more efficacious, but in children there is great danger of the peritoneum being inflamed through the free passage provided for the descent of the testicle.

24/ CASE LXXI.—CHRONIC SINOVITIS.

WILLIAM KENNEDY, æt. 25 years, presented himself at the Clinique, complaining of a swollen knee, which had come on some six years before, without any apparent cause, and had continued

since that time to increase very gradually, thereby interfering materially with the free motion of the joint, and at times becoming painful to the touch, and attended with a dull, aching heaviness. The patient stated that Professor Mott had prescribed for him about six years previous, when he had first been attacked. At that time, in accordance with the directions he received, he had applied some ointment to the knee, and covered it all over with a plaster. This served to strengthen the joint and alleviate, in some degree, the pain of the parts ; but the swelling continued, and the knee became more or less stiff. An issue was then recommended, and employed for the space of eighteen months. This seemed to keep down the swelling to its present state, preventing any increase of tumefaction, but the joint still remained abnormally enlarged ; and now the muscles in the neighborhood began to atrophy from the want of a proper use of them and a necessitated amount of undue rest which was given to the affected limb. The patella was slightly protruded forwards ; and, on each side, the parts presented great increase of size.

On examining the knee carefully, Professor Mott pronounced it to be a case of Chronic Synovitis, resulting from a strumous and rheu-

matic diathesis. The very weakness of the joint and relaxation of the surrounding muscles are a part of the disease. Very often in similar cases the pain precedes the swelling, and a condition is the consequence which is known under the name of hydrops articuli. Fluctuation may be easily detected ; and if the parts are very much distended with fluid, an operation may be performed for the purpose of making a puncture and letting it escape. But this is an exceedingly dangerous method of bringing about a cure ; for, if any air enter the cavity of this delicate and lubricating membrane, an intense form of inflammation will set in, and the leg be necessarily sacrificed, if not the life of the patient.

Treatment.—The best possible manner of overcoming the difficulty is to establish drains below the joints, rather than immediately about them. These may be the issue or seton. Counter-irritants in the vicinity will, at times, conduce much to promote absorption of the fluid. Some stimulating ointment or blister will effectually benefit the sufferer in chronic forms of Sinovitis ; but on the other hand, in the acute stage, such treatment would prove as injurious to the disease as it would be deleterious to the sufferer.

Professor Mott remarked, that the patient might consider himself most fortunate in living

for so long a period with so little amount of trouble ; that many a similar case had terminated in amputation. Though, in the present instance, the knee cannot be bent, the swelling is not very great after all. There is some amount of fluid within the capsular ligament, but proper remedies may succeed in overcoming the difficulty.

There is a process by which, after all inflammation shall have subsided, the joint may be bent. It consists of a sort of splint, moved on a hinge, which fits on the under part of the leg to which it is attached. This is straightened gradually by turning a screw which works by degrees and forces the joint to move either in extension or flexion, as the case may demand or the practitioner advise. But great precaution should be taken to avoid all cause for renewed irritation ; and, on the slightest indication of any inflammation, it should be dispensed with till the parts assume a healthier aspect.

CASE LXXII.—HIP-JOINT DISEASE.

SARAH MCFARY, æt. 4 years, was brought to the Clinique by her mother, to be treated for hip-joint disease in the third stage, namely, ankylosis. It had commenced some eighteen

months before, occasioning great suffering. The pain, as a general rule in similar cases of this nature, is attributable to the knee. The young sufferer first experiences little if any unpleasant sensation about the region of the hip. A moderate amount of lameness then betrays some derangement of parts. If the disease attack strumous children, the ulcerative process about the cartilage is of no great moment ; but if it be a healthy child, the torture is exquisitely painful, and the agony, superinduced by motion, is excessive. Instances are not rare where the knee, from some sympathetic reflex action, has become swollen, and caused an error to be made in the topographical diagnosis. The limb is generally lengthened in the commencement of the disease. But after a brief period it becomes shortened. This change, in the respective lengthening to unusual shortness, has been said by some to be due to the action of the psoas magnus and iliacus internus, which together draw up the limb across its fellow. One of the best methods adopted to ascertain the facts of the case and judge accordingly, is to flex the knee and then push up, with some degree of firmness and strength, the head of the femur into the acetabulum. If the cartilages be ulcerated, this will bring about great pain. By varying

the motion, rotating inwards and outwards, flexing and extending the thigh, much may be learned of practical value to the surgeon, and of equal importance to the victim of this sad malady. If the patient experience no pain while standing, thereby leaning with his weight upon the diseased bone, it might be indicative of inflammation of the synovial membrane. But then the length of time since the commencement of the disease, the disagreeable sensations about the knee, and the peculiar emaciation that is most usually to be found attendant upon this lesion of the hip-joint, are all sufficient proofs of its presence.

In the present instance, sinuses may be seen along the thigh; the glutei muscles are atrophied. The suppurative process is still going on, and necrosis must of necessity be the consequence. If the young patient survive this dreadful drain upon the system, ankylosis generally follows, and the prognosis is then favorable.

Treatment.—As her appetite is good, and the disease has already advanced rapidly towards the third stage of ankylosis, there is great hope that all may go well, with the loss of the power of moving the limb.

Let her live upon the best food that can be obtained or afforded; keep as much as possible

in the open air, and always go on crutches, lest, by any undue movement, she detach the already semi-united joint.

Good food makes better chyle than the *Materia Medica* can furnish. A tonic containing some iron will, however, serve to add fresh vigor to her enfeebled constitution, and increase her power of endurance, till the limb recover from the disease.

Rx

Syrupi Iodidi Ferri, $\frac{3}{4}$ i.

Take gtt. vi. three times a day in a little water.

CASE LXXIII.—LUES VENEREA.

ALICE VALLEY, æt. 13 years, came to the Clinique, some months before, to be treated for Lues Venerea. (See page 2.) Her eyes still continued to run, but her nose had been benefitted by the remedies prescribed by Professor Mott last October. By following up the case, and tracing the child to her home, it was ascertained that this poor, unfortunate girl had been ravished by a ruffian three years before, when only ten years of age. He was suffering from syphilis at the time, and by this means had communicated this frightful poison to the young

female. The result has been, destruction of the *osa nasi*, lesion of the turbinated bones, and fistula lachrymalis of both eyes—a condition as deplorable for the sufferer, as it is fearful for the offender to contemplate. 5/2

Treatment.—The young child must live upon the most nutritious food. Continue to use the gargle of sulphat. alum. et infus. rosæ, and in a little while an operation must be performed, for the purpose of introducing a style. This will remove one obstacle, namely, the fistula lacrymalis.

R

Hydrargyri Bichloridi, gr. i.

Tinct. Cinchonæ, . ʒ iij.

M.

Take a teaspoonful three times a day.

CASE LXXIV.—PORRIGO.

ELLEN McCARTY, æt. 3 years, was brought to the Clinique, to be treated for a disease of the scalp, involving the hair, and covering the head with countless numbers of scabs. Red blotches could likewise be seen on her face. Though presenting, in every other respect, all the characteristics of health, still this unseemly appearance, which had existed for many weeks, called for some remedy that might remove the

disorder and arrest the itching. If, however, the disease, which is fortunately driven out upon the surface of the body, be checked in its progress, there is every probability that the little girl would have convulsions. This effort of nature to cast off all impurities of the blood upon the exterior, where they can do little harm, and again by their presence indicate the proper treatment, should be encouraged, and on no account arrested in its course. The case is one of *Porrigo*.

Treatment.—The treatment for this affection has been equally various as the disease has been obstinate in withstanding all therapeutics. It is always an axiom, that where an affection is almost incurable and defies the physician, the remedies increase with the difficulties, and we find countless prescriptions recommended for that which only demands time as its doctor. Some children affected in this way have been much benefitted by bathing in the sulphur springs; others have experienced salutary results from the application of the “camphor ice,” as prepared by the pharmacist. Time is the best attendant in cases of this character. Let the young girl's head be shaved close.

Rx

Unguenti Nitrat. Hydrargyri,

Unguenti Simplicis, ā ā, . ʒi.

M.

Let this ointment be spread over the head, after the hair has been removed.

CASE LXXV.—STONE IN THE BLADDER.

A young boy, *æt.* 4 years, was then brought into the Clinique and shown to the students, who had been operated upon for stone in the bladder, some three weeks before, by Dr. Alexander B. Mott. The child had suffered much from pain in the hypogastric region, had experienced great difficulty at times in passing his urine, and occasionally, while micturating, it would stop on a sudden, as if some impediment of a mechanical nature had arrested the flow; having, as it were, fallen in front of the urethra. At times, moreover, there had been a kind of sediment deposited in the water which he had passed; and it was a constant source of anxiety to his parents that his urine should have so much thick and viscid material in it. This was, no doubt, the result of inflammation, occasioned by the irritation of the internal coat of the bladder, brought about by the attrition of a foreign body, which resulted in an increase of mucous secretion. This deposit in the urine, after excessive drinking of stimulating liquors, has not unfrequently caused the student to suspect the

presence of albumen. But the nitric acid test, or the application of heat to a small portion in a test tube, or an additional trial of a solution of the bichloride of mercury, would at once reveal the truth of the case, and calm all apprehension on the part of the medical man.

Several practitioners had made careful examinations with the sound, but could ascertain nothing satisfactory or conclusive in the case before them. There was much that was rendered obscure in the present instance. The rational signs were indicative of the presence of stone. While that which was all-important to confirm the opinion of a few, namely, the sound, failed in elucidating the matter or unravelling the mystery. The case was abandoned, and Dr. A. B. Mott was called in to treat the patient for the symptoms as exhibited in the continued sufferings of the young boy. He sounded very carefully, and succeeded in turning the instrument behind the prostatic portion of the urethra. Moreover, by passing the sound far up into the bladder, bearing in mind that in a child there is no "bas fond," while in a person advanced in years it increases, and, in fact, in the old man there is quite a large sack below the sphincter of the neck of the bladder. Again, in one of few years the bladder is more perpendicular and

farther to reach. The Dr. ascertained, by following out these principles, the presence of a very small calculus, which he could distinctly hear click when the steel came in contact with its hard exterior.

A day was fixed upon, and the unilateral operation was performed with entire success and most favorable results.

Professor Mott then remarked, that the case was of great value to the young surgeon, both as a lesson in sounding for stone, and likewise for the practical value of understanding thoroughly the structure and various forms assumed by the bladder at different periods in life.

