Remarks on the surgical practice of Paris : illustratd by cases / by W.O. Markham.

Granby B Cooper
1848.

PUBLISHED BY S. HIGHLEY, 32, FLEET STREET.

PHILLIPS'S PHARMACOPŒIA.

A Translation of the Pharmacopœia Collegii Regalis Medicorum Londinensis, MDCCCXXXVI, with copious Notes and Illustrations; also a Table of Chemical Equivalents.

By Richard Phillips, F.R.S., L. and E. Third Edition, Corrected and Improved. 8vo. Price 10s. 6d. Cloth lettered.

LAENNEC'S MANUAL OF AUSCULTATION.

A Manual of Percussion and Auscultation, composed from the French of Meriedec Laennec.

By J. B. Sharpe. 18mo. Second Edition, Improved and Enlarged. Price 3s.

"You will find it of great use to have this book, when you are at the patient's bedside. Laennec's work is too large to be studied during the winter, when you are attending hospital practice, and have so many other engagements; but this little book will be extremely useful, while you are learning how to use the ear, and may be carried in the pocket." *Dr. Elliotson's Lectures, (Lancet).*

SMELLIE'S OBSTETRIC PLATES.

Exhibiting, in a Series of Engravings, the Process of Delivery, with and without the Use of Instruments, and forming A SUITABLE ATLAS TO BURNS's MIDWIFERY, and other Treatises requiring Plates.

Price 5s. in cloth boards; or, with Burns's Midwifery in One Volume, cloth lettered, £1 1s.

"Judiciously selected, and ably executed."—*Medico-Chirurgical Review.*

STOWE'S TOXICOLOGICAL CHART.

A Toxicological Chart, exhibiting at one view the Symptoms, Treatment, and Mode of Detecting the various Poisons, Mineral, Vegetable, and Animal; to which are added, Concise Directions for the Treatment of Suspended Animation.

By William Stowe, Member of the Royal College of Surgeons.

Ninth Edition. 2s. Varnished and mounted on cloth with roller, 6s.

"We have placed the Chart in our own Library, and we think that no medical practitioner should be without it. It should be hung up in the shops of all chemists and druggists, as well as in the dispensaries and surgeries of all general practitioners."—*Medico-Chirurgical Review.*

JOHNSTON'S ZOOPHYTES.

A HISTORY OF BRITISH ZOOPHYTES;

By George Johnston, M.D. &c.

The object of the Work is to describe *every* variety of this interesting species of Animal, ascertained to inhabit the British Islands. The First Part of the Volume is devoted to the History of Zoophytology, and to details on the structure, physiology, and classification of Zoophytes; and the Second contains the description of the Species.

Octavo, cloth, with forty Plates, and nearly 100 Wood-cuts. Price £1 10s.

"At length the subject has been taken up in a worthy manner by Dr. Johnston in the volume before us, and the student may now pursue his researches with a safe and ample manual to guide him. The plates and cuts are admirable, and need no comment."—*Annals of Natural History.*

"Dr. Johnston has done a great service to the Fauna of Britain by the publication of this valuable volume."—*Jameson's Journal.*

"One of the most elegant and interesting works on Natural History which has issued from the press."—*Leeds Mercury*

In the Press, uniform with the above,

A History of the British Sponges and Corallines.

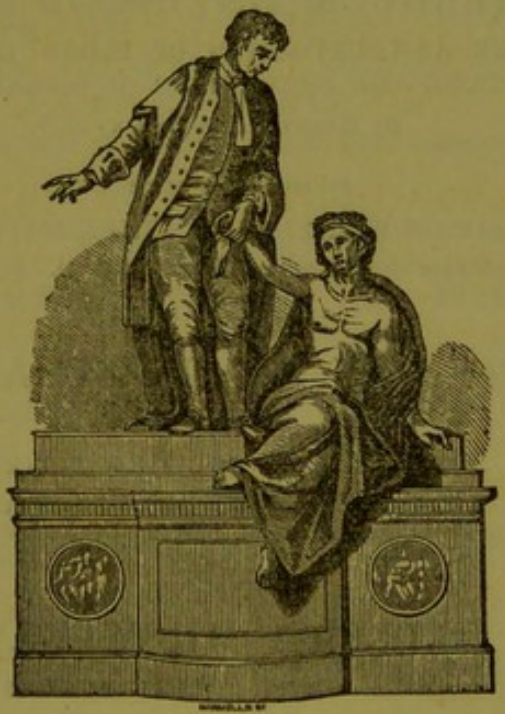
PUBLISHED BY S. HIGHLEY, 32, FLEET STREET.

Illustrated by numerous Plates, Price Six Shillings,

GUY'S HOSPITAL REPORTS.

No. XI. — OCTOBER, 1840.

Edited by GEORGE H. BARLOW, M.A. and L.M., Trinity Coll., Cambridge, and JAMES P. BABINGTON, M.A. Trinity Coll., Cambridge.



CONTENTS:

PUBLISHED BY S. HIGHLEY, 32, FLEET STREET.

TRIFLES FROM MY PORTFOLIO;

Or, Recollections of Scenes and Small Adventures during 29 Years' Military Service in the Peninsular War and Invasion of France—the East Indies — Campaign in Nepaul—St. Helena during the detention and until the death of Napoleon—and Upper and Lower Canada.

By a Staff-Surgeon 2 vols. 8vo. 20s.

MACFARLANE'S CLINICAL REPORTS.

CLINICAL REPORTS OF THE SURGICAL PRACTICE OF THE GLASGOW ROYAL INFIRMARY.

By JOHN MACFARLANE, M.D., Senior Surgeon to the Royal Infirmary. 8vo. Price 7s.

DIEFFENBACH ON THE RESTORATION OF THE NOSE.

Surgical Observations on the Restoration of the Nose, and on the Removal of Polypi and other Tumours from the Nostrils. Translated from the German of Dieffenbach. With the History and Physiology of Rhinoplastic Operations. Notes, &c. By J. S. BUSHNAN, M.D., 8vo With 26 Plates. Price 12s.

THOMAS'S PRACTICE OF PHYSIC.

THE MODERN PRACTICE OF PHYSIC: Exhibiting the Character, Causes, Symptoms Prognostics, Morbid Appearances, and Improved Method of Treating the Diseases of all Climates By R. THOMAS, M.D. 10th Edition, Revised and considerably Enlarged. One thick Volume 8vo. Price 18s. boards.

PHILOSOPHY IN SPORT MADE SCIENCE IN EARNEST.

Being an attempt to illustrate the First Principles of Natural Philosophy by the aid of Popular Toys and Sports. Foolscap 8vo. 4th Edition. Price 10s. 6d. With numerous Illustrations.

HILL ON LUNATIC ASYLUMS.

TOTAL ABOLITION OF PERSONAL RESTRAINT IN THE TREATMENT OF THE INSANE.

A Lecture on the Management of Lunatic Asylums and the Treatment of the Insane; with Statistical Tables, showing the complete Practicability of the System advocated.

By R. G. HILL, House-Surgeon of the Lincoln Lunatic Asylum. Royal 8vo. Price 6s.

UNDERWOOD ON THE DISEASES OF CHILDREN.

A TREATISE ON THE DISEASES OF CHILDREN.

With Directions for the Management of Infants.

Ninth Edition. With Additions, by DR. MARSHALL HALL. 8vo. Price 15s.

PUBLISHED BY S. HIGHLEY, 32, FLEET STREET.

SPURZHEIM'S WORKS ON PHRENOLOGY, &c.

THE ANATOMY OF THE BRAIN. 8vo, Plates. Price 14s. APPENDIX to Ditto, 3s. 6d.
PHRENOLOGY IN CONNECTION WITH PHYSIOGNOMY. Royal 8vo. Plates. £1 2s.
PHILOSOPHICAL PRINCIPLES OF PHRENOLOGY. 8vo. 7s.
PHRENOLOGY, OR THE DOCTRINE OF THE MIND, and of the Relations between its Manifestations and the Body. 8vo. Plates. 16s.
SKETCH OF THE NATURAL LAWS OF MAN. 12mo. 6s.
OUTLINES OF PHRENOLOGY. 12mo. 2s. 6d.
OBSERVATIONS ON INSANITY. Plates. Royal 8vo. 10s. 6d.
ELEMENTARY PRINCIPLES OF EDUCATION. 8vo. 7s.

BLAINE'S VETERINARY ART.

THE OUTLINES OF THE VETERINARY ART; or, a Treatise on the Anatomy, Physiology, and Curative Treatment of the Diseases of the Horse, and subordinately, of those of Neat Cattle and Sheep.

By D. P. Blaine, Fourth Edition. With Surgical and Anatomical Plates. 8vo. Price £1 4s.

ANATOMICAL SKETCHES AND DIAGRAMS.

By Thomas Wormald and A. M. McWhinnie, Teachers of Practical Anatomy at St. Bartholomew's Hospital. 4to Price 4s. each Part.

The Three Parts now published are intended to illustrate the greater part of the course and distribution of the whole of the Cerebral Nerves, and the various important regions of the front of the Neck, in the order most convenient for their examination. The Series will be completed in about Six Parts, embracing the more intricate parts of Anatomy.

FLOOD ON THE ARTERIES.

Illustrated by many Wood-cuts and Plate.

THE SURGICAL ANATOMY OF THE ARTERIES minutely given, and especially arranged for the Dissecting Room, together with the Descriptive Anatomy of the Heart, and the Physiology of the Circulation in Man and Inferior Animals.

By Valentine Flood, A.M., M.D.,

Lecturer on Anatomy and Operative Surgery in the North London School of Medicine.

12mo. Cloth lettered. Price 7s.

DR. KNOX'S ANATOMICAL ENGRAVINGS.

A Series of Engravings descriptive of the Anatomy of the Human Body. Engraved by Edward Mitchell.

The Bones.	From Sue and Albinus.	4to. cloth, 19s.
The Ligaments.	From the Caldanis.	4to. cloth, 12s.
The Muscles.	From Cloquet.	4to. cloth, 1*l.* 5s.
The Arteries.	From Tiedemann.	4to. cloth, 2*l.*
The Nerves.	From Scarpa.	4to. cloth, 1*l.* 12s.

"We have examined the illustrative plates which have accompanied these publications; and we have in consequence arrived at the conclusion, that Dr. Knox and Mr. Mitchell have effected that which the student of Anatomy has so long desired. We have now a work which every tyro in the science may study with advantage, and every practitioner derive improvement from."—*Johnson's Medico-Chirurgical Review.*

PUBLISHED BY S. HIGHLEY, 32, FLEET STREET.

GRAINGER'S GENERAL ANATOMY.

ELEMENTS OF GENERAL ANATOMY,

Containing an Outline of the Organization of the Human Body.

By R. D. GRAINGER, Lecturer on Anatomy and Physiology. 8vo. Price 14s.

"Of this junction of Anatomy and Physiology we highly approve; it renders both sciences more interesting to the student, and fixes the principles more firmly in his memory.

"We may state, without hesitation, that Mr. Grainger has displayed great ability in the execution of his task, and that his 'ELEMENTS OF GENERAL ANATOMY,' will long maintain the first rank among works of a similar description."—*Lancet.*

"Mr. Grainger is well known to the profession as one of the most distinguished anatomical teachers of the day, and therefore eminently qualified as a writer on that branch of science to which he has devoted himself."—"Mr. Grainger has produced the most complete British system of Physiology: his style is good, his language clear and concise, and his information the most extensive hitherto published in this country."—*London Medical and Surgical Journal.*

GRAINGER ON THE SPINAL CORD.

OBSERVATIONS on the STRUCTURE and FUNCTIONS of the SPINAL CORD.

By R. D. GRAINGER. 8vo. Price 7s.

PORTRAIT OF R. D. GRAINGER, ESQ.

Engraved by LUPTON, from a Painting by WAGEMAN. Price 10s. 6d.

JARDINE AND SELBY'S ORNITHOLOGY.

ILLUSTRATIONS OF ORNITHOLOGY, by Sir W. JARDINE, Bart., and P. J. SELBY, Esq.

In Numbers, Royal 4to. Price 6s. 6d. Imperial 4to. Price 12s. 6d. Containing Six coloured Plates of new and interesting Species, with copious Descriptions. Seven Numbers are now published.

GUY'S HOSPITAL REPORTS.

Edited by GEORGE H. BARLOW, M.A and L.M., Trin. Coll., Cam., and JAMES P. BABINGTON, M.A, Trin. Coll., Cam.

Volumes I. to V., for the respective Years, 1836, 1837, 1838, 1839, 1840. Price 13s. each, in cloth.

A Half Volume is published in April and October of each year.

FOX ON CHLOROSIS.

OBSERVATIONS ON THE DISORDER OF THE GENERAL HEALTH OF FEMALES, CALLED CHLOROSIS. Showing the True Cause to be entirely independent of peculiarities of Sex.

By SAMUEL FOX. 8vo. Price 6s.

JUDD ON THE VENEREAL.

A PRACTICAL TREATISE ON URETHRITIS AND SYPHILIS:

Including a variety of Examples, Experiments, Remedies, Cures, and a New Nosological Classification of the various Venereal Eruptions; illustrated by numerous coloured Plates.

By WILLIAM H. JUDD, Surgeon in the Fusilier Guards. 8vo. Price 25s.

VALUABLE MEDICAL WORKS

NOW OFFERED AT

VERY REDUCED PRICES,

BY S. HIGHLEY, 32, FLEET STREET, LONDON.

BATEMAN AND WILLAN'S ILLUSTRATIONS OF CUTANEOUS DISEASES. 72 Plates, carefully coloured. 4to. Half-bound Morocco. £5 5s. published at £12 12s.

BELL'S (SIR CHARLES) ILLUSTRATIONS OF THE GREAT OPERATIONS OF SURGERY. Folio. Coloured Plates. Half-bound Morocco.

£1 11s. 6d. published at £5 5s.

BELL'S ANATOMY AND PHYSIOLOGY OF THE HUMAN BODY. 3 Vols. 8vo. With Plates. £1 6s. published at £2 12s. 6d.

ANATOMICO-CHIRURGICAL VIEWS OF THE NOSE, MOUTH, LARYNX, AND FAUCES. Consisting of Four highly-finished Plates, the size of Nature, with Explanations and References, and an Anatomical Description of the Parts. By W. LAWRENCE, Esq., F.R.S., Surgeon to St. Bartholomew's Hospital. Folio. 10s. 6d. plain; £1 1s. beautifully coloured. Published at £1 1s. plain; £2 2s. coloured.

ANATOMICO-CHIRURGICAL VIEWS OF THE MALE AND FEMALE PELVIS. Drawn and Engraved by GEO. LEWIS. Consisting of Eight finished Engravings, the size of Nature; with Outlines, representing Front Views of the Male and Female Pelvis, in which the bones are seen in their natural connexion with the principal Ligaments — External Organs of Generation in the Female, and superficial and deeper-seated Views of the Muscles of the Male and Female Perineum and Anus—Lateral Views of the Male and Female Pelvic Viscera, in their natural situations, &c.

Folio, 10s. 6d. plain; coloured, £1 1s. Published at £1 1s. plain; coloured, £2 12s. 6d.

☞ The subjects were selected by Mr. Lawrence, who superintended the Dissections, most of which he executed himself, and furnished the Descriptions and Explanatory References.

VIEWS OF THE MUSCLES OF THE HUMAN BODY. Drawn from Nature, and Engraved by GEO. LEWIS. Accompanied by suitable References; designed as a Guide to the Student of Anatomy, and a Book of Reference for the Medical Practitioner.

4to. 18 plates. 10s. Published at £1 11s. 6d.

☞ "The Author's confidence in the utility of the Work has been strengthened by the encouraging approbation and sanction of some gentlemen, whose anatomical experience and knowledge add weight to their opinion on such a subject: of these he is allowed to mention the names of Mr. Lawrence and Mr. Stanley, of St. Bartholomew's Hospital."—*Preface.*

DR. BAILLIE'S MORBID ANATOMY of some of the most important parts of the Human Body. 12mo. 4s. published at 7s.

RICHERAND'S ELEMENTS OF PHYSIOLOGY. Translated from the French. With Notes and copious Appendix. By Dr. J. COPLAND, Author of "The Dictionary of Practical Medicine." Second Edition, 8vo. 10s. published at 18s.

REMARKS

ON THE

SURGICAL PRACTICE OF PARIS.

Illustrated by Cases.

BEING A THESIS, TO WHICH A GOLD MEDAL WAS ASSIGNED BY THE SENATUS ACADEMICUS OF THE EDINBURGH UNIVERSITY AT THE GRADUATION OF 1840.

BY

W. O. MARKHAM, M.D.

LONDON:
SAMUEL HIGHLEY, 32, FLEET STREET.
M^cLACHLAN AND STEWART, EDINBURGH; AND
HODGES AND SMITH, DUBLIN.

1840.

LONDON:

H. W. MARTIN, AND CO., PRINTERS, 13, BARTLETT'S BUILDINGS.

TO

THOMAS SHORTT, M. D.

PHYSICIAN OF THE ROYAL INFIRMARY OF EDINBURGH, FELLOW OF THE COLLEGE OF PHYSICIANS, ETC. ETC.

My Dear Sir,

I have taken the liberty of affixing your name to the following pages; not that I consider them worthy of the honour which may attach itself to them on that account; but merely as a token of remembrance and gratitude for the great kindnesses which I have received from you, and for the many opportunities you have afforded me in the furtherance of my medical studies.

I have the honour to be,

Dear Sir,

Your very obliged Servant,

W. O. MARKHAM.

NOTICE.

The following pages were written, without the slightest idea ever crossing the writer's mind, of their being destined to come before the public; for the honour, which has been bestowed on them was as unexpected as it was flattering. In producing them, then, it is hoped that much apology will be admitted, and that the writer may draw largely on the kindness of his readers, for he is well aware, that for many reasons, he must be but an imperfect critic—a character at all times most difficult to support justly—and often, perhaps, though certainly unwittingly, an erroneous one—of the things which he has attempted to pass under review.

It would be absurd diffidence, on his part, to suppose, that they are not worthy of some attention, for it would be arraigning the decision of that high court, at whose tribunal they have been judged, to assume the contrary; and as he has everywhere stated freely, decidedly, and to the best of his ability, his opinions on what he heard and saw, lest they may seem in any degree presumptuous, he begs it may be remembered, that they are only the sentiments of one, who has neither years nor experience to entitle them to more than a moderate degree of notice.

The idea of making any comparison between the merits of the Surgery of Paris and of England, never entered the writer's thoughts; and, he confesses freely, that a just and comprehensive decision of this question cannot, with propriety, be drawn from such an imperfect sketch as the following. He is led to make this observation, from remarks which he has already heard fall from those who have perused the manuscript. An attempt to decide such a question cannot but be a task of difficult accomplishment, and one much beyond the writer's powers, and for the obvious reasons, that a lengthened residence in Paris, a discriminating observation, and an impartial and long practised eye, are absolutely necessary for the purpose, qualifications to which he cannot lay claim. Perhaps it might be lawful to doubt if the question ever could be fairly decided by an Englishman. There must be a brighter side in every view; and it is not impossible that the writer may have been, in some instances, only busying himself with the more sombre tints of the picture, or may have made even these darker than true justice demanded, and, at another time, introduced a shadow, where a light should have been found. In plain English, he begs his readers to remember, always, that this is, at best, but a partial view of the matter, written desultorily, without any distinct purport, and during the residence of only a few months in Paris.

These obervations are due, for the sake of those

French gentlemen, whose names will be often met with, in the following pages; for the remarks hazarded therein may occasionally seem too severe, perhaps, not warranted *in fact*. To have attempted to alter such expressions, would have been to have written another thesis, and, what is still more out of the question, to have sacrificed his (the writer's) private opinions; his wish is, that those opinions should stand but that they should be taken for no more than they are worth, and to caution the reader against founding his opinion of the whole structure of modern French surgery, from this small specimen of the edifice, presented to his notice.

REMARKS

ON THE

SURGICAL PRACTICE OF PARIS.

Erysipelas prevails to a great extent in all the hospitals of Paris at all seasons of the year, but at intervals it rages with peculiar severity, attacking every even the slightest wound. The situation of an hospital seems not to afford sufficient cause for its occurrence; for during this winter (1839-40) it appeared in several at the same time, and indeed for many weeks bore the character of an epidemic in the different hospitals; and not only in the hospitals, for it was observed by M. Blandin, that at the same moment, and in an equal manner, it was attacking his private patients, subjects of operation.* It is impossible to assign as a cause the great heat which is always maintained in the wards here, and the very faulty ventilation — for these circumstances always equally prevail; whether the season of the year may produce any effect, is not clear, but it was prevailing most particularly last year in the Edinburgh Infir-

* A similar observation was noted by Mr. Syme, in Edinburgh, during the winter 1838-9.

mary, during the same months that it was most violent in Paris during the present year 1840, namely, in February and March.

