

Practical observations on hydrocele : with a view to recommend a new mode of operating for that disease ... illustrated with cases ; to which are added, some practical observations on bronchocele, and on inflammation of the mamma / by James Holbrook.

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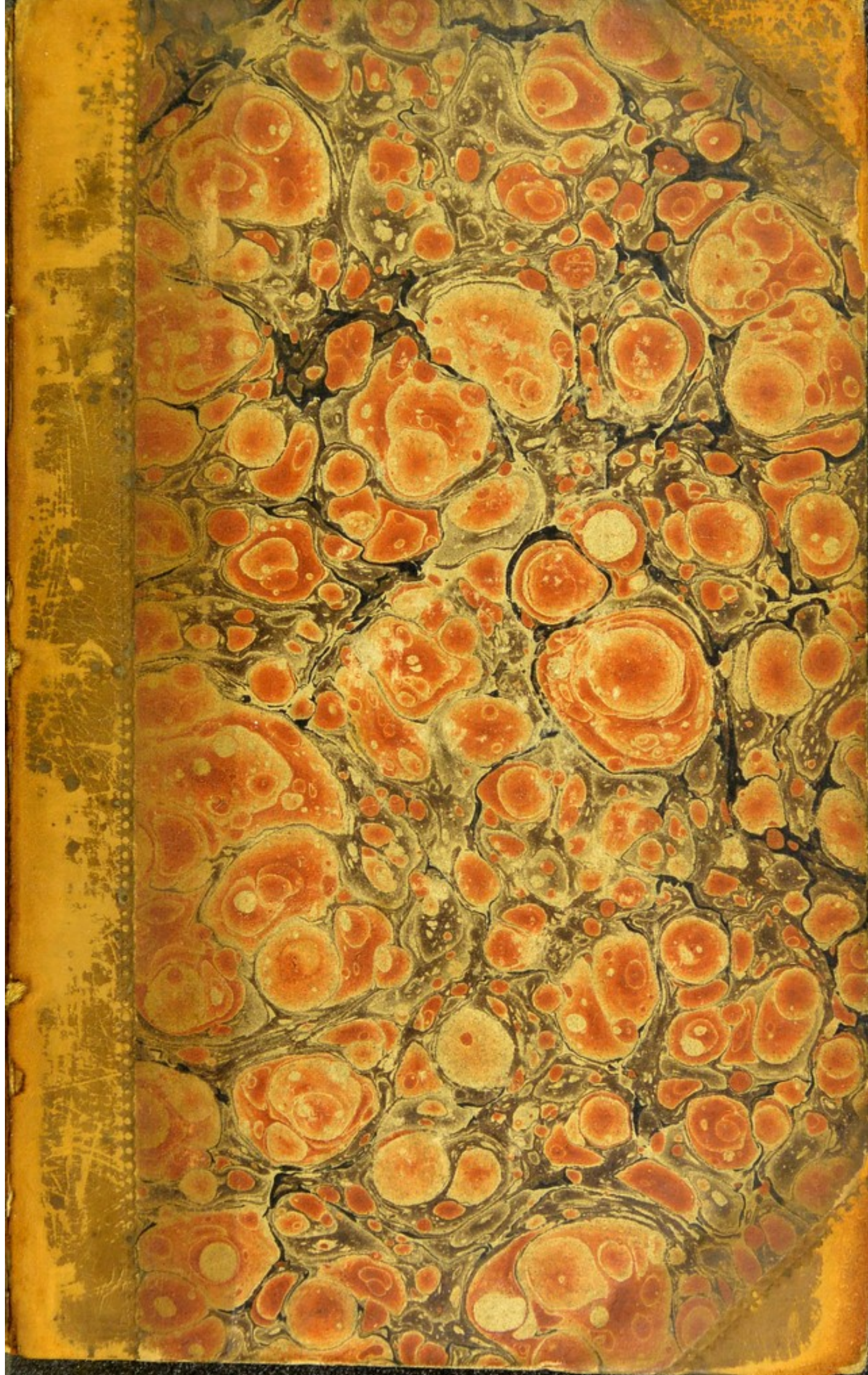
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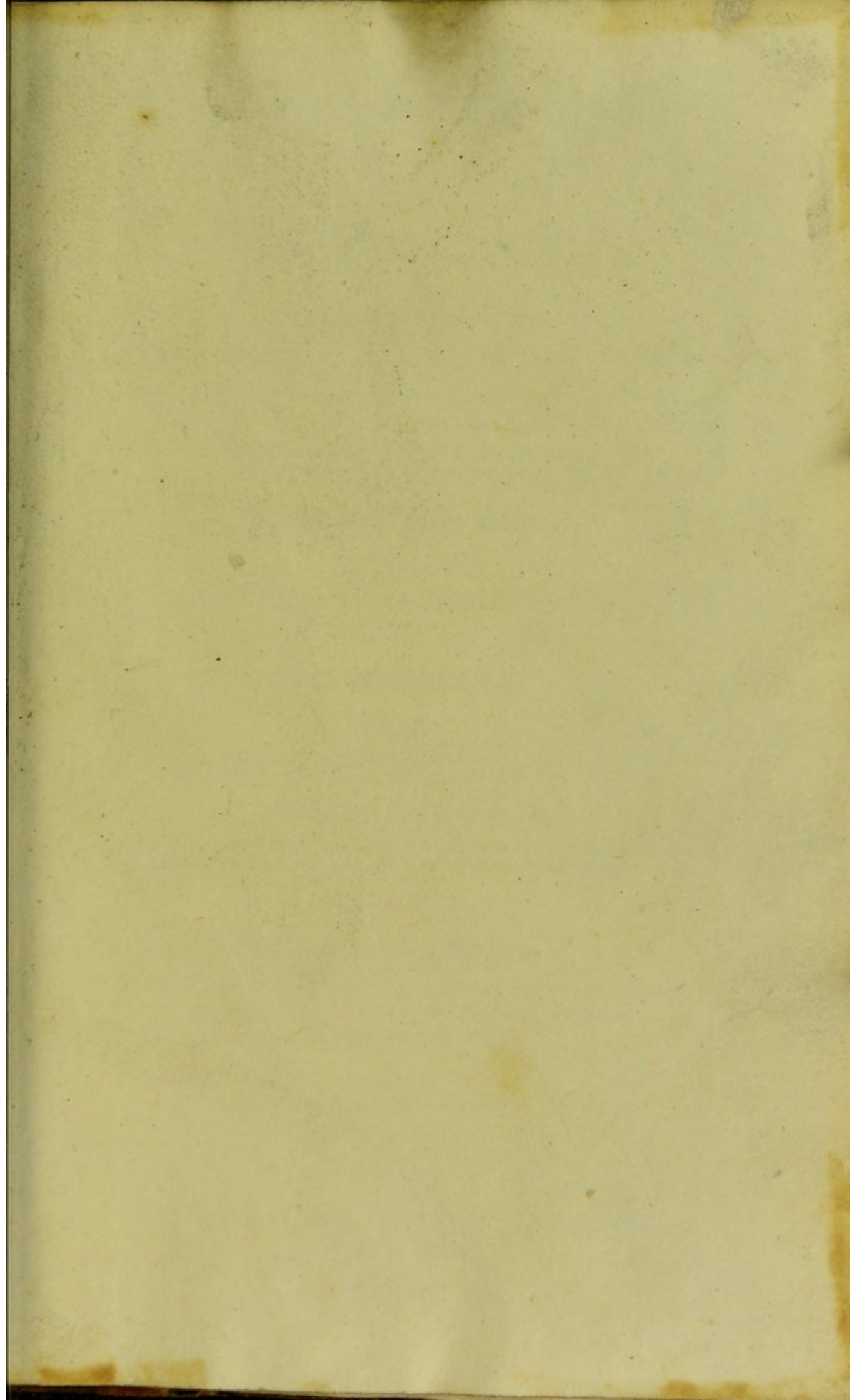
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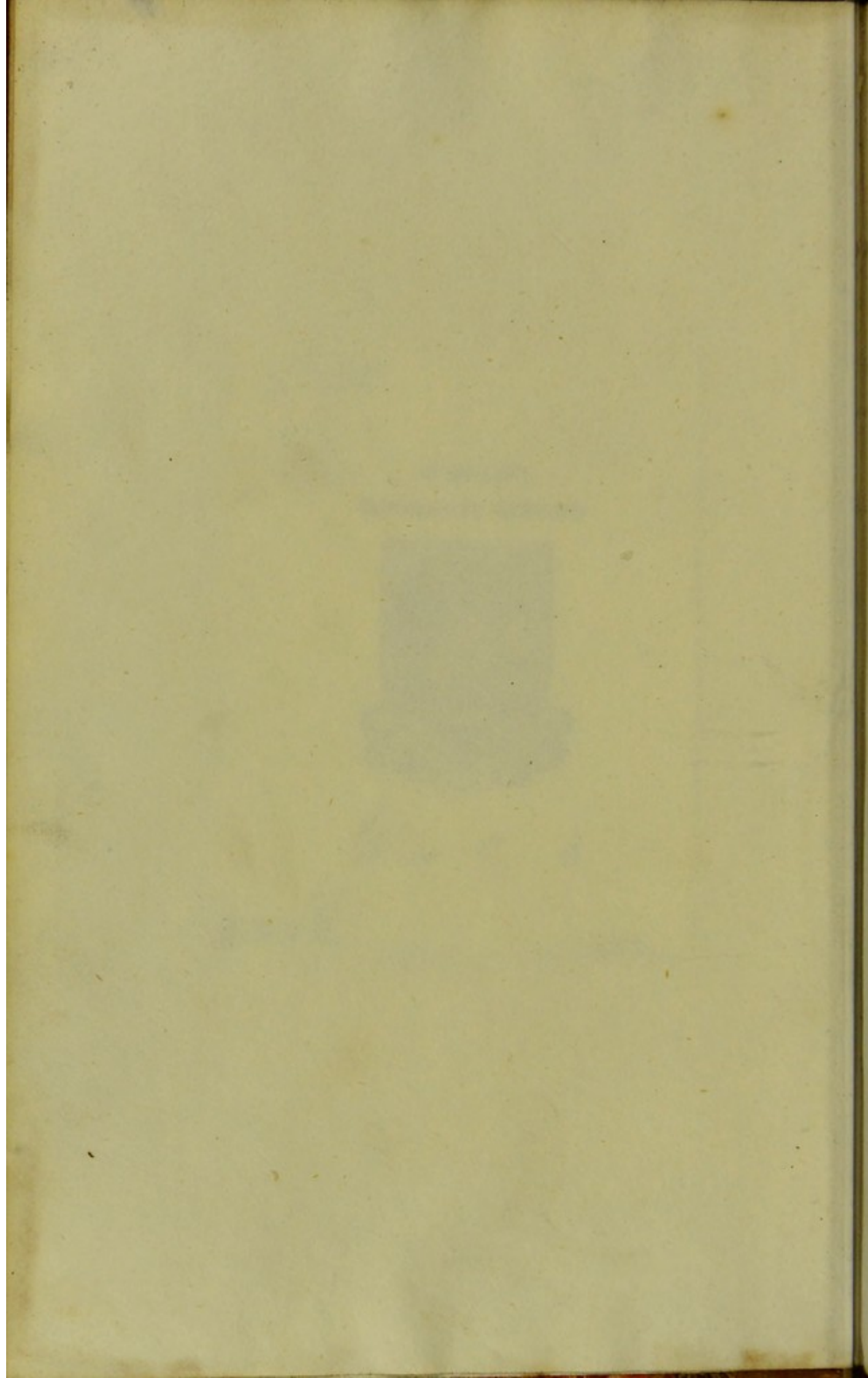
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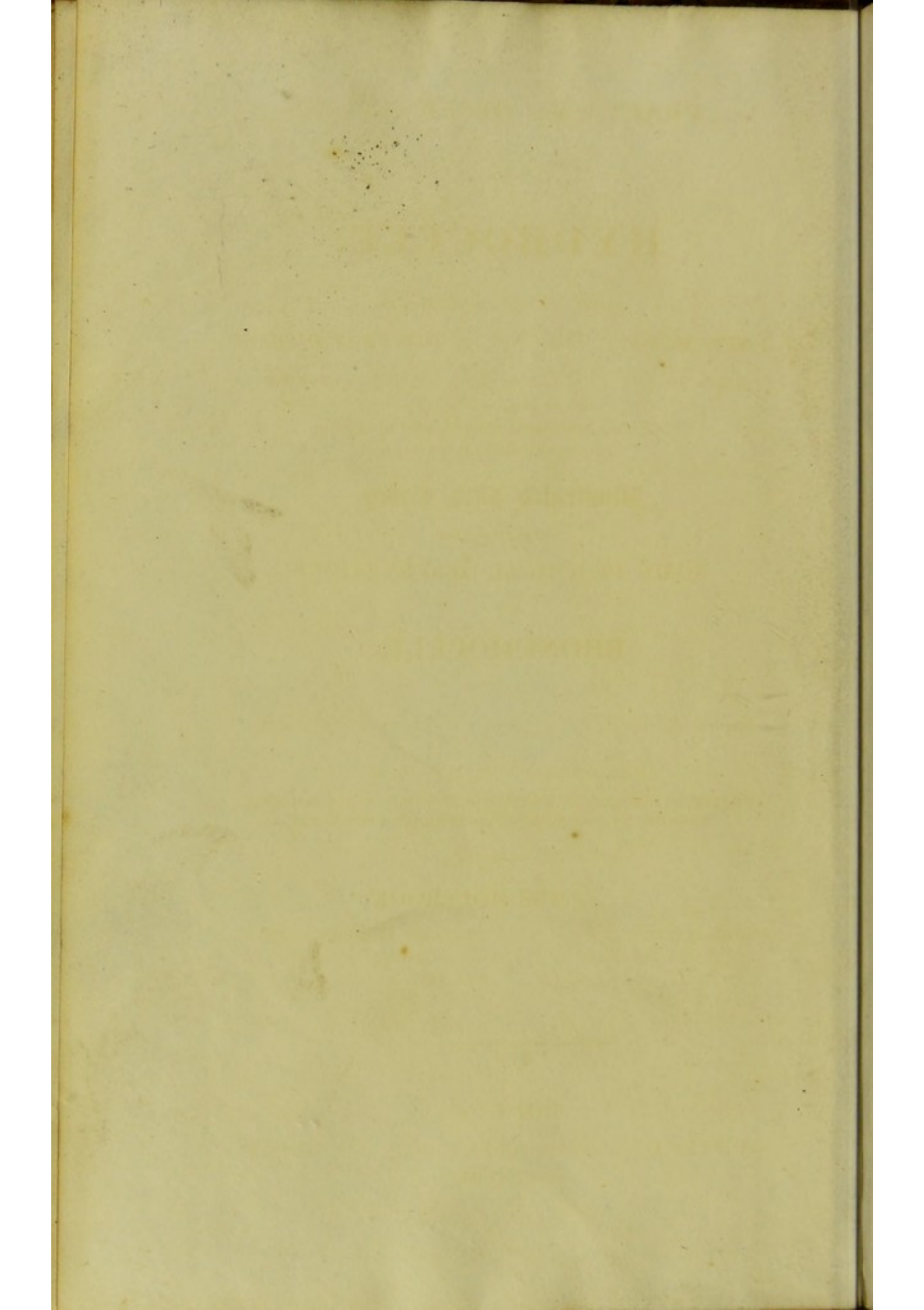


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PRACTICAL OBSERVATIONS

ON

HYDROCELE;

WITH A VIEW TO RECOMMEND

A NEW MODE OF OPERATING FOR THAT DISEASE,

WHICH IS EXEMPT FROM THE INCONVENIENCIES THAT HAVE BEEN
FOUND TO ATTEND ALL THE OTHER OPERATIONS; AND AT
THE SAME TIME MORE SIMPLE, AND EQUALLY
CERTAIN OF PRODUCING A CURE.