In the first place, on sounding children, if you depress the instrument, you will not succeed in finding the stone, on account of the peculiar difference between the adult and the infant. Again, small calculi are most difficult to find. It is not every one who can always reintroduce his instrument and feel the stone, though the minute before all present may have heard the click.

Of the many various methods of getting rid of a calculus, few are equal in certainty to the operation of lithotomy. Litholusy is employed when there is a thick sediment constituting what is known as gravel, and which is readily soluble.

Diluted nitric acid is injected through a syringe peculiarly fitted for the process. Where the stone is very small, and only requires an effort to expel it, the urethra is dilated by lithectasy ; the patient has been influenced by some stimulating diuretic ; and when the bladder has become distended, he makes an effort to pass his water rapidly. This succeeds sometimes, and saves much painful manipulation and protracted modes of cure. Where the meatus urinarius is of normal size, and the urethra is in no way diminished in size by any stricture, the result of gonorrhœa, or dependant upon some traumatic cause, lithospasty is resorted to, if the stone be not too large and the sufferer prefer that method. When undertaken, the process is quite simple, and often the termination equally satisfactory. An instrument, made for the purpose, is introduced ; the stone is seized by its longest diameter and immediately withdrawn. If the calculus be too small to warrant the operation of lithotomy, which should always be performed upon children in preference to any other, and yet is of too large dimensions to admit of lithospasty, the next indication is to resort to lithotrity, which is carried on in the most remarkably perfect manner by Civiale of Paris. A strong pair of duck-bill forceps is passed into the bladder, and gradually

opened by a delicate screw in the handle. A triple phosphate may be readily crushed by this means ; but if the stone be of the organization of oxalite of lime, it requires the strongest instrument to break it in two. This operation must be repeated at three or four different times ; for if a fragment be left in the "bas fond," it will beget inflammation, bring about a deposit of the same substance, and create much trouble. *a/*

Whenever a stone has been extracted, after the patient has been cut for it, the surgeon ought always to examine it carefully, for two very important reasons—namely, first, to see if the sides are smooth, which would at once declare the presence of another one in the bladder ; and secondly, to see if any portion of it may have been fractured while being drawn out. The rectal operation is performed when a stricture may render the introduction of a sound impossible. The high operation is resorted to by those who are perfectly acquainted with the relative anatomy of the parts, know well all the deflections of peritoneum, and suspect the presence of an immense stone.* In the female, as the

* A stone, weighing 44 ounces, was removed by a surgeon in England, after death. Professor Mott removed the largest stone ever taken out beneath the pubes, by the bilateral operation. It weighed 16 ounces and a half.

urethra is very short, and capable of great dilatation, the method of employing lithospasty and lithectomy is very frequently resorted to.

CASE LXXVI.—MORBUS CAXARIUS

JOHN AGNES, æt. 5 years, was brought to the Clinique by his mother, to be treated for a lesion of the hip-joint, accompanied with necrosis, suppuration, sinuses, and sloughing from different parts.

According to the woman's account of her child, he had met with an accident some twelve months before, which had caused him to fall on his hip from a considerable height. Though there existed much pain, swelling, and tenderness, at the time, he apparently entirely recovered from the evil effects of his bruise, and experienced no pain whatever in walking, though he limped continually. Some three months after he was attacked with scarlatina of an aggravated character, which prostrated him for many weeks, and terminated in bringing about a diffused inflammation of the hip-joint, involving the bone and cotyloid cartilages. The upper end of the femur became affected; the most intense pain ensued; the boy's health began rapidly to decline; and his parents, apprehending a prolonged

dissolution, desired to know if any thing could be recommended to alleviate his sufferings or remove the evil.

Professor Mott then put the boy under the influence of chloroform and examined the limb carefully. After some rotation, inwards and outwards, and a slight amount of flexion and extension, he found that the head of the bone had been dislocated backwards on to the dorsum of the ilium. This luxation had in all probability existed since the accident the year before. The young boy had experienced little pain after the first shock was over, but the scarlet fever, which at times leaves the patient affected with eustachian deafness, ascites, or partial loss of sight, tended to affect the already lacerated parts in the region of the hip. Hence the disorder that ensued. It is now too late to attempt to reduce the limb. The muscles have shrunk and adapted themselves to the decrease of length and abnormal position. The ligaments have, no doubt, once more become rigid ; and it would only aggravate the case, and render more complicated the trouble and treatment, to attempt the adjustment of parts.

Treatment.—As the boy presents the main characteristics of a scrofulous diathesis, which have added much to render the disaster more

unfavorable in its prognosis, he must take nourishing food of all kinds, drink cod-liver oil freely, and await the issue, with hopes that anchylosis may set in. There is an operation for exsection of the head of the femur. In some instances the results have been most happy. But this patient is too feeble for any severe trial of health, or prolonged course of exciting, radical cures.

Rx

Syrupi Iodidi Ferri, ζ i.

Take gtt. vi. three times a day in a little water.

CASE LXXVII.—STRUMOUS CONJUNCTIVITIS.

ANNE KANE, æt. 7 years, came to the Clinique complaining of great pain in her eyes, accompanied with marked photophobia, and diminished secretion of tears. She had caught cold in her eyes, and neglected to employ any remedies; on their itching, had continued to rub them, till at present their bloodshot appearance and burning sensation warned her to seek the advice of some practitioner. This had existed for the past two months.

Professor Mott then examined the eyes closely, and found the conjunctiva to be much

congested by an increased amount of vascularity which ran towards the cornea, and ended in phlyctenæ, not general, but in two or three enlarged vessels. If this be not immediately attended to, there is danger of the cornea ulcerating, a condition which might naturally terminate in opacity from the effused lymph between the layers.

Treatment.—As the young girl's bowels are in a good condition, and her movements are rather regular, the next indication is to build up the health by tonics of various kinds.

R

Hydrargyri Bichloridi, gr. j.

Alcohol, ʒ i.

Take gtt. iii. three times a day in a teaspoonful of sarsaparilla.

If the eyes continue to pain, a warm poultice would soothe the parts and promote exudation of the serum of the blood, through the already greatly distended capillaries of the conjunctiva. Where a case of this kind has become chronic, a few drops of the wine of opium will stimulate the parts, cause the enlarged vessels to contract, and force out the blood from its congested state. Blisters have at times produced beneficial results.

CASE LXXVIII.—PORRIGO.

BRIDGET LIEHE, æt. 35 years, came to the Clinique to be treated for a sore neck, which presented the appearance of a cutaneous inflammation. This extended round the back of the head and upwards, involving the scalp, and covering the hair with scabs about the size of a pea. She stated that she had been affected in this way for the last four months. Her general health was good, her bowels free from constipation, courses also regular and of sufficient quantity; but the continual itching, and her ungainly appearance, served to annoy her much, and precluded the possibility of obtaining any situation while in this condition.

Professor Mott remarked, after examining the surface of the skin, that it was a case of porrigo. This affection more generally attacks the young, and especially those whose constitutions have been impaired by disease or vitiated by bad diet and improper hygiene. It is not uncommon to see children whose heads and faces are completely covered with these little sores and scabs, which continue to trouble them till their diatheses appear to have been completely changed. Very often when a little girl is the subject of some constitutional trouble—some eczema, or

the victim of corea—the physician hopes for a recovery of health and the proper tone of the system when the child shall have reached years of puberty. Again, if the affection still continue to annoy, marriage and the bringing forth of offspring produces an entire change, and freedom from any trouble is henceforth experienced. This porrigo is not necessarily confined to the head and face. It may be found, in some instances, on different parts of the body.

Treatment.—The hair must be cut off at once, and the head then shaved as close as the scabs will permit.

R

Tabac. Olei, gtt. vii.

Hydrargyri Ammon. Chlorid. 3 ij.

Adipis, 3 j.

M. et ft. unguentum.

This is to be rubbed on the sores, and covered over with an oil silk cap, etc.

R

~~X~~ Liquor Potassæ et Arsenit. 3 i.

Take gtt. vi. three times a day in a little water. If any evil effects arise from the arsenic, such as swelling under the eyes, stop at once.

CASE LXXIX.—POTT'S DISEASE OF THE SPINE.

CATHERINE WATERS, æt. eight years, was brought to the Clinique by her mother, to be treated for Pott's disease of the spine. She had been under Professor Mott's care some fourteen months before, when he recommended good diet, some iron tonics, and other anti-scorfulous remedies, as the case appeared to be an idiopathic one. An issue was likewise made directly over the diseased mass of bone—that is, on either side of the spinous processes. This seemed, from the moment of its insertion, to arrest the progress of disintegration, and ankylosis commenced. On examining the child, Dr. Mott found that the bodies of the dorsal vertebræ had been involved in the disease; caries of the bones had set in, and a curvature, painfully discernible, could be detected, which constricted the chest, caused some dyspnœa, and prevented the little girl from coughing. The lesion of the column of support had affected the spinal cord, and the patient experienced great difficulty in walking, having lost the free use of her lower extremities. As the disease was low down, the arms were not as yet in any way disturbed in function, the brachial plexuses of nerves not being in any way

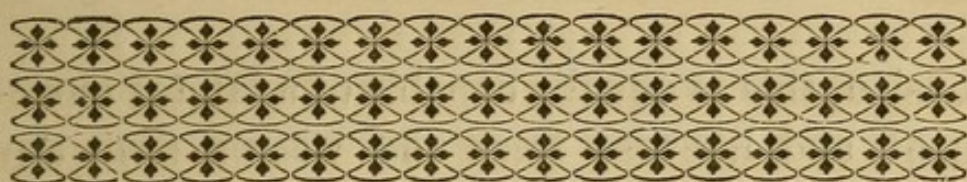
affected. The indications are to prevent any more curvature than is absolutely necessary for ankylosis. When the spinous processes project outwards, there exists much danger of abscesses, which are invariably accompanied with hectic symptoms and great risk to life.

When there arises any suspicion in the mind of the physician, as to whether a patient have disease of the vertebræ or not, the best method to determine positively is to strip the back and run the fingers over the spinous processes. This will leave a red mark. The outline is then distinct, and the diagnosis may be readily made. The surgeon should not, however, forget that there is always a lateral curvature towards the right side, in the dorsal vertebræ, when the person is right-handed ; but, if left-handed, the case is apt to be equally the reverse. This is the natural consequence of using one of the upper extremities more frequently and with greater force than the other. Few persons are ambidexters.