During these months, in M. Blandin's wards, at the Hôtel Dieu, an attack of erysipelas followed every operation, even the simple puncture of a lancet: and, as no operation was ever delayed through fear of its occurrence, the observation was the more evident. And a remarkable circumstance was notable at this same time, viz., the number of patients attacked with phlebitis consequent on bleeding: four or five cases occurred to M. Blandin; and M. Lisfranc published three cases at the same time.* There can be little doubt that all these were merely cases of what M. Velpeau calls "external phlebitis," and not of pure phlebitis, as M. Lisfranc thought, and published,† as having cured by the application of leeches *above* the inflamed part. Cure of true internal phlebitis is very rare; and most surgeons, I believe, consider it a mortal disease. It is difficult, moreover, to imagine how the application of leeches to the axilla, could prevent pus, formed at the bend of the arm, in the internal coat of a vein, from being conveyed into the system. Perhaps the occurrence of this external phlebitis and erysipelas at the same moment may justify us in viewing some analogy, if not a strict one, between these two affections. One might be inclined to attribute the fact of this inflammation of the vein, and apparently with some justice,

* This same external phlebitis was very common at the same time in M. Velpeau's wards at La Charité.

† In the Gazette des Hôpitaux.

to the want of care which is so often exhibited, as to the cleanliness of the lancet employed, and as to the means used to wash the arm after the operation; but this could not be always the cause, for inflammation followed when lancets were employed that had never been used before.*

Any one who has been accustomed to observe the strictness maintained in most English hospitals, to prevent the possibility of any contagious matter being conveyed from one patient to another, through the means of sponges, &c., would be not a little surprised to find the utter disregard which prevails here (at Paris) as to this circumstance: the same sponge which cleans a bubo or a chancre at one bed is carelessly rinsed, and then employed to dress a stump at the next, and in the same manner makes the circuit of the ward. I could never see that sponge squeezed upon a wound, without thinking of the opening of Pandora's box; and I cannot but feel persuaded that I have seen many inflammations, and their severe consequences, which have had at least a very probable origin in this promiscuous intercourse of the sponge.

I said before that M. Blandin never delayed any operation in consequence of the greater prevalence than usual of erysipelas in his wards; and this circumstance must be referred, I apprehend, in some degree to the great confidence which this gentleman has in his mode of combating the disease. He considers erysipelas as an inflammation consisting of two elements—inflammation of the lymphatics, and in-

* A precaution taken particularly by M. Blandin for the very purpose of illustrating this fact.

flammation of the skin; and avers, that the former invariably precedes the latter, and that, when the inflammation of the skin is apparent, the disease has already made much progress. Upon these ideas his treatment is entirely based; and when the constitutional symptoms, as rigors, vomitings, nausea, &c., indicate an attack of erysipelas, M. B. invariably prescribes the application of leeches in great number, in the neigbourhood or course of the lymphatics, *between* the wound, or part affected, and the trunk: thus, in an injury of the foot, leg, or thigh, the leeches are applied to the groin—of the arm, to the axilla—in threatened erysipelas of the head, to the region of the cervical glands—in a wound of the chest, or, after excision of the mamma, to the axillary and cervical glands—in wounds near the anus, to the groin. Of the efficacy and propriety of this treatment, a great many cases, which I witnessed, seemed to bear evidence. But it also appeared to me, that the very high faith which M. B. reposes in it makes him carry it too far, and use it too exclusively: it seemed sometimes difficult to say, if extensive sloughings, gangrene, and even death of the patient, were not as much to be attributed to the continued application of leeches, loss of blood, and consequent enfeebling of his system, as to the intimate nature of the disease itself; and it is not difficult to conceive, how prejudicial must be this treatment in old, worn constitutions, in individuals enfeebled by disease, or whose powers are prostrated by loss of blood, consequent on operations. Another objection to this treatment is, that it often induces the very ill it is meant to combat: thus, in a case of erysipelas of the hand and wrist, arising after extraction of the meta-

carpal bone of the thumb, I have seen violent inflammation follow the application of leeches, along the course of the absorbents in the arm, and axilla, and this inflammation has spread to the trunk, and produced death,—at the same time every trace of erysipelas disappearing from the hand and wrist.

I could not feel convinced, also, that inflammation of the lymphatics precedes always that of the skin, for I did not see it demonstrated clearly. This treatment M. B. insists upon most particulary; but I cannot say that it was more successful than many other methods employed, as anointing the part, by M. Velpeau, &c. *

Phlegmonous Erysipelas, M. Velpeau says, is a special inflammation, mortifying tissues with a marked rapidity, when compared with other inflammations. Numbers of observations prove, that this inflammation derives its peculiarities from the nature of the tissues it attacks. It arises under a crowd of different circumstances, after a wound or an inflammation, or after an ordinary erysipelas, passing to the depth of the skin, after anthrax, or furoncle, after operations, after all kinds of wounds, amputations, pricks, &c.

In a punctured wound of the fore arm, passing deeply through the different structures, the point most readily disposed to inflame is the cellular tissue between the aponeurosis and the skin, and this, from the nature of its structure. Beneath the aponeurosis, the contractions of the muscles act as a resolutive, and tend to prevent effusion. Moreover, a

* Dessault, in the same Hôtel Dieu, used to extol as highly the effects of tartar emetic in erysipelas, and deprecated bleedings as highly *injurious*.

cause of irritation beneath the aponeurosis may cause inflammation above it, in the cellular tissue; so that, every thing that irritates, directly or indirectly, may induce diffuse inflammation. But why does this so often cause gangrene, while common inflammation so seldom does? (Some say *never*, but this is an error.) In common phlegmon, the lamina around are hypertrophied; there are congestion, exhalation, and a circumscribed purulent deposit; but in phlegmonous erysipelas, there is exhalation, without any circumscribing of parts; the vessels are compressed, the parts are deprived of blood, and lose their vitality. There is no reason to invoke a specific cause, the nature of the tissues explains the inflammation; all ages, and both sexes are equally subject to it, and all temperaments; it is very dangerous in old subjects, for in them the skin soon dies. This phlegmonous erysipelas may be also caused by internal local maladies, as an incontinence of urine, causing irritation and inflammation around the penis. It may have for its cause also a slight erytheme, or any skin disease.

Abscess. M. Lisfranc has some rather peculiar ideas with regard to the treatment of abscess, and the following are some of the remarks I have heard him make at different times on this subject.—Authors say, when an abscess is small, leave it to nature, let her open it; the scar which remains will then be less marked. But I say it must be opened; I defy her, powerful as she is, to make an opening smaller than I can. Every one, however, agrees in opening, as early as possible, abscesses, in the neighbourhood of

joints, in the parietes of the chest and the abdomen, and near the margin of the anus, also in the neck, and beneath aponeuroses before they are ripe; but when on other parts of the body, these acute abscesses should be left, they say, till they are ripe. I don't think so; I open them on the first appearance of purulent matter, and then apply around them leeches, and emolient applications. It is this, after therapeutical treatment, which is the great point, and which every one disregards. If these abscesses are situated on any exposed part, they should be opened with a very small incision, which may perhaps cause them to be three or four days longer in healing; but what does this signify, compared with the disfigurement of a large scar. I blush for my profession, said M. L., when I see so often in public the necks and faces of individuals so shamefully disfigured by the incisions of modern surgery. When an abscess is very large, and in a part concealed by the clothes, an incision of two inches length may be made into it. Introducing a mesh into the opening is a great error; it prevents the pus from obtaining a free exit, and excites irritation in the abscess. The patient should be dressed four or five times a day, and the wound kept open by a probe. [M. L. did not give any directions in the reserved case, where four or five dressings a day are impossible, from circumstances—a case which must often occur.]

M. L. made some remarks on the great care with which abscesses should be opened in the course of of large arteries, nerves, &c., and on the displacement of these by tumours. He had seen a case where the

crural artery was pushed to the great trochanter by a tumour in the groin, and had seen Dupuytren open an artery (the crural, I believe) for an abscess.

When an abscess is under a great muscle, (said M. L.) you must cut its fibres transversely, or, to your great surprise, not a drop of discharge will follow the incision, though the abscess should be of very great extent, as in the cellular tissue beneath the great pectoral m.

You will sometimes meet with large acute abscesses, as those occupying the whole length of the arm; you open them in the most depending parts; the discharge runs freely, and in most cases you will obtain a cure. But now and then an abscess of this nature will not heal; the pus runs freely, is healthy perhaps, but the constitutional fever continues, and the subject weakens. Reflecting on this, an idea came into my head—not as into the brains of those "miserables perruquiers" of London and Paris—I act and reason in another manner, and am little given to empiricism. I reasoned thus: when there has existed no redness of the skin around an abscess, before it was opened, I have seen it produced by the discharge of the pus; when there is gastric irritation, the stercoraceous matter causes redness, and burning at the rectum and the anus; in short, all superabounding secretions are irritant. [M. L. often used to insist on this point.] These are my facts, and hence I argued, that the pus in running its course, causes inflammation and prevents adhesion. I thought that, by hindering the coursing of the pus, I should cause adhesion; *i. e.* after a period of ten or twelve days had elapsed, and when the first inflammation had

abated; and this I did by making counter-incisions, and the result of this practice perfectly confirms the supposition.

M. L. pointed out a man, who had a tumour in the popliteal space, which was probably a chronic abscess, and remarked, with what great care the diagnosis should be made; for it must be remembered, that there are aneurisms, which communicate no beatings to the touch, nor sounds to the ear, which have the sensation of fluctuation, where there is nothing uncommon in the collateral arteries, or in the main artery above or below the tumour. M. L. said it was necessary to make several distinct examinations, and if doubt still remained, to introduce an exploratory needle.

It is often very difficult, sometimes impossible to distinguish an abscess from a fatty tumour. [M. L. made the mistake a few days afterwards, in extirpating, from the back of the neck, what he thought was a fatty tumour, but which turned out to be an abscess. I have seen M. Roux, of the Hôtel Dieu, commit the same mistake, and Mr. Watson, at the Edinburgh Infirmary.]

The quantity of discharge from a fistulous opening is no sign of the extent and size of the abscess, for, after a time, a membrane forms on the internal surface of the abscess, and then merely a mucous discharge escapes. M. L. showed a striking case of this, in a man who had an abscess passing behind the scapula to the depth of the probe, and from which but a small secretion flowed.

The small incisions which M. L. practised, seemed to me to be often the cause of abscesses, degene-

rating into fistulous openings, with a thin glairy discharge; and I never visited his wards without seeing an example of this nature.

M. Roux has a treatment of some kind of abscesses, which, I should imagine, is quite peculiar to himself. His method is to extirpate the whole of it, or all of it, that he can conveniently. Thus, where an abscess has been situated on the knee, in front of the patella, and caused by a fall, I have seen this gentleman make an incision on either side of the patella, in the axis of the limb, then join these two, by a cross incision, over the middle of the patella, and dissect up and down, and cut off, the flaps above and below this cross-incision; also in a scrophulous abscess of a gland in the axilla. I have seen him enlarge the free incisions already made, in a crucial sense, dissect back the four angular flaps, and then cut them each severally off.

The same method of reasoning, whatever it be, M. Roux introduces in his operation of fistula in ano; a disease which appears to be remarkably common in Paris. His operation, which I have very frequently seen him perform, is the following:—A large wooden concave director is introduced into the rectum, and another steel director is passed through the external opening of the fistula into the rectum, and placed in the groove of the wooden one; all the parts between these directors are then divided by a bistoury,—this is the first step; the next is, to dissect out the walls, and every approachable point of surface of the abscess, bit by bit, and a most painful and protracted period is this of the operation. When the dissection is completed, there generally remains

an external wound, varying in dimensions, according to the size of the abscess, and sometimes as large as the palm of the hand. This wound is covered, and stuffed up with charpie, and every morning afterwards an enormous plug is introduced into the rectum, through the fistula—the patients leave the hospital cured in about eight or ten weeks after the operation.

M. Blandin merely makes a division of the parts between the two directors; but for some reasons which I could not understand, he always finishes the operation by making an incision outwards in the direction of his first incision.

Both these gentlemen practice extremely free incisions in all cases of abscess, differing most strongly from M. Lisfranc in this respect, and Mr. Lawrence's treatment of phlegmonous erysipelas, by incisions, is followed to the utmost degree by them. I have seen M. Blandin make ten incisions, at different periods, in the course of the internal saphena vein, from the lower third of the leg, to the middle of the thigh, in a case of external phlebitis. And M. Roux, in a case of phlegmonous erysipelas, I have seen, slit up the integument from the great trochanter to the heel, at different intervals, in the course of a few days. The general practice of these gentlemen may be judged, from these extreme cases. I once saw, to my great surprise, M. Blandin open, by a large incision, an enormous lumbar abscess, in an emaciated individual, and was no way astonished to see the patient's bed vacant the following morning.

Abscesses in the axilla, said M. Velpeau, rarely end in resolution; but this may be attempted, and

by the means of general bleeding, or through the aid of a great number of leeches, locally applied; by purgatives, as calomel, or tartrate of antimony, and mercurial frictions. When the abscess is completely formed, the diagnostic of the fluctuation may render the treatment difficult, for it is not always easy to determine this fluctuation from the anatomical nature of the part. To overcome this difficulty M. Velpeau's method is, to pass three or four fingers up the side of the arm to the summit of the axilla, and then to press downwards on the tumour, making it tense, so that fluctuation may be established; or, if the swelling is too great, to admit this proceeding, to press on the anterior and posterior walls of the axilla, with the hands, and seek the sensation of fluctuation in the tumour by the thumbs. By one or other of these methods the diagnostic may be always made, when the presence of pus is once clearly determined, the only remedy is the point of the bistoury, and the sooner it is applied the better, for abscesses in these parts, if left to themselves, may, and frequently do, spread in all directions, and most extensively. M. Velpeau opened an abscess at the crest of the ilium, which had spread downwards from the axilla, and had been caused by disease of the humero-scapular articulation. Many surgeons act too timidly in regard to these abscesses, and this timidity arises not only from the difficulty of establishing clearly the presence of pus (which after all is of little consequence, for a cut of the knife over an inflamed part will never do injury, and will very often be of great service, even though pus be not formed), but also from a fear of making an incision

into this region, so full of nerves and arteries; but the fear is without foundation, for nothing can be more simple than the operation. Separate the arm strongly from the chest, and pass the knife into the tumour, in a direction as if entering the chest; the size of the opening should be regulated by the size of the tumour, and should always be large enough to give free exit to the discharge. A man was brought into M. Velpeau's ward for an abscess on the dorsum of the foot, consequent on the prick of a nail in the plantar surface — the prick soon healed, but after much pain an abscess appeared on the *dorsum* of the foot, between the two last toes; the nail must have passed through the plantar aponeurosis, and left a germ of inflammation after the prick had healed externally, and then the anatomical structure of the part must render account of the abscess appearing on the dorsum, rather than in the plantar surface of the foot.

Dislocation of the humerus. M. Velpeau says that dislocation *upwards* of the humerus only exists in words, and that from insuperable objections it cannot be maintained — dislocation *downwards* is not possible, or exists only for a moment: there is no example on record; but its possible existence has been stated, by the appearance of some anatomical preparation: these two dislocations M. Velpeau considers as only disputes of words, and as meriting no attention. The proper dislocations of the humerus may be divided into sub-acromial, or postero-external, where the head of the humerus is behind the scapula, and into antero-internal, where the head is in front of the scapula. 1. *Sub-acromial* is very rare,

M. Velpeau had never seen a case, nor had Boyer, and there are but twenty or thirty cases on record. 2. Antero-internal is the most common dislocation, and of this there are several species. Dessault made two, and Malgaigne six. M. Velpeau could not understand the advantage of making this complexity, and reduces the number to three, viz. :— 1. sub-pectoral ; 2. sub-scapular ; 3. sub-clavicular. In the first case the head of the bone is in the cavity of the axilla, and may be felt there, the elbow is behind, and the pectoral muscles are raised forwards : this accident happens when the individual falls on the elbow with the arm strongly raised. In the second case, sub-scapular, the head of the bone is thrown into the bony fossa of the scapula, beneath the sub-scapularis muscle. It is not easily felt, and the arm is not lengthened : this accident happens when the individual falls on the arm not strongly raised. In the third case, the head of the humerus mounts high beneath the clavicle and pectoral muscles. Malgaigne thought that lengthening of the arm occurred in all cases ; but in fact it exists only in the case of the sub-pectoral dislocation, said M. Velpeau. (Boyer and Sabatier both observed that in dislocation of the humerus beneath the coracoid process, the arm was *not* lengthened, though it was in other dislocations ; this Malgaigne, however, affirmed was an error, and that it was lengthened in the case of dislocation beneath the coracoid process, and a case which occurred to M. Blandin, at the Hôtel Dieu, proved that he was correct, and that M. Velpeau was in error. The mistake arises from measuring the sound arm, when not separated from the side, to the

same extent as the dislocated one; in the case of M. Blandin, when measured without this precaution, both arms were of the same length; but when the sane arm was separated to the same degree as the other, it was found nearly an inch shorter. The measurements were made by M. B. with the greatest exactness.)

In the reduction of these dislocations, the force may be applied either in the vertical or the horizontal directions: the reduction succeeds in each instance; but in the sub-scapular dislocation, the horizontal may be slightly preferable; in the sub-pectoral, the vertical.

Case. M. Velpeau. This woman fell about five weeks ago, and afterwards found her arm useless. A surgeon who was called in, thought it was a simple bruise, and treated the accident accordingly for a space of three weeks, when another was called in, who ascertained the existence of a dislocation; the first surgeon, however, still persisted in his opinion, and a third was sent for, who doubted the nature of the accident, but rather inclined to the opinion of the first; in the contesting of these opinions, five weeks wore away. She was now sent into La Charité, for M. Velpeau's opinion, which was decidedly in favour of the existence of a luxation—the patient could not raise the arm to the head, felt pain on the slightest movement, which could only be performed in a direction forwards or backwards—there had been no inflammation since the accident, and there was no tumour adequate to account for the pain—the acromion was prominent, and a depression existed in the deltoid muscle below it—the arm was inclined to an

angle from the trunk—the naturally little hollow beneath the clavicle did not exist, and the fingers could not be passed upwards to the summit of the axilla: these signs could leave no doubt as to the existence of a luxation. M. Velpeau did not make any measurements, observing that they gave no sign at all in regard to dislocation; from the length of time of the existence of this luxation, the nature of it was difficult to be determined, but it was most probably subscapular, for the head of the bone was not clearly felt. M. Velpeau observed that this was a disagreeable case to deal with, for the attempt at reduction might not succeed, and grave accidents might be produced, such as rupture of nerves and arteries, effusions of blood, and inflammations; the first, rupture of nerves, must be very rare, no case ever occurred at Paris; the second, rupture of arteries is more easily understood. Gibson, of Philadelphia, published two cases, one where reduction was attempted eight weeks after the dislocation, another where it was attempted at nine weeks; both patients died within a day after the operations, and the arteries were found ruptured, and adherent to the thickened tissues and the bone. Delpech gives one case, and another occurred at Paris two years ago. Schmidt saw a case reduced after eight months' existence, and another after ten. Mc.Kenzie one after six months, and a Belgian surgeon the same: one doubtful case is reported of a year's existence.

The cases of late reduction of the humerus, which have occurred to M. Velpeau, and all of which he had treated successfully, were of the following durations: one of twenty-three days, one of forty-six, one of

twenty-five, one of twenty-six, and one of four months.

The case above was reduced without difficulty, and by simple manual extension; the screw and pulley are never employed, that I am aware of, in Paris, for the reduction of dislocations. M. Velpeau spoke of them as being in use by English and American practitioners, but as having no personal experience in their employment. How dislocations of the hip are reduced in Paris I know not, for I never saw a case at any of the hospitals.

Hydrocele. The diagnosis and treatment of this complaint are perhaps as well defined as those of any in the province of surgery; but there are occasionally cases where the diagnosis is obscured or altered. Sanson says that when a hydrocele is of long standing, it may become opaque, hard, of small volume, unequal, and painful, and so may, then, be easily taken for scirrhous testicle, and then is the great use of comparison between the history and the symptoms of the disease; hence it appears that cases (rare of course), may be encountered, where all the usual signs of hydrocele are wanting, and where, nevertheless, a hydrocele exists; *transparency* is not always a sign; M. Roux pointed out a case of disease of the testicle where the light was by some means refracted, and gave to the scrotum the appearance of translucency; nor is on the contrary the want of transparency a sign of the non-existence of hydrocele, for this sometimes arises from the skin itself being altered, and sometimes from the fluid having become dark, cases of which nature M. Roux had ob-

served.* The great end of the tumour is not always below, for I saw M. Blandin operate on a boy, in whom, from non-obliteration of the vaginal sac, the great end of the tumour was above. The situation of the testicle also often varies from its ordinary position in the upper and back part of the scrotum, I saw it above the tumour in the inguinal canal in a case of M. Roux, at the lower part of the tumour in another, in the front of the scrotum in a case which occurred to Mr. Syme, at the Edin. Infirmary, in the winter of 1838, and in the same situation in another case also which occurred to M. Blandin.

Thus, cases of hydrocele may exist where the principal signs may be wanting to indicate the malady.

Although the operation for the radical cure of hydrocele may be considered as one of the simplest operations in surgery, there is not one perhaps in which more accidents have happened during its performance; and I should imagine from what I have seen and read, that there are very few surgeons in large practice who have not sometimes in their life made some faux-pas in this operation. The cause of these mishaps it has several times appeared to me, might perhaps be sought in the very simplicity of the operation itself, which may induce the operator to be somewhat less regardful than ordinary in its performance. A collection of the various accidents which have happened in the hands of different individuals in the performance of this operation would form a curious history.