Illustrated with Cases.

To which are added,

SOME PRACTICAL OBSERVATIONS

ON

BRONCHOCELE,

AND ON

INFLAMMATION OF THE MAMMA:

ACCOMPANIED WITH A TABLE

CONTAINING UPWARDS OF ONE HUNDRED CASES OF BRONCHOCELE,
TREATED AT THE MONMOUTH GENERAL DISPENSARY.

By JAMES HOLBROOK,

MEMBER OF THE ROYAL COLLEGE OF SURGEONS IN LONDON, SURGEON
IN THE ROYAL NAVY, AND SURGEON TO THE MONMOUTH
GENERAL DISPENSARY.

LONDON:

PRINTED FOR THOMAS AND GEORGE UNDERWOOD,
FLEET STREET.

M.DCCC.XXV.

PRACTICAL OBSERVATIONS

HYDROCELE

WITH A NEW METHOD OF TREATMENT

A NEW MODE OF OPERATING FOR THAT DISEASE

WHICH IS EXCLUDED FROM THE TREATMENT OF OTHER DISEASES THAT HAVE THE

THUMB TO ATTEND ALL THE OTHER OPERATIONS; AND A

THE OPERATIONS OF THE DISEASE, AND THE

DETAILS OF THE TREATMENT OF THE

THESE OPERATIONS, AND THE TREATMENT OF THE

Illustrated with Cases.

By JOHN HENRY

SOME PRACTICAL OBSERVATIONS

ON

HYDROCELE

AND THE TREATMENT OF THE DISEASE

— TREATMENT OF THE DISEASE

to be accompanied with a table of

CAUTIONS TO BE OBSERVED ON THE FIRST CASE OF HYDROCELE

TO BE OBSERVED IN THE FIRST CASE OF HYDROCELE

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TO BE OBSERVED IN THE FIRST CASE OF HYDROCELE

TO

JOHN ABERNETHY, ESQ. F.R.S.

TEACHER OF ANATOMY AND SURGERY,

SURGEON TO ST. BARTHOLOMEW'S HOSPITAL, &c. &c. &c.

SIR,

IF I could divest myself of the consciousness, that my abilities are not equal to offer any thing to the Profession, of sufficient merit to be worthy of the honour of being addressed to you, my feelings would be very different to what they now are: but still, anxious to express the high respect I entertain for the superiority of talents which you are so universally acknowledged to possess, both as a scientific and practical Surgeon, as well as the gratitude I feel towards you, as the teacher from whom I have received the best

DEDICATION.

of my professional knowledge, and subsequently the kindest advice, I take shelter from the more humiliating feelings under the encouraging satisfaction of knowing, that in addressing this Work to you, in your liberal mind its defects will not be treated with over-severity, and whatever merit it may possess will be duly appreciated; and therefore, in this confidence, I have availed myself of your kind permission: and with the highest respect subscribe myself

Your much obliged

and obedient Servant,

JAMES HOLBROOK.

Monmouth, May 25, 1825.

PREFACE.

It is with great diffidence I offer the observations contained in this little Work to the public, as I feel too conscious of my inadequacy as a writer, not to be aware that those deficiencies will be equally evident to others; but still, with this certain mortification before me, I trust the indulgence I so much require will not be withheld; and if I have the gratification of hearing that any part of what I have written is of the smallest use, my expectations will be satisfied.

The subject which has principally instigated me to this undertaking, is the new mode of operating for Hydrocele which I have adopted; and from the great success which has attended it, in the several cases I have

tried it, I feel convinced that it has many advantages over the other operations.

Although the number of cases which I have in my power at present to adduce in proof are but few, I am in hopes they are sufficient to exemplify the advantages attending it. After I had first tried this operation, impressed with the importance of any thing that could even in a small degree contribute to the benefit of those who might be afflicted with the disease, I determined to leave nothing within my power undone to put it to a further test; and therefore, to obtain as many cases as possible, I wrote to most of the surgeons, of whom I had the least knowledge, residing in the neighbouring towns, requesting their assistance in obtaining cases; but was not fortunate enough to meet with more than one in this way, though I have to acknowledge the kind and liberal manner in which they all expressed their wish to render me, in that respect, every assistance in their power.

To Mr. COTHER, of Gloucester, I feel particularly indebted for a very striking case, in which he operated on the plan I recommended, and which by his permission is inserted at page 46. In this excellent surgeon's entertaining sufficient confidence in my representation to induce him to try the operation, I am much gratified; but in his highly honourable mind, I had full reliance that nothing having the smallest chance of being useful in disease, would be received without attention, and in that I was not deceived.

Fortunately my own exertions in obtaining cases have afforded me more opportunities than I expected, as inquiries found cases that would otherwise never have presented themselves, and prove the disease to be more frequent than is perhaps generally supposed.

The observations on Bronchocele I have been induced to publish, from feeling that I have myself received some advantage from the

experience my situation has afforded, and wishing to communicate to others, who may perhaps be similarly situated to what I was myself, in having but a very limited knowledge of the disease on my first settling here, the knowledge which the experience of so many cases has enabled me to collect, both of the disease and its treatment.

And being a disease of which but few parts of this country afford so many instances, impresses me with the feeling almost of a duty, in communicating the result of my experience, to assist those in whose situation the disease is of rare occurrence, but who still occasionally meet with it.

In what I have to say on the subject of Inflammation of the Mamma, the only apology I have to make is, that having found in my own practice that great benefit is derived from the use of friction in these cases, and, as far as I know, it has in general been but

slightly alluded to in publications on the complaint, I am desirous the advantages of it may be better known, as I feel convinced great after-suffering may be prevented by its diligent application.

Although I feel myself very incompetent to explain fully all the circumstances attending the use of the remedy, to render justice to the utility of it in the treatment of the complaint,—I still hope, that by soliciting the attention of others to it, I may render some service to those whose peculiar lot in this life has rendered them liable to sufferings from which our sex are altogether exempt.

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service. I know of those who consider it as an
incurable disease, and who have resorted to various
means, which only end in the destruction of the
organ, and I shall esteem myself almost entirely to such
observations and remarks, as appear to me
necessary to be understood, in order to form
a judgment of the proper circumstances under
which the operation may be undertaken; and
to point out such cautions as are likely to
have assisted in procuring the desired success, and
otherwise interfere with the success of the
operation.

PRACTICAL OBSERVATIONS

ON

HYDROCELE.

As it is not my intention to write a complete treatise on Hydrocele, but merely to recommend the employment of what I consider to be an improved mode of operating for that disease, I shall confine myself almost entirely to such observations and remarks, as appear to me necessary to be understood, in order to form a judgment of the proper circumstances under which the operation may be undertaken; and to point out such affections, as are likely to have assisted in producing the disease, and may afterwards interfere with the success of the operation.

Various causes have been assigned by different writers, as giving origin to this disease; and as it is one from which no period of life is exempt, from the fœtus in the womb to old age, the proximate cause, it would appear, must frequently be induced by very different remote causes.

The testicle is a gland which, besides its own immediate covering, the tunica albuginea, is also invested with a loose coat, called the tunica vaginalis, which is derived from the peritoneum; from the internal surface of which, and the outside of the tunica albuginea, a fluid is exhaled for the purposes of lubricating the parts, and allowing the testicle an easy motion within the sac or coat of the tunica vaginalis.

In the healthy state this fluid is only sufficient for the purpose of keeping the surfaces of the cavity moist and smooth; but when from any cause the balance between the absorption and secretion is changed, so that the former shall not be in proportion to the latter, an accumulation must take place, and a consequent distension of the cavity; which state constitutes the disease in question.

Amongst the causes which interrupt the balance of action on the surface of these membranes, some have ascribed a varicose state of the vessels of the chord; while others have attributed it to a venereal cause; and some again, amongst the moderns, to affections of the urethra. Blows and pinches, or injuries of the testicle from riding, have been said to give rise to it; and instances of its origin in this way have come within my own knowledge.

Whether either of those I have mentioned, or any other causes have induced it, I am of opinion it seldom takes place, unless a state of weakness and relaxation of the testicle has previously existed, whether arising from constitutional or local causes.

It is in this way I conceive it to be produced from affections of the urethra; as, so far as my observations have enabled me to judge, irritations in the urethra generally affect the body of the testicle; instances of which we frequently see from suppressed gonorrhœa, when the inflammation is acute, and the more indolent swelling from the irritation of stricture, or diseased prostate.

In this opinion, I believe, the late Mr. Ramsden coincides, in his Work on Sclerocele; as those cases which he has found capable of being cured, by treating the morbid state of the urethra, have always been accompanied with an enlargement of the testicle; and it is what he has termed spurious hydrocele, or hydro-sclerocele.

These coverings being so nearly connected with the testicle, it appears probable that long continued irritation acting on that body would so weaken its organisation, that the membranes would partake of it, and be rendered more susceptible of injury, and alteration in the action of both systems of vessels, and consequently be productive of hydrocele.

That a varicose state of the vessels of the chord may frequently give rise to it, appears probable from the frequent occurrence of that affection with hydrocele: but as we also frequently meet with it where there never had existed any affection of the kind, it would seem to be necessary to render it effectual, that a predisposition should previously exist.

I have several times in the course of my

practice met with cases of hydrocele, which I could clearly, to my conviction, trace to a venereal origin, and which were cured by previously curing that disease: one case of which, as it constitutes a very striking instance, I will relate.

A sailor about twenty-five years of age, had, in the year 1809, contracted a chancre of a very inveterate description, immediately behind the corona glandis. From his statement it so rapidly affected his system, that, in three or four days after its appearance, he was so dreadfully troubled with the nightmare and disturbed sleep that he dreaded going to bed: this, he assured me, could not have been produced through any operation on the mind; as he did not at the time entertain the smallest uncomfortable feeling about the complaint, as he had had it before, and thought but lightly of it: neither did he at first attribute the nightmare to that cause; but, from its continuance, he felt convinced it originated from the influence of the venereal virus on the system. When the system was brought under the action of mercury, it

went off; but the chancre was healed with difficulty, and yielded to nothing but the frequent application of caustic, after which he left off the mercury, and considered himself cured.

In about three months afterwards, he felt a pain in the end of his elbow, which was very sore and tender to the touch, and he could not well move it. This he at first thought was rheumatism, and applied a blister to it, which gave him some relief; but it did not entirely go off. His throat next became affected, and a node appeared on the right shin, from which he suffered severely at night. He was now advised to rub in the ung. hydr. fort. every night and morning; which he did, and when his mouth became affected his pains subsided. By a continuance of it his throat also got well, and he thought himself again cured.

Between this time and 1812 he had two similar attacks, and got relieved in the same way, by a partial course of mercury. About the middle of 1814, he became defective in the ability of sexual connexion, for which he was unable to assign any cause, but which gradually

increased, though he was not at all times deprived of the power. This state continued for some weeks, when the testicles became tender and sore; and, in a few days afterwards, first one testicle swelled and then the other. During the progress of this affection, his health in other respects was not materially affected. Leeches and fomentations were first directed, and a suspensory bandage; but no material beneficial effect was produced. The affection not appearing to be very active in its nature, a blister was applied, and alterative doses of the pil. hydr. submur. administered, with an aperient draught twice a week.

By this treatment the swelling became less painful, but was very little reduced in size. Local applications were now laid aside, and the acid. nitr. mur. directed to be taken three times a day.

While under this treatment, a node appeared on the right tibia, and effusion took place into the cavity of the left tunica vaginalis, which rapidly increased, until it became so large as to completely distend the scrotum on that side,

and integuments of the penis, so that the latter organ almost disappeared. The node on the tibia was so painful, that he was entirely deprived of rest at night; but except from that cause he was apparently in good health.

In this state, as he had before laboured under decided syphilis, and for the cure of which there was reason to believe he had never undergone an adequate course of mercury, I was induced by his earnest solicitation, as well as from my own view of the case, to put him under an immediate course of mercury. I therefore directed him to rub in two drachms of ung. hyd. fort. every night. In about a week his mouth became affected, the pain from the node subsided, and the collection in the tunica vaginalis began to be absorbed, and which by persevering in the use of mercury was completely removed in another week, to the surprise both of my patient and myself; as that so large a collection should be wholly absorbed in so short a space of time, was more than could possibly have been expected. A regulated continuance of the mercury was persevered in for two months longer,

in order to ensure the thorough eradication of the virus from the system; during which time the testicles nearly recovered their natural size, and the power of sexual connexion returned.

I have thus briefly explained the causes which have usually been considered as productive of that change in the state of the testicles and its membranes which terminates in hydrocele, and ought to be attended to and fully examined before proceeding to perform any operation for its relief; as, if any of the causes to which the disease is attributed are allowed to continue, the operation would not be performed under the same favourable circumstances. Such steps, therefore, should be previously taken as are necessary either for their entire removal, or so far correcting them as the nature of the case will admit.

It will not, though, be required, in a small work like the present, that I should enter into the merits of the different modes of treating those various affections; my object being, as I have before stated, simply to recommend a new mode of operating for the disease, and

to point out the circumstances that are necessary to be attended to previously to its performance; but for the means by which those affections are best removed, I must refer to such works as have been written expressly for that purpose.

Mr. Ramsden's work has afforded some valuable information, and thrown a new light on the causes of hydrocele; yet I cannot help being surprised that that excellent surgeon should not more particularly have adverted to the state of the digestive organs and alimentary canal, and particularly of the rectum, as frequently giving rise to the irritation and excitement in the urethra which he has so ably described as productive of that state of the testicles.