There are also two diseases that are sometimes confounded with incipient lesion of the spine—namely, aneurism of the abdominal aorta, which may be readily detected by auscultation ; and varicocele in the scrotum. This latter produces that peculiar dragging, heavy, and dull aching

pain, which has at times misguided the attendant, and caused the back of the unfortunate to be blistered, have setons applied, and many other remedies, when the use of a suspensory bandage would have removed the difficulty and freed the patient from all uneasiness and suffering.

Treatment.—Pursue the same treatment as formerly prescribed. Let the child keep in a horizontal position as far as is possible, but on no account let her lie on her back. It requires about three years for the bones to unite and become ankylosed sufficiently to employ an apparatus for the purpose of supporting the head and shoulders, and thereby relieving the spine. If the back be supported too soon, it will do much damage, by preventing the apposition of bones, and will in the end greatly increase the deformity.



PROF. VALENTINE MOTT'S

SURGICAL CLINIQUE.

FEBRUARY 14, 1860.

PROFESSOR MOTT opened his Clinique, for this day, by calling the attention of the medical students to a new artificial leg, invented by Dr. Douglas Bly, of Rochester, New York. The great superiority of this leg over the one made and sold by Mr. Palmer, consists in one advantage which cannot be overlooked by the surgeon or neglected by the anatomist. The main features which characterize the improved leg are—namely, that it is lighter, more durable, more readily adjustable, and much easier to walk with than the other one. While Mr. Palmer's only admits of the two motions of flexion and ex-

tension, this is equally capable of a lateral movement, and likewise frees the wearer from any anxiety when treading on some obstacle by accident ; whereas, if Mr. Palmer's leg come in contact with any foreign substance,—such as a stone, etc.,—the owner of the extremity is thrown out of the centre of gravity, and experiences some difficulty in recovering himself. Dr. Bly then exhibited his specimen, explaining the particular and peculiar properties of his invention ; and, receiving satisfactory evidence of the gratification of the class, retired. Professor Mott stated, that formerly he had praised Palmer's leg, but that now he was forced to recommend Dr. Bly's as the best in the market.

CASE LXXX.—FRACTURE OF THE ULNA.

ELLEN BALAM, æt. 50 years, came to the Clinique for the purpose of consulting Dr. Mott relative to one of the bones of the fore-arm which had been fractured some four weeks before. The surgeon in attendance had set the limb immediately after the accident ; the necessary apparatus, in the way of splints, bandages, and pads, had been applied with beneficial effects and satisfactory results ; but now there appeared

to be some irregularity of outline, though all the motions of flexion and extension, supination and pronation, presented normal characteristics. When the hand remained in an easy position, as it were semi-pronated, there was readily discernible a prominent curve, which did not accord with the normal shape of the other fore-arm.

Professor Mott examined the limb and remarked, that there was truly a slight deficiency of the proper proportions, but that it would in no way derange motion, or incapacitate the functions of this upper extremity.

There are many causes for ununited fracture, which do not, however, apply to the present case. A vitiated constitution, worn-out by disease, wasting infirmities, or a cachectic diathesis, will prevent the bones from uniting. Intemperance, or a syphilitic taint, do much to enfeeble the recuperative powers of the *vis medicatrix naturæ*. A scrofulous child, whose glands are enlarged by the accumulation of the exuded lymph of the degenerated blood, may fail to recover with a sound limb ; or, most certainly will be wearied by the prolonged treatment and cure.

In the female sex, where a woman meets with an accident that terminates in fracture of a limb, without bringing on abortion from the suddenness of the shock or violence of the blow or fall,

the great tendency of all the superfluous nourishment to go to the foetus in utero, not unfrequently retards the adhesion of bone, and occasionally precludes all satisfactory union. Again, where a mother is nursing her child, the milk from the mammary glands, secreted in the galactiferous tubes, takes away all the extra power of reparation which the blood might furnish to the fractured limb. Of the mechanical impediments the three most common are, firstly, a want of rest which the affected part demands. If the patient be of a nervous temperament, and fail to obey the injunctions of the surgeon, the constant motion of the body, the tossing from one side of the bed to the other, and the absence of all repose, will most assuredly prevent the bones from recovering their position. The second most common reason is the improper adjustment of the broken parts. If the fractured extremities be not most carefully brought into entire contact and bound down with moderate pressure, there will necessarily arise a slipping or gliding by. And nature has so provided, that if the parts be not too far removed an extra amount of osseous material will be thrown out, and the patient will recover with a deformed leg or arm, as the case may be. If, for instance, the thigh be fractured, the natural

tendency of the rectus femoris is to pull up the lower portion, and if the quadriceps extensor be not flexed by the inclined plane, all treatment will prove abortive, and the practitioner experience much disappointment. Hence the necessity of not only bringing the ends of the bones in apposition, but of keeping them so for a suitable length of time. Another marked instance of the all-important part that must be played by interosseous pads and bandages may be seen in the case of fracture of the radius. The pronator quadratus contracts forcibly, and brings the radius in contact with the ulna ; and the supinator longus, acting under the circumstances upon false principles, draws the bones out of their normal relations. The third and last, and the most frequent of this nature, is the intervention of some foreign body, which would materially interfere with the natural course pursued by the healing process after an injury.

CASE LXXXI.—SCABIES.

JOHN BRENNAN, æt. 13 years, came to the Clinique, complaining of a cutaneous eruption which, at first, was pustular, and became in a short time vesicular, with little scabs apparently filled with water.

It seems that, two or three months before, the young lad slept with a man who had been suffering from a similar disease to that which he now had himself. A few days after, he experienced a great amount of itching on his legs and arms, and especially between the phalanges, and in the flexures of both extremities. By continually scratching, a moderate degree of inflammation had set in, and the little eruption assumed the present form, designated "scabies purulenta," wherein may be seen a yellowish, diffused matter. In a short time both his sisters, aged respectively 12 and 14 years, contracted the same tormenting affection, and his brother likewise became the victim of this little parasite, which seems to prefer the night for its tortures and circuitous wanderings through the surface of man's exhausted body. The burning sensation, together with a sort of crawling of the capillaries, and pricking of the delicate nerve fibres, contributed much to annoy the sufferers, and render all attempts at rest abortive.

This little acarus, the real cause of all the trouble, dwells near the vesicles, but not directly beneath them. For a long time their existence was doubted. It was positively denied that they were either the direct origin of the affection, or that they could be always found in similar

cases. But M. Renucci, by the aid of the microscope, clearly demonstrated the truth of former assertions, and established the fact beyond a doubt. A singular feature about this disease is that the head or face is never affected by it, the place of election being chiefly the body. Perhaps this may be owing to the fact, that as the itch is principally due to uncleanness and filth, even the dirtiest of humanity wash their faces. Scabies can only be communicated by direct contact. Though the air may be impregnated with the virus of the eruption, it requires the communication of one person with another to allow the little tormenter the opportunity of changing victims, Dr. Watson, of London, thinks that the mange in camels, dogs, and sheep, is due to an insect of a like nature, and not to a peculiar, idiopathic degeneration of the skin or toxæmic state of the system.

Treatment.

R

Tabac Olei. gtt. x.

Hydrargyri Ammon Chloridi, 3 i.

Adipis. $\frac{3}{4}$ i.

M. et ft unguentum.

Let this be rubbed on the parts affected by the disease, night and morning. Wash off the

entire body freely, in a couple of days, with warm water and plenty of soap, and continue to take a bath every morning till cured.

Take also three ounces of sulphur to two of hog's lard ; mix them thoroughly, and rub the ointment well into the skin. The sulphur will destroy the acari in a short time.

CASE LXXXII.—LEAD PALSY.

MICHAEL KANE, æt. 42 years, a painter by trade, married, and the father of three children, came to the Clinique, complaining of loss of power of the wrist and fingers of one hand, while the other seemed in a slight degree to participate in the malady.

His physique presented the characteristics of a man suffering from some wasting disease of a debilitating nature. His frame was slight ; height medium ; weight, about one hundred and twenty pounds ; hair black ; eyes dark ; complexion of a sallow, putty appearance, and muscular development by no means equal to the average. His habits have been always good up to the present time. General health very excellent, with the exception of one severe attack

of painter's colic, which caused him to cease from all work for the space of three months. The present peculiar derangement of the functions of motion, declared itself some nine weeks since. On examining the hand of the affected side, Professor Mott found that the extensor muscles of the wrist and fingers had become powerless ; but, as the index finger was possessed of two tendons, the indicator muscle seemed to assist the man in slightly raising the fore-finger above the others. As to the apparent cause of the disease and loss of power, there can be no doubt but that the poisonous effects of the lead, in the system, have produced the morbid results which have terminated in crippling the man, and depriving him of the free use of his limbs. There exists, decidedly a want of nervous power. But why the extensors, in certain localities, should be rendered powerless, and the other parts of the body be free from all abnormal trouble, is a mystery as difficult to fathom as it is impossible to explain. Post-mortem examinations, made for the special purpose of determining the *causus morbi* and unfolding the exact nature of the difficulty, revealed nothing of an abnormal character in the viscera ; and even Creuveilhier failed to ascertain any thing that satisfactorily elucidated the phenomena, and was forced to decide

that it was some affection which, by means of the blood, brought about a lesion of particular nerves, distributed to different regions of the body.

Treatment.—Dr. Pemberton, of London, recommends a splint for the purpose of supporting the hand, and likewise keeping it in a normal posture, to prevent any unnatural curvature that might be occasioned by undue contraction and consequent atrophy of some of the muscles. The best method, adopted by the experienced in the profession, and one that is as satisfactory in its results as it is simple in its prescription, is the suitable administration of the iodide of potassium, beginning with a small quantity and carrying it up till the desired effect is produced.

R

Iodidi Potassii, 3 ij.

Aquæ Puræ, . $\frac{2}{3}$ iij.

M.

Take a teaspoonful three times a day in a little water. This will act upon the kidneys, and promote a free secretion. The iodide of potassium depurates the blood, of this poisonous and foreign substance, and the proper test would reveal at once the presence of iodide of lead in the urine. Passive motion should be gone through with every morning and evening ;

the part affected with this palsy ought to be rubbed freely throughout the day ; and the feeble muscles must be educated, as it were, again, so as to keep up all the little remaining power that they may possess. Some practitioners have been in the habit of employing electricity, by passing a small current through the paralyzed extremity. This seems to give additional vitality to the partially atrophied extensors, and not unfrequently adds tone to the weakened tissue of the arm or hand, as the case may be. The health of the patient is likewise to be looked after under all circumstances. If at all anæmic, let the best tonics in the form of iron be administered with discretion. Fresh country air often braces up the system, and assists the sufferer in freeing himself from this helpless state.