* Hydatid cysts may also be mistaken for hydrocele of the tunica vaginalis, says Dupuytren; so also hæmatocele, according to M. Velpeau.

So frequently have these accidents occurred in the practice of some of the Parisian surgeons, that I have heard M. Ricord state, that he believes a kind of atmosphere surrounds the surgeon; a fatality always attends him during the performance of the operation for hydrocele, and that so impressed was Boyer with the truth of this, that he refused to perform it during the latter times of his practice.* The principal accidents which happen during the operation are, pushing the trochar into the testicle, injecting into the cellular tissue of the scrotum instead of into the tunica vaginalis, and injecting into the tunica vaginalis when the abdominal rings are not closed.

I have seen M. Blandin do the first; thrust the trochar into the testicle in a small hydrocele, and where, by the aid of a light, the testicle could be distinctly seen lying at the back of the scrotum; on withdrawing the trochar, no liquid escaped, and examination, with a light, showed the ~~trochar~~ canula sticking in the testicle—of course no injection was thrown in—a violent inflammation, however, followed, abscesses formed, and incisions were made into the scrotum to give issue to the matter; the patient, however, after some weeks perfectly recovered. M. Ricord observed that once, in a great hurry, he sent the trochar right through the testicle of a barber; he saw his error, and reflecting for a moment on the frequency with which these mischances on the testicle terminated without bad results, he, after evacuating the fluid, did not hesitate to inject the tunica

* Lynn, Sir C. Bell tell us, he once witnessed run a trochar into the scrotum, without the canula.

vaginalis, the trochar still perforating the testicle; and luckily the barber was cured, without a bad symptom. I should think a prudent surgeon would have equally condemned M. Ricord's hurried practice in the first stage of his operation, as his proceeding in the second; he observed that he had often seen the testicle touched, and not a bad consequence of any kind result. Perhaps the most common error is throwing the injection into the cellular tissue, and this error does not seem to be merely the consequence of the canula having slipped out of the tunica vaginalis, for I believe that I have seen the water of a hydrocele drawn off without the *canula* having entered the tunica vaginalis, which accident might happen either through the maladroitness of the operator, or by reason of the canula not fitting accurately to the trochar. It is not at all difficult to understand how the fluid may escape *from* the hydrocele, when the trochar has *alone* entered the distended sac, and the canula never penetrated it, and how almost impossible it is for the injection to find its way into the contracted sac, or into any part but the cellular tissue. It is clear that this mistake may happen without the surgeon having for a moment permitted the slightest movement of the canula in an outward direction, and may be the cause of no little surprise to the operator, who feels convinced that the canula has never quitted the sac — which, in fact, it has never entered. One of the most curious points in the history of this misadventure is, the very different degrees in which the injury is resented. The natural conclusion of the consequence of an irritating injection thrown into the scrotum, is violent inflammation,

and its destructive sequelæ; but, most happily, theory is not always verified by practice in this instance. I have seen in England four ounces of port wine and water injected into the scrotum of an old man of sixty years, and not above a dozen drops return through the canula, and yet the man recovered, without a single bad symptom. M. Ricord threw the injection he generally uses (a solution of iodine) into the scrotum of a young man at the Hôpital du Midi: not one drop ever returned, nor could the most minute examination discover where it was lodged: the expectant treatment was adopted, and, to the utter amazement of all, not the slightest bad result ensued. M. Ricord said, that it was not the first time, by many, that he had seen the same mistake, and the same happy consequence; and mentioned the circumstance rather as a good joke, than as a warning to his auditors.

One cannot suppose, however, that, since accidents of this nature are anything but rare, all terminate thus favourably. Unluckily the annals of medical science contain much oftener the victories than the reverses of its cultivators; for self-love too strongly puts a seal upon the latter; and I do not know if the French medical records are not peculiarly obnoxious to the reproach of this remark; at all events, the analysis of their practice does not always give results consonant with the conclusions they deduce from it.

I could not but feel surprised at the light manner in which M. Ricord treated the matter, especially as it brought to my mind the indelible impressions of the disastrous consequences which do sometimes ensue from this error of practice.

One can hardly imagine, how such an error could be made, as injecting a hydrocele, while the mouth of the sac is unclosed — but yet it does sometimes occur. M. Ricord once injected a quantity of wine into the peritoneum, without a shade of a bad result, and he mentioned, that he remembered M. Richerand having done the same thing. Dupuytren says, that this accident has frequently happened, — in one case, induced peritonitis, and death: he does not say, whether in his own practice or not. I have seen M. Roux inject, in a healthy subject, wine into a sac communicating with the peritoneum, firm pressure being made by three assistants on the canal, and no accident follow. I should observe, that M. Roux did not discover his error of diagnosis, until he had commenced the operation, and was apprized of it, by the great quantity of fluid which passed by the canula; and I know not for what reason he afterwards deemed it a case where the sac continued high up into the abdomen, and not communicating with the peritoneal cavity: that it did communicate, the abundance of fluid which escaped seemed to me an evident proof, —but I may be in error.*

Roche and Sanson mention, that in congenital hydrocele, Dessault used to puncture the sac, and evacuate the fluid, and then inject, while firm pressure was made upon the ring, and afterwards applied continued pressure; and Dupuytren often did the same operation with success. The authority of two

* Dupuytren certainly mentions some cases, where the hydrocele occupied the scrotum, and was continued up into the abdomen in the course of the inguinal canal; and the above case may have been of this nature.

such names is great, but the principle in such an operation is contrary to just reasonings; and no one now-a-days, I believe, would for a moment meditate such an operation; though, at the same time, the impunity and the success with which the operation has been performed should not be forgotten.

The injecting of hydroceles, as performed by MM. Roux and Blandin of the Hôtel Dieu, does not seem to me to be at all guided by scientific principles; or rather, the operation, as to its data, is perfectly incomprehensible, and is only to be accounted for by custom, which in Dupuytren's time always commanded, that the injections for the radical cure of a hydrocele should be three in number, at intervals of three minutes each.* The above gentlemen practise two injections of warm wine. Modifying the above usage, M. Roux also times the interval in every operation between each injection: the age of the patient, his disposition, his sensation of pain (and the difference of *this* in different individuals is most remarkable), are totally disregarded by him, and the operation is conducted on strictly horological principles. One may be permitted to express surprise that such self-evident errors should be every day repeated before so many observers. If the weak French wine is not irritating enough to produce sufficient inflammation when only once injected, one would have thought that the simple conclusion would have been to seek a more irritating injection, in order that one injection might suffice — that the operation

* "Je fais successivement trois injections, de trois minutes de durée chacune."—*Leçons Orales.*

might be simplified and expedited — and, above all, that the double danger of throwing the injection into the cellular tissue might be avoided. Surely, the surgeon who had withdrawn one injection safely, should be too happy at the event. The timing of the process can be no less erroneous. In short, it is clear, that the prejudices of the schools are not altogether destroyed in the performance of this operation. I forgot to mention, that M. Roux *entirely* fills the sac, when he injects.

Sir B. Brodie mentions, that he has known many individuals misled in endeavouring to distinguish between hydrocele and fungus hæmatodes, when this is soft and elastic; and Mr. Pott, says Sir C. Bell, used to run a trochar into the scrotum before extirpating the testicle, in order to avoid cutting off a hydrocele with thickened coats.

Anchylosis. M. Louvrier's operation.

A woman, 45 years of age, under M. Blandin's charge at the Hôtel Dieu, had been affected with anchylosis of the knee for ten years, an anchylosis consequent on white swelling. The leg was very much flexed upon the thigh, forming an acute angle with it; motion was almost entirely destroyed; but on rubbing the parts together forcibly, a slight crackling was heard and felt. The back of the condyles, and *not* the lower surface of the femur, rested on the tibia, and the patella was forced on the under surface of the femur, and appeared fixed and united there. All the parts which surrounded, and entered into the composition of the joint, were retracted. Such was the condition of this woman's knee when she pre-

sented herself for relief. Her health was good, and she was willing to undergo any suffering, even amputation of the limb, rather than submit to the endurance of this impediment, which rendered her life (always hitherto an active and industrious one) burdensome.

It was evident, that all the simple and ordinary methods employed for the resolution of anchyloses, were futile in respect to this case, both by reason of the long period of the existence of the malady, and its extent. So grave an operation as amputation, M. Blandin thought was inadmissable, though I believe in like cases it has occasionally been performed at the request of the patient.

After some discussion, it was at last determined, at the particular request of the patient, and after many pressing instances from M. Louvrier, that this gentleman should be permitted to practise his operation (which was much the subject of discussion in Paris at the time) on the knee, though still much against M. Blandin's opinion.

The object of M. Louvrier's operation is, by the aid of powerful machinery, to extend the anchylosed joint, disregarding utterly all impediments, and the nature of these impediments. The apparatus employed, it is impossible to describe, as it is of infinite complexity, and requires much time, labour, and dexterity to arrange; but the principle of its action is plain: The thigh is made a fixed point, and extension is applied to the leg by aid of the two mechanical powers, the screw and the lever, sufficient to reduce the limb from its highly flexed, to a perfectly extended position. What is going on in or about the

joint, during the operation, it is impossible to observe, as the whole limb is thickly enveloped in coverings of brass, leather, &c. &c. When the apparatus is adjusted, all that is visible is the limb thus covered, placed in a wooden case, and resting in a kind of groove, where it slides as it is extended. The operator places himself at the foot of the apparatus, and turns a small wheel, which acts on the leg through the medium of a very strong catgut cord attached to different parts of the leg; the limb gradually redresses itself, and in about two minutes it is perfectly extended. The pain suffered by the patient seemed excessive, and was prolonged by reason of the apparatus breaking in some part during the first attempt. What the force applied was I do not know, but it must have been very great. On examining the limb, when the apparatus was removed, the patella was found free, and the tibia almost entirely thrown *behind* the femur. Conjecture alone could give information as to what had taken place inside the joint. The skin was not torn near the joint, but it was at the heel. Every precaution, after the operation, was taken to anticipate the violent inflammation which might be expected to arise, by the application of leeches, &c., and by placing the limb in a perfectly immoveable position. By these, and other antiphlogistic means, the violent constitutional symptoms that arose were subdued, and she (the patient) seemed to rally from the low state into which she had fallen. But it was only an appearance of return to health, and she gradually sunk into a desponding state. The pain in the knee was constant, her nights were often sleepless, her appetite

not good, pulse quick, and extreme pallor of the face. She thus continued till she left the hospital, about five months afterwards. The limb then was perfectly useless, and always painful, and could not sustain the slightest pressure of the body; and this woman evidently seemed sinking from some cause, when she demanded her dismissal. It was difficult to give the precise state of the knee, as it was, and had been all along from the time of the operation, enveloped in the starched bandage.

Two other operations of this nature were performed shortly afterwards, on patients of M. Velpeau at La Charité; one died fifteen days after the operation, it was said, of peritonitis; the other, after a rather longer period.* At Hôpital Neckar, another case terminated fatally, through gangrene, I believe, of the limb; and M. Roux mentioned a case where he was called in to perform amputation of the thigh, which had been fractured in a young man during M. Louvrier's operation.

Several other cases were mentioned in the journals as occurring in hospital and private practice, and with different success as to their results.

It is matter of no little surprise to find, that it is possible for men of the highest anatomical knowledge and surgical skill, so to lose sight of the first principles of surgery, and admit into their practice (even against their own conviction) an operation of

* In one of these cases, the tendons of the flexor muscles of the thigh had been some time before divided by M. Velpeau, of course, without success. M. Blandin treated successfully, by gradual extension, another case of anchylosis of the knee, where the flexor tendons had been unavailingly divided by M. Velpeau.

the above nature, where all the elements of scientific reasonings are broken down, and made to yield before the force of brute mechanical power—ligaments ruptured, tendons or muscles rent from their adhesions, muscles torn, arteries or nerves torn asunder, go for nothing in M. Louvrier's reasoning. He does not deny that all, or any of these accidents may happen; but he affirms that, from some extraordinary circumstance, no evil results arise from their occurrence, basing this assertion on a long list of published successful cases, which, if true, would, indeed, bring a new era into the art of surgery; but as these cases were published under M. Louvrier's care, and most of them only a short time after the operations were performed; and as one or two well authenticated and isolated cases of success prove nothing, we can place little reliance on this assertion, which is most decidedly opposed to the facts which occurred in the public hospitals, and which do not seem to prove, at least, in this instance, that *a priori* scientific reasonings are to yield even to the speciousness of a novel discovery, (as it was called) embellished by the colours of vaunted continual success.

In the case at the Hôtel Dieu, M. Blandin argued against the operation, before it was performed, but yet he allowed its accomplishment. The instance, however, made him declare that in a like case, he would never admit a like operation; that it is dangerous in the extreme, and contrary to all reasonings. M. Lisfranc, in his usual warm way, sternly opposed himself to it, and always regarded it as a species of pure empiricism.

After writing the above, I was informed of two other recent cases, one at Hôpital Beaujon, where great laceration of the skin, and death was the consequence; and of another in town, where rupture of the popliteal artery, and sphacelus of the limb ensued.

I witnessed several cases of anchyloses of the knee, treated most admirably by M. Lisfranc, by means of a gradually extending apparatus.

Mammary Abscess is the most common surgical disease in the female wards of the Parisian hospitals; the cause of its frequency may possibly be sought in the fact, that comparatively few individuals (at least in the lower ranks of society) suckle their infants, or for a short period only, after their delivery, necessary for convalescence.*

Abscess of the mamma from any other cause, than the irritation produced by the appearance, or sudden suppression of the milk, is rare; and some authors have asserted, that it is never met with in women who have not borne children. This is an error, which I have twice had the opportunity of correcting at the Hôtel Dieu: once in the case of a young woman, otherwise perfectly healthy, who had never borne children, and who attributed the occurrence of the abscess to a bruise.† The second case was also of a young

* One most healthy-looking, strong countrywoman, in the Hôtel Dieu, told me that she had given birth to fifteen children, "hearty as little pigs," and that only three were alive—the inference is clear.

† As no marks of a bruise were visible, M. Blandin attributed the abscess to the improper contact of another individual's hand.

woman, a patient of M. Roux. So firmly persuaded was this gentleman of the truth of the doctrine, that mammary abscess never happens in those who have not had children, that he considered this tumour of the breast as a case for extirpation; and it was not until he had made both the incisions necessary, and had commenced the dissection, that he was convinced to the contrary, by a very lucky deviation of his knife opening the abscess, and giving exit to half a pint of pus; the operation was of course stopped; the wound was covered with charpie; and the woman recovered perfectly after a few weeks.

When we consider the loose texture, and the anatomical nature of the breast, and the state of active congestion, of which it is the seat after childbirth, we are at no loss to conceive why phlegmon should be so easily excited; and there can be no doubt, I should think, that at least three-fourths of the cases of abscess of the mamma are the result of irritation produced in the gland, consequent to accouchment, whether the irritation be produced by retention of the milk, by attempted suppression (without the proper revulsive remedies,) or by the efforts of the infant in sucking—the most common cause seems to be suppression of milk. The numerous cases which I have seen this winter, might be classed under three heads, 1st, *subcutaneous*, around the areola; these superficial abscesses are generally numerous and unconnected, and require several openings to give exit to the confined matter; 2ndly *interlobular*, occurring in the cellular tissue, which unites or separates the lobules of the mammary gland, they also are often numerous, and require several incisions; 3rdly *sub-*

mammary, being situated in the cellular tissue, which separates the gland from the pectoral muscles; this is generally a simple abscess, and requires but one opening. One case alone, of the great number, which I observed, could give plausibility to the idea, of these abscesses being, as their name implies, erroneously, milk abscesses, and this case only apparently, for on opening the abscess, though milk evidently flowed out with the pus, it was in streaks, and had clearly just escaped from the lactiferous ducts, which had been divided by the incision.*

Cancer of the Mamma.—A woman, at forty-three, of healthy appearance, and vigorous, says, that about three years ago she received a violent blow on the left breast, that, however, she soon recovered from this, and lost all the suffering that it caused her at the moment. It was not until two years and a half, after this, that she experienced pain and swelling, in the same breast, and for the last six months these had been increasing. She complains of lancinating pains in the breast, especially during the night: In the breast there are to be felt three or four separate scirrhous, unequal tumours; three or four axillary glans are affected, and cause lancinating pains; the skin of the breast is not affected, the tumours are moveable, and not united to the skin, and the pain is confined to the affected part; there is no

* Andral is convinced that there is something peculiar in "mammary abscess," something which has a relation to the remarkable state of the system, in women, after childbirth. The idea of secretions, "per aliena cola," is distinctly denied by this gentleman.—*MS. Notes.*

alteration appreciable of any other organ of the body. This, then, appeared to be a case of cancerous scirrhous tumour of the breast, and not in its last stage, and M. Blandin determined to extirpate it.

Nothing peculiar occurred in the operation, excepting that M. B. took particular care to extirpate the whole of the breast, as well as the tumour: a proceeding which M. Marjolin highly advises in like cases, on the principle that afterwards, at menstrual periods, no lactiferous ducts remaining, there might be no chance of secretion, and consequent inflammation arising from such a cause, and producing irritation of the cicatrix. M. B. did not take up any artery before the whole was removed, and performed the operation with extraordinary rapidity. When the breast was removed, M. B. prolonged the incision into the axilla, when a great mass of glands, extending to the very top of the axilla was found diseased: ten or twelve of these were removed by a very difficult dissection: the branches of the axillary artery interfering much, the dissection was carried to the main artery itself, and it was seen beating in the wound. After the operation, the wound was united by plaister straps and compresses. Union by the first intention was prevented by an attack of erysipelas; and a month occurred before suppuration had ceased, and cicatrization commenced. This clearly appeared to me a case, in which many English surgeons would have declined the operation; at least, if we are to be guided by the principles laid down in surgical works, that it should not be attempted, when the axillary glands are affected. What may be the final result of this case, as in so many other surgical cases of other

descriptions, we can but conjecture: to say that the disease is removed, is of course out of the question. Though only two or three glands could be felt externally, before the operation, the whole mass in the axilla were engaged in the affection; showing that external examination cannot determine what progress the disease has made, when it has once established itself in this part. Whether M. Blandin's and M. Marjolin's principle of removing the whole of the breast is generally known, I am not aware, but the reasonings on which it is founded seem just, and worthy of notice. It is not, however, appreciated by all the surgeons here; for I have seen M. Roux, in removing a cancerous tumour from the breast of a young woman, "menager," as he expressed it, his incision, so as carefully to avoid the nipple, and to leave as much as possible of the gland untouched by the operation: the result of this forbearance, as the result of the case above, must, unhappily, be matter of conjecture.

I once heard M. Velpeau make, what appeared to me, some most excellent remarks on the subject of publishing what are called successful cases, the results of different operations. The occasion which called them forth was a case in his own practice of extirpation of one of the superior maxillary bones. This operation, to all appearances, was satisfactory in its results: and two months after its performance might be said to have succeeded perfectly; but M. V. was not satisfied, and did not lose sight of the individual. His suspicions were not unfounded; for, five months from the date of the operation, the disease began to show itself again; and this, which in most instances

would have been undoubtedly given to the world as a successful case, proved in reality the very reverse. M. V. warned his auditors against taking for granted these vaunted cases; assuring them that there was no part of medical literature in which less confidence could be placed. He mentioned also, at the moment, several cases of phlebitis, which had been published a few days before in the Gazette des Hôpitaux, as having been successfully treated by M. Lisfranc; showing clearly, from the description itself, that these were in fact no cases of true phlebitis at all, but inflammation of the cellular tissue surrounding the vein, or, what M. V. denominates, "external phlebitis."

The justice and truth of M. V.'s observations, I imagine, will be readily admitted by many, for no one can surely have paid much attention to the practice of hospitals, and examined some of the occasional reports* which are issued from them, without confessing that they are too frequently most strictly apposite to such reports.

In speaking of cancerous tumours, I might mention that the most formidable do not seem to deter the surgeon in chief of the Hôtel Dieu (M. Roux), from attempting their removal. I have seen him remove an encaphaloid tumour of the testicle, in its last stage of degeneration, extending towards the abdomen along the course of the cord—a tumour larger than two fists—it was an operation of great difficulty, and of great pain and suffering to the patient, but was performed in a masterly manner; the enormous wound left was covered with charpie, and ulceration

* Of course this remark is altogether a partial one.

and suppuration proceeded their course for a month favourably, when there appeared a small tumour rising up in the centre of the wound, as if proceeding from the abdomen; it increased rapidly, and when it had gained the size of an egg, M. Roux again ordered the patient into the operating theatre, and again removed a tumour; a third was not long in showing itself, and M. Roux at last deeming all attempts to remove an immoveable disease useless, sent the man into the country to die. This case, as occurring in the hands of the first official surgeon in Paris, must excite no little surprise; but, in a scientific point of view, it surely needs no comment.