Although I cannot go so far as to say, that I have ever seen a case of hydrocele that I could positively assert to have been produced by unhealthy states of the digestive organs, or from irritation caused by a morbid state of the rectum, yet I have often seen cases where an affection of the rectum has been combined with a state of irritation and excitement in the urethra.

and hydrocele; but which of the two former were primarily affected, I am not so well able to decide; but I consider it probable, the affection of the rectum, together with a general unhealthy state of the organs of digestion, gave rise to the state of the urethra, by a direct communication of irritative action, as well as by altering the qualities of the urine through the effect of imperfect digestion.

The particular state of the rectum which has appeared to me most frequently productive of changes in the urethra, and other organs with which it is connected, is inflammation and thickening of the villous coat, with contraction of the gut; but it is not necessary that absolute morbid states of the intestine should exist to produce these effects, as any affection of the intestines which is productive of irritation, with an alteration in the secretions, particularly if accompanied with accumulations in the lower bowels, will frequently give rise to those troublesome symptoms.

In a paper which I published in the London Medical Repository, vol. xix. page 290, I have

noticed the influence which affections of the intestinal canal, and particularly the rectum, have on the urethra and urinary organs.

I was lately sent for to a farmer who laboured under a painful affection about the rectum, accompanied with such excruciating pain in the testicles, that he sometimes cried out from its severity; and they were at the same time hard, excessively tender, and drawn very much up. He had a good deal of fever, a furred tongue, and his bowels were confined. On examining the rectum, I found there was some swelling and hardness externally, which was exquisitely painful on pressure. I directed a dose of calomel with extr. papav., followed by an aperient mixture; some leeches to the swelling, and a fomentation of decoct. papav., which latter was also to be applied to the testicles. This treatment had the effect of in some degree mitigating the pain. The fomentation was continued; and as the swelling about the rectum did not appear to subside, a poultice was also applied with a view of promoting suppuration. This was continued for two or three days, but still the hardened and

painful state of the part was not much abated. I now observed the poultice discoloured as if by some thin discharge, and which must have come from the inside of the gut. I therefore passed my finger into the rectum, when, after examining for some time, which gave the patient considerable pain, I discovered on the left side (the side of the swelling), about an inch and a half up, a small opening, about as large as would admit a pea; and which to the finger, on pressure, gave the sensation as if passing over a round hole in a piece of leather, or a small ring, the edges being so indurated. I now felt convinced there was a sinus extending from that orifice, communicating with the swelling externally; and taking a probe, and bending about one-third the length of it upon itself, I passed the end of it into the opening; and drawing it in a direction towards the swelling, it readily passed, and I felt the point pressing externally through the skin, which I cut upon, and then withdrew the probe. Through this opening I passed a director along the sinus into the rectum; and along this a curved probe-

pointed bistoury, and pressing my finger on the point of it in the rectum, laid open the sinus, by withdrawing it in the same manner, as in the common operation for fistula, of which this may be considered as one of the species called blind fistula. A piece of lint was laid in the divided part in the usual way, and a poultice applied. From this time all the unpleasant symptoms subsided, and the testicles recovered their natural state.

This case has been related to shew that the testicles are sometimes affected through the medium of disease about the rectum; and it is not improbable, that the long continuance of a less degree of irritation may produce such a change from the healthy state of the testicle and its membranes as may give rise to hydrocele: but whether from first bringing on a state of irritation in the urethra, which afterwards affects the testicles, I am not prepared to say: but, as I have above stated, cases in which these three states have been united have occurred in my practice.

Since, then, it appears that these different

affections of the urethra and of the rectum, together with an unhealthy state of the digestive organs, may, either separately or combined, have the effect of altering the state of the testicles, so as to be productive of hydrocele, it becomes a matter of prudence, if not of necessity, to remove those states, as much as possible, before operating for its cure; and therefore, with these cautions, I shall next treat of the operation itself, first considering the merits of the other different operations

OF THE DIFFERENT OPERATIONS WHICH HAVE
BEEN PERFORMED FOR THE RADICAL CURE
OF THE DISEASE.

HYDROCELE being a disease so long known, and so frequent in its occurrence, different modes of treatment have been adopted for its cure; but as so little success has attended any means that have been tried, without first discharging the contents of the tumor, and afterwards exciting inflammation in the cavity, sufficient to produce

adhesion between the tunica vaginalis and the immediate covering of the testicle, so as to obliterate the cavity, I shall confine my remarks to the different modes that have been recommended to produce that effect, and then compare the advantages each appears to possess, with that which I have to recommend.

Five different methods, each supported by very eminent authority, have been adopted, viz. *incision, tent, caustic, seton, and injection*. Since the publication of Sir James Earle's Treatise, the latter has almost entirely superseded the employment of the others, and it is certainly deserving of the preference which has been given to it.

To the *first* of these modes it is to be objected, that it is more formidable and painful than most patients will like to submit to, for the removal of a disease that is but seldom in itself of more injury than the inconvenience which it produces; and that it is also often equally severe in the consequences which follow the operation.

To the *second*, by *tent*, if it was always

certain in its effect, there would be but few objections; but as it is not always certain in producing the desired degree of inflammation, so that the whole of the cavity shall be obliterated, but only a partial adhesion, about the part where the tent is introduced, and consequently leaving room for a further collection, it is not to be depended on as an effectual cure.

The *third*, by *caustic*, is a very ancient method; but, in consequence of the very severe symptoms which frequently followed its use, and the tedious process which it requires to go through to obtain the object, it is considered the worst of the methods.

The *fourth*, by *seton*, is, upon the whole, one of the best that has been recommended, and was preferred by Mr. Pott to every other mode; and is the operation upon which the one I have to recommend is founded: though it will appear, upon the whole, to be essentially different; and not subject to the objections that are found to exist against the seton. But as, in describing my operation, I shall enter more into the particulars of this, I proceed to speak of the next.

The *fifth*, by *injection*, which, as above stated, is certainly entitled to the preference over all the others, from being found to be attended with less pain and fewer inconveniences, and at the same time equally certain in its effects when judiciously managed ; though it is subject to many objections, which frequently occur even when it is employed by the most skilful surgeons. The first which I shall mention, is the difficulty of adjusting the strength of the injection to the state of sensibility of the membrane ; as it frequently occurs, that the proportion which in some persons is only just sufficient to excite the necessary degree of inflammation, will in others produce most excruciating pain at the time of using it, and be afterwards productive of a higher degree of inflammation than is necessary, and requiring active means to moderate its violence : while on another occasion an injection of the same strength may not be sufficiently powerful to produce the degree of inflammation required. But it may be stated, that in this case the feelings of the patient will point out the necessity of increasing the strength. Of this

there can be no doubt, but it must also at the same time add to the tediousness of the operation. In performing this operation, also, the canula has been known to slip from within the tunica vaginalis, and the injection in consequence thereof forced into the cellular substance of the scrotum, which has afterwards been productive of troublesome abscesses and sloughing; and this has happened even in the hands of a most skilful surgeon.*

Having thus examined the different operations that have been mostly approved of by surgeons, and the principal objections urged against them, I now come to describe the operation which I have myself lately performed in several cases; and, from the success which has attended it, I feel convinced it will be found to possess considerable advantages over all the other operations.

As I think I cannot introduce the description of it in a better way, I will first describe the manner how it first suggested itself to me. On

* Vide Charles Bell's Operative Surgery.

reading that part of Mr. Charles Bell's Operative Surgery which treats of the different operations for the cure of hydrocele, I was struck by the following remark on the operation by seton. "A
" *priori*, I should have said, that this was the best
" of all the operations for hydrocele, the neatest,
" the easiest, and the most manageable. But I
" have had no experience of it; and modern
" authority is entirely in favour of the cure
" by injection."

Although it did not appear to me that it was altogether entitled to that character, yet I immediately began to consider in what way it might be rendered so. I therefore studied the operation, and consulted every work, within my reach, likely to afford me any information on the subject; but all I could procure amounted only to this: that a certain degree of inflammation was caused in the sac by the irritation of the seton, and when that inflammation had arisen to a due extent, and was decreasing, the threads of the seton were gradually withdrawn.

As I could not learn, from the history of the cases treated by seton, that in any instance sup-

puration had occurred within the sac, but that the cure was performed on the common principle of exciting adhesive inflammation, it appeared to me as quite unnecessary that the seton should remain in for twelve or fourteen days; as it not only rendered the operation much more tedious, but also increased the risk of suppuration and abscesses taking place in the cellular substance of the scrotum. The only object, therefore, to be derived from the seton, was the producing of a certain degree of inflammation; and as that object appeared in most cases to be obtained in about three days, or sometimes sooner, I was of opinion the seton ought then to be withdrawn. But to this there was the objection, that it frequently contracted some adhesion to the tunica albuginea, which rendered the early withdrawing of it painful. In order to obviate this objection, it occurred to me, that the introduction of a smaller seton would have that effect, and at the same time be capable of exciting a sufficient degree of inflammation; and in this opinion I was strengthened, from learning that Mr. Pott had, in the latter part of his life, used but a very small seton.

Bearing these circumstances in mind, I determined, the first opportunity that might occur, to operate on those principles, which, although founded on the operation by seton, would in many respects be essentially different; and the troublesome and complicated mode of introducing it by means of a second and longer canula, passed through the canula of the trocar, together with the long needle having a moveable point, as recommended by Mr. Pott, be rendered unnecessary. A case fortunately soon presented itself, and I operated in the following manner:—

Having discharged the contents of the swelling by means of a common trocar, in the usual manner, I grasped the scrotum, together with the loose tunica vaginalis, with my fingers, close to the testicle. This being done, and an assistant holding one side of the skin in the same manner as in making a common seton, I at once passed a straight suture needle, armed with a common ligature, through the skin of the scrotum and tunica vaginalis; and having allowed the parts to accommodate themselves to their natural situation, I tied the ends of the thread loosely together;

the thread being passed in a direction from below upwards, in order to leave the one opening depending. This being done, I closed the opening made by the trocar, with a bit of lint and sticking plaster; and directing the patient to remain in bed, with something placed under to support the testicles, the operation was finished.

On the following day the scrotum began to swell and inflame, and the testicle was enlarged and painful. He also complained of some pain in his back, and was feverish. An aperient mixture was directed.

On the third day the swelling was increased, and the testicle was very hard and painful. A large poultice of bread and water was now directed to be applied, and a saline aperient mixture given three times a day, with a strict antiphlogistic regimen.

The fourth—the swelling, &c. nearly the same; but feels relief from the poultice.

Examined the thread, and finding that it could be easily removed, as a sufficient degree of inflammation appeared to have been produced, I withdrew it, and continued the poultice as before.

The fifth—the pain is rather less, but in other respects he is nearly as yesterday. The poultice, &c. continued.

The sixth—some little oozing from the punctures. The size of the swelling nearly the same. The poultice omitted.

The seventh—is nearly as yesterday.

The eighth—has very little pain, and the swelling admits of handling, without much uneasiness; and there is scarcely any oozing from the punctures. A suspensory bandage applied, and the patient allowed to sit up, with his legs elevated on a chair.

From this time the swelling gradually subsided, and the cure was accomplished in about three weeks, leaving very little swelling, and the testicle moveable and loose within the scrotum.

On reviewing the progress of this case, it will be seen that none of the inconveniences, nor any of the unpleasant symptoms, which have attended the other operations, have occurred; and it appears to have terminated as favourably as any of the most successful cases by injection.

If therefore it is found, on further experience,

to be generally equally as successful, I think its simplicity, the easiness of performing it, and the little pain it gives, will entitle it to a preference over every operation that has as yet been recommended for that disease; and as I have since performed it with equal success in several other cases, which I shall relate, I feel the greatest confidence that further experience will confirm its advantages.

This description of the operation and case will clearly shew that it is almost entitled to the appellation of a new operation, as the difference between it and the old operation by seton is so great, not only in the mode of performing it, but also in the management afterwards, that its resemblance can only be traced from its having been suggested by it.

In Ambrose Parè's *Compendium of Chirurgery*, chap. xviii. p. 244, speaking of hydrocele, he says: "But if the swelling, by reason of the
" great quantity of water, will not yield to those
" remedies, there is need of chirurgery; the cod
" and membranes, wherein the water is contained,
" must be thrust through with a seton, that is,

“ with a large three-square-pointed needle, thred
“ with a skein of silk; you must thrust your
“ needle through the holes of the mullets made
“ for that purpose, not touching the substance of
“ the testicles. The skein of thread must be
“ left there, or moved twice or thrice a day, that
“ the humour may drop down and be evacuated
“ by little and little. But if the pain be more
“ vehement by reason of the seton, and inflam-
“ mation come upon it, it must be taken away;
“ and, neglecting the proper cure of the disease,
“ we must resist the symptoms.”

From this it appears, that the operation by seton was used by Ambrose Parè more than two hundred and fifty years ago: and although he did not understand the principle upon which the cure was performed, yet his experience taught him, that sometimes ill effects arose from allowing the seton to remain in too long; and he prefers withdrawing it, and abandoning the cure, to risking the effects of the inflammation running too high. It appears, though, rather extraordinary, that in these cases, after withdrawing the seton, a cure did not take place; and I can only account

for it by supposing, that the seton was passed through without first discharging the contents of the tumor; the sac therefore did not empty itself, but in a very gradual manner, and not completely, before the seton was withdrawn; consequently, the fluid prevented the tunica vaginalis from coming sufficiently in contact with the testicle to admit of union taking place.

Unless in this circumstance of not first tapping the tumor and discharging its contents, there appears no considerable difference between the operation as practised by Ambrose Parè and that used by Mr. Pott; and I should expect the cure would be completed in nearly the same time. Indeed, in point of simplicity and the avoiding of pain in the operation, the former would have the advantage, if done with a needle sufficiently long to pass through the tumor from above downwards.

As it frequently happens, that the exact state of the testicle cannot be ascertained previously to the discharge of the contents of the tumor, the operation I propose has in that respect the advantage over both the operation by seton and

that by injection: as, to admit of an accurate examination of that organ, the canula ought to be withdrawn; otherwise risk would be incurred of its slipping from within the tunica vaginalis, and the replacing it is not at all times an easy matter; in which case it might become necessary to lose a good deal of time in waiting for the tumor to fill again, before the operation could be completed: whereas, in my operation, as the canula must necessarily be withdrawn before the thread is passed through, the most full examination of the state of the testicle may at all times be made, without in any way interfering with the other steps of the operation.