CASE LXXXIII.—ATROPHIE MUSCULAIRE.

MARY HEARNE, æt. 4 years, was brought to the Clinique by her mother, to be treated for a loss of power of one lower extremity. This had gradually come on, from week to week, without any apparent cause. No injury, direct or indirect, could be traced as the cause of this want of functional ability on the part of the muscles of the leg and thigh. Soon after the lit-

the girl was so affected, the size of her leg diminished ; the parts assumed the dimensions of almost the bones themselves ; and what little flesh remained was soft and pulpy to the feel, and seemed to possess no power of contraction, being in reality a flabby mass of tissue.

On examining the spine of the patient nothing abnormal could be detected. There was not the slightest indication, by curvature, of any lesion of the vertebræ. The thigh could be readily pushed up against the acetabulum, rotated inwards and outwards, and flexed and extended by the surgeon, without causing any pain to the girl.

Professor Mott stated that it was a clear case of *atrophie musculaire* of the lower extremity. The child could move her leg in a slight degree, but was not able to step forward in walking. Moreover, the *glutei* muscles of that side did not altogether seem equal to holding up the body by bracing the ilium. He had often seen similar cases in different parts of the body, and without any known reason. The deltoid is sometimes similarly affected, especially in cases of dislocation of the head of the humerus, where it is lodged in the axilla, and often presses on the posterior circumflex, one of the important branches of the brachial plexus of nerves. The

position of the arm itself precludes the possibility of raising the limb ; but the additional pressure upon this nerve prevents the deltoid from exercising any function, and ere long it becomes atrophied, and dwindles away into a diminutive representative of former power.

Treatment.—Friction brushes might be applied freely over the limb. Passive motion will keep up a better circulation, and consequently assist the blood in furnishing more nourishment to the parts, besides saving the child from all danger of ankylosis, which might result from not using the leg nor moving the joint.

R

Linimenti Saponis, \bar{z} iv.

Olei Origonensis, . 3 i.

Olei Anthem. . gtt. xx.

M.

Rub the parts briskly with this liniment morning and evening, and keep the limb covered so as to protect it from all cold or dampness.

R

Syrupi Citrat. Ferri.

Tr. Gentian. ā ā. . \bar{z} i.

M.

Take a teaspoonful three times a day, and live on the best food that your means can furnish or your appetite dictate. This excellent tonic will

give strength to the system, and, with proper hygienic principles, may assist in building up the little girl's feeble and anæmic constitution.

CASE LXXXIV.—INFANTILE LEUCORRHŒA.

KATE O'CONNOUGH, æt. 2 years, was brought to the Clinique by her mother, to be treated for a discharge that had come from her vagina since she was five months old. One side of the front passage only seemed to be affected ; but, though many remedies had been recommended, the discharge, which was of a whitish, thick consistency, still continued, and her mother feared that the inflammation, which was already considerable, might increase and bring about great trouble, besides causing a vast amount of pain.

Professor Mott then removed the clothes of the little girl, and found the pudenda much enlarged and quite red, evidently the result of inflammatory congestion. The tissues above Poupart's ligament were of abnormal dimensions ; the abdomen itself was much distended, and, on palpation, presented a hardness which indicated the existence of much tumefaction. There was no traceable cause for this, which the mother could recall. The parts were washed carefully, but the discharge continued much the same as be-

fore. The irritation around the vagina became a great source of annoyance to the child, and was the cause of much fretting and some loss of appetite. Prof. Mott stated that the case was evidently one of infantile leucorrhœa, which had arisen, as it sometimes does, idiopathically. This disease is called respectively fluxus matricis, menstrua alba, cachexia uterina, hysterorrhœa mucosa, fleurs blanches, blennorrhœa, and as many more names, according to its locality, and the age and condition of the female. Some children in being born, while passing through the mother's vagina, contract this disease by coming in contact with their parent's parts when she is so affected. But more generally the matter is apt to find its way into the inner canthus of one or both eyes, and then great danger exists of leucorrhœal ophthalmia. Hence the precaution which a well-educated obstetrician adopts, of wiping out the eyes and mouth of every child that is brought into the world ; otherwise, by the presence of gonorrhœal or leucorrhœal matter in the eyes, an intense form of inflammation might set in, and the child would as certainly become irrevocably blind.

Treatment.—This disease, which is popularly known as the "whites," is at times most diffi-

cult to eradicate from the parts. Injections of the nitrate of silver, weak solutions of the sulphate of copper, or some other astringent, not unfrequently fail to remove the disorder. Caustic, applied with care, in some instances has arrested the discharge, and freed the patient from a most distressing malady. Among the most efficacious remedies that have proved soothing to the parts and cured this chronic elytritis, is the bathing the vagina with tepid water and castile soap, and keeping the surroundings covered over with a warm flax-seed poultice. After a time this drain of yellowish, viscid mucus, prostrates the female, brings on a dull, dragging pain in the lumbar region, and deranges the digestive organs. Under these circumstances, the health of the patient should be built up by tonics, good food, and plenty of fresh air. If attended to at its commencement, a great deal could be done to arrest its progress, and save much anxiety and protracted treatment.

CASE LXXXV.—DISEASE OF THE SPINE.

MARGARET CONNERLY, æt. 4 years, was brought to the Clinique by her mother, complaining of considerable pain in the back, accompanied with loss of power of the lower

extremities, and more or less protuberance and curvature, produced by a convexity of the spine posteriorly. This condition had existed for several months past. The health of the little girl, never of a promising character, became materially impaired. Her appetite failed, and the loss of the power of walking precluded the possibility of taking any exercise, and thereby rendered the prognosis at least unfavorable, and certainly of a doubtful nature. No lesion of the hip or other parts had been discovered by the parents. But this peculiar disintegration of the bony tissues of the bodies of the vertebræ, being in no way attributable to any fall or known cause, must necessarily be pronounced idiopathic. Where caries of the spine have been brought about in a young and healthy child, by direct or indirect violence, there always exists a much more favorable prognosis that all will do well, if the patient be seen in time, and of course the nervous system be not deranged. But where nothing can be discovered as a positive cause for this disease, and day after day the suffering continues to increase, the health is more and more impaired, and the pale, anæmic face and emaciated limbs foretell a gradual wasting away of muscle and vital power, the practitioner at once detects the constitutional deteri-

oration of the victim of this malady ; and, knowing that this serious condition of the patient is not the result of local injury, but a disease of the blood and a want of the power of furnishing and distributing nourishment to certain parts of the body—he feels that the present is but a precursor of a fatal end. The treatment is as doubtful as the debilitated state is certain. The hope of recovery is as grave as the fear of death is appalling.

In this individual case, the disease is located directly between the scapulæ. The bodies of the vertebræ have been absorbed ; and two or more of these diseased spinous processes have been, as it were, condensed into one conglomerate mass.

The little girl had intermittent fever some time before the coming on of this trouble. Perhaps her constitution may have been so seriously affected by this most trying malady, that a slight blow, not recalled by parent or child, may have terminated in this disastrous and melancholy consequence of a want of recuperative power.

Treatment.—As the disease has not as yet reached the stage of ankylosis, the best method of cure to be adopted is that of counter-irritants, applied in the form of issues on the back, directly below the projections, and on either side of

the protuberance. Let this drain be kept up for several months. The present appearance of the patient at once clearly shows that she has run down to a very feeble state, and requires to be built up by means of proper hygienic principles, good food, beef not overdone, cod-liver oil, and, above all, some preparation of iron. Among which one of the best is :

R

Syrupi Iodidi Ferri $\frac{3}{4}$ ii.

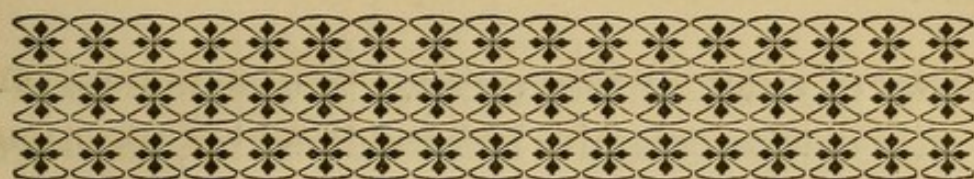
Take gtt. vi. three times a day in a little water.

If the mother could afford to procure the remedy and follow it up, another most excellent tonic and builder up of appetite, bone, and muscle, is the pharmaceutical preparation of "the syrup of the phosphites." This contains many of the principal ingredients of bone, blood, and nervous material, such as lime, magnesia, soda, iron, &c., &c.

Keep the patient in the open air as much as possible, and come again in a month or so. A seton would fulfil the same beneficial office as that of the issue.

On no account is one suffering from affections of the spine, whether it be lateral curvature or Pott's disease of the vertebræ, to lift any weights,

play at rough games, climb, or even bend over too much. For any derangement of position might disengage the semi-united mass, and misplace the apposed surfaces of the partially anchylosed bones. It is best for the girl to rest as much as possible, in a well-ventilated apartment; and, when lying down, always abstain from a supine posture, lest the bones be depressed and the curvature interfered with. The only chance for the sufferer is, at best, a recovery with a great amount of deformity, and some degree of difficulty in breathing. This dyspnoea arises from the concavity of the chest produced by the forced hump of the back.



PROF. VALENTINE MOTT'S
SURGICAL CLINIQUE.

FEBRUARY 21st, 1860.

CASE LXXXVI.—DISEASE OF THE EYES.

THOMAS PALHAM, æt. 61 years, a native of the United States, married, and the father of five children, came to the Clinique to receive the opinion of Professor Mott relative to the present condition of his eyes, the prognosis, and the proper treatment to be recommended as a means of cure.