Of the same aspect was another case of fungoid disease, occurring in the femur, where the patient's powers of suffering seemed to me most uselessly put to the test, and his end hastened by an operation. This man presented that well known aspect which is an infallible indicator of the progress of cancer; the thigh was enormously swelled, and covered with blue veins; a small part of the highest part of the thigh appeared unaffected by the disease, and here M. Roux amputated the limb: the operation was most difficult and prolonged; a very great quantity of venous blood was lost; the man fainted again and again after the operation, and then rallied, but he never recovered from the shock; his face was sunken and pallid and mournful, his pulse quivering, and agitation extreme, and he died on the third day after the operation. The fungoid disease proceeded from the centre of the bone, of which it had completely altered the texture; the muscles also, all round the thigh could not be distinguished from the diseased mass.

Cancer in the coccygeal region.—No clear account could be obtained from *this patient* as to the development of the tumour: she fell about fifteen years ago, and felt much pain, which never ceased; she had been also under very bad treatment: she had much pain and difficulty in voiding her fœces. On examination, a tumour the size of the fist was found occupying the coccygeal region, on both sides of the coccyx and sacrum—pressure gave a peculiar soft sensation—fluctuation also was very distinct (from what afterwards proved to be infiltration into the cellular areoles). M. Blandin thought it was an abscess, and opened it, but merely a sanguineo-serous fluid escaped, showing at once the mistake, and that there was a cancerous tumour to deal with. After the incision the fungoid mass appeared between the lips of the wound; in a few days it gave out a putrid odour, having evidently become gangrenous, and a mass the size of an egg was extracted for several days running. This termination of cancer, said M. B., is not a new fact, but it generally happens that not the *whole* becomes gangrenous, and then the consequences are bad—the treatment is to continue to extract more and more of the tumour. Soon afterwards the sacrum was found denuded, the cancer was still in part sphacelated, but it continued to advance. The woman thinks herself cured, as the troubles which attend the disease have ceased for a time, but "elle se trompe," and will die, said M. B.

Cancer of the abdomen.—This is a tumour of twenty years standing, the man forty-two years of age, very strong and healthy in appearance; it was small at

first, and gradually increased, and only when its size hindered his labour, did this man seek relief, but this was unavailing, for the tumour continued its progress. The tumour is knobby, has a rosy tint, and is vividly injected, pains in it lancinating, it is soft, encephaloid, the size of the head, situated in the rectus abdominis muscle—the lymphatics in the axilla and groin are not affected; it is very circumscribed, when embraced with both hands and the rectus m. put in action, it is immoveable. To remove this, said M. Blandin, would be a very serious operation; it would require an incision a foot long, and might possibly extend to the peritoneum, so that the attempt is quite out of the question. These tumours generally return, particularly when situated in muscles; a young man, of the highest rank in Paris, had a tumour four times cut out of the rectus muscle, and the fifth tumour was left to its course. I operated four times on a tumour situated in the deltoid muscle, and the patient died at last.

Injury of the infra-orbitar nerve.—The man who was the subject of this injury, had fallen, and in falling had struck the lower part of the orbital ring violently against some projecting object; this blow broke in, and caused a depression of the bone above the infra-orbital canal, and thence pressure on the infra-orbital nerve, and the consequence was complete loss of sensation in all the parts which it supplies with filaments; this was a beautiful physiological experiment on the human subject, demonstrating the function of this branch of the fifth pair.

Another individual in M. Blandin's ward had en-

tirely lost the motion of the left side of his face, and this, consequent to an incision which had been made in the malar region, to open a phlegmonous abscess; the inflammation must have passed backwards towards the root of the portio dura, and have either caused thickening of the nerve, or its covering, or some alteration. This case displayed well the function of the portio dura, and showed also the care and precaution necessary in practising incisions on the face.

Extirpation of the fifth metacarpal bone.

M. Blandin performed this operation on the hand of a young man: the bone was affected by caries, was much enlarged, and had produced several fistulous openings in its vicinity; in this operation, which M. Blandin performed by a simple incision carried along the inner side of the hand, the synovial membrane, which is continuous through the bones of the carpus, must be opened, and the consequence in this case was violent inflammation of the whole of the hand, suppuration took place beneath the fascia, and numerous openings were made in the hand to give exit to the pus—after a time the inflammation subsided, but the lower part of the wound, whence the bone was taken, did not heal. Three months after the operation, this fistulous opening still existed, and gave exit to a glairy discharge; the little finger was quite motionless, and the patient did not seem to have the slightest power over it, so that probably some of the other bones were affected in this scrophulous subject; what motion the finger might have regained, if the operation had been successful, it is

difficult to say, but from analagous ablations of bone as of the jaw, &c., it is well known that deposits of a cartilaginous nature supply well the deficiency of the support which is lost—the inflammation consequent on this operation is well worthy of remark, and in respect to this character it may be compared to the following operation of extirpation of the first metatarsal bone of the foot where a different arrangement holds as to the synovial membrane. This operation M. Blandin performed for caries and enlargement of the bone; the consequent inflammation here was much less than in the last case, and the reason may no doubt be because only one joint is opened. This operation is neither difficult nor dangerous, and is undoubtedly much preferable to taking away the whole of the great toe, for when this is done, it happens, that the foot may turn over, from want of its natural support in the ball of the great toe. M. B. observed that it was much better to take away the whole of the bone, than only a part, for in the latter instance, a troublesome caries often ensues, and, as had happened to himself, may require a second operation. As the articulation of the first metatarsal bone, with the internal cuneiform bone, is situated at exactly the middle point, between the heel and the extremity of the great toe; an incision is made from this point along the inner border of the foot, to the first phalanx of the great toe, and a transverse incision is made at the tarsal extremity of this incision. The tarsal, *or greater* extremity of the bone is first dissected out, and then the operation is easily completed. The anastomotic artery passing between the two first metatarsal bones, is almost always opened,

and was in this instance. M. B. took one branch up on the dorsum of the foot. The result of this operation I cannot give, as when I left Paris, four months after the operation, the subject of it was still in bed with a fistulous opening in the wound.

In a successful case of ablation of the metacarpal bone of the thumb, which M. Roux performed, in a young girl; the thumb was much retracted, and looked as though not fully developed, but was of great service, and regained its power every day.

Anomalous case of dislocation of the hip, December 31, 1839.—About six weeks ago this patient, a little girl, eight years of age, received a blow from a stick on the inner side of the thigh, at the groin. After the blow, neither shortening nor lengthening of the limb was observed, and the girl was able to walk; she felt no pain in the hip, until about a fortnight ago. On examining the limb, the slightest observation showed that the head of the femur was lying on the dorsum of the ilium, and it could be easily felt there; the limb was shortened, and the toes turned inwards. M. Roux, while an assistant fixed the pelvis, elongated the limb, when the head of the femur, immediately slipped into the joint, with an audible crack; but on relaxing the limb it immediately returned to its former situation, on the dorsum of the ilium. M. Roux remarking on this, said, that he considered it a very curious case. The little girl had not fallen when she received the blow, and no symtom of dislocation occurred at the time of the accident, so that it must have taken place gradually; but this did not resemble a case of spontaneous dislocation, for there was very little pain in the hip, no

swelling around it, no apparent disorganization of the head of the femur, and no constitutional disturbance. M. Roux did not observe, that the little girl was a weakly scrophulous-looking subject. M. Roux supposed that it must be one of those rare cases, mentioned by some English surgeon, where a portion of the acetabulum was broken off, and the head of the bone, gradually drawn out of its place, by the action of the muscles. M. R. reduced the limb, and kept it fixed in that state for two months, and then, on removing the apparatus, the limb remained in its situation; but it still appeared somewhat shortened; an abscess also appeared to have formed in, or around the joint. This abscess was opened a short time afterwards, and a considerable quantity of discharge took place; the little girl was becoming thinner and paler daily, when I left Paris. The formation of the abscess, the disease of the joint, and the strumous constitution of the girl, would seem to show, that the opinion of M. R. was incorrect as to the nature of this case, and that it was truly a case of spontaneous dislocation of the hip, excited, in an unhealthy constitution, by the injury received; but still there was the striking peculiarity of the insidiousness of the disease, and of the want of symptoms (in the first instance) which would indicate the disease going on in, and around the joint. Not that this, however, proved any contradiction of its being a disease of the hip. This case showed what a small injury will give rise to such accidents in unhealthy individuals. I could not at all understand the mode of dislocation, when a portion of the acetabulum is broken off, nor did M. R. mention

the English surgeon's name who had written on the subject.

Wound of the Fore Arm.—A healthy man, young and vigorous, was brought into the Hôtel Dieu, with a lacerated wound of the lower and front part of the fore arm. He had, while in a state of ebriety, struck his arm down upon a glass, and broken it in pieces—several of the fragments were sticking in the soft parts. The depth of the wound, which was contused and lacerated, was not clear; from its situation the ulnar nerve was probably divided; and from the great loss of arterial blood, which had taken place, probably the ulnar artery also; compression, above and below the wound, in the course of the ulnar artery, M. Blandin thought very unadvisable; and although the bleeding had ceased, he sought for the extremities of the divided artery, and tied them—an operation which required much dissection and labour, from the laceration of the surrounding tissues; the wound was then dressed with straps and bandage. The next day there had been no bleeding, and the wound appeared well. On the third day one of the ligatures came away; but there was swelling above the wound, and pain, so the plaister straps were removed. On the fourth day, the swelling was increased, and there was every appearance of violent inflammation beneath the aponeurosis of the fore-arm; it was swelled in all directions, presented an unusual roundness, and that most remarkably in front; the skin was tense and *colourless*, pressure gave a sensation of deep tension, and obscure fluctuation, œdema of the cellular tissue,

distension of the superficial veins (from the pressure on the deep veins of the fore-arm)—a kind of insensibility in the limb. One hundred leeches were ordered to be applied to the fore-arm, and a low diet enjoined. On the fifth day there was the same swelling, more insensibility, heat hardly natural, much fever, and the leeches had not at all relieved the symptoms, and there was every reason to believe that gangrene had already commenced; three long incisions were made through the aponeurosis, in the length of the fore-arm. On the sixth day the skin had a blackish tint, and gangrene had evidently seized the fore-arm and hand; to prevent its extension three incisions were made in the arm, and camphorated applications were ordered to be applied. The low fever was much increased, the pulse weak and quick, and delirium had occurred during the night, the belly tympanitic, and general prostration very great. Cold applications were ordered to the head, and slightly stimulating medicines to be taken. During the course of this day all the symptoms increased, and the patient died.

In several points of view this is a very interesting case, and presented the following questions to my mind:—How far was this inflammation induced by the difficult and lengthened search for the extremities of the cut vessel? Would not compression have been sufficient to have restrained the bleeding (which I mentioned had entirely ceased, before the patient was brought into the hospital), in the *lower* part of the fore-arm? How far did the enormous quantity of blood, lost through the leeches, affect the general constitution, and the arm itself; and what share had

it in inducing the very gangrene it was meant to combat? Would not early incisions, to have released the tension of the fore-arm, been preferable to the leeches, by giving vent to the effused serum, or pus?

The first question, as to the search for the vessel, and as to compression, seemed to me, in some degree, answered by the case of a patient of M. Velpeau, a man, who in the same week (during the height of the carnival), met with a very similar accident. This man, also in a state of drunkenness, struck his arm down on a glass, broke this, and opened the radial artery, just above the wrist. M. V. merely applied pressure, and the wound healed without an accident.

The application of leeches, and in such an enormous quantity, when *insensibility* had partly commenced in the limb, hastened the destruction of the patient, by their powerful effect, in reducing the powers of life. They should have, at least, been applied sooner; and why M. B. did not *immediately* open the fascia, I have not the slightest conjecture, as the omission seemed to me contrary to his own principles.

The case strongly impresses the readiness with which inflammation runs and spreads among tendons and muscles, and beneath aponeuroses, and the active rapidity of its course, and the great necessity of active and early interference to interrupt its course.

In the following case, as regards searching for the artery, interference seemed to me perfectly unnecessary. A man fell down some steps on a bottle, broke

it, and wounded (with a deep clean cut) the parts above the wrist, across the course of the ulnar artery. A great quantity of arterial blood followed at the moment; he was however immediately dressed by a surgeon, with compresses and bandages, and sent to the Hôtel Dieu. M. Blandin saw him twenty-four hours after the accident; the bleeding had quite ceased, and the arm was quite easy. M. B. removed the bandages, &c., enlarged the wound, and after half an hour's search, (rendered difficult by the tendon of the flexor carpi ulnaris having been partially divided by the glass), the ulnar artery was found untouched. Of course the operation did nothing, but inform the surgeon that the artery was sound, except causing much pain to the patient, and a probability of subsequent inflammation. There can surely be no doubt, I apprehend, that M. Blandin's practice was wrong in this case.

It appears to me, (and the case of M. Velpeau above related seems to confirm the opinion), that in wounds of the ulnar and radial arteries *near the wrist*, compression, well applied, is of itself sufficient to arrest the hemorrhage, and that the search for the wounded extremities of the divided artery, (generally rendered difficult by the laceration of the soft parts around, caused by the injury), is unnecessary, productive of much pain, and very liable to be the cause of violent inflammation. Why should not these arteries be as well under the controul of compression as the temporal, superficial as they are in the lower part of their course, and situated over a firm basis for receiving compression? I cannot imagine that it can be ever necessary to search for arteries in

any part of the hand, moreover; but that *well applied* compression will always be sufficient to restrain any hemorrage that may arise. In the upper part of the fore-arm, where these arteries are somewhat larger, embedded in muscles, and deeper in situation, they are of course beyond the power of compression, and require the ligature, an operation which I have seen M. Blandin perform. The remarkable fact of the forcible jet of blood which flows from the lower extremity of the cut artery, when the upper one is tied, was well shown in this case. The reason does not seem to me evident; but it may perhaps prove somewhat the truth of M. Majendie's theory of the circulation, inasmuch as that the action of the heart does not cease at the capillaries.

Wound of the Chest. March 19, 1840.

Ten days ago, a married woman entered the Hôtel Dieu, under the care of M. Blandin, having received a wound on her back from a knife. Her account is, that her husband, who was causually flourishing a knife about in the air, accidentally stuck her with it; that the knife was *broad* at the point, and not thin and piercing.

On examining the seat of injury, an incised wound was discovered at the internal and lower border of the scapula, about an inch long, running in the direction of the length of the ribs, between two intercostal spaces, just external to the angles of the ribs. There was much effusion of blood around the edges of the wound, the lungs appeared perfectly intact, the vesicular murmur was clear, and no crepitation

could be distinguished. There was no embarrassment of the respiration, no spitting of blood; hence no signs of injury of lungs, or effusion of blood or escape of air into the pleura; so that this could scarcely be considered otherwise than as a simple incised wound; in fact, such was the distinct diagnosis of the case. The length of the wound was to be accounted for by the breadth of the point of the knife. The case was held as of the slightest importance; but still, as M. B. thought on the bare possibility of a deeper injury, he ordered blood to be taken from the arm.

On the second day the wound was closed, and everything was perfectly well; on the third, she thought of leaving the hospital, as her cure seemed complete; she, however, for some cause did not obtain her dismissal. On the seventh day (three days ago), her case suddenly presented quite a different aspect; her respiration was difficult, quick, and jerking; pain in the side on pressure; suppuration in the wound, and the discharge mixed with the coagula of the ecchymosed blood; a friction sound was heard in the chest. She was immediately ordered to be bled, and thirty leeches were applied over the seat of pain, then a poultice, and the strictest diet enjoined. The next day she was more depressed; the chest was dull to percussion at the lower part, and respiration inaudible below; but at the upper part of the lung ægophony was distinctly recognized. She was very feeble, and her intellects were confused; a large blister was applied over the chest. Yesterday she was more enfeebled; a yellow

tint of the skin and conjunctiva, intimated some affection of the liver, whether arising from continuous inflammation or secondarily. To-day the dullness is increased over the chest, and the respiration is more difficult; the effusion of pus into the cavity of the pleura was very evident; it flowed out in abundance from the external wound mixed with flocculi. She died on the following day.

On examination of the chest, the pleura was found (on the side where the wound existed), highly inflamed, and a great quantity of pus existed in its cavity; the lung was compressed to the back part of the chest, and a wound existed in the pleura, corresponding to that on the outer side of the chest.

This case clearly demonstrates the possibility of a penetrating wound of the chest existing, without any positive sign to prove its existence, and without the functions of the lungs being in any degree deranged, and is therefore interesting, not only in a surgical, but also in a medico-legal point of view. The fact of the lung not being affected, must be accounted for by the narrowness of the wound and its depth, preventing (when the parietes of the wound fell together on the withdrawal of the knife), the passage of air across the walls of the chest, and also by the contraction of the muscles. A French academecian, (mentioned by Majendie in his Elemens Physiques de la Vie), denied that the lungs were compressed when air was admitted into the chest; and M. Majendie showed, that the failure of his experiments arose from his not keeping the wound in the thorax open, after the knife was withdrawn. This circumstance, it appears to me, will explain the case in

point.* The reason why the pleura did not take on inflammation earlier, may be, that the woman was for the first few days in bed, and not exposed to any exciting cause. The case is interesting in showing, with what care a diagnosis should be given in such wounds, and with what suspicion they should always be regarded, and with what interest they should be watched. In a medico-legal point of view also, it is not without its use. I may mention, that the woman's account of the broadness of the point of the blade, was a fabrication, to screen her husband from any legal consequences, for he had stabbed her intentionally.

Tumour on the Foot.—February 15, 1840.

A woman, at 64, of hale and healthy appearance, came into the Hôtel Dieu, under M. Blandin's charge. She journeyed to Paris, from the country, under the advice of the surgeon who attended her there, to undergo amputation of the leg, for this tumour, which he deemed of a cancerous nature.

She says that about three or four years ago, she, for the first time, noticed a small swelling below the internel malleolus, a tumour, of whose origin she

* As to the difficulty of liquids passing through openings in muscular fibres, *i. e.* openings parallel to their length, I might mention a case where M. Lisfranc and another surgeon, distinctly determined the presence of pus under the pectoral muscle, an incision was made through this muscle, but not a drop of pus, or fluid of any kind, followed. Both the surgeons were amazed: "Donnez-nous une prise de tabac," said M. L.; and then suddenly the thought struck him, to separate the lips of the wound, on doing which, a jet of pus immediately sprung out.

could give no account, except that it might have been caused by the pressure of the heavy wooden shoes worn in the country. She then experienced no pain or inconvenience from it, and she took no further notice of it; but it has gone on gradually and slowly increasing up to the present moment. It is situated immediately below the internal malleolus of the left foot, is round, a little larger than an egg, slightly flattened above; it moves with the motion of the foot, and seems to have no connection with the ankle joint, or the tibia; its base is hard, like an exostosis, and it has a hard fluctuation in the centre—is elastic; the skin surrounding it is of a violet hue, and varicosed branches of the internal saphena vein course around it. The disease is quite local; neither the foot nor the leg is affected by it, motion is quite free, and the lymphatics and ganglions healthy. The woman's general health is good; but she complained that her sleep was latterly somewhat broken by starting pains in her toes (which might be supposed to depend on the pressure of the tumour on the plantar nerves).

The tumour did not seem of a tubercular nature, for the woman's constitution was excellent, there was no swelling in the groin, and there was hardness at the base of the tumour; nor of a scirrhous character, for then the base would not have been osseous; nor encephaloid, for it was not undefined, had not advanced rapidly, and had given rise to no lancinating pains, or swellings of the lymphatics, or the glands; it had not the appearance of osteosarcoma, for the bones were not altered in bulk

or form. Such was M. Blandin's reasoning;* and he gave it as his opinion, that it was a tumour arising from inflammation of the periosteum, which had been probably bruised, or in some way injured, the base having become hard, from the deposition of osseous and cartilaginous matters. Inasmuch as this tumour was circumscribed, was not connected with the joint, and appeared only attached to the astragalus and os calcis, M. B. determined to make a crucial incision over it, dissect back the flaps, and attempt its removal from its connections; if this was impossible, or if it turned out to be of a fungoid character, and projecting deeply among the muscles, nerves, &c., of the foot, M. B. decided, that he would immediately amputate the leg.

The operation of dissecting this tumour was tedious, and appeared to give very much pain to the patient; when it was completed the tumour was ascertained to be situated in the body of the posterior tibial nerve, and was a cartilaginous deposit among the filaments of this nerves, developing itself in a direction towards the foot, and spreading among the nervous fibrillæ of the internal and external plantar nerves. M. B. having determined that it was

* A few days afterwards, at La Pitié, M. Lisfranc remarking on a doubtful case of a tumour on the metacarpal bone of the thumb, said, it was a pity it had not fallen into the hands of some villanous perruquier, he would have made a fine lesson of it, running through every thing, *prepared* upon the subject. Il faut le couper, continued M. L., to find out its nature, and what does it signify if it is lamb or mutton, beef or veal, the only practical point is its extent and relations.

impossible to remove the tumour, at once amputated the leg, at the junction of the middle with the inferior third of the limb, and by the circular operation.

The day after these severe operations the patient was in a high state of traumatic fever, and her nervous system seemed much agitated. On the second day, the stump looked well, and she appeared more tranquil, and the fever was certainly diminished. On the third day, she was worse, her face was very expressive of suffering and dejection. She had been delirious during the night; her pulse quick and feeble, tongue dry and brown, the stump unhealthy in appearance, and no sign of vigorous action in it; her respiration was hurried, and she died during the day.