As this complaint is also of very frequent occurrence in children, and although in them it is in general easily cured by means of external applications, and in some instances it disappears of itself; yet in others it not only resists those applications, but also continues until they grow so much older as to render it advisable to have recourse to some more certain mode of treatment. It fortunately happens that in those cases the operation I have described is peculiarly well

adapted, giving comparatively but little pain, as I have always found a single thread of silk sufficient; the inflammation required being less than in adults, as is evinced by a cure so often taking place after simply evacuating the water: for which reason, I should recommend in all cases occurring in children, that the chance of a cure taking place in that way should be given.

I have had no experience of this operation in cases of encysted hydrocele of the spermatic chord, or, as it is generally called, of the tunica communis; but I should have no hesitation in trying it in such a case, and should do it with the same confidence of success.

In one of the cases which I operated on, I found the opening made by the trocar come rather too near the situation I wished to pass the thread through; and therefore, in the next case, I introduced the trocar rather at the side of the tumor, which prevents the occurrence of that slight inconvenience. I believe, however, from further experience, that interference will seldom occur; as in general the contraction of

the scrotum carries that opening far enough out of the way.

My reason for recommending the thread to be passed in a direction from below upwards, is, that, should there be any little oozing from the punctures, the depending situation will be more favourable to it; though I am of opinion that anything of consequence of that kind will seldom take place; and the thread, therefore, may in general be passed in any other direction with equal safety.

Should any difficulty be apprehended in being able to pinch up the tunica vaginalis with the scrotum, in order that the needle may pass properly through the sac, a probe may be introduced into the cavity through the canula previously to its being withdrawn; and which can afterwards be used as a guide in pinching up any portion of the tunica vaginalis that may be considered necessary.

C A S E S.

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CASE II.

T. B. aged 50 years. Has a hydrocele on the left side, which, he says, commenced about four years ago. He can attribute it to no particular cause. Has had gonorrhœa when a young man, and is now subject to an impediment in his water, or what he calls gravel; and is, to use his own words, very tight in his bowels.

The swelling is about the size of two fists, and there is no reason to suspect disease in the testicle.

November 3d, 1824.—Directed to have a dose of calomel, followed by an aperient mixture.

5th.—I visited him this morning: the medicine had operated well, and seeing no objection to the performance of the operation, with his con-

sent I discharged the contents of the swelling with the trocar in the usual way, amounting to about a quart. This being done, I grasped the scrotum and tunica vaginalis with my fingers, close to the testicle, and getting an assistant to hold one portion of it firmly, I passed a straight needle armed with a common ligature through it, and then tied the ends loosely together. Having desired him to remain in bed and live abstemiously, I left him.

7th.—The scrotum and testicle is swollen and inflamed; and he complains of pain in his loins. Is rather feverish and thirsty.

A bread and water poultice to be applied to the part, and an aperient diaphoretic mixture.

9th.—The swelling the same, but less painful. Slight pain in the loins continues. There is a little oozing from the punctures. Withdrew the ligature. Directed the part to be fomented, and the bread and water poultice continued.

11th.—The swelling is rather abated, and is less painful. Is free from fever. Punctures look almost healed. No application.

13th.—Swelling still subsiding. Has no pain in

the loins. Allowed to sit up, with the scrotum suspended.

16th.—The swelling reducing fast. Is in no pain.

20th.—There is scarcely any swelling, but the testicle is rather tender.

Did not see this patient again until the 2d of December, when he came into town to see me. He was quite well.

CASE III.

December 10, 1824.—W. W., aged 5 years. Has a swelling in the scrotum, which his mother called a wind-rupture, and requested me to examine it.

It has been coming on about three months. On examination it appeared to be a hydrocele. I discharged the fluid by the puncture of a lancet, and then passed a common needle, armed with a single thread of silk, through the loose scrotum and tunica vaginalis.

The child was carried home, and brought to

me again on the 13th, when there was a good deal of swelling, as much as previous to the fluid being discharged; but he had scarcely any pain. Withdrew the ligature, and directed a bread and water poultice to the part, and ordered him a dose of hydr. submur. et pulv. jalapæ.

He was again taken home; the poultice desired to be left off, when the swelling begins to subside; and to keep the scrotum suspended.

20th.—He was brought here again to-day. The swelling began to abate in three or four days after he was here last, and it is now nearly gone. He runs about as well as if nothing was the matter.

I have not seen him since, but have heard from his mother that he is quite well.

CASE IV.

January 22d, 1825.—G. W., aged 6 years. This boy was brought to me some time ago, supposed by his mother to have a rupture, and requested my advice about getting a truss for him. On examination I found it was a hydro-

cele; and I then discharged the contents by puncture with a lancet, and directed a lotion with ammon. muriat. &c.; but it has filled again, and is now as large as it was at first. I therefore advised the operation by ligature, which was accordingly performed; and as they wished to have the child vaccinated, the small-pox being in the next house to theirs, they were to keep him in town for that purpose.

23d.—The scrotum considerably inflamed and swelled, and the child feverish and restless. Withdrew the ligature, and applied a bread and water poultice; also directed an aperient mixture.

24th.—The scrotum much less inflamed, and not so painful. As the vaccine irritation would be some days before taking place, I considered it best to vaccinate him, as the small-pox was so near. The poultice continued.

25th.—There is a little oozing from the punctures, and the swelling continues, but with little pain. Poultice continued. The child taken home.

30th.—Brought to town to shew his arms. The vaccination has taken proper effect. The

swelling in the scrotum nearly subsided, but the testicle remains tender. In other respects he is quite well. No application.

I saw this child about a fortnight afterwards; he was quite well.

CASE V.

January 26th, 1825.—C. R., aged 48 years. Has a hydrocele on the right side, which he says has been coming gradually on for the last three years. He attributes it to a strain. In other respects he says he is quite well.

I tapped the tumor at the side, and discharged about a quart of clear yellowish fluid. I then passed a common ligature thread through the scrotum and loose tunica vaginalis, by pinching it up in the manner I have before done, and gave the same directions.

27th.—The scrotum swelled and inflamed.

28th.—The swelling increased and painful, with some pain in the loins. A poultice to the part, and mist. cath.

29th.—The pain in the loins increased, and the swelling hard and tender, particularly at the upper part. Has but little fever. Withdrew the ligature. Poultice continued.

30th.—Is nearly as yesterday.

31st.—The swelling not so tender; pain in the loins continues. Poultice omitted. Rep. mist. cath.

February 2d.—Has no pain in the part except on pressure. Allowed to sit up.

4th.—The swelling subsiding. Complains most of the loins.

6th.—Is nearly free from complaint, except that the testicle is a little enlarged.

15th.—Discharged cured.

CASE VI.

March 4th, 1825.—J. L. J., aged 46 years. Has a hydrocele of seven or eight years' duration, and which has been tapped four or five times, the last about four years ago, when about a quart was discharged. It is now very large all the way

up to the ring of the external oblique muscle. He has a hernia on the left side, for which he wears a truss, but it has not been down for some time. In the examination of the tumor, the chord could not be felt; neither, on pressing the swelling upwards by the hand, could I succeed in rolling it, as usually can be done with simple hydrocele. There could, however, be no doubt of the propriety of discharging the contents of the tumor; its appearance and general character being fully satisfactory of a large collection of fluid in the cavity of the tunica vaginalis, as well as the circumstance of its having been let out before.

Having accidentally met with this case when at the distance of twenty miles from home, through the kindness of Mr. Thomas, Surgeon, of Usk, who brought the case to me, and not having a trocar with me, I was under the necessity of using a common lancet, with which I made a free puncture in the inferior part of the tumor, through which opening, with the assistance of a probe, I succeeded without any difficulty in discharging the whole of the fluid, amounting to upwards

of two quarts. After which, I perceived there still remained a swelling in the upper part, extending to the ring, which appeared full, and about the size of an orange, a little flattened.

At first I thought it might have been an encysted hydrocele of the chord, but on further examination it proved to be a hernial tumor, consisting of a portion of intestine, and which, by gentle pressure, I succeeded in returning into the cavity of the abdomen; but it immediately returned, unless retained there by pressure.

I now questioned the patient about this affection, and inquired particularly if any thing of this kind had been seen when the hydrocele was tapped before, or whether he was aware of the existence of a rupture on that side; but he assured me it was not there when he was tapped last, neither was he aware of the existence of any thing of the kind on that side, nor had he been subject to any inconvenience from it. During this examination, and inquiries concerning the hernia, the scrotum became so much contracted and corrugated, as to have nearly recovered its natural size: and on endeavouring to grasp the

tunica vaginalis, with the scrotum, between my fingers, I felt some doubt whether, if I pinched up as much as appeared necessary, I might not at the same time include a portion of the hernial sac, which would probably be attended with serious consequences. I therefore allowed the hernia to descend again, by which means I was enabled to guard against that danger; but, at the same time, was not able so completely to include the tunica vaginalis as I could have wished, in order to pass the ligature through in a manner sufficiently satisfactory to ensure the production of an adequate degree of inflammation throughout the whole sac of the hydrocele.

I however passed it through a considerable portion, in a direction from below upwards; and on the scrotum being left to itself, the distance from the entrance to the exit of the ligature was about three inches and a half, the latter being near the margin of the hernial tumor. The ends of the ligature were now tied loosely together, and the operation was finished. I requested Mr. Thomas to attend to the changes that might take place, and to meet any symptoms that might

occur by appropriate treatment, purposing to see him again myself on Monday the 7th instant.

If I again meet with a case of this kind, or rather if a case occur in which I suspect it, I will take care and introduce a probe into the sac before the fluid is all discharged, by which means I shall be able to regulate the proportion of tunica vaginalis through which I wish to pass the ligature.

March 7th.—I made my visit between three and four this afternoon, and found him in every respect as well as I could have expected, having scarcely any fever. The scrotum and testicle is swollen, inflamed, and painful; he has also some pain in his loins, and the pain in the swelling is increased when he raises himself in the bed, which appears to be occasioned by the pressure of the hernia against the inflamed testicle and its coats. There is, however, no particular soreness or uneasiness in the hernia itself, and his body has been open. Pulse natural: tongue tolerably clean.

Not having it in my power to see him to-morrow, I directed him to withdraw the ligature

himself in the morning, and if the inflammation should appear to increase, to apply a large bread and water poultice over the part. I also ordered him a purgative mixture.

As I could not exactly tell him when I should be able to see him again, I desired him to remain in bed as long as the testicle continued very painful, and the pain in the back; but when these subsided, to get up and sit in a chair, with his legs raised on another, and his scrotum suspended.

16th.—I visited him again. He informed me he had withdrawn the ligature as I had desired him, with great ease, and that he had since continued to go on well, except that there was some hardness in the upper part, and a little matter oozed from the upper puncture.

On examination I found this to be the case, and I gently pressed the matter out. The swelling was very much reduced since I last saw him, and was but very little painful, and no appearance of any disposition to a return of the disease.

The rupture was now up, but it had been

down several times since I saw him last. I wished him to endeavour to get a double truss, as the pressure of the hernia might be injurious; but he was afraid of the expense, and wished to employ the old blacksmith who had made him the other, which, although a very clumsy instrument, had, it appears, answered the purpose effectually for the left side.

I allowed him to sit up, with his legs on a chair, and the scrotum suspended.

I have not seen this patient since; but as I desired him to inform me if any thing unpleasant occurred, or if the fluid should again collect, I conclude the cure to be complete; though at the time of the operation, from its being complicated with hernia, and the difficulty attending the passing of the ligature in a satisfactory manner, I did not anticipate success.

CASE VII.

J. H., aged 56 years.—A hydrocele of the right tunica vaginalis, of the size of a large fist,

and of four months' duration. General health good. This had been considered by a surgeon who attended him to be a diseased testis, and he was leeches &c. for it, and put under a course of mercury; which treatment not having succeeded in reducing the swelling, he was advised to go to the Gloucester Infirmary. A neighbouring gentleman, however, gave him a letter to the Monmouth Dispensary, and he applied to me. I found no appearance of disease in the testicle, neither did the history of the case warrant such an expectation.

March 22d.—I tapped the tumor with a trocar, and discharged nearly a pint of yellowish fluid, similar to the serum of the blood. Through the canula I introduced a probe; after which I withdrew the canula, leaving the probe, which I used as a guide in grasping up the tunica vaginalis with the scrotum, through both of which I immediately passed a small silk ligature of four threads. I then withdrew the probe, and tied the ends of the ligature together.

23d.—Has had no pain, and he slept well. The testicle is a little enlarged and sore, and

there is a blush of inflammation on the scrotum. Has no pain in the loins, or fever.

24th.—The scrotum is enlarged to nearly the size it was before the discharge of the fluid, and is painful and tender, with some pain in the loins. Has no fever. Bowels confined. Mist. cathart.

25th.—Appearance nearly as yesterday. Withdrew the ligature, and applied some cerat. sperm. cæti on lint to the punctures. My reason for doing this is in consequence of one of the punctures having festered in the last case.

26th.—No alteration.

27th.—The punctures are healed. The swelling continues, but is not painful, and the pain in the loins is better.

29th.—Swelling subsiding.

31st.—Allowed to walk out with the scrotum suspended.

April 2d.—There is scarcely any swelling, but he has still a little pain in his loins. As there is every reason to expect he is cured, and as his business requires his attendance, he is

allowed to go home, being directed to be careful, and to keep his scrotum suspended.

9th.—Saw him, and he was quite well.

CASE VIII.

As I had communicated my plan of operating for hydrocele to Mr. COTHER, Surgeon to the Gloucester Infirmary, and requested him, if he thought favourably of the operation, to try its merits when an opportunity should offer, I have been extremely gratified by the receipt of a letter from him, dated February 25, 1825, containing the following statement of a case in which he tried it:—

“ The patient was about sixty-four years of
“ age, and I passed a simple silk ligature on
“ Friday the 18th instant, after evacuating the
“ fluid, through the integuments and tunica
“ vaginalis.

“ The pain has been really trifling, requiring
“ literally no application : the ligature was taken

“ out on Wednesday, and I think, from examina-
“ tion, that the cure is complete. Not doubt-
“ ing this, I give my unqualified approbation
“ of the measure, and consider it as obviating
“ all the inconveniences attendant on the other
“ modes of operating.

“ I therefore congratulate you on simplifying
“ a very common operation. I have never but
“ once seen bad consequences from the injection
“ — that was a severe case, and reduced the
“ health and strength of the patient, which
“ would doubtlessly have been obviated by the
“ operation by ligature. I think the best eulogy
“ I can give it is, that I should have your
“ operation done for myself, were I afflicted with
“ hydrocele.”

REMARKS.