He stated that twelve years ago, while breaking stone on a roadside, he accidentally knocked off a small chip of one into his right eye, which brought about an aggravated form of inflammation, ulceration, and consequent loss of the

power of vision in that organ. For some time after this severe calamity had befallen him, his other eye, from a sympathetic irritation, troubled him much. *Muscae volitantes* continually obscured his sight ; a thin scum or mist-like curtain appeared to be gradually forming in front of his eye ; constant itching, accompanied with sudden twitches, annoyed him greatly, and caused much anxiety concerning the probability of his becoming the victim of total blindness. Soon after this, a moderate amount of photophobia prevented him from following his usual avocations, or keeping for any period in the open air, exposed to the light of the sun. On certain days his vision is more distinct than at other times ; but at present, though he can distinguish the outline of a form or figure, he has already lost the ability to discern with readiness or certainty the expression of any features at the distance of eight or ten feet. In the eye which had not been injured by any direct violence, from all accounts there existed marked asthenopia ; a condition wherein the scilliary muscles lose the power of retaining the proper focus for any period of time. After a few minutes those objects which before were clearly visible at a certain distance were no longer discernible ; and it was necessary to adjust the locality of the object,

either by approaching somewhat nearer, or by removing it to a further place. His health otherwise was not materially affected by this injury to his eyes. His appetite was very good for one of his advanced years; and even the powers of digestion and assimilation were of almost normal capacity.

Dr. Mott then examined the eyes of the patient with great care. They were deeply set in their orbits: their sunken aspect being more than is usual even in persons at the age of 70 years and upwards. It was evident that the right eye, having ulcerated from the traumatic injury, had terminated in staphyloma, a condition in which the sloughing of the cornea had resulted in the escape of the aqueous humor, the protrusion of the iris and consequent falling forwards of the crystalline lens. This, of course, precluded the possibility of restoring sight to the eye, or doing any thing of material advantage to the poor man. But, as the lid continually bulged forward, and, by its direct contact with the ball, kept up some irritation, which might bring on more or less trouble, Mr. Pritchett's operation of making a slight incision and letting the vitreous humor escape, would cause the eye to subside, and relieve the trouble. There likewise existed evident opacity of the cornea, which

was of so marked a character that it did not admit of any of the operations for artificial pupil, had the eye been otherwise sound.

On examining critically the left eye, it was found to be greatly inflamed; owing, no doubt, to the granular condition of the lids, which kept up a continual and incessant burning sensation, more or less pain, some running of the eye, and a vast amount of congestive inflammation, constituting that stage of the disease characterized by the term "ophthalmitis." The pupil was very small. The scillary processes of the iris had become very much contracted, and the present state of the eye called for immediate measures. Dr. Mott stated that the opinion of many existed very strongly in favor of one eye becoming inflamed sympathetically, on account of some injury to its fellow. But he did not place as much confidence in this assertion as most practitioners. It is true that the optic chiasm very much resembles the double reins of two horses, both crossing each other, and coming from a common origin, the corpora quadrigemina. It is likewise known and readily acceded that one eye is assisted about one twelfth by its neighbor, when in a normal state of health. All this is in favor of the theoretical and popular view, that one

eye suffers very frequently from an injury inflicted upon the other. However that may be, experience, the father of truth, testifies to the contrary; and very often when a patient complains of the loss of one organ of vision because an operation for cataract has proved unsuccessful upon its fellow, the true cause of this sad result has been concealed from the knowledge of both patient and practitioner, and a toxæmic condition of the sufferer, or some hidden injury, has produced an effect which brings affliction on a family and discredit upon the attending physician.

Treatment.—Unless the little granules on the lids be at once removed by escharotics, or the scarifying process and antiphlogistic remedies, the patient will most certainly become blind, and that very soon. Let the eyelids be touched carefully, every morning, with some sulphat. cupri, carefully avoiding, in the operation, touching the conjunctiva with the blue vitriol. The other eye may be sunken by a puncture; and, if the man desire it, an artificial one may be put in its place. This is frequently done in cases of staphyloma or hydrophthalmia, where the eye is useless, painfully conspicuous and prominent, and a source of irritation to the patient.

℞

Hydrargyri submuriat.

Jalapæ pulv., āā grs. xx.

Antimonii et Potas. Tart. . . . gtt. ii.

Syrupi, q. s.

M. et divide in pilulas x.

Signa. Let him take one of these pills every night, before retiring; and live prudently, avoiding all stimulants or much meat for the present, until this inflammation shall have, in a measure, been arrested. If properly treated, there is every reason to believe that, in a few weeks, all will go well with the old man, and, at least, one eye will be not only saved, but improved and strengthened in its functional powers.

Let him, however, beware of taking cold while under the present course of therapeutics; for any undue exposure of the eye, after being touched by this astringent, would complicate the trouble, increase the difficulty, and add much to baffle what at present is, in every respect, easy of cure.

CASE LXXXVII.—VARICOSE VEINS.

MICHAEL FENTON, æt. 42 years, a married man, of temperate habits, came to the Clinique,

complaining of a varicose condition of the leg and saphena vein, complicated with an indolent ulcer of many weeks' standing. It seems that about five days before New Years last, he accidentally injured the anterior part of his leg, directly in front of the tibialis anticus. The swelling came on and increased greatly, distending the parts and presenting an ecchymosed surface some two inches in diameter. Though suffering much pain on moving his limb, and experiencing a vast amount of discomfort from the use of the muscles in the contiguous region, his work required the constant employment of his legs in a dependent position. This continual walking had increased the congested state of the limb. The veins in the vicinity, having become distended beyond their wonted capacity, had lost the power of retaining their normal dimension; the force of gravity had tended to promote this stagnation of the venous circulation; and the present condition of the patient revealed a varicose state of the adjacent blood vessels which materially prevented any advance towards the reparative stage, or even a healthy form of inflammation. The saphena vein appeared to be in a similar state of sluggish congestion, though far removed from the seat of injury. Its enlarged calibre not only prevented the

return of blood from the parts below, but seemed, as it were, to favor more or less exudation of the serum of the swollen vessels; and a slight amount of œdema of the extremity could be detected by the practitioner. The dull, red hue of the ulcer, and its peculiar and irregular edges, at once declared it to be one of an indolent character, which, if not attended to by the surgeon, would last an almost indefinite period, and prove a great annoyance.

Treatment.—Nothing can be recommended for the purpose of removing the trouble, without being well acquainted with the fundamental principles of inflammation, as laid down by John Hunter, and set forth by him in his most interesting and instructive volume. The pathology of all sores, whether they be the recent solution of continuities connected with the surface of the body and the result of mechanical violence, or the consequence of an impaired circulation and congested condition of the surrounding capillaries, must be perfectly understood before the real cause of the difficulty may be comprehended, or the proper indications called for by the case.

In the present instance the cause and effect are readily determined, and the treatment as easily prescribed. Let the patient keep the

limb elevated as much as possible, so that the gravity of the venous blood may cause it to flow back, and the stagnation of parts may at once be overcome.

Injections of the persulphate of iron have proved more efficient in radically curing varicose veins and promoting a healthy condition of the blood vessels, than any known remedy of modern times.

R

✓ 2 Acetat Plumbi, 3j.
Tr. Opii, 3j.
Aquæ Bulient.oj.

M.

Let rags be soaked in this lead and opium wash if any inflammation be still remaining in the adjacent region; then apply strips of adhesive plaster across the ulcer, and bring its sides together as nearly as practicable, under the existing circumstances. These strips should be not quite two inches in diameter, and nearly encircle the limb, so as to draw the integument over towards the unhealthy parts. After this is done the ulcer may be covered over carefully with a linen compress, and bandaged very tightly, beginning from the metatarsal bones, and bandaging evenly up to and above the knee. This will support the blood vessels, whose walls

have become powerless and incapable of contracting, owing to the vast amount of blood which has distended them beyond their normal capacity.

This dressing should be gone through with every two or three days.

If the plaster serve to irritate the sore and increase the pain, it has been advised by some to substitute isinglass plaster, or to dilute the adhesive straps by means of soap plaster.*

If the growth of skin be too rapid and assume the appearance of what is known as proud flesh, which may be likewise readily recognized by the raised surface above the old integument, it should be painted over with nitrate of silver or some other escharotic. Lunar caustic is the most powerful and efficient remedy in such a case.

ef Mr. Sky suggests the propriety of administering moderate doses of opium, for the purpose of keeping up the capillary circulation and thereby freeing the congested parts of this surplus of blood.

Again, some have entertained the opinion that, under certain circumstances, it is as impracticable to heal up the ulcer as it is dangerous to the patient. Sir E. Home asserts that

* Druitt's Modern Surgery.

where there is gout in the ulcer, accompanied with periodic pains, and the drain come on idiopathically, or when the patient be old and infirm, the sudden cessation of this discharge might prove fatal to the sufferer, by producing apoplexy or some local inflammation, which would be more painful to the patient and of greater hazard to his life. But, if a seton be inserted, this will obviate the necessity of keeping a sore on the extremities, which are so constantly called into use and demand the utmost freedom of action. In all cases, however, the kidneys and liver should be of normal capacity, and perform their functional duties with periodic faithfulness.

Whately does not, however, place much confidence in these theories, and cites instances to prove his own views and their fallacies.*

The healthy, inflamed, irritable, weak, indolent, fistulous, varicose, sloughing and phagedenic ulcers, all demand their special treatment and call for separate measures as a direct means of cure. But, in all cases, proper hygienic principles should be enforced by the surgeon; the general health of the patient looked after, and any constitutional disorder at once removed. In

* Whately, T., *Practical Observations on the Cure of Wounds and Ulcers*. London, 1816; p. 144.

the present case the ulcer is too much inflamed to heal immediately. Nature's method of closing a wound is by granulations. This process of separation, by the second intention, is as beautiful in its mode of cure as it is successful in its wonderful issue!

Should the parts continue to be much inflamed, a common yeast poultice would allay suffering and promote exudation. When all apparent irritation be removed,

R

Hydrargyri Bichlorid. gr. i.

Aquæ calcis, . . . ʒ ij.

M.

Let this be poured on the rag and then wrapped round the limb when the bandages are taken off. The basilicon ointment at times performs the same simple office, and cicatrisation takes place soon after, from the skin. Animal broths and beef tea would assist in building up the man's constitution without exciting him by the use of iron or such stimulating tonics. If he applied and entered Bellevue Hospital, so that he could remain in bed and keep quiet for a few days, it would tend materially to improve his general health and promote a speedy recovery.

CASE LXXXVIII.—PILES.