The result of this case may, perhaps, furnish us with some data for doubting, if two operations of such a grave nature can be justifiably undertaken in such an aged person, and whether they were expedient; whether the nervous system in such an individual is capable of bearing such a shock, or of enduring so much, and so long-continued suffering. It was evidently not from loss of blood that death was caused, for but little was lost during either operation; it was the nervous system alone, as it appeared, that was materially affected; for, from the moment of the operation to her death, this patient never regained its power. It was, moreover, by the operation alone, that this was affected, for the woman was cheerful, and entreated its performance, convinced that it would be successful. There could be little doubt that death

was caused by the shock on the nervous system ; and it seems to me, that this case would indicate, that in a similar one the only operation that should be attempted, should be amputation.

Crural Hernia.—January 2, 1840.

A man 45 years of age, of bad constitution, was the subject. He had been affected with this hernia for three years ; it had never been large ; he had never worn a bandage, or experienced any accident from the hernia. Yesterday he had been walking much, and in the evening felt a pain in the groin, and in the abdomen, had colic and vomiting.

It should be observed that this man about three months ago, had pains in the belly, desire to vomit, symptoms of indigestion, then swelling of the belly, and a kind of ascites, and, to add to the complication, he was evidently labouring under some disease of the chest.

To-day, when he was brought to the Hôtel Dieu, he had no stool, and vomited fæcal matter. The tumour was rather soft than hard, and the size of a chesnut, was not painful on pressure ; the belly was much swelled and tympanitic, skin sweaty and clammy, pulse weak and fluttering.

From some anomalous symptoms this case presented difficulties in its diagnosis. It might be a case of peritonitis, rapidly running its course, for the tumour in the groin was not painful on pressure, while the belly was eminently sensible to the slightest touch. The tumour, moreover, was not hard, and in eighteen hours it could hardly be supposed that the intestine could have become gangrenous and soft ;

on reflecting upon the narrowness of the crural ring in man, and the rapid progress that inflammation of the intestine makes in this kind of hernia, and so of the probability of the intestine having become gangrenous, on the fæcal vomiting, &c. M. Blandin decided to perform the operation, and found a hernia, but not in a state of gangrene. When the stricture was relieved, and the intestine returned, a quantity (about three pints), of serosity escaped from the abdominal cavity, and coagulated, almost immediately on exposure to the air, (a circumstance, which M. B. said he had several times witnessed before, but of which he gave no account);* nothing peculiar took place in the operation, except M. B's method of dividing the stricture. He uses a thin-curved bistoury, with a very long probed point, this is guided by the finger to the stricture, and then slipped over it; by the length of the probed point, M. B. imagines, there is less risk of wounding either the intestines, or any parts, behind the stricture. In cutting this, the knife is directed from without inwards, thus running less risk of wounding any possible anomalous distribution of the epigastric artery. A portion of omentum was left in the wound.

The day after the operation the belly was very painful and tympanitic, the bowels not open, and the tongue dry—purgative ænemata were administered, and produced fæcal evacuations.

* I am informed that this is a very usual appearance, arising from the separation of fibrin.

This man continued for a week almost in the same state, the belly being tympanitic, pulse quick, countenance very dejected, and cough very troublesome; the bowels were kept open by purgatives, and no accident occurred to the wound. After the first week the abdominal symptoms diminished, and he rallied rapidly, and in about four weeks was perfectly cured of the hernial affection; the portion of epiploon left in the wound sphacelated—he left the hospital, the Hôtel Dieu, to enter into the medical wards of another hospital for the disease of his chest. There was a great resemblance in this case, between the symptoms of hernia and peritonitis, and a consequent difficulty of diagnosis, a difficulty which would, in some cases, almost seem to exclude certainty. M. B. mentioned a case where he and Marjolin had been opposed in opinion to Dupuytren, and all the first surgeons of Paris, in regard to the existence or not of a crural hernia, and were right in their opinion; the operation having been performed, and nothing but a little serum found in the sac—not one of the symptoms of peritonitis seem wanting in some cases of hernia, and not one as in the case mentioned by M. B., where the symptoms of hernia in a case of peritonitis. In the case above recorded, there was no doubt a complication of peritonitis concurring with the hernia.

Another case of crural hernia, on which M. Blandin operated, was that of a woman in whom it had existed for three years; she had never worn a bandage, the hernia coming out during the day, and partially returning at night. After making an effort it did not return as usual, and symptoms of strangulation

came on; she had been treated by baths, purgatives, and an *emetic*, before she entered the Hôtel Dieu, which she did forty-eight hours after the strangulation had existed—a long period, for a crural hernia may become sphacelated in twenty-four hours. The operation was at once performed; the epiploon was before the gut, and both were of a violet hue; but no gangrene had taken place. The intestine was returned with difficulty, but the epiploon was united and would not return, and M. B. fearing that if this was left it might cause inflammation, cut it off; there was no fear of hemorrhage internally, as it could not return entirely into the abdomen. The mode of cutting the epiploon is the same as for the cord of the testicle, in order to seize the vessels. Malgaigne's opinion of the sac always being the cause of strangulation, M. B. is convinced was disproved in this case, as by many others. This woman soon after the operation passed a stool, and for several days never had a bad symptom; the part of the epiploon which had been left out sphacelated. (I might mention that in every case in which I saw M. B. operate, whether the epiploon was reduced wholly, or in part, or entirely left out, or in part left out, gangrene took place). By the sphacelation of this, and from the wound itself, erysipelas was suddenly caused in the opposite groin, and produced most extensive destruction of the cellular tissue, which destroyed the patient; the operation was in itself certainly successful (notwithstanding the time that had elapsed between the strangulation and the operation), and the death solely caused by accidental circumstances.

In another successful case of operation for inguinal

hernia, sphacelus of the dartos took place after the operation, and was caused, M. B. thought, by leeches which, before his admission, had been wrongly applied to the scrotum, instead of to the neck of the sac.

Another case of a healthy man, a cook, æt. 60, who had long been troubled with a hernia, after some rather unusual exertion, it came down, and had been strangulated twenty-four hours—no attempt was made at reduction, but the operation was immediately performed; the tumour was hard and painful at the neck, and no stool had been passed since the strangulation; the abdomen was swelled; nausea and vomitings were present; in fact all the symptoms of strangulation; the cord of the testicle lay before and outside the tumour, so that it was a direct inguinal hernia: there were copious stools after the operation, and no bad symptom followed for some days; but the man caught erysipelas which, as in the other case, proved fatal.

M. Roux operated on an inguinal hernia which had been long neglected, and suddenly strangulated; the patient came to the hospital eighteen hours afterwards, and but the very slightest attempt was made at reduction; the tunica vaginalis was placed before the sac, and contained a little serosity: all the accidents of strangulated hernia ceased after the operation, but the belly was distended and tympanitic, and great pain existed in the left side (side of operation), leeches were applied, emollient and narcotic applications. These symptoms lasted several days, and then a great sero-purulent discharge took place apparently from the cavity of the abdomen—fever severe—after

some time the symptoms were relieved, but there was still a discharge from the upper part of the wound, a probe was introduced (a probe thirteen inches long), and a very deep abscess was found in the abdominal walls, though fluctuation could not be felt; it was opened, and much mortified cellular tissue afterwards came away. This case ended fatally.

Though of the four cases mentioned as being operated by M. Blandin two died, yet in regard to the hernia itself, they must all be considered successful, for the two deaths were caused entirely by the epidemic which is always raging in the wards of the Hôtel Dieu, I mean erysipelas, and there can, I should think, be little doubt that they would have all terminated favourably if removed from the noxious influence of that disease. I thought that the success of the practice might, in great part, be very justly attributed to the slight attempts which were made at reducing the herniæ, a practice which prevails and is followed here (Paris) generally by the surgeons. No attempt is made to heal the wound by the first intention. *

A woman, æt. 56, presented herself to M. Blandin with a tumour in the groin, soft, fluctuating, and red, in the situation of the inguinal canal, and the size of a hen's egg; it bore every appearance of an abscess, but the woman said that for a long time a small tumour had appeared and disappeared, but that

* I heard M. Richerand state that Dupuytren who had been operating on a case of inguinal hernia, attempted for once union by the first intention, out of compliment to a celebrated English surgeon who was present.

this had appeared seventeen days, and had always remained; she had no colics, vomitings, &c., but had not had her bowels opened for eight days. M. B. opened it very carefully, dividing layer by layer of the tissue, and pus freely escaped. M. B. said that it might have been caused by external inflammation, excited by hernia of the epiploon, but more probably by an enlarged lipome of the inguinal canal drawing down the peritoneum, and causing hernia.

M. Blandin operated on one other case of crural hernia during the winter; the hernia had been a long time strangulated, the gut was sphacelated, and a portion was cut away. The patient died a few hours after the operation, in great pain.*

M. B. showed that in this case (in the dead-house) the stricture was not caused by the sac, as Malgaigne asserts is always the case.

Hæmatocele. A young man, the subject of this complaint, received a kick on the scrotum, about ten days before his entrance into La Charité, under M. Velpeau. He then felt much pain, and the scrotum was swelled; the pain continued, but the swelling did not increase; careful examination showed no ecchymosis on any part of the scrotum; the skin was red, the testicle swelled, but did not give much pain when pressed; the tumour soft and fluctuating; no transparency. M. Velpeau pricked a point where fluctuation was most apparent, and the opening gave issue to a quan-

* M. B. observed, that once in aiding Dupuytren in a like case, when he had cut away part of the gut, a portion of the fæcal matter escaped into the abdomen, the man immediately uttered a most agonizing scream, and fell back dead.

tity of blood. The diagnosis in this case was difficult. It had many of the signs of inflammation of the testicle, and few of those of hæmatocele. The absence of ecchymosis, the redness of the scrotum, and swelling of the testicle, produced the difficulty, which was only positively cleared by the puncture of the scrotum.

In the treatment of hæmatocele (a matter of great difficulty, if we may judge from the fact of its being altogether omitted in one of the most modern works on surgery), M. Velpeau rejects M. Roux's* practice of extirpation of the testicle, and Dupuytren's of taking away only a part of the tunica vaginalis. His method is either to evacuate the sac, if its contents are fluid enough, by means of the trochar, and then to throw into it an injection of iodine. If the cyst contains coagulated blood, &c., then he makes an incision into it, large enough to give free exit to its concreted contents: M. V. avers that this operation succeeds perfectly.

Hernia Humoralis. This disease is by many authors considered as an inflammation of the body of the testicle. One of the latest English writers says, "the body of the testicle swells, with great pain and tenderness." M. Blandin is of opinion, that in ninety-nine cases out of a hundred, the epididymis† and

* I am not certain if this was not Boyer's operation.

† Engorgment of the epididymis may be always destroyed, M. Lisfranc observed, by leeches along the cord. It seldom degenerates into scirrhus, but rests a long time in the same state. There are, however, exceptions: where it does, therefore, always combat these engorgements.

vas deferens are the seat of this inflammation, and not the testicle. Several cases, which he pointed out in the Hôtel Dieu, and which I observed in other hospitals, strongly confirmed this view, which is strengthened by anatomical considerations. It is difficult to conceive, how so dense coverings as those which surround the testicle, could admit the rapid swelling which so often takes place in this disease; and if the progress of the malady is carefully watched from its onset, it is not difficult to determine that this swelling is really seated in the epididymis and vas deferens. The epididymis, when much inflamed, spreads out, swells, and embraces the whole of the testicle, so that when the inflammation is at its height, this cannot be felt. But before it has reached this point, it often happens, that in some part of its circumference, the testicle may be felt of its natural size and hardness. M. B. pointed out this circumstance several times, and it was clearly appreciable, the hard body of the testicle being felt, where it was as yet uncovered by the swelling epididymis. In all the cases, (and they were a great many) which I observed, there was not the slightst necessity of calling in the aid of sympathy to account for this swelling; for the sensations of the patient could follow the inflammation proceeding along the course of the cord.

Gonorrhœal Rheumatism. January 1, 1840.

A strong healthy man, twenty-six years of age, about six months ago, contracted a gonorrhœa. He tried various methods, for some weeks, to arrest the discharge, and without succeeding; when suddenly

he was attacked by violent pains and swellings in all the large joints of the body, and the discharge from the urethra was suddenly diminished to two or three drops a day, but did not cease entirely. He confidently asserted that he could assign no reason for this sudden affection, and had been neither exposed to wet or change of temperature. He was bled several times, and blisters were applied to the joints, all of which returned to a healthy condition, except the left knee, which presented all the characters of a rheumatic affection. To be treated for the swelling, pain, and stiffness of the joint, was the cause of his entering the Hôtel Dieu. The gonorrhœal discharge had long since ceased. M. V. applied the starch bandage to the joint.

Injury to the Anterior part of the Brain.

A child, seven or eight years of age, was brought into the Hôtel Dieu on the 26th December 1839, having been kicked on the forehead the day before by a horse. The parents said, that for a moment after the accident, the child was senseless, but, that sense quickly returned. On examination, there was found a deeply contused wound in the forehead, immediately above the root of the nose, and a hole which penetrated to the brain. Through this hole was evidently to be distinguished passing, both grey and white-coloured brain. Several comminuted pieces of bone were extracted, and much blood passed through the nose. There was deep ecchymosis around the eyes and nose. The child answered questions well, but not perfectly; the articulation was good; there was no loss of power of the muscles of the tongue or

mouth, and no convulsions; he raised his arms and legs well, and pressed the hand, when told to do so; in short, notwithstanding the injury to the brain, there was no loss of sensibility or mobility. Ice was applied to the head, ten leeches to the mastoidean region, (two at a time, so as to keep up a continued flow of blood), blisters to the thighs, and sinapisms to the feet, and a purgative lavement was adminstered. Despite of this active treatment, the child was worse the next day, the third of the injury; he did not hear questions, or could not answer them; speech was lost; he did not even move his lips as if endeavouring to speak; urine passed involuntarily; sensibility was still perfect in every part, but there was paralysis of the *left leg;* the respiration was embarrassed; the pulse quick and weak; the pupil natural; he became delirious, and died during the day. On examination after death, the superior part of the right orbital arch was broken, and driven upwards and backwards, carrying with it the roof of the orbit, to an elevation of eight lines. By the action of this bone, complete destruction and laceration of the anterior lobe of the brain was produced on the *right side.* On the lower part of the left lobe, at its junction with the right, was a small softened spot, about the size of a common nut; every other part of the brain and of the body was healthy. This case is interesting in a physiological point of view, that is, in regard to the function of the anterior lobes of the brain. M. Bouillaud had stated, that the power presiding over speech resides in the anterior lobes of the brain; and M. Blandin seemed to think this case corroborated his opinion. The fact of the child hav-

ing spoken the first day after the injury, and not the next, was attributed to the inflammation not having reached those parts of the anterior lobes which preside over speech, before the third day. The experiment, to me, however, was highly unsatisfactory; because the loss of speech did not occur till a short time before death, when the whole nervous system must have been violently affected, and because the left lobe was scarcely engaged in the injury, and because it is difficult to conceive why speech was not lost the second day; and because, from such a violent blow, the whole brain must have received a violent concussion. This case illustrates M. B.'s treatment in these cases of injury of the head, of which I have seen many in his wards. Even the simplest injury of the scalp is treated by general bleeding, and Pott's antiphlogistic treatment is certainly carried to its fullest extent. M. B. seems to have a particular dread (not too much perhaps) of the consequences of trivial injuries to the head.

A child, twelve or thirteen years, was brought into M. Lisfranc's ward in a comatose state, having fallen from a window into the street. There was a wound on the chin, and the face was much swelled, and fracture of the lower part of the radius. Much blood was lost by the left ear, and it continued running for three or four days. Intelligence returned, and the little boy appeared rapidly recovering; but on the eighth day, he complained of pains in the head, his ideas were disturbed, and he had quite lost his gaiety: leeches were ordered to be applied to the mastoid region, but with caution, as the boy was already very weak. Next day a great quantity of pus

escaped from the ear, and in fact from the internal ear it must have flowed; it continued to run for several days, during which, leeches were several times applied behind the ear: gradually it ceased, and the little fellow perfectly recovered. 'How did it form? and from whence came this discharge?' said M. L.: 'whether from fracture, or a separated membrane? I don't know anything about it: if I acted the perruquier I should. But the great practical and useful lesson is clear — the bleeding, great and frequently repeated, saved the child's life.' I was much struck by this case, having seen one in all respects very similar in England, in which the most active and vigorous treatment seemed to have saved the child's life.

The following is a case of a somewhat similar nature, and shows the great efficacy, and consequently the high importance of strict antiphlogistic treatment in injuries of the head; and may make us cautious in giving a decided prognosis in such injuries, even though they may be most severe; and afford reasonable doubts, whether even fracture itself of the bones, and the lesions, &c., which must have necessarily resulted to the brain from such fracture, are always followed by a fatal termination.

This man fell down from a height of four stories on his head, and was taken up senseless. On examination, next day, no lesion of the integument existed, but merely ecchymosis, was visible; blood had passed from the left ear (the right was tinged with blood *externally*, but not *internally*); the eyelids were ecchymosed, and this might be caused, or not, by fracture of the orbit. The individual was impatient

of the examination; did not speak, nor put out his tongue, when told to do so, and did not seem to understand what was said to him. There was no paralysis of the face or limbs, nor difficulty of respiration, and the man seemed involved in a tranquil sleep: pulse very irregular, 76 to 78. Urine passed involuntarily. Thirty leeches were applied behind the mastoid process—two at a time, so as to keep up a discharge of blood during the whole day; ice to the head, sinapisms to the feet, and a purgative enema was given. Next day the man was evidently improved; he answered questions pretty well; put out his tongue, moved his hands; in short, intelligence was returning. The leeches were still continued, and the ice; strong cathartics were also administered. Under this treatment the patient gradually and perfectly recovered from the severe injury he had received.

Fracture of the upper part of the Tibia.

This accident happened to a mason, a man about forty-five years of age, and was caused by the direct impulse of an immense block of stone falling on his leg. The fracture was of course compound, and situated just above the insertion of the ligament of the patella. The parts were but little displaced; for the first week (and this is the method followed by M. Blandin in the treatment of all fractures) it was merely placed, loosely enveloped, in splints and compresses; but when the first inflammation was diminished, it was placed in an extended position, in the immoveable starch apparatus. Soon after this, much pain was felt by the man; and on the apparatus being removed, much swelling was found to exist, and a slough was found over the broken bones. The

inflammation then extended down the leg, and abscesses formed in two or three places. These were opened, but the sloughing continued, and the patient began to show symptoms of purulent absorption, dryness of tongue, black sordes on the teeth, petechiæ on the arms, and *white vesicles* on the epidermis, on the abdomen, chest and neck, sunken visage, delirium, and muttering, quick pulse, diarrhœa,—symptoms which make this disease simulate so remarkably typhus in character. The man lingered several weeks in this state, and did not die until six weeks after the accident.

Exam. cadav. Heart small; blood like molasses; left lung healthy; right, presented in some of its lobules sanguine ecchymoses (as in pulmonary apoplexy), in others, points of pus, surrounded by a brownish circle, while other and neighbouring lobules were quite healthy; liver and spleen were unaffected; in the popliteal vein a quantity of pus was found, but a *clot above* prevented its being carried rapidly into the system (a circumstance which, perhaps, in some degree accounts for the slow progress of the disease); the head of the tibia was fractured into the joint, and a great number of small portions of comminuted bone were found lying in it.

Fracture of the upper part of the tibia would seem to be very rare. I have searched several surgical works, and cannot find any description of cases, or what ought to be the practice in regard to this accident.* The above, I should imagine, if not in the

* Sir C. Bell says, "In this case the straight position of the limb is to be preferred. The danger is from high inflammation of the knee joint. Anchylosis is to be apprehended."

first instance, at least in the second, was certainly a case for amputation ; and I was much surprised to see, that the thought never even seemed to occur to M. B. Arguing from this case, and considering the great violence necessary to produce fracture of the head of the tibia, the necessity (I should imagine) of its being a compound fracture, and the probability (remembering the spongy texture of the bone here) of its being a crushed and comminuted one, perhaps the question might be raised, if all fractures of this nature would not require amputation. It is difficult to imagine the existence of this fracture without comminution of bone, injury probably extending into the joint, and consequent violent inflammation. The too early application of the starch bandage certainly did injury in this case, causing constriction, irritation, and probably the gangrene ; and from another case of compound fracture, which I saw thus treated, I should say, that the immoveable apparatus is not applicable to these instances. The resemblance between typhus and purulent affections was very strikingly shown in this case ; and the existence of pus in the popliteal vein, showed that it was in the vein itself that the pus was formed, and that it was not through absorption that it was carried into the system. The lungs, in this case, presented the exact appearances which are often presented in typhus, and which I have several times seen M. Majendie produce in the dog, by injecting defribinated blood into the circulation. M. M. has injected pus into the veins of a dog, and the animal died through the obstructions these globules opposed to the passage of the blood through the lungs. " So long," says he, " as

the injection circulated through tubes proportional in point of calibre to the size of the globules, no ill consequence occurred, but once it became necessary for it to traverse the capillaries of the lung, the infinitely minute diameter of those vessels proved an invincible obstacle to its passage." Though the small abscesses, or deposits of pus, found in the lungs in this case, might be accounted for, by M. Majendie's supposition. Yet the case seems anything but clear. Why were not *both* lungs affected? why not the liver and spleen? and why were these abscesses not further advanced, after so long a duration of disease? Why does abscess of the liver more particularly follow pus effused in the dura mater and brain? The globules of pus are four times larger than the globules of the blood; how then could they have circulated so freely, for so long a time, without causing death sooner? The subject still appears to me very obscured, and experience only can clear it up.