ALTHOUGH, from the experience I have had
in the management of this operation, and the
success which has attended it in the several cases
above related, I feel the greatest confidence in

recommending it,—still, as others may entertain a prejudice against the withdrawing of the ligature at so early a period, from a dread of the accumulation of some deposition within the sac, from the irritation of the thread, which might prevent the cohesion of the coats; yet, even allowing these objections, the operation would, notwithstanding, be an improvement on the old operation by seton, as the ligature may be allowed to remain, as in that operation, and the advantage of the small size and the simple mode of introduction be maintained: but I am convinced, that even one trial of the operation, on the plan I have recommended, will be sufficient to do away with every prejudice of that kind.

PRACTICAL OBSERVATIONS

ON

BRONCHOCELE.

PRACICAL OBSERVATIONS

BRONCHITIS

PRACTICAL OBSERVATIONS

ON

BRONCHOCELE.

IN the London Medical Repository for 1817, vol. ii. page 228, I published the following paper on this disease, for the purpose of recommending the use of pressure, as a principal remedy.

“ Several cases of bronchocele having lately come under my notice, and having been able to collect but little satisfactory information from books on the subject, I am induced to request the insertion of the following in the Repository.

“ From the number of cases that exist in this part of the country, I think the disease may be said to be here endemic; although, as far as I can

learn, this circumstance has never had any particular attention bestowed on it.

“ Before my settling in this town, the disease was only known to me by name ; no case having come under my care. I therefore had formed no other notion of the disease than the general one of its being an enlargement of the thyroid gland, and that it was often peculiar to particular countries : but remarking their frequency in this vicinity, I think the circumstance worthy of particular notice, and entertain a hope that it may lead to the affording of some relief to the subject of so unsightly a disease.

“ Amongst the vulgar these tumors have the name of wens, and, from remote superstition, various charms have been had recourse to for their removal, such as the application of a dead man's hand, &c.

“ The first case that came under my notice for treatment, was that of a poor woman, to whom I was sent for by a gentleman who resides a short distance from this town, whose kind attention to the poor labouring under disease is well known. He had an opinion that the

tumor was of a size that nothing but an operation could relieve her. Indeed, the state I found her in fully warranted this conclusion.

“The tumor, of an enormous size, hung down and rested on her breast; respiration was almost totally obstructed; her voice was hoarse and difficult, and her countenance full and livid. Something was absolutely necessary to be immediately done. The removal of such a tumor was out of the question. Considering, therefore, that under such a state the circulation of the blood through the lungs must be considerably impeded, and that in all probability an inflammatory state of the membrane of the larynx and trachea must exist, together with general congestion of blood in the parts, I preferred a large bleeding from the arm. By this my expectations for a time were fully answered; but, unfortunately, the relief was temporary. The situation of the patient became desperate; but as she was resigned to any thing that might afford the smallest prospect of relief, it was determined, as the only likely means, to tie the superior thy-

roideal arteries, being, I believe, the only approved way of performing this operation.

“ Doctor Bevan, of this town, did me the favour to accompany me to the proposed operation; but, unfortunately, on our arrival at the house, our hopes were disappointed by the patient having suddenly expired, apparently from suffocation.

“ *Dissection.*—An opportunity was afforded of examining the morbid parts. The integuments were turned back on each side, and the tumor dissected out, together with the larynx, trachea, and principal arteries, with the parts of the carotids from which they were given off.

“ The whole together weighed about ten pounds. The trachea was completely encompassed, the two lateral portions of the tumor meeting behind; which circumstance may account for the great impediment to respiration. Some slight appearance of inflammation appeared to exist in the internal membrane of the larynx and trachea, but not sufficient to account for the fatal termination. On cutting into the tumor,

no alteration of structure appeared to exist, except a few cells containing a watery fluid, but simply an increased growth of the gland, rather firmer than natural. The vessels supplying the gland appeared larger than usual.

“ From the above statement, no new light would appear to be elicited, that might induce a more successful practice than has hitherto prevailed in treating this disease. I was happy, therefore, to adopt any hint which might guide my future practice.

“ A friend of mine, once a practitioner in surgery, informed me, that in his youth he was afflicted with a bronchocele, which progressively enlarged until he took to wearing neck-handkerchiefs, after which it gradually disappeared. Reflecting afterwards on his own case, he considered the subsiding of the swelling to have been occasioned by the pressure of the handkerchief. He determined, therefore, to try its effects on others; and the result answered his expectations.

“ Upon this information, and having reason to believe, from the dissection of so advanced

a case as the one related, that no specific diseased action exists in these swellings, I resolved on giving pressure a trial in any case that might again come under my care.

“ Of seven cases in which I have used this method, all have been lessened, and two incipient ones were completely removed by it.

“ In each of these cases there existed an unusual irritable state of the system, accompanied with a quick pulse; although none of these ever complained of ill health.

“ Still supposing that a general increased action of the system might give a tendency to the enlargement of the gland, I did again, in one or two of the above cases, have recourse to bleeding, and I think with advantage. At the same time, in all of them, I should observe, that I endeavoured to control the circulation by digitalis, usually combined with the burnt sponge, and in conjunction with the pressure.

“ Some may perhaps attribute the benefit which has accrued in these cases to the effect of the digitalis or burnt sponge; but my own conclusions are in favour of the pressure.”

I have, in the beginning of this paper, mentioned the circumstance of the frequent occurrence of the disease in this part of the country, so much as to warrant its being considered as endemic to the place. In this opinion I am confirmed by the additional experience of the time that has elapsed since: indeed the number afflicted is so great, that I cannot conceive it probable that a greater number are to be met with, in the same extent of country, any where.

To what cause the frequency of its occurrence in this part is to be attributed, I am unable to discover; as it does not appear that those who reside in the valleys are more subject to it than those who live in elevated situations: so, although that reason may apply to the valleys of the Alps, it does not hold good here. I have also no reason to think, that the drinking of water mixed with what drains down from the snow melted on the hills has any effect in producing it, or any other cause dependent on local circumstances or situation: but, if I am warranted in drawing any conclusion at all from the observations I have been able to make here,

I am disposed to attribute it to a peculiarity in the original constitutions of the inhabitants; or, in other words, that it is hereditary. In the London Medical Repository, vol. x. page 200, a case is related by Mr. Sterndale of Sheffield, of a child being born with the disease; and I have myself met with more than one instance of the same kind in this neighbourhood.

It does not appear that the children of new comers are more liable to it here than they are in other places, which I should expect to find if it depended on situation, or any other similar cause.

Although it has been asserted to be a disease quite independent of a scrophulous origin, I am myself of opinion that it is much more frequent in persons whose appearance indicates such a constitution: and I think the circumstance of such internal remedies as are considered the most beneficial in its cure, being also for the most part applicable to scrophula, a strong argument in confirmation of that opinion.

The only evidence in favour of the supposition of situation being an exciting cause, is

the circumstance of its being more frequently found in mountainous countries; and this, I think, will also hold good with respect to scrophula.

It does not appear that cold is in any respect a necessary agent to its production, or it would not be found so prevalent a disease in the Island of Sumatra, situated in the Indian sea, nearly under the equator: on the contrary, excessive heat joined with moisture has been assigned as a cause by M. Fodéré. But as it is not consistent with the intended limits of this little work to enter into a topographical examination of the countries in which this disease has been found to exist, I proceed to make some remarks on the disease itself, as it has appeared in the cases that have come under my notice.

Upon an average of the number of cases I have had under my care for treatment, as well as those I have otherwise seen, I should calculate that the number of females afflicted compared to males will amount to nearly the proportion of ten to one. Upon what this

greater tendency to the disease in females exists, is not perhaps so easily discovered.

If the number of cases in females occurred principally about the period of the commencement of the catamenia, or afterwards, it might be supposed to be in some degree dependent on the influence which the changes connected with that state produced on the system; but the contrary appears to be the case, as children under the age of twelve years are more liable to it than adults; and the major part of those who are afflicted with it in adult age, will, on inquiry, be found to have laboured under it from their childhood; though some few instances exist even of its commencement as late as after the fortieth year. It therefore appears to me, that its more frequent occurrence in females is in consequence of their more generally delicate and relaxed state of constitution, and greater tendency to irritable excitement of the circulating system; and which latter state is so frequently an accompaniment of the disease, that I was, at the commencement of my expe-

rience, disposed to attribute its entire origin to that peculiar state of system on which this excitement depended; and the immediate cause, the more rapid supply of blood to the part than the function of the gland required, whatever that might be: and that a consequent enlargement was produced. The case and dissection I have related did not lessen that opinion: on the contrary, the appearance of the patient, together with the symptoms, and the examination of the tumor after death, rather tended to confirm it.

The fact, also, of so small a gland (in its natural state) being supplied by vessels of such magnitude, and derived from a source so near the heart, seemed likewise to strengthen the opinion of the influence which such a state of circulation must have over a part so supplied. This striking circumstance, of a part so small being supplied with so large a portion of blood, I cannot pass over without some remark, as it appears to me that nature never could have planned such a diversion of blood from the head, but for some wise purpose. Does it not, therefore, appear probable that it is intended

to divert a portion of the blood from the head, that might otherwise flow with too great force to the brain?*

The circumstance of women being particularly liable to it after parturition, appears also to favour the opinion of the swelling's dependence on an unusual supply of blood being carried to the part; which it is probable the efforts in childbearing might produce, as some women have been known to feel during labour as if something had given way in the throat.† The crying and weeping of infants has been considered by Doctor Rivet as a cause of bronchocele and idiotism; and, since the re-union of Valais to France, the inhabitants, encouraged by the French authorities, having taken more care of their children, a marked diminution of the number of cases of goitrous and idiotic children has, within eight years, been effected.‡ How far this opinion is well founded, I am unable to judge; but think it probable,

* Elements of Pathology, by Dr. C. H. Parry.

† Burn's Midwifery.

‡ Medical Repository, vol. i. p. 46, 1820.

the exertions of children in crying violently might, upon the principle of the disease depending on an increased flow of blood to the gland, have some effect in that way: but, as I am not of opinion that there is any connexion between bronchocele and idiotism, I cannot in any respect coincide with Doctor Rivet on that point.

It was upon the supposition of an increased supply of blood to the gland being the probable cause of bronchocele, I first commenced the treatment of the disease; and from the hint received from my friend, as mentioned above, I availed myself of the assistance of pressure, not only with the intention of retarding the flow of blood through the gland, but also of promoting absorption.

In addition to pressure, in such cases as would admit of it, I had recourse to blood-letting, both generally and locally, and further endeavoured to control the circulation by means of digitalis, which I combined with the burnt sponge. This plan of treatment I certainly found very successful, particularly

the pressure, as in some cases it appeared of itself sufficient to effect a cure. The great inconvenience, however, attending its application, rendered it a remedy very difficult to get effectually persevered in, and many patients discontinued their attendance in consequence. But in all such as had sufficient resolution to go on, a beneficial effect was invariably produced; and I still consider it as one of the most effectual remedies in the treatment of the disease.

Bloodletting I have not found as a general remedy so admissible; as in many cases the accelerated state of the circulation has appeared to depend on a state of nervous irritability and weakness, and consequently unfavourable to such treatment.

In the use of bloodletting, I am, therefore, at present more cautious, and seldom have recourse to it, except in cases where the state of the breathing and voice seems to indicate a state of vessels bordering on inflammation; and even in these cases I prefer the local abstraction by leeches: but in the dispensary

practice, from the great expense of leeches, I can seldom have recourse to them; otherwise I think they are in most cases of great assistance.

The effect of digitalis, I am of opinion, is in most instances advantageous, as the accelerated state of the circulation is so generally an attendant symptom, and consequently a remedy which often has so powerful an influence over it, appears to be particularly indicated: but as that depends so much on the peculiar state of the system in this disease, I think the benefit of digitalis is not so great as in inflammatory action; and I have, in consequence, lately less frequently had recourse to it.

It is therefore with regret I am forced to acknowledge, that after trying most of the remedies that have been recommended, both internally and externally, none have appeared to me to possess, in an equal degree, so powerful an influence over the disease as the burnt sponge; and from the trials I have made with it, and the success which has attended them, I am persuaded its virtues have by no means

been overrated by the older practitioners; on the contrary, when judiciously administered, and persevered in for a sufficient length of time, there are but few cases, unless of very long standing, and in persons beyond the middle age of life, that may not be cured, or so much relieved by it, as to render the disease of but trivial consequence, either in point of appearance or other ill effect.

Having thus far entered into an explanation of my first views of the disease, I shall now endeavour to explain what has been the result of my further experience, and how far I am able to confirm or strengthen some of the opinions which have lately been advanced on the subject, both with respect to its division into different species, and the effect of some new remedies that have been recommended, and their applicability to such different states or species in which the disease is found to occur.

Professor Walter, in a publication on this complaint, has distinguished it into four different species; the aneurismal—the lymphatic—the

scirrhus—and the inflammatory;* and, to a certain extent, I think this division is grounded on a correct practical knowledge of the appearances of the disease, as cases having a great resemblance to these different states have presented themselves to me, both in the practice of the dispensary and amongst my private patients, though I think those states, with the exception of the scirrhus, are more frequently combined.

With respect to the first, or aneurismal, I have met with a great many cases in females, where the pulsation was so strong as to be evident at a considerable distance, and at first sight might very easily be mistaken for an aneurism of the carotid artery; and in one instance such a mistake was actually made by a practitioner of considerable skill and information; and in which instance I was consulted, in order to give my opinion, whether an operation was not necessary to be performed for its cure, before a further increase took place. On examination, I found the tumor was close

* London Medical Repository, 1819, vol. i. p. 76.

upon the right carotid, and what had been mistaken for an aneurismal swelling consisted of an enlargement of the right lobe of the thyroid gland, and the pulsation observed was produced by the increased action of the carotid and superior thyroid arteries.

Although these cases have an apparent aneurismal character, still I am of opinion the real state of the vessels is very different to aneurism, as no portion is so far dilated as to lose its proper elasticity and corresponding contraction with the heart: on the contrary, instead of such a change, the vessels appear to have acquired an increased degree of power with the enlargement; and this state I have always found accompanied with a general accelerated circulation, and great nervous irritability. When this occurs to any considerable degree, it is attended with hoarseness and slight difficulty in breathing, from what I conceive to be a congestive state of the capillaries of those parts. It is in such cases only that I have met with any thing like inflammation; therefore I cannot so far coincide with Professor

Walter, from actual experience, as to admit the fourth or inflammatory species as occurring otherwise than conjointly with the aneurismal. Perhaps the difficulty of breathing may in a great degree depend on the quicker circulation of the blood through the lungs!

These are the cases which I conceive Professor Walter would select as proper for tying the superior thyroideal arteries; but I should consider them as the most hazardous in which such an operation can be performed, as the increased action is not of a local, but a general nature; consequently the continued impulse of the vessels would be unfavourable to the success of the operation. I should therefore say it ought not under such circumstances to be performed, unless, from the great size of the tumor, immediate danger of suffocation was apprehended.