WILLIAM FITZSIMMONS, a Scotchman by birth, æt. 26 years, and a married man, came to the Clinique to consult Professor Mott relative to an inflamed condition in the region of the anus, characterized by severe pain, constant itching, a great desire to go to stool, and frequent and copious discharges of blood. After each evacuation, hard round tumors, covered with loose folds of mucous membrane and skin, appeared to have descended, which it was difficult to reduce. A scalding sensation was experienced while the fæces were passing through the anus, and more or less irritability of the bladder, and incessant desire to micturate, accompanied with pain in the loins and about the thighs.

They had however become so large of late, that for the past three weeks he had not been able to reduce them. The tumors, at present, appeared to have merged into an immense one, which seemed in some measure to interfere with a free evacuation.

This condition of the hæmorrhoids has been due, no doubt, to the sedentary habits of the patient; sluggishness and torpor of the bowels, or anything that may have inflamed the lower

bowels, such as ascarides, constant scratching and a want of cleanliness; which latter is a great source of irritation to the parts and a preventive of cure.

In females this affection, as well as many others in the same region, is more frequent than with the other sex. The pernicious habit of lacing with tight stays; the constant neglect of obeying the calls of nature; the false delicacy that conceals a slight source of inflammation, which, if known, might be speedily removed; free and luxurious living and pregnancy are among the most common causes of this obstinate trouble. Those who are below the age of adults are generally free from piles of any description.

Treatment.—The first indication is to remove any source of irritation: low diet, if the patient is sufficiently robust to bear it; healthful exercise; cold water enemata every night; always reducing the tumor, if practicable, after an evacuation; and mild cathartics, which produce copious, free and watery discharges, namely, senna, magnesia, castor oil, &c., &c. Vegetables, such as spinach, tomatoes, and ripe fruit, add much to cool the blood and promote easy passages from the bowels.

Never leech hæmorrhoids if they be internal ones. The leech does not make a slight inci-

sion, but bites out a piece. Now the mucous membrane does not readily heal; and, where the parts are greatly distended with blood and the flow is very copious, it is not stayed with facility. Frequently, where one of these little phlebostomists is only capable of drawing off an ounce, after being removed, the patient has been known to lose two or more pints of blood before the hæmorrhage could be stopped; and much damage thereby arises from the not uncommon occurrence of sphacelation, which is as serious in its consequences as it is difficult to overcome.

If the pain be very great, warm poultices may be applied together with fomentation judiciously employed. Should the tumor assume a bluish tinge, indicative of the presence of a vast amount of blood, the distended mass may be punctured, and relief experienced in this way by the sufferer.

Astringents have been used, at times, with very satisfactory results and successful issues. The unguentum gallæ has been recommended by some as most efficient in promoting that contraction of the little blood-vessels which forces the congested tubules to press upon the fluid and drive it from the already coagulating tumor.

If the external piles cannot be kept up, and prove of much annoyance, a bougie of proper

dimensions might be worn till some permanent results called for a cessation of its practice. Should all remedies fail to alleviate the suffering, in order to bring about a complete cure there is but one means of radically overcoming the obstacle, namely, extirpation by excision with the knife or scissors; or the more tedious method of ligature, which is, however, much safer in practice and often more favorable to a satisfactory result.

CASE LXXXIX.—IMPERFORATE VAGINA.

A little girl, *æt.* 1 year, was brought to the Clinique by her mother, to be treated for a complete occlusion of the front passage, save where the meatus urinarius made its egress. This condition had existed, as far as the parents knew, from her birth. The sides of the vagina appeared to have become, as it were, completely united, so that the labia majora and the hymen were not in the slightest degree visible. In every other respect the child enjoyed excellent health; and, with the exception of an occasional cold, had always been of a sound constitution and normal diathesis.

Dr. Mott then examined the parts, and pronounced it as his opinion that, from the present

appearance of the case and its long duration, it being apparently simultaneous with the life of the little child, the only method for radically and permanently removing the difficulty and overcoming all future trouble, would be to make an incision in the mesion line with great care, and keep the dissected parts separated by greased linen or some other foreign substance. *al/*

Treatment.—Dr. Alexander B. Mott then exposed the parts ; very carefully separated the thighs, and cautiously incised the false membrane with a sharp-pointed bistoury. The sides of the wound were then kept apart by means of lint, for the purpose of staying the slight flow of blood and preventing the accidental healing of the approximated edges in the same locality. A small T bandage was then applied, and the patient dismissed.

CASE XC.—ULCERATED PALATE.

FRANCIS HARTEN, æt. 45 years, a native of Scotland, came to the Clinique complaining of an ulcerated throat, which had resulted from the pulling of a back tooth. The pain at first was exquisite ; the jaw appeared to sympathize generally with the inflammation of the surrounding parts. A portion of a broken tooth seemed

to have continually irritated the palate, and his throat was as distressing to him, from its throbbing, as it was obstinate in its resistance to all palliative treatment.

On examining the throat, Professor Mott found the uvula to be much enlarged, and the tonsils highly inflamed, presenting that dark, mahogany color, which is indicative of passive congestion of some duration. The soft palate was ulcerated on one side, and apparently sloughing, and the fauces presented marked characteristics of a general irritability of the surrounding parts.

This angry state of the throat had, no doubt, at first been produced by the abstraction of the tooth; then the constant abrasion of the soft palate against its neighbor; the mucous membrane, obeying the law of "*ubi irritatio ibi fluxus*," had become very much congested, and a subsequent cold, intemperate living, and protracted neglect, had led to this unfortunate state of affairs, and the patient's present annoying and somewhat dangerous condition, which demanded efficient remedies and bold treatment. If the case be left to itself, much that might be of serious import would be the sad consequence.

Treatment.—Let the man, at once, abstain from all stimulating drinks. A plain and simple

diet of vegetables and weak broths would be far preferable to the exciting effects produced upon the system by animal food, especially beef.

R

Sulphat. Cupri, . . . grs. xv.

Melis ʒ ss.

Aquæ Rosæ ʒj.

M.

Swab out the mouth, five or six times a day, with this, and touch the palate carefully with a brush dipped in this astringent wash.

The tincture of myrrh is also an excellent remedy in similar cases. At first gtt. x. to ʒj. of water may be applied without giving much pain. Afterwards it can be increased gradually to almost any strength. If the parts still remain congested, leeches, applied externally, might relieve the patient and favor circulation. Above all, the man must secure himself against any undue exposure to cold or damp weather, for an increase of excitement might lead to an aggravation of symptoms.

CASE XCI.—TERTIARY SYPHILIS.

THOMAS BOYLE, æt. 27 years, a native of Ireland, married and the father of two children, came to the Clinique complaining of severe

rheumatic pains, which pervaded almost every limb, were greatly augmented at night, thereby preventing sleep; a general loss of appetite and more or less irritability of the alimentary canal, which disturbed digestion and inflamed the fauces, which were constantly in a congested condition. His joints were very stiff and pained him much on moving; being, moreover, considerably enlarged beyond their normal proportion. On retiring to rest he experienced a dull, aching, dragging sensation in the immediate vicinity of the shoulder-blade, elbow, and along the forearm, which nothing seemed to eradicate and few remedies possessed the power even to palliate.

It appeared, from his account, that several months before he had had improper connection with a young woman, who was suffering, at the time, from primary disease. A small chancre appeared a few days after, which he neglected to treat, deeming it only a temporary sore which, ere long, would pass off without, in any way, affecting him even locally. This, however, was not the case. Shortly after the glands in the groin, below Poupart's ligament, became affected, by the absorption of the virus; the mucous membrane of the alimentary canal was involved; the throat remained continually sore; his voice

was slightly impaired, and dyspepsia and a disinclination to partake of food soon followed. In a short time little tubercular eruptions came out on the surface of the body, which caused much irritation and refused to submit to the treatment to which he was subjected.

After the lapse of a few months nodes appeared on the anterior portion of the tibia ; the periosteum became the seat of inflammation ; severe rheumatic pains troubled him every night, and the os frontis presented marked evidences that the disease, which seemed to pervade the entire body, had begun to attack the pericranium in that prominent locality. Occasional headaches, along the parietal bones, were the source of great suffering, and conduced much to keep up the waste of his system, which appeared to be daily draining him of all energy, both muscular and mental. His joints became stiff and tumefied ; and, though a certain amount of mercury had been administered, together with a few general hygienic rules, he experienced no relief from those terrible pains* which threatened almost to deprive him of existence. About this time his hair began to fall out ; and presented that dry, foxy want of vitality which too often

* First described as "rheumatic pains" by Hunter. See Hunter, by Babington, Am. ed., p. 559.

marks the dissipated man, and declares the presence of a vitiated diathesis.

On examining the patient's forehead the "corona veneris" was painfully prominent. The accumulation, as it were, of a false and morbid deposit or growth, rendered the appearance of the frontal eminence, on each side, strikingly like the two horns of a bull. They were certainly not less than one and a half inches in height, and some four inches in circumference. His face was pale, and his skin flabby and devoid of all healthy tone. There was an evident loss of vitality in the expression of the face; the eye presented a marked deficiency of brightness, and there was that about the man that indicated a want of tone in the system and more or less feebleness, which seemed to permeate every extremity and almost every organ. The blood of the patient appears to have degenerated. M. Dourvault, who laid before the public M. Grassis' experiments on the subject, gives utterance to the following opinion: "In proportion as syphilis infects the system, the nutritive fluid gradually loses its strength, by the resolution of its globules into albumina." * Dr. Serch, following the suggestion of Waller, in regard to this very subject, made several analyses of the blood drawn

* Gazette Medicale, 1850, p. 200.

from venereal patients, but arrived at no practical results, and was unable to form any satisfactory conclusion. Vidal gives it as his opinion that, while some victims of syphilitic virus become emaciated, debilitated, and their blood is not rich in globules, others, equally the subjects of this poison, whose very structure seems to be permeated by the insidious destroyer, are plethoric.* It would be well for the student, who is interested in this branch of disease, to peruse carefully the treatises of Bacot and Acton ; Carmichael and Traversers ; Mr. Lane's lectures, published in the *Lancet*, and Ricord's *Traité des Maladies Veneriennes*, Paris. Hunter's theories are indispensable to the knowledge of inflammation : and John Bell is instructive in his views, while his practical experience adds interest to truth and counsel to the aspiring. It is the opinion of some that "the phenomena attending the development and propagation of a contagious virus, are perhaps in no surgical disease so well illustrated as in this."†

Treatment.—The great indication, in the present case, is to sustain the patient under all circumstances by the best kind of food, proper hygienic regulation, cleanliness, absence of all

* A Treatise on Venereal Diseases by A. Vidal, (De Cassis.)