The treatment of nearly all kinds of fractures by the starch bandage, is now almost generally adopted by the Parisian surgeons: M. Lisfranc and M. Jobert (of St. Louis) alone, I believe, raise their voice against the practice. It is adopted in the practice of Velpeau, Roux, and Blandin, and with the most favourable results; and if equable pressure, firm support, and well adapted support too, and an apparatus, which no movements or efforts of the patient can displace, are advantages in the treatment of fractures, this "appareil amydoné" certainly deserves the highest praise; and from the consequences of its application, from its results, which I have witnessed so very frequently during the past winter, I should

say (with deference) that, according to my judgment, it is one of the greatest acquisitions of modern surgery, inasmuch as it is called in to the aid of perhaps the most numerous and important class of surgical accidents. In treatment of fracture, the object of the surgeon is, to fit the splints he employs as accurately as possible to the fractured limb, as shown by the manner in which they are often made to follow the curves of the limb: but how far from approaching true adaptation is that obtained by wooden, or even pasteboard splints! Again, the bandages by which these splints are adjusted become slackened, or slip down, or the splints become deranged through the restlessness of the patient, or the involuntary movements of the muscles of the leg. Moreover, complete rest, on the part of the patient, is required, to aid the cure, and the irksomeness of weeks must be endured in bed, when the leg is fractured. Now, all these inconveniences (slightly exaggerated, perhaps), or rather injurious attendants of this mode of practice are prevented by the starch bandage, which conjoins in itself, all the true elements and essentials for the most rational treatment of fractures, and is superior to the method of splints and bandages, inasmuch as it approaches nearer to that point, (I speak still with much deference), which it would be the perfection of apparatus to attain.* In compound fractures, where there is more than mere

* The practice of starched bandages, in fractures, seems to have been long known to the Arabs, and I believe the idea was borrowed from them. A French academician gravely stated to the academy, that a friend of his, travelling in Africa, met an Arab on a camel, whose leg was fractured, and thus dressed!

lesion of the skin, this apparatus, of course, cannot be employed, as the wound may require dressing every day, so that its application is not universal; but in simple fractures, or in fractures with simple lesion of the skin, where the only object is to keep the bones in place, and prevent the actions of the muscles, what can we wish for more appropriate to our purpose? But there is a great question which may be misunderstood, viz., when should the apparatus be applied? Some surgeons tell us, that if the fracture is put up at once, *before* inflammation commences, the swelling is prevented; this is, no doubt, true to a certain extent, (for the bandage is well known to be a most excellent remedy for inflammation in many circumstances, and hence an evident impropriety in the practice of those who content themselves with applying leeches and lotions only, in the first periods of a fracture*); but that it is true, to its *full* extent, I cannot understand, for is not inflammation, effusion of blood, and swelling, a natural consequence of fracture? And from this it follows, that to apply this starch apparatus *at once*, would be no less than a folly; yet this has been made an objection to it, that it cannot be used in the first period of a fracture: but this is evidently a most weak objection, and unworthy notice. The invariable practice of all the surgeons who employ this method, is, to dress the fractures for the first days merely with the common splints and bandages; but when the moment of inflammation has passed, and when the

* From my own experience, I venture to say, that this treatment is far from uncommon.

process of union may be supposed to have commenced, and absolute rest rendered requisite, to apply the immoveable apparatus. I cannot but insist warmly on this treatment, for I have seen it so extensively employed, and with such favourable results, that I must have been blind not to have noticed its excellences; among not the least of which is, that the individual may quit his bed, and avoid the tediousness of continued lying (than which nothing is more a subject of complaint with the patient, and which, I think I may say, is often a matter of real suffering to him): this fact alone would be enough to stamp its usefulness.

M. Roux treats all his fractures during the first interval by a linseed-meal poultice, smoothly applied over the fracture; then bandages, pads, and splints: these are changed every day, until the starch bandage is applied. This meal poultice is sometimes, but not always, employed by M. Blandin. I do not know what would be the practice of these gentlemen in regard to fractures of the thigh, as I only saw three cases at the Hôtel Dieu during the winter, and these were all compound, and, of course, not adapted for this treatment with the starch bandage.

In the treatment of fractures of the leg in this manner, the great point of M. Lisfranc's treatment, position, is lost sight of. This position is the great pivot on which all M. L.'s notions of the treatment of fracture turn: any method, which takes little or no account of this, receives M. L.'s unqualified disapprobation.

Fracture of the Clavicle.—A young boy sliding on the ice fell on his shoulder, and by contre-coup his

clavicle was fractured. Pain in the shoulder, and marks of contusion on the skin, body, and head inclined towards the affected side, to relax the trapezius and sternomastoid muscle; movement difficult and painful, shoulder brought nearer to sternum, and depressed, swelling near the fracture. Fracture by contre-coup is less severe than that from direct injury. The internal fragment is drawn up, the external down. In infants, said M. Blandin, in whom the periosteum is very strong, this is often not ruptured, and then there is no displacement. This, sometimes, though rarely, happens in adults, and has been often the cause of error and mistakes.* M. B. said, that he was the first who noticed this species of fracture. There is no displacement when the fracture is between the coraco-clavicular ligament, and the acromio-clavicular articulation, so that this displacement is easy in some cases, impossible in some, and rare in others. M. B. had treated a case of fracture without rupture of the periosteum, and consequent displacement in an infant at the Hôpital Beaujon. There is no difficulty in recognizing this fracture, if its possible existence be only kept in view. Dupuytren almost entirely abandoned the treatment of this fracture to nature, merely placing the arm of the individual in a sling; but he was decidedly wrong. The pieces ride on

* Mr. Syme says, in his Surgery, page 157, "In children the displacement is much less observable, than in adults, owing to *the lightness of their arms*, and hence the injury in them is frequently not discovered until the swelling which attends re-union attracts attention." Certainly M. Blandin's reason seems, by far, more natural.

each other, and hence irritation and inflammation of the periosteum, great pain, and consequent deformity. Dessault has pointed out the very best treatment of this fracture; has shown the necessity of continued extension, of raising the arm, and separating the fragments, by placing a cushion in the axilla, of pressing forwards and inwards over the chest, and of bandaging the whole arm; the great object of all being to force the shoulder backwards and outwards. M. B. followed this treatment in the above case and in another, applying the starched bandage to fix the arm, and the results of the cases were most excellent, there being by far less deformity than in any case that I have seen treated in England.

M. Blandin exhibited a case of transverse fracture of the patella, where death, in consequence of phthisis, took place some weeks after the accident happened to the individual. It was interesting in a practical point of view, presenting an appearance quite unexpected. A firm union, partly osseous, had taken place at its posterior part, while an interval of considerable extent existed in front; a fact, clearly demonstrating that this depression is not always a sign of entire separation of the fragments of the broken patella, nor a diagnosis by which we can determine their union.

In another case of fracture of the patella, from direct violence, caused by a fall on the frozen ground, swelling, effusion of blood, fluctuation and crepitation existed, but very slight deplacement of the fragments, because the fibrous sheath was not rup-

tured, as it is when fracture is caused by muscular action.*

In a case of amputation of the arm, for necrosis of the ulnar, this bone, on examination, clearly proved that the periosteum (quite separated from the bone) was forming, and had already formed bone.

Fractures of the lower jaw (of which I saw three single and one double) are treated by M. Blandin with a simple bandage passed under the chin, and fastened over the head.

Phymosis. M. Ricord always performs the operation of circumcision in this complaint, when it is possible, but when the phymosis is complete, when the prepuce is small, and tightly applied to the gland, then another operation must be performed. In performing this, M. R. is not contented with the common incision, carried along from the opening of prepuce to the base of the glans, (on the upper part of the penis); but after making this, he practises another in a parallel direction, on the lower part, at the frœnum; then seizes the flap left on either side with a pair of forceps, and cuts them off with the scissors. This operation is long, comparatively, and painful; but M. R. declares that the result, which is really excellent, well repays the extra pain, for scarcely any deformity ensues; and this is of the highest pos-

* The general opinion in fracture of the patella is, that osseous union cannot be obtained. Dupuytren, however, says, in his "Leçons," "ne doute pas la possibilité d'obtenir une adhesion immediate des fragmens par la production d'un cal osseux, si l'on parvenait à les maintenir en parfait contact pendant tout le temps necessaire à leur consolidation."

sible importance, added M. R., for there is no part of the body where surgery ought to be more coquettish.

In performing this operation (and the same rule applies in all other operations on the penis) the points of the incision should be marked out by nitrate of silver, at the spot where the knife's point should make its appearance at the base of the glans. In circumcision, also, the line of incision should be marked; a narrow, fine, sharp knife should be used. After making these observations, M. R. proceeded to operate on a case of the nature mentioned above, where the prepuce was firmly applied to the glans, and was very short. M. R. unwittingly made use of a very large, dull knife, and did not mark out the point where the incision ought to terminate. The consequence was that the knife, when pushed forwards, instead of piercing the skin at the base of the glans, puckered up the skin before it, so that when the knife was forced through, and the incision completed, the skin of the dorsum of the penis was ripped up very nearly to the pubes.

M. R. said that he had seen Dupuytren and his own predecessor at the Hôpital du Midi, cut off the glans penis as well as the prepuce, in operating for phymosis, by circumcision. M. Blandin's operation, and M. Velpeau's also, consists merely in one single incision along the dorsum of the glans, through the prepuce.

Fistula urethræ.—The subject of this fistula was a healthy man, about 45 years of age; the disease had existed from infancy, and no remedy had been tried for its cure, when he presented himself at the Hôtel

Dieu. The fistulous opening was situated in the median line in front of the scrotum, it appeared very small when the penis was retracted, but much larger when it was extended, being then nearly half an inch in length; there was no doubt as to its being an urethral fistula, for a probe could be passed directly into the urethra. On being more narrowly questioned, he at last admitted that when a child he had put a ring round his penis, and this was no doubt the origin of the fistula, and of the destruction of the urethra at the part, for M. Blandin in introducing a bougie observed, that the lower part of the urethra was entirely destroyed. M. B. determined to attempt its cure by Earl's method of operating, by an autoplastic operation—for this purpose a portion of the integument above (nearer the root of the penis) the fistulous opening, about eight lines square, was entirely dissected off—the callosity around the opening was also removed, and then a flap half an inch long was dissected up from *below* the fistula, and was then drawn over it backwards towards the root of the penis, (thus making the penis, as it were, describe a curve with the concavity below) and was united by sutures to the broad flat surface from which the skin had been already removed. M. B. hoped, by this means, to prevent any small quantity of urine, which might pass from the urethra, being a hindrance to adhesion in every part of the surfaces brought together—an elastic catheter was passed into the bladder. The second day after the operation the penis and the parts around the wound were enormously swollen, slight union appeared to have taken place in one point, the urine passed freely by the catheter,

and the patient had noticed none passing by the wound; one or two of the pins (by which the sutures were formed), were removed, by reason of the great constriction they caused; the next day (third) no further union seemed to have taken place, and all the sutures were removed. After this the patient (who was a most irritable subject, and who never ceased lamenting the day he applied at and entered the hospital), went through a series of misfortunes, which terminated in death; high inflammation arose in the parts, no more union took place, and that which had taken place was destroyed; pus, blood, and urine, began to flow from the wound; the man became very restless and feverish; two or three abscesses formed around, incisions were made to evacuate them; the inflammation appeared to have destroyed part of the urethra, for after eighteen or nineteen days from the operation, infiltration of urine took place, and death was the consequence.

Rhinoplastic operation, forming septum of the nose.

The old method, said M. Blandin, of cutting a long narrow slip from the forehead is abandoned, it generally sloughing, and so causing a great deformity. So also that of cutting from the arm, the position required being very difficult for the patient to maintain, and from the impossibility of preventing involuntary movements of the arm. M. B. had seen cases thus operated on by Delpech and Dieffenbach, and they were not followed by favourable results. Dupuytren and Dieffenbach at last took the septum from the upper lip, the former leaving the mucous membrane, the latter dividing the lip entirely. But

both turned the portion as on a pivot, and hence arose deformity, liability to death of the portion raised, and the necessity of a subsequent operation, if it succeeded, to divided the pedicle, (this, however, Dupuytren did not do, for fear of sphacelus.) All these inconveniences, M. B. said, were prevented by the method which *he** had introduced, which consisted in raising the portion without twisting it, so that the mucous membrane forms the lower part of the septum, and by exposure to the air, &c., it soon becomes converted into epidermis. Union takes place very rapidly between the back of the lobe of the nose and the portion raised; and this fact M. B. had frequently observed and accounted for, by supposing that the portion had lost just enough of energy to prevent suppuration, and induce healthy inflammation. There is generally a small fistula formed at the root of the pedicle below, by reason of the continuity of the mucous membrane being continued unbroken into the mouth; but this is easily destroyed by caustics. M. B. operated on a case, which succeeded perfectly. The great size which the portion at first seemed to have, gradually decreased by compresses. M. B. also performed another admirable operation of this nature, on a man who, in his youth, had had a malignant pustule beneath the left eye, which had destroyed the whole of the lower eyelid, and a portion of the face below it; of course the eye always remained in great part uncovered, and when he came to the Hôtel Dieu, there

* I always understood before, that this was Mr. Liston's improvement.

was, as might be expected, much inflammation in the conjunctiva, and two or three small ulcers on the cornea. M. B. dissected a portion of healthy skin from the temporal region, commencing just below the outer angle of the eye, and continued the dissection upwards as high as necessary; he then turned round the portion, and united it to the surface freshly denuded, below the eye. The operation succeeded perfectly; it enabled the patient to close his eye, and removed all the deformity which existed before. In this, as in every other autoplastic operation I have witnessed, there took place a remarkable swelling, œdematous perhaps, of the portion turned down; a swelling which required pressure to be a long time continued. The reason of this swelling I could never understand, nor did I ever hear any explanation given of it. One would have thought, *à priori*, that a contraction of the part would rather have occurred.

M. Jobert of St. Louis also performed several ingenious operations of this kind, during the winter. The only one remarkable was a case of a woman, in whom the upper eyebrow had been destroyed. In this instance M. J. brought down a flap from the upper part of the temporal region, and where the hair was growing; so that, when this operation succeeded, which it did, the woman possessed a very tolerable substitute for the hair of the eyebrow destroyed.

There is a class of diseases incidental to women—a class more numerous, perhaps, than any other to which the female constitution is liable — whose seat,

progress, and effects must be almost entirely unknown to the English practitioner, except through the light of aids the most empirical; I mean those maladies, whose seat is the uterus and vagina, and which consist in ulcerations, engorgements, &c., of these parts, and which are commonly known to us under the names of fluor albus, chlorosis, &c. I was most particularly struck with the truth (as it appeared to me) of this remark, on the first visit which I paid to M. Lisfranc's wards, on the day which he devotes to the examination of the vagina and uterus; and still more so, when I recollected the routine practice which I had formerly witnessed among the out patients of the largest hospital in London, in regard to this fluor albus; weeks after weeks the same patients appearing, and weeks after weeks the same astringent injections, and the same mistura ferri being prescribed; sometimes, perhaps, with a momentary relief,—and, I believe I may say, never with cure: the physician of course prescribing in perfect ignorance of the nature of the malady he was treating—an ignorance, perhaps, which he was incapable of remedying,—for the proposal of the introduction of the speculum into the vagina of fifty out-patients would scarcely be tolerated at the present day in England, even if its introduction should have been thought of, as a means of diagnosis. The virulent abuse which the use of the speculum vaginæ has excited, as being immodest and unnecessary, can only be sanctioned by those who are ignorant of its purport, and have never seen its employment. Those who have witnessed its assistance—(I might say, the absolute necessity of its use, for it appears to me, to

be to the vagina and uterus, what the stethoscope is to the lungs) — cannot for one moment hesitate to affirm, that humanity must gain infinitely by its aid. An unbiassed individual, who has once seen its proper application, cannot but be struck by its utility; and this once proved, of course the idea of immodesty ceases at once.

To what does the English physician attribute those acute pains which females suffer in the middle and early periods of life? the violent pains felt in the hypogastric and lumbar regions, and in the nates, at the back of the sacrum, in the groins during walking,—and these pains accompanied by an abundant discharge, of a white colour? The physician can give no cause. The very name itself applied to these complaints, the *fluor albus*, shows plainly how the effect has been taken for the cause; and the futility of the treatment employed, the endless round of injections and tonics prescribed, might be enough at least to give a suspicion that the true nature of the disease had yet to be described. The established employment of the speculum in Paris (and to M. Ricord, I believe, this employment is much indebted), has completely thrown a light on this obscure subject; and its treatment in that capital, consequently, is founded on principles very different from the empirical practice of the English physician. M. Lisfranc has paid particular attention, and to him very much is owing as to its elucidation. One visit to this gentleman's wards would satisfy the most incredulous, as to the use of the speculum. With a few exceptions, his female ward is entirely occupied by individuals affected with diseases of the uterus and the vagina;

among these, twenty to twenty-five will be found presenting ulcerations, in different stages, on or about the neck of the uterus and the vagina; these, or nearly all these, require the treatment of *surgical applications*, as much as any other ulcerations, situated on any other parts of the body. The existence of these ulcerations once proved, what can be known of their form, state, appearance, or progress, and what remedies can be applied for their cure, without the aid of the speculum? We might with equal reason, treat a syphilitic ulceration of the throat, without ever opening the patient's mouth. I could cite many cases from the practice of M. Lisfranc, showing the solid principles of his treatment, and its efficacy.

According to M. Lisfranc, where there is an abundant white running, of some months' duration, from the vagina, there is engorgement of the uterus; and this running is like hæmoptysis to the lungs. To this, said M. L. there *may be* exceptions; but I have never seen them. Most physicians treat this running as a simple discharge, by emollient and astringent injections, which arrest it for a time, but it always returns; it is a symptom of engorgement of the uterus. Which then is to be treated, the engorgement or the running? There can be no doubt that the latter is the one generally attacked by physicians; but if you wish to cure the disease you must combat the former. These are my ideas, said M. L., note them only, and judge them from the great book of nature. There are periodical white runnings, like the menses. I have seen many women, ten, twelve, or fifteen days after the menstrual pe-

riod, suffer a white running for two or three days' duration. I do not speak of that which occurs a few days before, and a few days after that period, and which is, perhaps, natural. This irregular discharge I treat, like a second menses, by bleeding, and I have seen it vanish like magic. These white runnings cause much pain (being irritant, like all superabounding secretions), redness, and erosions of the vulva, and of the thighs. If there should be no engorgement of the uterus, and the discharge continues, then give copaiba, and use astringent injections, and think of the possibility of its being a gonorrhœa.

Chlorosis is caused, some say, by alteration of the blood; and I do not deny, says M. L., that cases of this nature may exist, and that there may be some therapeutical agents capable of inducing an alteration in this bad constitution, and may cure the disease; but it is also, most undoubtedly caused, in some instances, by engorgement of the uterus, and then are these preparations perfectly useless. And is the physiology of the disease so difficult as to be incomprehensible? When a new function first takes on its office, is it always subject to disturbance? and to this disturbance is not the uterus subject at puberty? Is not this the pure induction, spite of the books of the perruquiers? These engorgements are to be known by the low sinking pains in the lower part of the abdomen, pains in the loins, back, groin, &c., and above all, are to be felt either by the rectum, or the vagina, or by both. M. L.'s treatment is entirely antiphlogistic, and consists in local and general bleedings most especially.

I have given the following case, and there are

hundreds similar to be seen continually in the Parisian hospitals, to show the use of the speculum :—

Ulceration of the Vagina.—This woman, some years ago, was treated at the Hôpital Bourjon, for ulceration of the neck of the uterus, by cauterization, &c.; was cured, and remained well for five years; a year ago she came into the Hôtel Dieu with an ulcer on the posterior edge of the neck of the uterus; this was treated as the former, and she went out cured. To-day (February 13, 1840,) she returned; on examining her, the ulcers were found cicatrized on the neck of the uterus, and the cicatrizations were healthy; but on the posterior wall of the vagina, there was an ulceration, and this was most probably caused (M. Blandin thought), by the application of the protonitrate of mercury (the most excellent and favourite cautery employed) to the former ulcers, having irritated, accidentally, the vagina; it will probably soon disappear, and will not require caustic. Women (observed M. B.), at a certain period of life, at about 50 years of age, have often ulcers on the neck of the uterus, with an accompanying abundant white running, and this without the slightest pain, nay, even the neck of the uterus has been destroyed, without causing any suffering. This seems to arise from decrease of sensibility being concomitant with loss of function; on the contrary, in young women, ulcers on this part cause the greatest suffering, pain in the hypogastric region, and in the lumbar, vivid pains in the nates, and at the back of the sacrum, and this often with a burning sensation as if the skin were ulcerated; pain in the groins when walking,

and an abundant discharge, white, but seldom bloody. All these pains, &c., this patient (a young woman) felt when she had ulcers on the neck of the uterus; but now she has but very little pain, and but a slight sensation of uneasiness, being an excellent example of the difference of the symptoms arising from ulceration of the vagina, and from ulceration of the neck of the uterus.