A more advisable plan of treatment in these cases, I conceive, and which I always adopt, is to endeavour to control the general accelerated and irritable state of the circula-

tion, while the congestive state of the vessels of the part is lessened by local bleeding.

From these remarks it will appear, that I am completely at variance with the ideas of Dr. Quadri in his treatment of the case of the peasant's daughter, as related by Dr. Kennedy; in which case a main object appeared to have been the excitement of a high state of neuro-vascular excitement throughout the system, by means of the gradual introduction of mercury;—a state which, in the majority of cases that have come under my notice, has appeared to me to be the principal cause of the disease. The success of this treatment I am disposed to attribute to the great general emaciation which was produced by it, and not to any direct effect of that excitement on the disease. Such an accidental reduction of the tumor I have myself seen, from the occurrence of emaciation; and I have suspected, that the continued use of burnt sponge has sometimes produced its effect in that way.

The case and dissection which first solicited

my attention to this disease, is, I think, an example of what might be called a combination of the aneurismal, the lymphatic, and the inflammatory. The vessels supplying the gland were enlarged, and before death a considerable throbbing pulsation was particularly visible; and the superior thyroideal arteries were become so superficial from the pressure of the tumor, that the tying of them would have been a very simple operation. The cells containing the watery fluid may probably be an example of the lymphatic; but if Professor Walter means an effusion of coagulable lymph, such as is produced by the effusion from high inflammatory action, I have never seen a case of the kind: and I may avow the same thing with respect to the inflammatory, that I have never seen a case in which the thyroid gland appeared to be the seat of active inflammation; but in all, the inflammation has been in the neighbouring parts, the mucous membrane of the trachea and larynx.

With respect to the scirrhus kind, I think they are very rare, at least of a true carcino-

matous character, and have never come under my notice. Such as are of a hard, knotty, and irregular form, are very numerous; but, as they often give way to proper treatment, they cannot be considered as carcinomatous, neither do I think they ever degenerate into that state.

It is in these kinds of cases that I think the treatment by seton would be most warrantable; but as I have never tried it, I cannot speak to its utility from my own experience.

From this examination of the division of the disease into four species by Professor Walter, I am of opinion, that it cannot with propriety be adopted, as those different states united would be more applicable as a description of the general character of the disease. The only division that appears to me capable of being properly adopted, is the distinction into soft and hard, as those are external characters which are very obvious, and can lead to no wrong deductions.

This division is also, I think, useful in the treatment of the disease, as there appears to be a difference in the effect of remedies in

these different states, and a very material one in the degree of capability of being cured, the soft yielding so much sooner to the remedies applied.

ON THE MOST APPROVED REMEDIES FOR
THIS DISEASE.

IN order to bring the examination of the different remedies for this disease in regular succession, I shall be obliged in part to repeat what I have before said, with respect to some of them.

1st. *Of Pressure.*—The advantages of this remedy, I think, may be extended when judiciously applied to every case of bronchocele, as it appears to operate by retarding the flow of blood through the tumor, by promoting absorption, and also by supporting and preventing the dilatation of the vessels. Were it not for the inconvenience and uncomfortable feeling produced by it, from its impeding the

free return of blood from the head, and interrupting respiration by its pressure on the veins and on the trachea, I should say it deserves the preference over most of the others; but, from these unpleasant effects, there are few who have resolution enough to persevere sufficiently in its use to derive full benefit from it. I have therefore of late, reluctantly, been obliged to have recourse to it less frequently; notwithstanding, my confidence in its beneficial influence over the tumor is still unabated. For the information of those who have not already used it, and feel disposed to try its effects, I should say, that such cases should be selected for the experiment in which the enlargement is so situated as to allow of its being applied without pressing too much on the trachea and jugular veins; and some assistance in that respect may perhaps be derived from a careful application of small compresses, over which the pressure may be made, either by means of a bandage round the neck, or stripes of adhesive plaster. With the use of pressure, the other remedies should

at the same time be attended to; which constitutes a great recommendation to it, as it interferes with none, either external or internal.

2d. *Of Bloodletting*.—This is a remedy which under certain circumstances may become useful, both generally and locally; and the latter is in most cases a useful assistant, and should therefore seldom be neglected.

With respect to general bloodletting, more caution is necessary, as so many cases of bronchocele are accompanied with great constitutional weakness and strong marks of scrofula: but where no tendency of this kind exists, and the pulse is strong and full, with an appearance of congestion about the tumor and surrounding parts, marked by fulness of the face, an alteration in the voice, and some impediment to respiration, one or two bleedings might perhaps be had recourse to with advantage. But a short, uneasy, wheezing respiration should not be attributed to overfulness of blood or inflammation, as it more frequently accompanies those cases in which there exist the greatest

marks of nervous irritability and weakness, and seems to be produced by the accelerated and weak action of the heart and arteries, in which the circulation through the lungs of course partakes.

3d. *Of Digitalis*.—This is a remedy which does not appear to possess any further beneficial effect over the disease than by its influence on the circulation, with which view I think I have given it with advantage: but its power of lessening the frequency of the circulation does not appear to be so certain in the state of action accompanying this disease, as under circumstances of inflammatory action: but still I think it has that effect in a sufficient degree to render it a useful remedy, when combined with those medicines which appear to possess a specific influence over the disease.

4th. *Of Burnt Sponge*.—This remedy, which has been handed down to us by the older surgeons as a specific in the disease, is still, in my opinion, of all others, as a general remedy,

the most effectual we are acquainted with; and, when judiciously and perseveringly employed, will seldom fail in producing a decided beneficial effect on the disease. Whether there is any advantage in the mode of employing it in the form of lozenges, to be gradually melted in the mouth, and swallowed in that way, I am unprepared to say; but I should think otherwise, and therefore never use it in that form: neither do I think its efficacy is much improved by any of the combinations with which it has been administered, except in as far as they render it less disagreeable, and less debilitating to the stomach; on which principle, the following is the form I have been in the habit of prescribing it:—

R Spong. Ustæ (subtilissimè levigati) ʒss.

Pulv. Rhei ʒss.

—— Zingib. gr. xij. M. et in part. æquales xij. distribuenda; quarum sumat j. ter in die ex melle.

As I have thought the continuance of this medicine produces an alteration in the state of the secretions into the stomach and bowels,

which accumulate, and become a source of irritation, I generally give an aperient, of which calomel forms a part, about once or twice a week, according to circumstances.

It is a medicine which appears to act by a specific influence over the disease, and is applicable to all stages; and therefore does not seem to require those regulations in the administering of it that are necessary when other means are adopted; the only object appearing to be, to introduce as great a quantity into the system as the stomach will well bear, so as in a manner to saturate the system with it, and to persevere in it until some effect is produced on the swelling; but if this does not take place in the space of about a month, I generally suspend the use of it for a short time, and resume it again, as few stomachs will bear this medicine, in full doses for a longer period. By a determined perseverance in this way, a cure, or a considerable diminution in the tumor, will seldom fail to be obtained, though sometimes it will require as much as twelve months to effect it.

During the administration of this medicine, the local treatment of the tumor should not be neglected (when any indication occurs), such as the application of leeches, &c.

I have sometimes added small doses of iodine to the burnt sponge, and have thought that, in some instances, benefit has been produced from that combination; but on this point I shall speak further in the following statement of my experience of the effects of that medicine.

5th. *Of Iodine.*—In what I have to say on the subject of this medicine, which has lately been so strongly recommended by Dr. COINDET, and other practitioners on the continent, as well as by some in our own country, I shall confine my observations principally to the effect which I have found produced by it in my own practice; and, although I think its powers have been much overrated, still I am of opinion it possesses sufficient influence over this disease in some cases to render it a remedy of great utility; and if I am right in the inference which my experience has led me to make of

its powers, which is, that its beneficial effects are most evident in such cases as appear to be the least acted on by the burnt sponge, it will, from that circumstance, be rendered doubly valuable.

In the foregoing part of my observations, I have mentioned that I considered the division of this disease into soft and hard as the most useful for practical purposes, not only as it affords a striking distinction in the external character of the disease, but also that frequently some alteration in the treatment was required in those different states.

From repeated trials of these two medicines, I have found that the burnt sponge has, at all times, the most powerful effect over the soft and recent enlargement of the gland; but frequently, in the old, hard, and lobulated cases, the disease has appeared to be more effectually acted on by the iodine; but this has not been the case in every instance, as very often, particularly in those cases which are accompanied with irritable excitement in the vascular system, or such as have been termed the aneurismal

bronchocele, the beneficial effect of iodine has appeared to me very doubtful.

The cases, therefore, which in my practice have been the most benefited by it, are such as are attended with the strongest marks of torpor in the system and in the tumor, and where the circulation is the least altered from its natural state. In cases where the tumor is hard, irregular, and knotted, and at the same time accompanied with an accelerated and throbbing state of the vessels, I prefer the external application of this medicine to the tumor, in the form of the ung. hydriodat. potassæ of Magendie; while I give the burnt sponge internally, combined with other remedies, as the state of the system seems to indicate, and the occasional application of leeches to the tumor.

In some cases the efficacy of both medicines has appeared to be increased by being combined, particularly in females about the period of puberty; in which cases, the stimulating power of the iodine has tended to excite the secretion of the catamenia; from which effect,

I have thought the iodine answers better about that period than in other cases accompanied with much irritation in the vascular system.

In some cases I have been under the necessity of suspending the use of this medicine, in consequence of its producing considerable irritation and distress in the system, accompanied with giddiness; but this effect has not often occurred.

6th. *Of Setons.*—This is a remedy which, although recommended by several very eminent practitioners, I have not as yet tried, as I have found few patients willing to submit to it; and also because I think, in general, except in very large and indurated cases, milder remedies succeed with as much certainty as the cases related to have been treated by seton warrant us in expecting from that remedy; I have therefore preferred the milder treatment: yet, in cases where the tumor is hard and prominent, and has resisted the effect of other remedies, I think it deserves a trial.

In one case which came under my care,

when the disease was but small, and confined to the middle lobe, an abscess accidentally formed in the cellular substance over the tumor, which had the effect of completely removing it. From analogy with this case, a beneficial effect might be expected even from the insertion of a seton through the cellular membrane, without penetrating the gland: this case is inserted in the Table.

7th. *Of Ligature of the Thyroid Arteries.*—Viewing this disease as originating from an increased supply of blood to the gland, the tying of the arteries which supply it would naturally lead one to expect to be the most effectual remedy that can be adopted for its cure; and if it could be always had recourse to with safety, it would be advisable to try it in all cases which are found to resist milder means. But as such an operation cannot, under the most favourable circumstances, be performed without considerable danger, I am of opinion it ought never to be had recourse to, except in cases where, from the large size of the tumor, danger is apprehended from its

interruption to respiration, and the return of blood from the head. In such cases, I think the operation justifiable; but from the general accelerated state of the circulation which mostly accompanies this disease, and the circumstance of the greater quantity of blood which is consequently carried to the brain in a given time, I think the operation would be attended with greater danger than the tying of other large vessels in cases of aneurism: and, as far as my information of the general result of the cases in which this operation has been tried, they support these conclusions; particularly the case operated on by Sir William Blizard.

8th. *The Excision of the Tumor.*—This is an operation which I think should on no occasion be attempted; as, although in some cases it might possibly succeed, yet as the chances against it are so great,—as the event of those operations performed by the French surgeons, and others on the Continent, so clearly prove,—I am of opinion, that, in such extreme cases, the ligature of the arteries should be tried in preference.

TABLE OF CASES.

Time of Admission.	Names.	Treatment.	Termination.	Time discharged.
1816.				
Oct. 12	Eliz. Watkins	Sp. ust. digit. & pres.	Cured	1817
Nov. 13	Ann Jones	Ditto	Ditto	July 15, 1818
Dec. 9	Susan George	Ditto	—	Irregular
1817.				
Jan. 15	Ann Knight	Ditto	Cured	May 3, 1817
Feb. 22	Martha James	Ditto	Ditto	Sept. 26, 1818
—	Elizabeth Phillips	Ditto	Relieved	Sept. 26, 1818
Mar. 5	Ann Williams	Ditto	—	Irregular
— 19	Martha Rogers	Ditto	—	Ditto
April 16	Jane Phillips	Ditto	—	Ditto
May 15	Hannah Weller	Ditto	—	Ditto
June 4	Maria Onion	Ditto	—	Ditto
July 12	Esther Biggs	Ditto	—	Ditto
— 16	Keziah Irons	Ditto	—	Ditto
— 30	James Biggs	Ditto	—	Ditto
Nov. 11	Martha Davies	Ditto	—	Ditto
1818.				
Feb. 2	Frances James	Ditto	Relieved	Sept. 26, 1818
— 9	John Thomas	Spong. ust. & press.	Cured	Aug. 29, 1818
— 1	Mary Thomas	Ditto & digitalis	Ditto	Ditto
— 16	Eliza Watkins	Ditto	—	Irregular
April 20	Elizabeth Thomas	Ditto	—	Ditto
May 23	Mary Gilbert	Ditto	Cured	October 1818
June 15	Margaret Hall	Ditto	Ditto	Oct. 6, 1819
July 4	Mary Bowen	Ditto	—	Irregular
— 25	Ann Montgomery	Ditto	—	Ditto
Sept. 12	Susan Davies	Ditto	Relieved	June 12, 1819
— 16	Margaret Edwards	Ditto	—	Irregular
— 18	Susan Jones	Ditto	Relieved	May 29, 1819
— 28	Elizabeth Ford	Ditto	—	Irregular
Oct. 31	Jane Morris	Ditto	—	Ditto
Nov. 1	Elizabeth Crewe	Ditto	Cured	July 7, 1819
— 11	George Carvor	Spong. ust. & pres.	Ditto	Feb. 8, 1819
— 23	Ann Jones	Ditto	Ditto	June 19, 1819
— 28	James Lewis	Ditto	Ditto	June 20, 1819
— 1	Hannah Watkins	Ditto	—	Irregular
— 30	Margaret Williams	Ditto	—	Ditto
—	Sarah Williams	Ditto	—	Ditto
Dec. 5	Ann Bevan	Ditto and digitalis	Cured	June 12, 1819
— 26	Ann Baynam	Ditto	Ditto	Feb. 9, 1820
1819.				
Jan. 25	Mary Major	Ditto	Ditto	May 27, 1820
March 13	James Price	Ditto	—	Irregular
—	Jane Watkins	Ditto	Cured	August 9, 1819
—	Eliz. Woodford	Ditto	—	Irregular
— 20	Susan Parry	Ditto	—	Ditto
— 23	Jane Watkins	Ditto	—	Ditto
April 19	Mary Morgan	Ditto	Cured	July 5, 1820
May 17	Sophia Cutt	Ditto	—	Irregular

TABLE OF CASES.—(Continued.)