† Miller's Principles of Surgery.

undue exposure, and the most efficient remedies by which to stay the progress of the disease and, as far as is practicable, eradicate it altogether from the constitution. The comp. litharg. plaster may be applied to the painful joints. Warm baths, especially sulphur, will assist the skin in throwing off the little eruptions. It is recommended by some * to cover over obstinate patches of lepra by diluted ung. hydr. nitratis, while others† advise the attendant, in prolonged cases of condylomata, to wash the affected parts with a solution of chloride of soda and then sprinkle them over with hydr. submuriat.

R.

Hydrargyri Bichlorid. gr. j.

Tr. Cinchonæ, . . . $\frac{5}{3}$ j.

M.

Take a teaspoonful three times a day. At first mercury is far superior to all other remedies for promoting a free absorption. When given in such mild doses it acts, moreover, as a powerful tonic. The reason why many medical men fail to overcome the ravages of syphilis is, because they neglect to keep up the administration of mercury for a sufficient length of time. In about two months the patient may take freely the iodid. potassii with the compound syrup of

* See Druitt's Surgery.

† Ricord.

sarsaparilla with great benefit and the happiest results. Wilson and Egan recommend blue pill.

In almost every case where a cure has been effected, the patient has been subjected, for a longer or shorter period, to a course of mercurial treatment—so wonderful is its remedial influence, so direct and successful its issue. The proper method is to cease administering the mercury as soon as the mouth becomes sore, and, if necessary, prescribe tonics and diaphoretics, to counteract the evil tendency. This is very different advice from that given many years ago by Boerhaave, and some of his contemporaries, who were in the habit of prescribing so many grains of mercury, until the poor victim of their philanthropy became completely and thoroughly ptyalised. In fact, it was a fixed law, among practitioners of that day, that in order to recover from the virulence of this constitutional affection, a patient must spit some two or more pints per diem ; a system as wrong in its hygienic principles as it was destructive to man's organization—as false in theory as it was vicious in practice. It has been discovered, of late, that mercury has a great affinity for destroying lime and many of its compounds ; and though it is affirmed by some that its only action is by direct influence upon

the nervous system, promoting, as it were, a reflex current, it has been clearly demonstrated that, when administered in small doses, it is absorbed, and may be found in the bony structure after death. Hence the lesion of the teeth, composed as they are of phosphate of lime as their principal ingredient, and for the enamel the fluoride of calcium. Not unfrequently is a feeble patient alarmingly salivated by the physician, for some imaginary hepatic disorder. The consequence is, that caries of the jaw sets in, the victim is disfigured for life, and mercury forever proscribed. Judiciously recommended, however, preparations of the corrosive sublimate prove as harmless in their effects as they are successful in promoting cure.

FINIS.

I N D E X .

	PAGE
Adenitis.....	13, 37, 49
Aneurism by Anastomosis, ulcerated.....	9, 59
Artificial Leg, new.....	159
Atrophie Musculaire.....	169
 Bladder, Stone in the.....	 7, 145
Bloody Tumor.....	26
Breast, Malignant Tumor of the.....	34
" Scirrhus of the.....	21, 107
Bone, Malignant Disease of the.....	56
 Calculus.....	 7, 145
Cancer, Epithelial.....	51, 65
" of the Breast.....	21, 107
" of the Nose.....	46
Caries of the Vertebrae.....	5
Cervical Vertebrae, Disease of the.....	119
Chronic Synovitis.....	136
Complicated Harelip.....	57
Congenital Hernia.....	29
Congenital Hydrocele.....	55, 134
Conjunctivitis, Strumous.....	38, 62, 152
Constitutional Syphilis.....	113
Contraction of the Little Finger.....	77
Cornea, Opacity of the.....	131
Coxarius, Morbus.....	150
 Deafness.....	 81
Dislocation of the Shoulder.....	110

	PAGE
Disease of the Cervical Vertebrae.....	119
“ “ Eyes.....	179
“ “ Hip-Joint.....	5, 17, 139
“ Malignant, of the Bone.....	56
Dropsy, Ovarian.....	124
Epithelial Cancer.....	51, 65
Enlargement, Strumous.....	13, 37, 49
Exomphalos.....	11
Eyes, Disease of the.....	179
Fever and Ague.....	43, 44
Fistula, Vesico-Vaginal.....	127
Foot, Needle in the.....	7, 17
“ Sore.....	24
Fracture of the Os Brachii.....	35
“ “ Radius.....	19
“ “ “ and Ulna.....	90, 106
“ “ Ulna.....	160
Ganglion.....	16, 39
Gonorrhœal Ophthalmia.....	103
Gonorrhœa and Syphilis.....	69
Gunshot Wound.....	71
Harelip, Complicated.....	57
Hæmorrhoids.....	191
Hemiplegia.....	32, 41
Hernia, Congenital.....	29
Hip-Joint, Disease of the.....	5, 17, 139
Hydrocele.....	83
“ Congenital.....	55, 134
Imperfection of the Lower Extremities.....	8
Imperforate Vagina.....	194
Impetigo.....	20
Infantile Leucorrhœa.....	172

	PAGE
Itch.....	163
Lead Palsy.....	166
Leucorrhœa, Infantile.....	172
Little Finger, Contraction of.....	77
Lues Venerea.....	2, 142
Malignant Disease of the Bone.....	56
" Tumor of the Breast.....	34
Morbus Coxarius.....	150
Needle in the Foot.....	7, 17
New Artificial Leg.....	159
Nose, Cancer of the.....	46
" Syphilitic Ulcer of the.....	53
Opacity of the Cornea.....	131
Ophthalmia Gonorrhœal.....	103
Orchitis.....	66
Os Brachii, Fracture of the.....	35
Osteo Chondromatous Sarcoma.....	59
Ovarian Dropsy.....	124
Ozæna.....	75
Palate, Ulcerated.....	195
Palsy, Lead.....	166
Paronychia.....	122
Partial Hemiplegia.....	32
Pendulous Tumor.....	42
Piles.....	191
Polypus.....	129
Porrigo.....	143, 154
Pott's Disease of the Spine.....	4, 156
Psoriasis Palmaris.....	10
Radius, Fracture of the.....	19, 90

	PAGE
Ramolissement.....	30
Rheumatism.....	6
Sarcoma, Osteo Chondromatous.....	59
Scabies.....	163
Scirrhus.....	21, 107
Shoulder, Dislocation of the.....	110
Sore Foot.....	24
Spine, Pott's Disease of the.....	4, 156
" Disease of the.....	174
Sprained Wrist.....	25
Stone in the Bladder.....	7, 145
Strumous Enlargements.....	13, 37, 49
" Conjunctivitis.....	38, 62, 152
" Ulcer.....	94
Synovitis, Chronic.....	136
Syphilis, Tertiary.....	197
" Constitutional.....	113
" and Gonorrhœa.....	69
Syphilitic Ulcer.....	28
" " of the nose.....	53
Talipes Varus.....	53
" " and Equinus.....	40
Torti Collis.....	1
Tumor.....	99
" Bloody.....	26
" Malignant, of the Breast.....	34
" Pendulous.....	42
Ulcerated Aneurism by Anastomosis.....	9, 59
" Palate.....	195
Ulcer, Strumous.....	94
" Syphilitic.....	28
Ulna, Fracture of the.....	90, 106, 160

	PAGE
Vagina, Imperforate.....	194
Varicose Veins.....	184
Venerea, Lues.....	2, 142
Vertebræ, Caries of the.....	5
“ Cervical, Disease of the.....	119
Vesico-Vaginal Fistula.....	127
Wound, Gunshot.....	71
Wrist, Sprained.....	25