Amputation. I never once saw the flap operation performed in Paris: the circular appears the only one recognized by the Parisian surgeons. This steadfast adherence to the ancient method, I have no means of explaining, as I never heard mention made of the flap operation, even as a subject of discussion.

As regards the healing of the stump, it is almost impossible to make a comparison between the results of the flap operation, now so generally practised in England, and the results of the circular, as performed at Paris,—for several of the leading surgeons still hold it, both by precept and example, as highly unscientific, to attempt union by the first intention, and their reason is, because this first intention so very often fails;—but why does it fail? No man in *England* can guess; but I think, that if any unbiassed individual will pay a visit to any of the large Parisian hospitals,—follow the changes in the wound of an individual, who has just entered for an injury, being previously in perfect health,—if he will notice the characters which almost every wound takes on — the ever existing erysipelas, and its distressing consequences, he will at once allow that there exists some other cause than the idiosyncrasy of French limbs,

or the particular nature of the healing process itself, to account for its failure. Moreover, are all the rules of the operation properly attended to? I doubt this. The heat in the hospitals is most oppressive;* ventilation, or opening of a window, is not permitted; each bed is covered, above, and on all sides, by curtains; and, what seems almost incredible—certainly incomprehensible—when an individual has undergone an operation, the curtains of his bed are *doubled* on every side, and he is covered up with as much care from all currents of air, as if he were an exotic in the hotbed of a gardener. If the records of the medical annals of the Hôtel Dieu for centuries past could be opened, I do fear, that they would contain a most terrible picture. Every epidemic has raged in this hospital, and always with the most frightful results. To give an instance: in 1746, in the month of February, of twenty women attacked by puerperal peritonitis, in the wards for lying-in women there, scarcely one recovered †; in the years 1774 and 1775 one in every seven women who were attacked, died, and seven out of every twelve who were delivered there were attacked.§ In one winter Dupuytren lost twenty-one out of twenty-six amputations below the knee. And let any one who wishes to be convinced, visit that hospital at any time, and see erysipelas always present—often raging—in the surgical ward;

* I have several times seen medical students (who cannot certainly be considered as an hysterical class of beings generally) faint in the Hôtel Dieu during the visit, and have myself frequently experienced excessive weakness and giddiness in the same hospital.

† Mem. Acad. Scienc. 1746. § Mem. sur les Hôpitaux de Paris.

and he will have much less difficulty than he had before, in understanding why the wounds from operations almost always fail to heal by the first intention. No doubt, the Hôtel Dieu presents the worst picture of Parisian hospitals; but the same circumstances prevail, to a greater or less extent, in every hospital. Moreover, as to the dressings to produce union, are they such as are appropriate? M. Blandin (who is the only gentleman who attempts the first union) says, no; and in fact, accounts for the failure of his *confrères*, through their faultiness on this point. M. Lisfranc never attempts union by the first intention*; and he adds, occasionally, another peculiarity to his operation, viz., slitting down the lower flap, according to the invariable proceeding of Baron Larrey; and this, with the intention of being enabled, when he pleases, and when granulation has commenced at the bottom of the wound, to bring the parts into more perfect contact. The only possible advantage which this addition seemed to me to give, was its allowing free issue to any puriform matter, and preventing any collection taking place. Its obvious inconvenience, in uselessly enlarging the wound, struck me as quite condemnatory of its practice. M. L. always dresses the stump the day following the operation. M. Roux heals stumps by the established method; though now and then he attempts the first intention; but his rule of practice I could not discover. The only good stump I saw in his ward, was one healed by the first intention in fifteen days after the operation. The appearance of a large, red, flat

* M. Velpeau has made the attempt, but it has failed in his hands.

surface, covered with granulations, and often with a bone projecting from the centre, was a curious view to an English eye, and it was one with which I was made quite familiar in M. R.'s wards. The results of his practice, I should say, were unlucky, for I have seen exfoliations of bone take place—abscesses form in all directions—in fact, I believe, never an amputation (where union by granulation was attempted), without some accident. The reason of the frequency of these secondary accidents may, I believe, be in great part sought in the unhealthiness of the Hôtel Dieu, for they happened also to M. Blandin; but in part also, from the nature and conditions of the cases on which M. Roux operates.* Thus, I have seen M. R. amputate an arm below the shoulder, in an individual in the very last stage of hectic and feebleness, and whose whole arm was a mass of suppuration: two days after the amputation, an abscess was opened beneath the *pectoral* muscle, and an enormous quantity of discharge evacuated: the abscess reached in every direction, and the man died on the third day. In the dressing of stumps, M. Roux, as in all other cases of operation, is guided by rule; and this, I believe, prescribes the fifth day after the operation as the day for the first dressing.

M. Blandin always attempts union by the first intention; but he follows a method somewhat peculiar to himself in his after-treatment of the stump—a me-

* In giving such free opinions, here as elsewhere, I do trust, that it will be remembered, that they are *but the opinions* of a young, and consequently, not very experienced observer. To have illustrated every opinion by numerous cases, would have been impossible, from the necessary limit of these notes.

thod which, as he himself affirms, is the cause of the greater success of himself than of his colleagues in the sequelæ of his amputations. It consists in invariably examining the wound the day after the operation, and for the following reasons—that no injury can result from the examination; that, by this, the state of the parts can be exactly determined; that, if necessary, by removing one of the plaister straps, free issue may be given to any discharge that may have accumulated in the wound; and that, if union has taken place in the whole length of the wound externally (for M. B. asserts, that it is totally impossible, under any circumstances, for union by the first intention to take place in the depth of the wound), it is necessary to introduce the forceps to break down the adhesions in some part (the part where the ligatures project), in order to give free issue to the confined seropurulent discharge, which almost always collects; that the confinement of this discharge will, and very often does, cause great swelling of the stump, pain, abscesses, and total prevention of union by the first intention. These reasonings of M. B. seem founded on true and just grounds, and are well worthy of notice; and, as I said before, want of attention to some of these points, may have been in part, cause of the failure of the first union in the hands of other surgeons at Paris. M. B. considers torsion as effectual in arresting hemorrhage of the arteries, as the ligature, and has successfully employed it on almost every artery that is divided in amputation, but never employs it at present, except occasionally, to demonstrate its effects to those who follow his clinique; and for the reason, that torsion really retards, instead

of favouring adhesion by the first intention. In applying torsion, great tearing of the surrounding parts is caused, and consequent inflammation is thus often produced, arising from the difficulty of seizing the vessel itself, and from seizing and twisting more parts than the vessel. In regard to amputation below the knee, M. B. observed, that the operation immediately above the ankle joint, was much less grave than that in the point of election, and that statistics proved this, (which we can very well imagine beforehand), for in twenty-five amputations immediately below the knee, twenty-one deaths took place, while in fifty cases at the lower third of the leg, six only died. [M. B. did not mention whence these statistics came; but in reading some remarks on Dupuytren's practice, I was struck by the circumstance mentioned in them, viz., that in one unfortunate season, when the Hôtel Dieu was particularly unhealthy, M. D. lost twenty-one out of twenty-five amputations. The statistics given by M. B. seem too preposterous, if we consider the deaths as occurring under ordinary circumstances.] M. B. said, that he fancied he had seen gangrene happen in amputation in the lower third of the leg, from the small quantity of nerves and vessels there.

Extirpation of the elbow joint seems perfectly unknown. I have seen M. B. amputate the arm, in a case which was certainly apt for this operation. M. Blandin did not take off the head of the metatarsal bone of the index finger, in removing that finger, leaving it to be absorbed down; and I believe Mr. Syme does the same.

False cataract, M. Velpeau said, is not generally

very well known, from the rareness of its occurrence. It differs from the other species, in having an appreciable cause. It may be caused by false membrane in the pupil, the presence of pus, or blood behind the iris, or in the substance of the lens, and also by the presence of pus, or blood in the vitreous humour, or by opacity of some part of this humour.* An iritis often causes deposition of pus behind the lens; a deep ophthalmia may cause opacity in the vitreous humour; a wound or a blow may produce effusion of blood into the back of the eye, and thus cataract may exist independently of any alteration in the lens or its capsule. The cataracts deeply situated in the vitreous humour, are much less under the influence of remedies than when they are seated in the anterior part of the eye. At all times, the effusions of blood are little capable of amendment by operation. When the cataracts are seated in the anterior part of the eye, there is a much greater chance of cure. All the cases of cataract from traumatic causes M. V. operates on with the needle, the knife being quite inadmissible, and no rule can be laid down as to where the needle should be introduced; for this must always depend on the nature of the injury. M. V. operated on two cases of the above nature of cataract; in both, the pupils were closed by a false membrane; in one, caused by the inflammation consequent on a violent blow; in the other, consequent on a wound of the cornea; and in this a small pedicle

* I once saw a case, in the Manchester Eye Infirmary, where the lens had been driven from its capsule into the anterior chamber of the eye, by a violent blow, and was removed by an incision through the cornea.

united the wound in the cornea to the false membrane in the pupil, and required the needle to be brought forwards to the back of the cornea, to separate its connexion. Both these cases were cured by the operation.

M. Velpeau afterwards operated on another case of cataract, caused by a blow on the eye. The pupil was large and irregular, and filled up by an opaque body; the largeness of the pupil seemed to indicate something else than mere opacity of the lens, as effusion of blood into the vitreous humour; this did not deter M. V. from the operation, as no inconvenience, but much good, might result from it. The lens was soft, and passed into the anterior chamber of the eye, and was soon absorbed. The pupil still remained too large, though it became regular; but vision did not perfectly return, so that no doubt could exist as to the deterioration of the vitreous humour.

The causes of *syphilis* are specific, predisposing, conditional, *i. e.* necessary to specific, and occasional.

1st, *Specific syphilis* can never be developed without this regular specific cause, a cause distinct from all other morbid causes. It has been called the venereal virus; by Hunter, the venereal poison; *special cause* is a preferable name to virus. We know nothing of its origin—its first cause; it is furnished by chancre, and *only* by chancre, this is its sole source; but does a chancre at all periods, under all forms, and in all its conditions, furnish this specific pus? A chancre presents, in a most decided manner, two marked periods; 1st, a specific ulce-

rative period; 2ndly, a period when specific pus is not formed, and chancre but a common ulcer. Does this ulcerative specific chancre of the first period always present the same aspect in its form, its modes, its borders, and surface? No, it has no absolute identity of form, but only an absolute identity in its product; the ulcer may be superficial, or profound in this period; its base may be indurated, or not; its borders thick or thin; but it is not in these *adventitious* circumstances that we must search this specific cause; it is not by them that we can judge its presence or its absence; the only veritable sign which marks this period, is by the chancre producing the special cause, the virus.

But whence this virus? Whence is it derived? Is it from alteration of the pus; from the action of the tissues after the formation of the pus; is it formed on the surface, or profoundly in the tissues? If you bring a cut surface close to an ulcerative surface, the former takes the character of the latter; but if you cut at the distance of an inch you have but a simple wound. This proves, says M. Ricord, a modification of the tissues more profound than the ulcerative surface; at what depth, or where the virus is really formed, is still a matter of doubt and discussion.

These are evidently experiments of the greatest nicety, and distinct conclusions of the greatest difficulty to be deduced from them. The nearer you cut to the chancre the greater must be the probability of the specific matter of the chancre coming in contact with the cut surface, and, of course, the less, the further you make your incision. They are experiments, in which it appears to me, no faith can

be put, unless *all* the conditions, absolutely necessary for its success, can be clearly proved to have existed; and these conditions, it seems almost impossible to fulfil satisfactorily.

Exposure of the pus to the air does not invoke the virus, for it exists in the very bosom of a bubo, before this is opened. This cause is then rigorously specific; without a first, there is no second chancre. To deny that this virus is propagated by virus, is to deny the light. To say that it can arise spontaneously in a healthy individual, is blindness. The opinions of Richerand, &c., on this fact, are very erroneous, not one of the cases given in support of such an idea, is worthy of a moment's notice—and these very rare cases prove nothing. If the matter is clear and evident in ninety-nine cases out of a hundred, and if the hundredth is, from some cause, apparently inexplicable, then from my perfect reliance on the ninety-nine cases, I say to the hundredth, either you deceive me, or you deceive yourself; and there can be no doubt of it.

This specific pus, examined by the strictest chemistry, and the most powerful microscopes, presents nothing peculiar in its aspect, nothing in which it differs from other pus. Its only distinction is its power of inoculation; and is not this invariable effect sufficient for its distinction? Take the pus of vaccine, the pus of syphilis, of the "rage," of variola, and what distinction will you find? None, absolutely none to the senses; but inoculate these different matters, and then will each show its own specific action. Never will the matter of "rage" produce syphilis, or that of syphilis the pock.

It has been thought that the semen, the saliva, the

sweat, and even the breath could propagate the virus; but a crowd of facts incontestably prove the absurdity of such suppositions.

Some persons imagine that the various and opposing characters that the virus presents, oppose the notion of its being specific. They say, how can this virus, at one time acid, at another alkaline, or glutinous, or putrid, or corrosive, or inflammatory, how can it be the same identical principle? The very contradictions of these opinions destroy one another, and the mistake has arisen from faulty observation. The pus of a chancre is not the virus; there is something more, though our aided senses cannot discover it, for this pus in no way differs from common pus, to our appreciation at least; the virus is a thing apart; we can only prove its entity by its invariable effects; and these are surely enough to establish its existence, and its identity. The pus from a chancre in the vagina may be acid (for the secretion from this part is always acid in inflammation), but this condition of the discharge arises from the nature of the vehicle containing the virus; the same may be said of alkaline pus, of putrid, of coagulable, of sulphureous, of acrid pus, &c. The presence of animalcules in the discharge of chancres, has been determined by Dr. Donné, and by him supposed to be the veritable specific virus—a species of vibrio (vibrio lineola of Müller), has been observed by him in ulcers of the gland, prepuce, vulva, and vagina, (and the same also in the pustules of inoculation), myriads appear to exist in a little drop. Another, and peculiar species, has been determined in the secretion of the vagina. Dr. Donné is led to

suppose that the cause of chancres and gonorrhœa are these vibriones, and hence that their cause is identical; but no vibrio has yet been seen in the discharge of gonorrhœa. When the muco-pus of the vagina is too alkaline the vibriones cannot live, and, moreover, they are destroyed by injections, and yet the pus loses none of its characters of virus. Hence Dr. Donné is in error, and these animalcules only occupy conditions of the vehicle of the virus. Decomposed pus will also generate these, and, in a simple inflammation of the prepuce, there are often by far a greater number existing than in the most virulent chancre. Some persons have thought that the virus varies in intensity, being more or less virulent in its intimate nature; but this is an error; the specific cause is but one, and always the unvaried same; it is true, that its vehicle may be acrid, and more or less irritant. This opinion seems to have arisen from the different states of ulceration, which have occurred after inoculation of the virus; but these states must be accounted for by the *nature* of the vehicle, and by the constitution of the individual. The quantity of virus necessary to produce a chancre is not of the slightest consequence; and Hunter, in this respect, had good reason in comparing it to variola: the smallest quantity is as efficacious as the greatest. There is no doubt this virus may be destroyed by many chemical agents, but there is only one degree of virulence.

It is said, that to produce its effects, it must be fresh and warm, and must be furnished by the generative organs. Almost all observers agree, that it must be recent and warm; but the contrary to this

is absolutely proved by experiment. M. R. has kept the matter eight days in a bottle, and has afterwards produced an ulcer with it. Nor is it true that the virus must be procured from the genital organs; for M. R. has also produced ulcers with matter taken from every part of the body, from the crown of the head to the sole of the foot.

There is no part of the body accessible to the eye or the hand, where the primitive accidents of the virus may not appear; but if the skin, or the mucous membrane remains uninjured, there is no action. There must be a door of entry, and this is through a follicle or an abraded surface, or by acrid, irritating pus being deposited in a part, inflaming it, and rendering the surface apt for the specific virus to act upon. But the pus may itself cause such a secretion, that the virus cannot act; and the fact of individuals being infected with gonorrhœa, after intercourse with a woman who has a chancre, must be accounted for by this irritating nature of the pus. Active suppurative surfaces are very little inclined to receive the infection;* blisters on suppurating buboes seldom take on an ulcerative character.

Predisposing Causes.—When the necessary conditions are fulfilled, age has no influence as to the production of the primitive accident. Syphilis is most common at the middle period of life; more common among very young girls than among very young boys, but more common among men than women;

* Wallace of Dublin was accustomed to inoculate the matter of syphilis, by applying it to a small blistered surface. This may account for many of his failures.

for man is more exposed to the infection, through the nature of his organs. Menstrual periods do not favour the infection, but the contrary; nor are they favourable to its development in man. Temperament has no influence—no one refuses it—neither has climate. Carmichael made four different kinds of primitive accidents, and four of secondary, each depending upon the different characters of the chancres; but these different characters depend merely on circumstances extraneous to the specific virus, such as the idiosyncrasy of the individual, his state of health, the condition of the parts, and the nature of the vehicle containing the virus. (M. R. pointed out a man in whom all these different accidents were developed at the same moment.)

The primitive accidents are developed at one particular point, and not accidentally in any part from a contagious principle generally applied, as some have thought. The act of coitus brings the tissues into the same state as the act of inoculation from abrasions, tearings, &c. destroying the epidermis or epithelium; and it is in the parts where the tearings are most common, as at the frænum, that ulcers are most common. Most girls, M. R. observed, at the time of defloration, contract some syphilitic disease.

M. R. does not admit a period of incubation for the virus. He asserts, that the primitive accidents commence at the first moment of inoculation; and in regard to those arising from inoculation, there can be no doubt of the fact; for M. R. frequently demonstrated the fact on the thighs of his patients. A small papule arises in about twenty-four hours after the application of the virus, then a vesicle;

about the third day this becomes a pustule, which increases, then breaks, and a dry scab forms on its surface; and on the fifth or sixth day this falls and leaves the ulcer. The cause of the virus remaining, as it does at times, without showing its effect for a more considerable length of time, is to be accounted for by the parts not being in the conditions *absolutely necessary for its development,* or by the matter remaining inert in a follicle, or in the lacunæ, or folds of the prepuce. There is no such thing as a period of incubation; the constitution is unaffected by the primitive accidents; the effects are purely local; and these effects are of two orders, 1st, simple irritation, and 2nd, specific action. Thus the pus of a chancre may produce a simple inflammation of the prepuce, or it may produce a chancre, an ulceration distinct from every other, without which there is no verole. The skin in every part is subject to chancre, but there are some parts more prone than others, as the frænum of the prepuce, the base of the glans, the opening of the prepuce, when phymosis exists, the angle which the penis forms with the scrotum, the urethra in all its length, even to the bladder; in women, the fourchette, the carunculæ myrtiformes, labia minora, rarely on the clitoris and urethra, but commonly on the neck of the uterus. Chancres also are common to both sexes around and interior to the anus, and here they exist in the direction of the median line, more than at the lateral parts; and this depends on the parts tearing more readily in this direction, and particularly towards the perineum. [Perhaps some apology may be necessary for introducing such disgusting details; but to omit them would be to hide a most striking feature in the sur-

gical and moral state of regenerated France. There is no hospital that I have entered in Paris, where I have not seen the hateful subjects of this crime; so common, indeed, is the practice, that M. R. classes it under the distinct head of postero-venery.]

In infants just born, it is the mouth which is generally affected; for this is the part which comes most in contact with the ulcers in the woman during pregnancy.

Pain and redness do not always accompany the production of a chancre. They are accidental, and may be wanting.

There are three distinct periods in the production and cause of a chancre:—1st, its commencement; 2dly, its progress, its specific state, its state of ulceration; and, 3rdly, its period of reparation and cicatrization; and these divisions are absolutely necessary for the sake of clearness. M. R. exhibited these states in different individuals; the first in a chancre of the thigh, from inoculation by matter taken from the urethra of a man—matter presenting the characters* of coming from a chancre in the urethra; the second state in a man, whose chancre produced the specific virus, which was proved by its inoculation on the thigh; the third in a man, whose chancre produced a discharge, which gave negative results by inoculation. Dr. Babington said, that there was a period of induration in the debut of chancres, and his mistake arose from the observation of some of those cases, where the specific virus had been introduced into some of the follicles, which had inflamed through the irritation produced, and caused a hard covering over

* See p. 104.

the enclosed virus, which then often gave rise to a large and deep ulcer, before any appearance on the surface indicated its existence; a very striking example of which M. R. exhibited, where a small external opening, communicated with a large, deep, and excavated cavity at the base of the glans.

1*st Period.*—A chancre does not always commence in the same manner, but may, as a pustule, an "ulceration d'emblie," or an abscess.

The commencement by pustule is very common, though some deny its existence. In chancres from inoculation, it is as clear as the day, and cannot be denied; and this once admitted, what should prevent this same pustule from arising through coitus? That it is so seldom noticed, is the consequence of the abrasion of the epidermis in coitus. It is evident what sad errors may arise in practice to those who deny this origin of chancre, as, when a patient comes to them with a pustule on the penis, and they assure him that there is nothing specific in it.

The debut by "*ulceration d'emblie*" is the most common, and results from the frequency of abrasions and tearings during coitus; hence it has been called a mechanical debut.