Time of Admission.	Names.	Treatment.	Termination.	Time discharged.
1819.				
June 19	Elizabeth Dowding	Sp.ust. digit. & pres.	Cured	Irregular
July 5	Sarah Jordan	Ditto	Ditto	April 10, 1820
— 7	Amelia Jeffreys	Spong. ust. & pres.	Ditto	April 25, 1820
— 12	Ann Watkins	Ditto and digitalis	—	Irregular
— 19	William Willis	Spong. ust. & pres.	—	Ditto
August 9	Mary Moffat	Ditto	Relieved	Nov. 29, 1819
—	Thomas Davies	Ditto	—	Irregular
Nov. 6	Ann Morgan	Ditto	Cured	April 1, 1823
— 13	Elizabeth Watkins	Ditto	—	Irregular
— 20	Elizabeth Williams	Ditto	—	Ditto
1820.				
May 3	Mary Hall	Ditto	Relieved	Irregular
— 22	Sarah Morgan	Ditto	—	April 11, 1821
June 7	Elizabeth Lauwaen	Ditto	Cured	Nov. 27, 1820
— 17	Giles Jones	Ditto	Ditto	Mar. 31, 1821
— 19	Sarah Smith	Ditto	Ditto	Sept. 29, 1821
August 11	Ann Price	Ditto	—	Irregular
— 12	Sarah Beach	Ditto	Cured	Jan. 22, 1822
Nov. 18	Mary Whitby	Ditto	—	Sept. 29, 1821
1821.				
Feb. 3	Ann James	Ditto	Ditto	Irregular
March 3	Charlotte Blunt	Ditto	—	Dec. 15, 1821
April 18	Ann Prichard	Spong. usta	Relieved	April 26, 1823
June 2	Charles Edwards	Ditto	Cured	Irregular
— 18	Elizabeth George	Ditto	—	Ditto
—	Mary Jenkins	Ditto	—	Ditto
July 9	Ann Niblott	Ditto	Cured	Mar. 13, 1822
—	Jane Howells	Ditto	Ditto	Sept. 28, 1821
— 23	Ann Watkins	Ditto	Ditto	—
August 2	Lydia Prichard	Ditto	Ditto	Irregular
—	Elizabeth Foster	Ditto	—	Ditto
Oct. 13	Elizabeth Morgan	Ditto	—	June 22, 1820
—	Mary Morgan	Ditto	—	Aug. 16, 1820
— 17	Hannah Wheeler	Ditto and pressure	Relieved	Ditto
—	Mary Jones	Spong. usta	Cured	—
Nov. 10	Susan Jones	Ditto	Ditto	—
1822.				
Jan. 19	Sarah Bevan	Ditto	Ditto	Nov. 23, 1822
March 13	Mary Gunter	Ditto	—	Irregular

TABLE OF CASES.—(Continued.)

Time of Admission.	Names.	Age.	Description of Tumor.	Duration.	Treatment.	Termination.	Time Discharged.
1822.							
March 18	Richard Jones	5 years	—	—	Spong. ust. and pressure	Cured	31st Dec., 1823
— 18	Ann Evans	—	—	—	Spong. usta	Ditto	26th May, 1822
— 30	John Hopkins	19 years	Small and hard, middle lobe	10 years	Ditto and iodine	—	Irregular
April 15	Elizabeth Reynolds	—	—	10 years	Ditto	Cured	25th May, 1822
— 24	Susan Coburne	13 years	—	2 years	Ditto	Ditto	4th Nov., 1822
May 6	Margaret Bowden	10 years	Large	—	Ditto	Ditto	26th May, 1822
— 8	Mary Thomas	—	Small	—	Ditto	Ditto	
— 18	Jane Jenkins	22 years	Large	1 year	Ditto	Ditto	
— 29	Ann Jarrett	16 years	Ditto	10 years	Ditto	Ditto	
June 10	Eleanor Jeffreys	18 years	Ditto	6 years	Ditto	Ditto	
July 1	Elizabeth Pommy	45 years	Ditto	3 years	Ditto and pressure	Relieved	10th March, 1823
— 24	Maria Phillips	—	Middle-sized	Ditto	Spong. usta	—	Irregular
— 27	Mary Morgan	—	Small and hard, middle lobe	—	Spong. usta. An abscess formed in the cellular membrane, over the tumor, which being opened, the tumor soon disappeared	Cured	21st Sept., 1822
— 29	Ann Watkins	21 years	—	2 years	Spong. usta and iodine	—	Irregular
August 3	Elizabeth Williams	{ 15 yrs. }	—	{ 10 yrs. }	Ditto	—	Irregular
— 3	Frances Williams	{ 15 yrs. }	—	{ 4 yrs. }	Spong. usta	Cured	27th Jan., 1823
— 19	Elizabeth Thomas	24 years	Small	—	Spong. usta and iodine	Relieved	22d April, 1823
Sept. 21	Ann Edwards	—	—	—	—	—	—

TABLE OF CASES.—(Continued.)

Time of Admission.	Names.	Age.	Description of Tumor.	Duration.	Treatment.	Termination.	Time Discharged.
1822. Nov. 9	Hannah Weare	30 years	Middle-sized, three lobes	13 years	Spong. usta and iodine	Relieved	24th May, 1823
1823. March 25	George Price	—	—	—	Ditto	Cured	12th May, 1824
April 30	Jane Paul	—	—	—	Ditto	—	Irregular
May 14	Elizabeth Williams	—	Large and soft	—	Spong. usta	Cured	27th Aug., 1823
— 28	Sarah Harris	—	—	—	Ditto	—	Irregular
June 16	Elizabeth Jones	—	Hard, large, and irregular	—	Ditto and iodine	—	Ditto
August 9	George Watkins	—	Large	—	Ditto	Cured	19th April, 1824
— 23	Mary Roberts	—	Ditto	—	Ditto	—	Irregular
— 23	Margaret Jones	—	Large, four lobes	—	Ditto	—	Ditto
— 27	Elizabeth Merry	—	Large	—	Spong. usta	—	Ditto
Oct. 20	James Davies	10 years	Large and hard	—	Ditto and iodine	Cured	3d Nov., 1823
— 20	Mary Davies	—	Ditto	—	Ditto	—	Irregular
Nov. 10	Ann James	10 years	Large, both sides	—	Spong. usta	—	—
Dec. 6	Elizabeth Morgan	—	Small	—	Ditto	—	—
— 23	Margaret Gibbins	—	Ditto	—	Ditto	—	—
— 15	Louisa Roberts	—	Ditto	—	Ditto and iodine	—	—
1824. Jan. 26	Mary Ann Richards	—	—	—	Spong. usta	Cured	21st Feb., 1824
— 31	Ann Watkin	8 years	Large	—	Ditto	—	—
Feb. 12	Susan Woodcock	—	Middle-sized	—	Ditto	—	—
— 16	Susan Robinson	—	Large, both sides	6 years	Ditto	—	—
— 14	Ann Powell	14 years	Middle-sized, both sides	2 years	Spong. usta	—	—
— 25	Ann Williams	5 years	Ditto, middle lobe	—	Ditto	Relieved	7th June, 1824

TABLE OF CASES.—(Continued.)

Time of Admission.	Names.	Age.	Description of Tumor.	Duration.	Treatment.	Termination.	Time Discharged.
1824.							
March 1	Harriot Williams	—	Small and hard, middle lobe	—	Spong. usta and iodine		
— 6	Ann Webb	10 years	Small	—	Spong. usta	Cured	21st May, 1824
— 6	Amelia Symons	9 years	Ditto	—	Ditto		
— 6	Ann Price	8 years	Large	—	Ditto		
— 6	Susan Smith	13 years	Ditto	—	Ditto		
— 6	Elizabeth Williams	7 years	Ditto	—	Ditto		
— 6	Sarah Williams	10 years	Small	—	Ditto		
— 13	Harriot Trigg	14 years	Ditto	—	Ditto		
— 13	Elizabeth Davies	—	—	—	Ditto		
April 10	Elizabeth Cobourne	6 years	Large	—	Ditto	Cured	19th May, 1824
— 24	Martha Young	30 years	Small, right side	—	Ditto		
May 27	Margaret Walby	—	Middle-sized	—	Ditto		
— 29	Harriot Jones	—	Large	—	Ditto		
— 26	Dinah Reynolds	—	Small	—	Ditto		
July 16	Ann Jones	—	—	—	Ditto		
— 26	Elizabeth Evans	—	Large	—	Spong. usta	Cured	10th Aug., 1824
Aug. 11	Emma Gardener	14 years	—	—	Ditto	Ditto	13th Oct., 1824
Oct. 4	Ann Jones	8 years	{ Circulation but little altered, rather large }	—	{ Spong. usta liq. pot. } { hydriod. }	Ditto	31st Jan., 1825
— 30	Eleanor Jenkins	30 years	Large	Many years	{ Liq. pot. hydriod. et } { ung. pot. hyd. }	—	
Nov. 1	Ann Moxly	—	—	—	Spong. usta		
— 6	Mary Miles	22 years	Large	—	{ Liq. potass. hyd. } { spong. usta }		
— 6	John Kidly	—	Small	—	Spong. usta		

TABLE OF CASES.—(Continued.)

Time of Admission.	Names.	Age.	Description of Tumor.	Duration.	Treatment.	Termination.	Time Discharged.
1824. Nov. 6	Margaret Kidly	29 years	Very large	Many years	{ Spong. usta, ung. pot. } { hydriod. }		
— 24	Elizabeth Brady	18 years	Small	—	Spong. usta		
Dec. 18	Harriot Bingham	13 years	{ Large and hard, with } { slightly accelerated cir- } { culation }	6 months	Liq. pot. hyd. spong. usta		
1825. Jan. 1	Mary Lewis	—	Small and hard, middle lobe	—	Liq. potassa hydriodat.	Cured	2d Feb., 1825
— 7	Amelia Lewis	16 years	Middle-sized, and soft	—	Spong. usta		
— 19	Catharine Edwards	—	—	—	Ditto		
— 22	Ann Williams	17 years	{ Large, middle and right } { lobe, circulation throb- } { bing }	—	Ditto		
— 26	Ann Tomlins	16 years	{ Small and firm, circu- } { lation natural }	3 years	Liq. potass. hydriod.	Cured	2d March, 1825
Feb. 12	Elizabeth Hoskins	—	Large and soft, middle lobe	—	Spong. usta		
— 14	Caroline Powell	—	Small	—	Ditto		
— 16	Margaret Robins	—	Small and hard, right side	—	Liq. potassa hydriodat.		
— 28	Mary Lewis	17 years	{ Small and soft, circu- } { lation natural }	—	{ Liquor et ung. pot. } { hydriod. }		
March 9	John Williams	10 years	{ Small and rather hard, } { circulation throbbing }	—	{ Spong. usta, ung. pot. } { hydriod. }		
— 9	Hannah Jones	18 years	{ Very large and hard, cir- } { culation slightly quick- } { ened }	—	{ Spong. usta, iodine, } { ung. pot. hydriod. }		
— 26	Ann Beeby	18 years	{ Middle-sized and rather } { hard, circulation natural }	1 year	{ Liq. pot. hyd. et ung. } { pot. hydriod. }		

REMARKS.

It was not until lately that I first thought of publishing the above Table,—which will account for the very imperfect state in which it appears,—as it is simply the entries picked out from the dispensary books; and I have only been able to give the few descriptions there are, from some marks I occasionally made on the books, to assist my memory, and from recollection: but I still think that the result of the treatment of so many cases, with a tolerably accurate statement of the means employed, may be of some use, as it shews the termination, though not the progress, of the cases under such treatment.

It will be necessary also to mention, that the treatment of some of the cases has been commenced with one remedy, and the cure completed with another; but, generally, the successful remedy, or the last given, is the only one marked in the Table.

The dates likewise of the *time discharged* must not be taken as the exact period the disease was under treatment, as frequently the patients do not report themselves at the dispensary until weeks, and sometimes months, have elapsed after they have discontinued their attendance, and therefore only signify the dates of the time of their delivering in their papers. Many of the cases, also, marked *irregular*, have, to my certain knowledge, been completely cured; but, as they never reported themselves, they are discharged as irregular on the books, and as such are entered in the Table.

Finding the disadvantage attending the not keeping a more regular account of the cases, I shall in future have a book for the purpose, and therefore, on another occasion, may perhaps be able to offer a statement better worth attention.

PRACTICAL OBSERVATIONS

ON

INFLAMMATION OF THE MAMMA.

THE PRACTICE OF SURGERY

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BY JOHN HENRY COOPER, ESQ.

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INFLAMMATION OF THE MAMMA.

As inflammation and abscess of the mamma is so frequent a complaint amongst women during the time of suckling, any information that has the slightest tendency, either as a means of preventing, or advantageous in the treatment of it, cannot fail of being acceptable to medical men in general, but particularly to young practitioners; — I therefore trust the observations I am about to make may be found useful, by calling the attention of surgeons to a mode of treatment, in the early stages of the inflammation, which, although frequently adopted as an auxiliary, is seldom

depended on as a principal agent, and consequently not adequately applied,—I mean the diligent use of gentle friction over the whole mamma; and which, from frequent experience of its utility, when timely and judiciously employed, I am convinced is a most valuable remedy, and only wants to be more generally tried, to establish its superiority over most of the means usually had recourse to in such cases.

Before I enter into a full statement of my mode of employing it, and the other means required at the same time, I shall first offer a few remarks on the complaint itself, with a view to direct attention to certain causes which frequently give rise to it, and by early attention may be so far guarded against, as often to be the means of preventing this very painful and troublesome complaint.

It is a disease which most frequently occurs during the first three months after parturition, particularly during the first month; and I have mostly observed, that those women who, from a natural plethoric state of the system, have

an early flow of milk to the breasts, and generally accompanied with fever, are the subjects at that time the most liable to it.

When it occurs at a later period, the causes are not always assignable. It may arise from cold, from too great exertion, and moving the arms too much; from the pressure of tight clothes; and very often it arises from the practice, which is frequent with some women, of suckling almost entirely with one breast.

I have observed this in scrofulous subjects to be particularly liable to affect the gland; in which case the enlargement is generally irregular, and its progress slower.

When this inflammation makes its attack, in a subject where there is an early and rapid flow of milk to the breasts, as I have above stated, the breast affected is frequently enlarged to an enormous size; the sympathetic fever runs very high, and severe pains are felt through the breast. If the progress of it is not checked by active remedies, considerable tumefaction takes place in one or more parts; the skin changes its natural colour, and

becomes red, sometimes in large irregular patches; and this has happened even in both breasts.