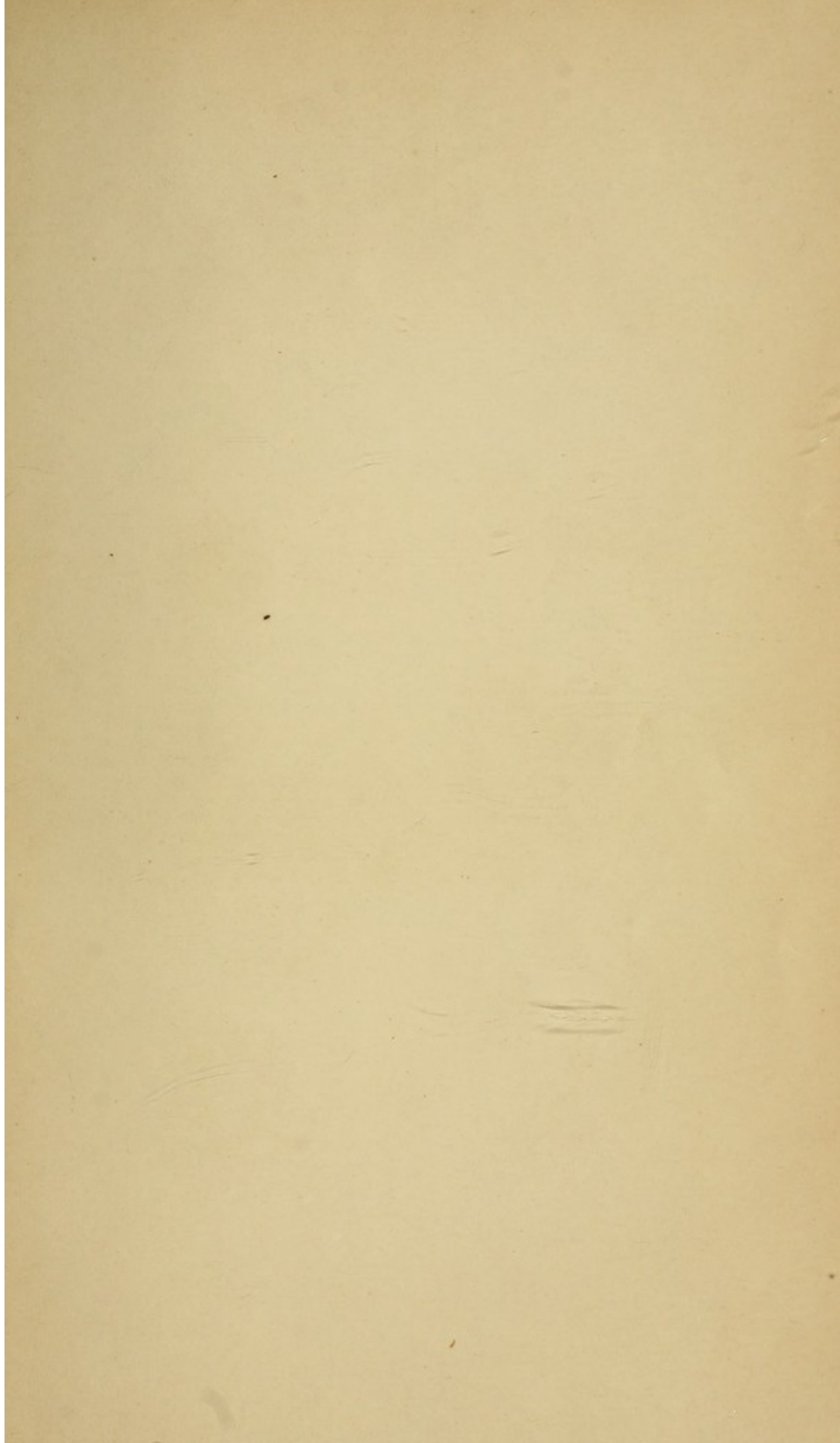
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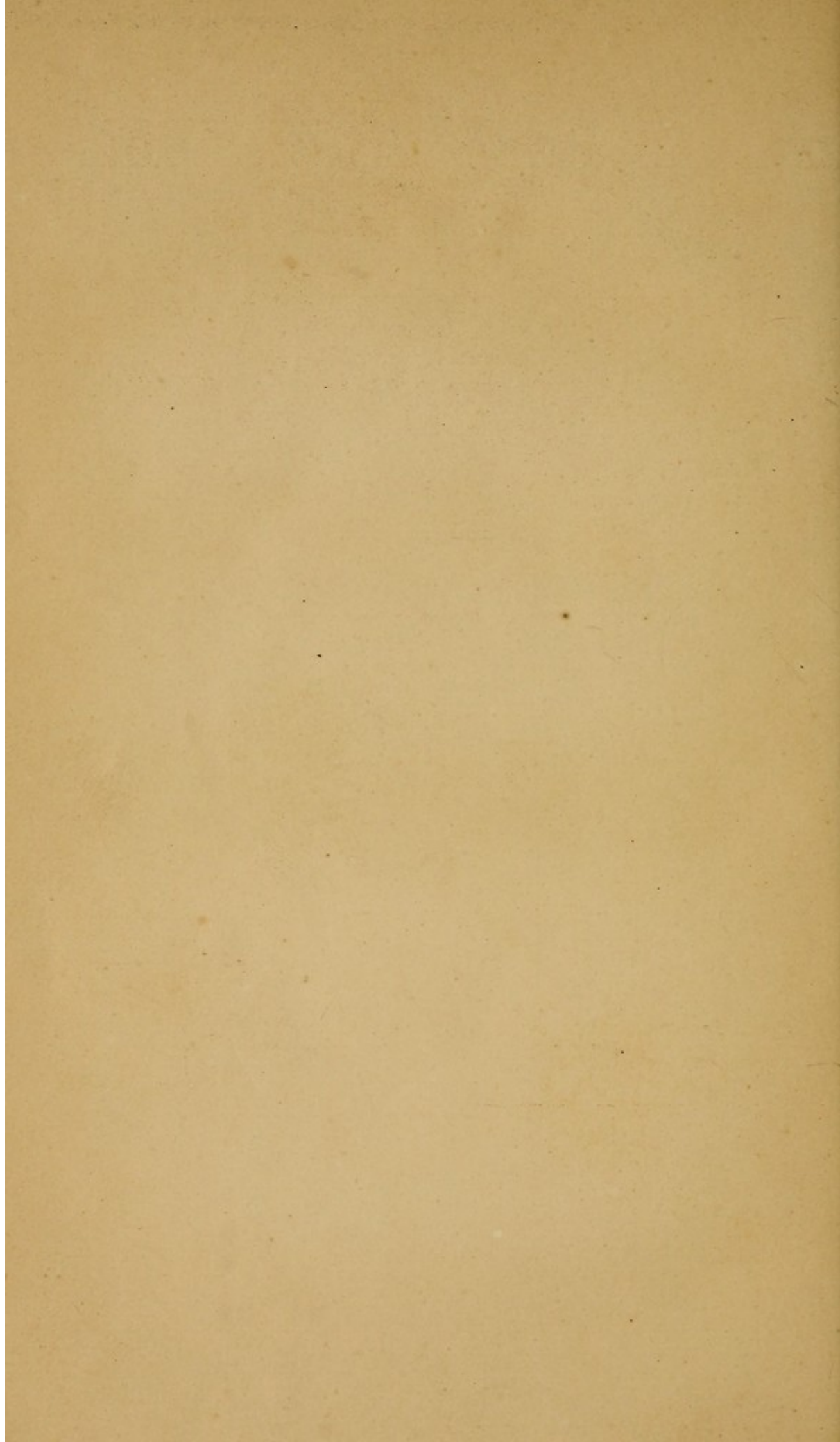
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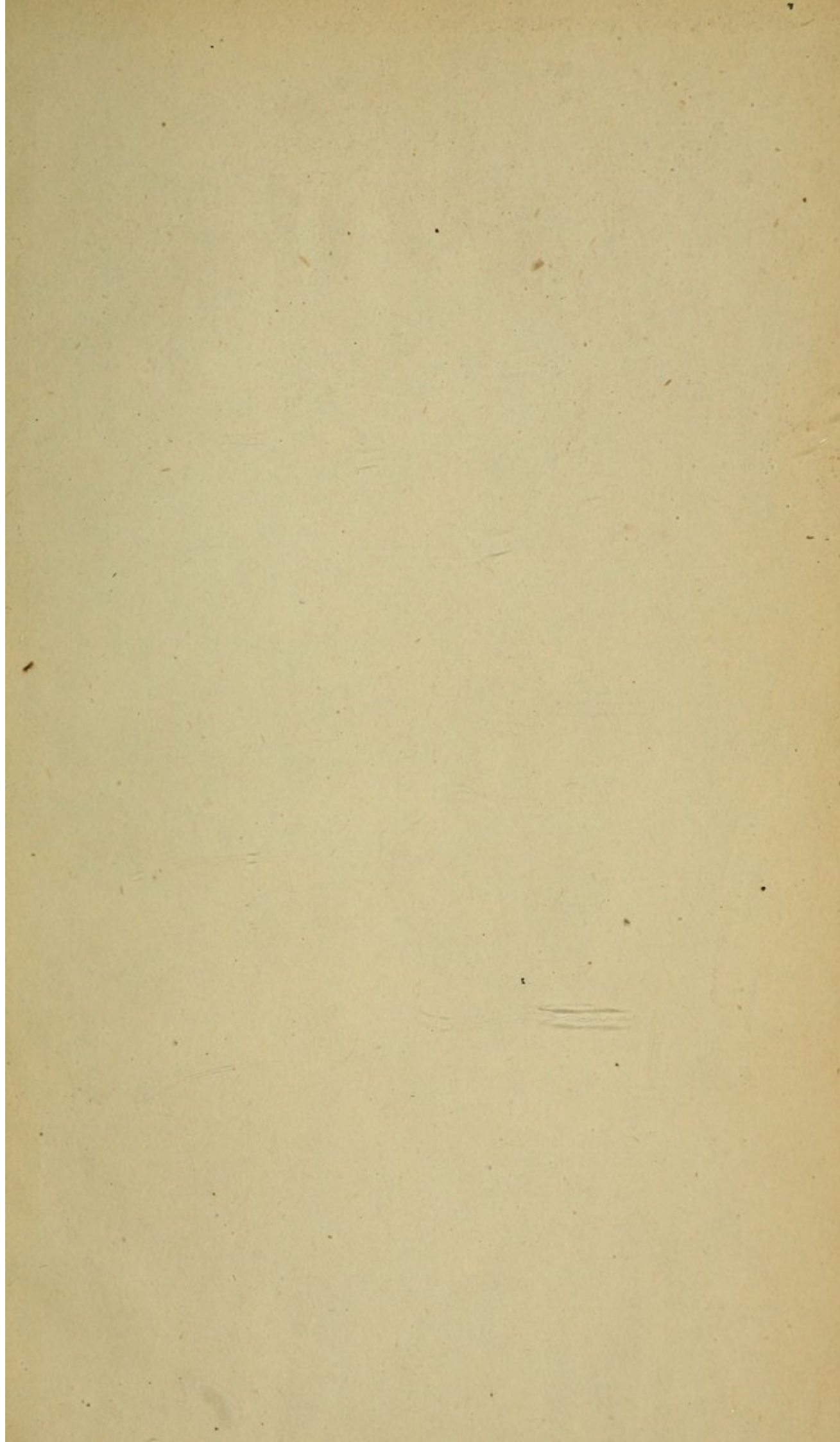
- 2, Third line from the bottom, for *Lues'* read *Lues*.
- 2, Fourteenth line from the bottom, for *du* read *de*.
- 12, Fourteenth line from the top, for *chord* read *cord*.
- 28, Top line, for *spyhilitic* read *syphilitic*.
- 28, Second line from the bottom, for ζ vi. read ξ vi.
- 42, Sixth line from the bottom, for *labiæ externæ* read *labia externa*.
- 44, Eleventh line from the bottom, for *chylopoetic* read *chylopoietic*.
- 65, Ninth line from the bottom, for *chebouks* read *chiboques*.
- 75, Seventh line from the bottom, for *oznæa* read *ozæna*.
- 84, Thirteenth line from the bottom, for *mucous* read *scrous*.
- 96, Eighth line from the bottom, for *cinchona* read *cinchonæ*.
- 118, Seventeenth line from the bottom, for *ptialized* read *ptyalized*.
- 122, Eleventh line from the bottom, for *phlegmanous* read *phlegmonous*.
- 131, Fourteenth line from the bottom, for *coneitis* read *corneitis*.
- 150, Fourth line from the top, for *caxarius* read *coxarius*.
- 155, First line on the top, for *corea* read *chorea*.
- 180, Sixth line from the bottom for *scilliary* read *ciliary*.

APPENDIX

1. The first of these is the fact that the
2. second is the fact that the
3. third is the fact that the
4. fourth is the fact that the
5. fifth is the fact that the
6. sixth is the fact that the
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