The commencement of *abscess* results from the virus being applied beneath the skin, and is an infection of the cellular tissue, the lymphatics, and the ganglions. The virus may be introduced by a leech bite, which may close afterwards; and hence the production of abscess, from the irritation and specific action. Most generally, however, it happens, that in this case the edges of the leech-bite take on this specific action. Abscess arises also from the pus

being conveyed from one part to another by the lymphatics, as in the chancre produced in a gland at the groin, from the pus conveyed by the lymphatics, from an ulceration in the glans penis.

The chancre in the first period may be regular or irregular in its course: It may be irregular from idiosyncrasy of the subject, from his state of health, and from the treatment, &c.; and these circumstances may blind the states of this first period of chancre, though a rigorous examination will always demonstrate one of these three states, (of pustule, or of ulceration d'emblie, or of abscess), as constantly occurring in this period.

The form of a regular chancre is round, but it is subject to modification; as from its seat extending, for example, more, when in mucous membranes, loosely attached to their connexions, than in those firmly fixed; it may be of an irregular zig-zag, from several ulcerations uniting together, or when it is situated partly on the glans and partly on the prepuce. It is rarely more than six lines in diameter.

Its *depth* is generally the thickness of the skin, or mucous membrane,—but it differs.

Its *base* is formed generally by the cellular tissue, and is *not always* indurated, often only œdematous.

Its *surface* is greyish, lardaceous, browner as exposed to the air, greyer as covered from it; covered by a crust, when exposed to the air, but not when covered, or kept moist; the secretion from it is greater when it is covered.

Its *borders* turned from within, outwards; they undergo the same conditions as the base; often indu-

rated, but generally œdematous; violet or brownish red.

At the *margin* there is an areola, or circle, more or less pronounced, or regular, of a sombre red, or brownish colour: this indicates the limit of the chancre.

The pus in this period is specific from the second or third day, sanious, containing animalcules.

When a chancre exists without complications, it may heal in any time from the eighth day, to the fourth or fifth week, and sometimes even in the first week; but the healing may be prolonged even to the second or third month, and that without the chancre in any degree deviating from its regular course. Hunter thought, that it could not exist any length of time without inducing other accidents,—but he was mistaken. It was stated, that syphilis was introduced among the inhabitants of Otaheite by gonorrhœal discharge; because, if it had been introduced by a chancre, the accidents would have been much more grave; and this statement was founded on the supposed fact, that a chancre could not exist many months, without inducing grave accidents, and, of course, was also an argument in favour of the identity of the origin of gonorrhœa and syphilis.

[Identity of the virus of a chancre and of gonorrhœa is still maintained by many, though M. R. firmly denies it, and states, moreover, that chancres exist much more frequently in the urethra than is generally imagined. He gives the following signs of their presence: induration of a point in the course of the urethra, a sanious and often bloody discharge, and the presence of an acute bubo: these are the rational

signs, and the "pierre de touche" is inoculation, which decides the question. M. Blandin does not agree with M. Ricord. He sees no solid reason or argument against the possibility of the identity of gonorrhœal discharge and that of a chancre; though he does not state that it exists, but maintains the matter to be still doubtful. He inoculated the matter of gonorrhœa twenty times, and twice produced chancres—a point, which appears, I think, rather to favour M. Ricord's ideas than otherwise. M. B. said nothing as to M. R.'s signs of the existence of chancres in the urethra.]

Period of reparation, of cicatrization. Its commencement is known by the disappearance of the areola; the borders of the chancre, before turned outwards, now incline to the centre, the engorgement disappears, the surface becomes of a greyish pearl colour, and granulations arise—the pus gives negative results by inoculation—that which was specific yesterday, gives no results to-day.

The *deviations*—from this regular type of a chancre—the *irregularities*, depend on accidental causes, as states of the constitution, of health, pathological conditions, and the therapeutical treatment. The great sensibility, the pain, and the nervous affections, which often attend chancre, are accidents quite foreign to it. M. R. divides these irregularities into four classes—superficial, indurated, phagedenic, and gangrenous: these four conditions are distinctly marked and clear.

1, An ulcer, instead of destroying the whole of the mucous membrane and the skin, destroys only the

superficies, and then results a superficial chancre: this sometimes heals very rapidly—is most commonly situated on the glans penis — internal surface of the prepuce, at the entrance of the vulva—and has generally a round form: in non-specific ulcers, on the contrary, the form is irregular. These superficial chancres are perhaps more common in the urethra than is believed, and are the cause of the specific nature of the pus of a blenorrhagy.

2, The *induration* of a chancre is a very important condition, but not inevitable and necessary; it is an accident, and does not exist in all: this is proved by the pus of an ulcer not indurated giving rise to an indurated ulcer, by inoculation. Induration never happens before the fifth day after coitus, or inoculation—it is an error to suppose it precedes the chancre—it manifests itself at the base of the chancre, and also in the borders—the borders always following the march of the base: there is then no "decollement." The areola precedes the induration, and this is often three or four times more extended than the ulcer. It appears to be formed by a plastic coagulable lymph, and gives the sensation of cartilage to the touch, and whitens on pressure like the cartilage of the eyelid: when this is reversed, the touch of this induration gives a sensation which no words can convey. It is a sign of great value and importance; for it is the basis and the seat of constitutional infection; it differs in shape according to its situation. Induration sometimes causes a rising up of the ulceration, and this has been translated into a variety of chancre by some.

3, *Phagedenic variety.* It is certain that all ulcers

are phagedenic, but this word is particularly used when the ulcer passes certain limits. This kind of chancre spreads more in the superficial direction than in depth; aponeuroses and muscles resist its progress much more than skin and mucous membranes: cancer is thus in like manner often stopped by an aponeurosis. This chancre, in its progress, often preserves its circular form, if it had the same at its debut; its form is generally serpentine, and its course is rapid, its *base* is rarely tumefied, or only slightly œdematous; its *bottom* is covered by pultaceous matter, or by small flaps, like gangrenous eschars. To this chancre M. R. gives the name of "diptheritic phagedenic chancre." The *borders* are thin, irregular, and often perforated by ulcerated points, and pressed down upon the bottom; though sometimes they are thickened, and turned outwards, by accidental œdema, or erysipelas. The *areola* is badly defined, rays pass from the centre towards it; the course of the chancre is traced by this irregular areola. Its *duration* it is difficult to define: M. R. pointed out patients, in whom it had existed for six months, one year, and for a longer period, respectively, and in whom, during these periods, the specific virus still existed. This chancre is generally attended with much pain, and is very irritable, and possesses much sensibility. Absence of induration is a *sine quâ non* to the existence of this chancre; and if it becomes indurated, which is a happy result, the malady becomes defined. This chancre is the result of extraneous circumstances; a woman infected with it has been known to give rise in different individuals, to the "chancre type," to an indurated chancre, and to a phagedenic chancre.

Temperaments, states of body, age, and treatment, render accounts of different results. In individuals disposed to scurvy and scrofula, its development seems most favourable; bad diet, wet and dark dwellings, and bad sea voyages, are promoters of it; and of all predisposing causes, none more than an inopportune administration of mercury, which, it is very certain, may easily convert a simple into a phagedenic ulcer—not that by any means mercury is to be condemned, but only its bad employment.

4, *Phagedenic gangrenous variety*. This variety is no other than an ulcer, which by individual peculiarities, or by treatment, takes on the gangrenous form. The name of "black gangrene" is bad. It arises when a common ulcer becomes acute in its nature; is observed mostly in drunkards, and is more common in England than in France. It may arise from repeated violence to a common ulcer; there is nothing peculiar in its course, which is that of other gangrenous ulcerations.

These are then the four varieties of chancre; but all these may run one into the other, and thus form different combinations. In many circumstances also chancre may combine with other maladies, as scorbutic ulcers, forming an ulcer partaking of the natures of both; so also with skin diseases, and with carcinoma, in those disposed to it; and hence arises an endless variety.

Artificial inoculation causes nothing particular in the nature of the ulcer it produces; this invariably commences in the same way, and its deviations depend on constitution, &c.: these deviations seldom commence before the sixth or seventh day. Inocula-

tion should be employed with caution, for it may be very hurtful in scrofulous individuals, &c., if abandoned to itself, taking on the phagedenic form.

Irregularities of the period of Reparation.—This period may be prolonged; granulations spring up to the surface, and rest there, without cicatrization taking place—the power of inoculation being lost to the discharge. And this often happens in individuals who have the glans always covered—when the chancre is situated on the internal surface of the prepuce, around the rectum, in the urethra, or at the neck of the uterus—it may be prolonged through bad treatment; when the granulations are not compressed enough the borders often disappear, and the chancre presents a fungous aspect (the fungous chancre of some authors).

The irregularities in the indurated chancre consist in great rising of the base—the pus is no test—and the surface varies as in the chancre type. It is this kind of chancre which generally degenerates into mucous tubercle. Mucous tubercle is never a primitive accident, as some have thought; it seldom appears before fifteen days after coitus, and generally not before six or seven weeks does reparation commence. M. R. has very often inoculated the pus of mucous tubercle without result; so that he concludes no person affected with mucous tubercle can communicate the disease to another. He gave a striking instance, in the case of a friend of his own, who had continually cohabited with his wife for six months after marriage, before discovering that she was in-

fected by the finest specimen of mucous tubercle that M. R. had ever witnessed.

The persistence of the induration is most important in the history of chancre, *i. e.* the persistence in the cicatrization, and this is often followed by ulcerations, on frictions, &c., and often passes to the state of mucous tubercle.

The irregularity of the diptheritic gangrenous chancre is very great as to its period of reparation. This sometimes begins at the edge, or at the centre, or at any intermediate part. Often the granulations appear healthy, so also the discharge, and the chancre seems rapidly healing, when all at once a pultaceous matter covers the surface: a discharge commences which itself reproduces ulceration, and destroys the cicatrization which may have taken place. This kind of chancre, whatever be its intensity, does not furnish inoculable pus. The discharge, from its acridity, may produce a simple ulcer, but never a chancre.

Sphere of activity of a chancre requires most minute attention, and is not yet decided, *i. e.*, to what extent, and to what depth it extends in the tissues surrounding a chancre. M. R. pointed out a patient, on whom he had performed circumcision, while a chancre existed at the frænum, and where the wound remained simple; and another, where he performed the same operation, while a bubo existed at the groin, and where the surface had taken on the specific character of a chancre.

Diagnostic of Chancre.—The first point is to find the ulceration, and then to seek its nature.

Two divisions may be made:—1. where the ulcerations are concealed by situation; 2. where they are evident or on exposed parts.

Chancres may be concealed, from their situation, as in the urethra, and are then often taken for gonorrhœa,—at the verge of the anus, neck of the uterus, &c.; when a chancre is situated on the neck of the uterus, it often furnishes very little discharge, and may be entirely without sensibility, so that the woman may be altogether ignorant of its existence, and hence a source of great fallacy as to the origin of secondary symptoms without the existence of primary, &c.; however, there is generally a discharge from a chancre in this site, and there arises an absolute necessity for the introduction of the speculum. The signs of the existence of a chancre in the urethra, are, the nature of the discharge, which is sanious, sometimes sanguinolent—the sensibility is fixed in a certain point, but this happens also in gonorrhœa at times—introduction of the catheter causes pain in a certain point, but this also is not a positive sign; there is an indurated point also—but all these signs are only *probable* and not *positive*—inoculation is the only test, in the first instance, and the appearance of secondary accidents, in the second.

To distinguish a chancre from a common ulcer is very difficult, though for many evident reasons of the highest importance. We cannot with justice conclude, as some have done, from the fact of this difficulty, that no difference does exist, it is the grossness of our senses which hinders us from seizing the difference. Our helps to the diagnosis of a chancre,

are, first, to consider the manner of its contraction, as from a woman not improbably affected—but this help is only a probability—the seat of the ulcer is of great importance ; the time of appearance after coitus is of very little value, though many almost rule their judgment by this circumstance—if an individual comes to them with an ulcer twenty-four hours after coitus, they say, it can't be a chancre, but if another comes eight days after, they decide the question in the affirmative, without taking off the man's pantaloons to examine the ulcer; but they may be equally wrong in both cases, the value of *time* as a sign is absolutely nothing—the *form* of the ulcer at its debût, shows but little as a sign, for it may be similated in its three different modes of debût by different maladies, as an herpetic ulcer, an inflamed follicle, &c. In the form of its progress it is not so clear as to give any certainty—by the aid of corrosive sublimate, precisely similar ulcers have been produced, ulcers which the finest eye could not distinguish from a veritable chancre—and sailors have been known to produce similar ulcers by the introduction of tobacco pipes under the prepuce.

Induration at the base does not always exist, though generally it does, and Hunter was right in saying so, for it may be produced in simple ulcers as in those from corrosive sublimate.

Simple ulcers in their march—excepting those produced by voluntary means—seldom last more than the first week, and hence another probable sign.

The acuteness of the ulcer is no sign, nor the chemical nature of the secretion, nor the existence of animalcules in it.

From all these signs we can draw no absolute diagnosis, but we can make a *rational* one. Inoculation alone gives an absolute proof—give me an inoculable pus, and I declare at once that it is specific; it may be a bad sign, disagreeable, and often absolutely to be rejected, "but I maintain," said M. R., "that it is the only one, absolute, sole means of diagnosis."

There is no resemblance between the accidents arising from verole and those from mercurial treatment, they are widely different, and a resemblance is seen only by the grossness of the senses of the examiner. It has been said that the verole can be produced in the dog by mercury, yet after endless attempts at inoculation, M. R. had never produced a chancre.

The value of inoculation seems to be its power in doubtful cases, of giving a certainty, for the satisfaction of the individual, or for aiding a decision in a medico-legal question; but after all, it is not an absolute sign in *every case*, according to M. R.'s admission; for if, after inoculation a chancre is *not* produced, this does not prove that it does not exist, for it may be in its period of reparation, when it does not give specific pus, and in this case, it is only the appearance of the secondary accidents, which can decide the question—but again, if the inoculation *does* produce an ulcer, is it an absolute, infallible sign? M. R. admits that simple irritating pus may produce a simple ulcer by inoculation, and he afterwards pointed out the great difficulty of distinguishing a simple from a specific ulcer—hence arises, it appears to me, a knotty point, to decide whether this

ulcer of inoculation is simple or specific, i. e., to decide in an absolute manner. M. Mairion of Louvain, whom M. R. mentions as having made many experiments of inoculation, confirmatory of his own, seems to have felt this difficulty, for he states that, "the syphilitic nature of the ulcers produced by inoculation was determined by a counter-proof, i. e., by the pus taken from these producing others of the same nature, and the pus of these latter again yielding ulcers of the third generation, and so on until the specific properties of the 'chancrous molecule' had been exhausted or destroyed."

MARTIN AND CO., PRINTERS, 13 BARTLETT'S BUILDINGS, HOLBORN.

Just Published

THE FIRST PART

OF

A NEW AND IMPROVED EDITION

OF

LIZARS' ANATOMICAL PLATES,

PLAIN AND COLOURED DEMY FOLIO,

WITH

LETTERPRESS THE SIZE OF THE PLATES,

BY

JOHN LIZARS, F.R.S.E

PROFESSOR OF SURGERY TO THE ROYAL COLLEGE OF SURGEONS; CORRESPONDING MEMBER OF THE MEDICAL SOCIETY OF EMULATION OF PARIS; AND LECTURER ON ANATOMY AND SURGERY, EDINBURGH.

PROSPECTUS.

I. The work will be completed in Twelve Monthly Parts, price 7s. 6d. plain, and 10s. 6d. coloured.

II. The Letterpress, from a new type, printed in the most elegant style, and on the best paper, will be folio, in double columns, the size of the Plates which it will accompany, and great care will be taken to remedy any errors or mistakes in the first editions.

III. All the Plates will be altered and improved, and new and additional Plates given where requisite.

IV. The Plates will be both coloured and plain, and the great improvements lately achieved in printing, engraving, colouring, and papermaking, enable the Publisher to promise all these advantages in this New Edition, at about *half the price* formerly obtained for this splendid and useful Work.

V. From the Plates being all engraved, the greatest regularity may be depended upon in the appearance of the Work monthly, till completed.

Note.—Although it is usual in works published in numbers like the present, to delay giving the Contents and Index till the end; yet that each Part may appear in as useful and complete a state as possible, these will be given along with the numbers, and paged separately by themselves; so that when the volume is completed, they can be placed either at the beginning or end, as deemed most advisable.

A few of the Notices, by the Periodical Press of the Kingdom, on the former Editions of Lizars' Anatomical Plates.

"These plates are by far the best of the kind that we have ever seen. They are elaborately correct both in outline and detail; and, at the same time, are beautiful specimens of the elegant Art of Engraving. Each Number is accompanied by a lucid and well-written description, together with many appropriate physiological and pathological observations. To those surgeons who are at a distance from the dissecting-room, they must prove invaluable; and the exceedingly cheap rate at which they are published, entitles the Proprietors to the sincere thanks of the profession."—*Lancet.*

"The Anatomy is blended with physiology and pathology, so as to prove interesting and instructive. We have no hesitation in pronouncing the undertaking to be a work of merit; and, from its cheapness, *well deserving the attention of the anatomical student in particular.*"—*Medico-Chirurgical Review.*

"This fasciculus (Part I.), which contains eight Plates, is the first specimen of a series of Engravings intended to illustrate the anatomy of the human body. The objects represented are the bones; and from the manner in which the engravings are executed, *it may justly be expected to be the best work of the kind hitherto published in Great Britain.* In the specimen of anatomical delineation before us, the accuracy of outline with which the objects are represented is extreme; and it is scarcely possible to look at one of the Plates without at once recognising this excellence. To the student this work is particularly recommended, by the convenience of its form and its moderate price. While these plates do not cost more than others of a diminutive size and confused representation, they are sufficiently large to express the parts distinctly, and at the same time are not too unwieldy and expensive for common use, as those of Caldani."—*Edinburgh Medical and Surgical Journal.*

"It was originally intended to introduce more Anatomical Plates, but the appearance of Mr. Lizars' Views, which leave little to be desired, has superseded the necessity of this intention."—*Turner on Medico-Chirurgical Education.*

"Mr. Lizars, F.R.S.E., an eminent Lecturer on Anatomy and Physiology in Edinburgh, has commenced a most valuable system of Anatomical Plates, accompanied with descriptions, and physiological and pathological observations. To surgeons, especially those who reside in the country, it will prove a most valuable acquisition to refresh their minds on the anatomy of parts which in practice is apt to be effaced; and to the apprentice it will also prove a most valuable work, by enabling him to acquire such a knowledge of the mechanism of the body, as to enable him to commence dissecting immediately on attending lectures."—*Gazette of Health.*

15. PARROTS, Thirty two Coloured Plates; with Portrait and Memoir of BEWICK.
16. WHALES, Thirty-two Coloured Plates; with Portrait and Memoir of LACEPEDE.
17. BIRDS of WESTERN AFRICA, Thirty-four Coloured Plates; with Portrait and Memoir of BRUCE.
18. FOREIGN BUTTERFLIES, Thirty-three Coloured Plates; with Portrait and Memoir of LAMARCK.
19. BIRDS of WESTERN AFRICA, Vol. II., Thirty-four Coloured Plates; with Portrait and Memoir of LE VAILLANT.
20. BIRDS of GREAT BRITAIN and IRELAND. Thirty-six Coloured Plates: with Portrait and Memoir of Sir ROBERT SIBBALD.
21. FLYCATCHERS, their Natural Arrangement and Relations, Thirty-three Coloured Plates; with Portrait and Memoir of BARON HALLER.
22. A HISTORY of BRITISH QUADRUPEDS, Thirty-six Coloured Plates; with Portrait and Memoir of ULYSSES ALDROVANDI.
23. AMPHIBIOUS CARNIVORA, including the Walrus and Seals, and the HERBIVOROUS CETACEA, MERMAIDS, &c., Thirty-three Coloured Plates; with Portrait and Memoir of PERON.

Just published, on full sheet double Elephant Drawing Paper, splendidly coloured, mounted on Cloth with Brass Rollers, and varnished, price L.1, 10s. the pair, with a pamphlet of descriptions,

TWO VIEWS;

BEING A PERSPECTIVE, AND ELEVATION, AND SECTION, OF

A STEAM ENGINE,

FROM DRAWINGS BY JOHN MILNE.

*** These plates are admirably adapted for the use of Schools, or for ornaments for the Counting-Room, &c.

In the Press, and speedily will be Published,

A

HISTORY OF RENFREWSHIRE,

Imperial and Royal 4to, illustrated with upwards of Twenty Views of Gentlemen's Seats, Castles, Towns, &c. &c.

PRICE L.2, 2s, and L.1, 1s.

Just Published,

THE EDINBURGH PENMAN,

Being a New Set of Copy-Lines, consisting of Nine different Sorts, for the use of Schools and Families.

No. 1. Large Text Lines.
2. Half Text Lines.
3. Current hand Lines.
4. Ornamental Alphabets.
5. Select Sentences for Examinations, &c.
6. Commercial and Business Forms of Bills, Receipts, &c.
7. German Text Lines, &c.
8. Ladies' hand.
9. Current hand Lines.

W. H. LIZARS, Edinburgh; S. HIGHLEY, London; and W. CURRY Junr. & Co., Dublin.