When this occurs, suppuration will seldom be prevented; and as in these rapid cases, the suppuration is mostly confined to the cellular membrane, and which breaking, either in one or often in several places, the glandular enlargement generally subsides.

If the gland of the breast is the principal seat of the inflammation, the enlargement is more irregular and hard, and attended with severe and deep pain,—the secretion of the milk is suspended or altered, and mixed with blood,—and the symptomatic fever is more severe.

As it is my principal object to endeavour to point out a mode of treatment calculated, in most cases, when early employed, to arrest the progress of this inflammation, I shall revert to some further observations on its early stages.

It not unfrequently happens that, from excoriations and sores about the nipples, the act of suckling becomes so painful, that the child

is not applied sufficiently often to prevent the breasts from over-distension, and which then becomes a cause of inflammation and its consequences: the treatment of these affections, therefore, becomes an object of attention as a preventive means.

Some women have naturally more tender nipples than others; and frequently they are made so from the pressure of their dress, which makes them flat, and they give way on being drawn out during the act of suckling, and they then frequently bleed very much: sometimes there are superficial ulcers in addition to the cracks. The most useful application which I have tried is the bals. peruv. mixed with any simple ointment, applied to the part two or three times a day, at the same time defending the nipple from the pressure and irritation of the clothes by means of a little cup made of wax, or a proper glass; and with this attention the part is in general healed. When the cracks appear disposed to fill up, touching them gently with the argent. nitrat. has a good effect; and to the little ulcerations,

the application of a solution of the argent. nitrat. is often of great service, in changing their action, and disposing them to heal: but while the child continues to irritate the nipple by sucking, it will frequently be almost impossible to heal it. In such cases, the artificial teat should always be used.

As it sometimes happens that inflammation of the mamma is preceded or ushered in by febrile symptoms, attended by rigors, pain in the head and back, thirst, and quick, full pulse,—in which case there seems to be indicated a considerable inflammatory state of the system,—I deem it advisable to commence the treatment by taking away a quantity of blood, in proportion to the urgency of the symptoms, followed by an active aperient of calomel, and infusion of senna with salts; and desire the patient to remain in bed, to have the breast suspended by a proper bandage, and the milk gently drawn from it occasionally, to diminish tension and relieve the vessels: subsequently to which, I direct a nurse to rub the whole mamma, constantly and gently,

with the flat of three fingers, moistened with a little warm olive oil, for half an hour, which seldom fails to relieve the tension, and must be repeated as often as it returns. If, after this treatment, the fever and pain still continues on the following day, and the inflammation unabated, I direct ten or twelve leeches to be applied to the part, three or four near the nipple, and the remainder round the base of the breast, and encourage the bleeding by fomenting with warm water.

The leeches, applied in this way, do not interfere with the diligent use of the friction: in addition to which treatment, I give internally a mixture composed of *infus. rosæ*, *magnes. sulph.* and *liq. antim. tart.* In general, by this plan, on the third day the inflammation begins to subside; but if, however, that effect should not so soon appear to be taking place, I persevere in the same treatment as long as no decided symptom of suppuration makes its appearance, by diligently employing the friction, and repeating the leeches as often as circumstances seem to indicate its being necessary;

taking care to procure, by the use of the mixture above stated, at least four watery evacuations in twenty-four hours, and keeping the patient on an abstemious diet, corresponding to the state of the system.

This treatment will, in general, succeed in overcoming the inflammation in four or five days; but the friction should be continued until every appearance of fulness and hardness is entirely removed, and the breast regularly and gently drawn: the suspensory bandage should also not be left off. The bowels must be attended to, so that at least two evacuations are procured every day by the same mixture, with the acid. sulph. dilut., in lieu of the liq. antim. tart.

Should it, however, unfortunately happen that this means fails to arrest the progress of the inflammation, and suppuration takes place, indicated by a throbbing pain in the part, and an œdematous feeling of the integuments, means must then be had recourse to which favour the bursting of the abscess; such as, warm poultices of linseed, and fomentations of poppies, and chamomile decoction. In no case

ought the abscess to be opened by a lancet, but allowed to break of itself; by which means a sufficient opening always takes place to admit of the complete discharge of the matter, and sometimes in one, and often in two or three places. The discharge mostly consists of pure pus; sometimes mixed with milk, at others it is grumous; and is most commonly followed by the separation of a slough, and until which takes place the poultice should be continued; afterwards, common dressings, and the breast supported. When granulations begin to form, adhesive stripes should be applied. If, as sometimes is the case, sinuses form, they must be laid open.

When the collection and discharge of matter has been considerable, and the tone of the system appears to have suffered, it ought to be supported by means of bark, with the vitriolic acid.

When the inflammation and suppuration has been confined to the cellular membrane, the secretion of the milk is generally restored

during the healing of the abscess, and the child may again be allowed to suckle from that breast: but when the substance of the gland has been affected, the event is not always so favourable, and frequently it never recovers its secreting function. In some instances irregular indurations remain, which have been known, after a certain period of life, in particular constitutions, to become the foundation of more serious disease.

In the early stages of the indurations which are left after the healing of the abscesses, the use of friction, in the manner I have directed, is the most effectual means of reducing them, assisted by giving a proper degree of support to the breast, by a bandage carried over the shoulder, to prevent the effect of its pendulous tendency.

However trifling and insignificant these directions may at first sight appear, which I have given in recommendation of the utility of friction in the early stages of this complaint, I am sure, from repeated trials of its utility,

that, if steadily persevered in, before the inflammation has gone too far, and assisted by the frequent application of leeches, and the other means I have directed, but few instances will occur, unless in very unfavourable constitutions, where suppuration and its consequences will not be entirely prevented, both in such cases where the inflammation is confined to the cellular membrane, and in the more deep affections of the gland itself; but in the latter case, as the progress of it is not in general so rapid, so does the remedy require to be longer persevered in: and cases have occurred in my practice, where success followed a perseverance in it, after the continuance of the inflammation for nearly a fortnight.

In some cases of inflammation of the gland, the inflammation appears to extend along the tubuli lactiferi, in which cases so much pain is occasioned in having the breast drawn, that it is quite insupportable. Here, in addition to the friction, warm emollient fomentations should be frequently used; and in order to combine

their effects, a fomentation composed of a weak solution of mild soap, in warm soft water, will answer the purpose with great advantage, as its saponaceous quality affords great facility to the employment of the friction, which, in this way, can be used at the time of fomenting.

When, in these cases, suppuration takes place notwithstanding our exertions, or if we are called in too late, one or more of the tubuli lactiferi frequently burst into the abscess; in which cases milk will be discharged with the matter: and I have sometimes known it occasion a longer time in healing the wound, as the milk would continue to be discharged that way for some time, and appear to be the only cause of retarding the healing process.

From these observations it will be found, that I have altogether neglected the recommendation of cold applications; and it is one of the advantages which I consider as belonging to the treatment by friction, that it deserves, in my opinion, a decided preference over such applications, and allows of doing without a

remedy, which in every case is much disliked by the patient, and at the same time very uncertain in its effect, and not well adapted to the treatment of the complaint.

THE END.

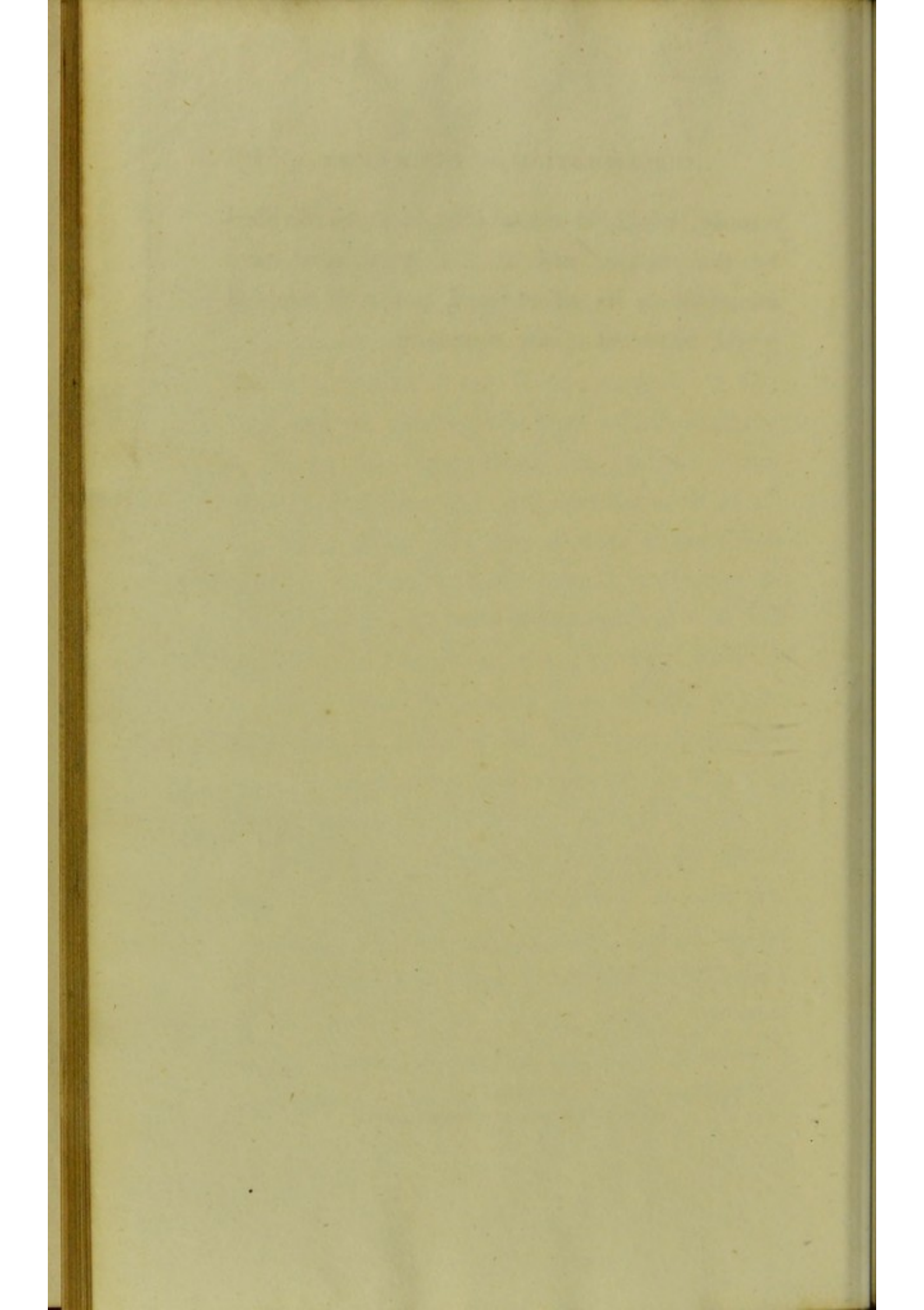
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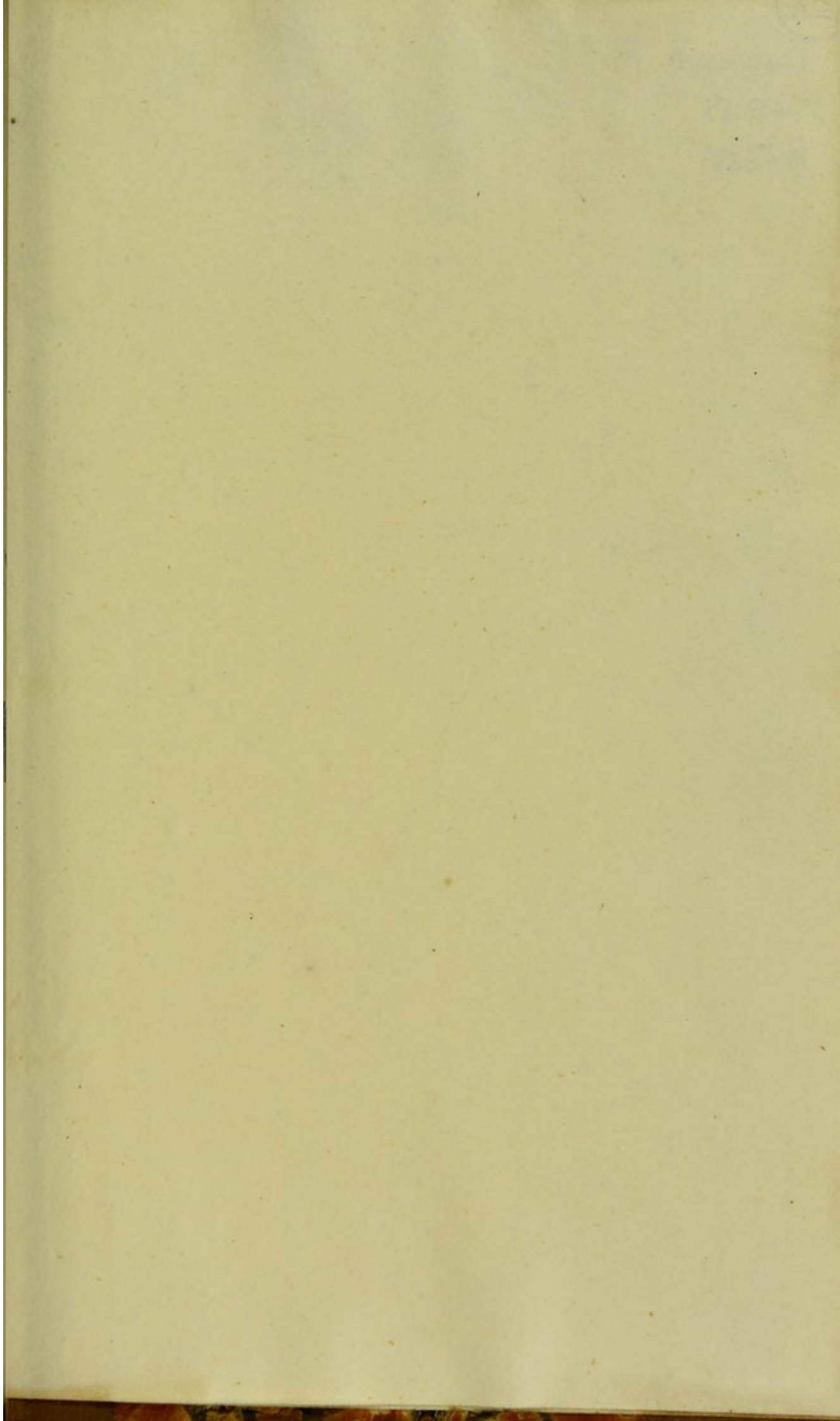
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