The retrospective address in surgery, delivered at the eleventh anniversary meeting of the Provincial Medical and Surgical Association, held at Leeds, August 2nd and 3rd, 1843 / [William Hey].

THE RETROSPECTIVE

ADDRESS IN SURGERY,

DELIVERED AT THE

ELEVENTH ANNIVERSARY MEETING

OF THE

PROVINCIAL

MEDICAL AND SURGICAL ASSOCIATION,

HELD AT LEEDS, AUGUST 2nd and 3rd, 1843.

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WORCESTER:
PRINTED BY DEIGHTON AND CO., JOURNAL OFFICE.

1843.

T. J. Griffith Esq
with the Authors Kind Regards

ADDRESS IN SURGERY.

When the Association did me the honour last year, at Exeter, to request me to read the Retrospective Address in Surgery on the present occasion, I undertook the task not without considerable apprehension that I should be unable to command sufficient time to enable me to discharge it in a manner satisfactory either to myself or the Association. I regret very much that the time I have actually been able to devote to it has been, owing to unforeseen interruptions, much less even than I anticipated; I have, therefore, been obliged to put this address together very hastily, and within a short period. As far,

however, as circumstances would allow, I have endeavoured to fulfil the proposed object of these addresses, by bringing together the information diffused through our journals during the past year upon those subjects which appeared most worthy of notice. Beyond that period I do not profess to extend my retrospect, although I have not in every instance strictly confined myself within that limit; nor do I profess to have mentioned everything that is worthy of being mentioned. So numerous, indeed, are the communications upon every branch of surgical science with which our journals teem, that it would be impossible within the prescribed limits of an address of this kind to notice them all; and many of those which I have not altogether passed over, I have been compelled barely to mention, having dwelt, perhaps, too long on some of the more important and interesting subjects. I have only further to observe, that I have endeavoured to make this address as practical as possible, as I have had reason to believe that I should by that means make it the more acceptable.

I proceed, without further preface, to the execution of my task. I shall first devote a short space to anatomy and physiology, so far as it falls within my department, and then address myself to the more practical parts; and in order to preserve something like order, I shall class the subjects under the heads of the various tissues and regions of the body.

ANATOMY AND PHYSIOLOGY.

From the field of descriptive anatomy there is no longer any harvest to be reaped; the utmost that can be hoped from the most scrutinizing search is the gleaning of a few scattered ears which may have escaped the notice of those who have gone over the ground before. Amongst the most diligent and persevering cultivators of this field are our German neighbours, at all times distinguished for patient labour and minute research.

A new edition of the works of Soemmering is now in course of publication, under the superintendence of some of the most eminent anatomists and physiologists of that country. In the third volume of this work, edited by Professor Theile, of Bern, will be found an account of some new points in the anatomy of muscles. Some inaccuracies in the descriptions formerly given of several of the muscles about the face and throat are corrected, and some others are mentioned which had not previously been described, *e. g.*, the *rotatores dorsi*, which name is given to eleven small muscles on each side, which arise from the point or upper edge of each transverse process, and pass to the lower edge of the arch of the vertebræ above, as far as the basis of the transverse process. The first lies between the first and second dorsal vertebræ; the eleventh between the eleventh and twelfth dorsal vertebræ; the lower, with the exception of the last, are generally stronger than the superior; they are covered in their entire course by the *multifidus spinæ*, from which they are separated by a layer of

cellular tissue. The action of these muscles is to rotate the individual vertebræ on each other. There is a description also given of the extensor and flexor muscles of the coccyx, which are very small and seem to be merely the rudimentary form of the large muscles moving the tail of animals.* One cannot help regretting that Lord Monboddo did not live to enjoy this confirmation of his favourite hypothesis, that man was originally possessed of that appendage.

M. Jobert has read a paper at the Academy of Sciences in Paris, on the structure of the uterus, in which he endeavours to show that it is formed by a single muscle, the fibres of which take various directions.†

In our own country several very valuable works on descriptive anatomy have been published during the last few years; but I am not aware that within the period that falls under my notice any material additions have been made to our knowledge of this branch of the science. I ought not, however, to omit the mention of some valuable contributions to anatomy and physiology by Dr. Knox, contained in some recent numbers of the *Medical Gazette*. In the last retrospective address Mr. Dodd referred to the observations of Arnold, of Zurich, on the membranous coverings of the brain and spinal chord, which had been published by Dr. Knox, in an English form, accompanied by some important additions of his own. The first of the papers to which I now allude is upon the same subject; and

* *British and Foreign Medical Review*, October, 1842.

† *Provincial Medical Journal*, March 11, 1842.

the object of it is to maintain the accuracy of his description against that given, on the authority of Dr. Sharpey, by Mr. Viner Ellis, in his work on descriptive anatomy.*

Attention to the functions of organs both in health and disease has often led to discoveries in their anatomy, which dissection alone had been unable to trace. Of this we have had examples in the additions which have been made in late years to our knowledge of the anatomy of the nerves; and to these may be added the discovery of the connexion between the movements of the velum palati and the facial nerve by M. Diday. He considers this to be proved by a case of facial hemiplegia of the left side, in which the uvula deviated considerably to the right, but in which the deviation gradually disappeared with the other hemiplegic symptoms.†

Mr. Paget has published‡ some tables containing the results of measurements made with the view of determining the relative sizes of the trunks and branches of arteries. There was great discrepancy in the results obtained by all preceding observers, but the method adopted by Mr. Paget seems well calculated to obviate every source of fallacy, and he is, I think, justified in assuming that the difference between the results of his measurements and those of others must be referred to errors of the latter. Until the publication of a paper by Mr. Ferneley,§ which tended to an opposite conclusion, it was the generally received opinion that the aggregate area of

* *Medical Gazette*, June 23, 1843.

† *Provincial Medical Journal*, November, 12, 1842.

‡ *Medical Gazette*, July 8, 1842.

§ *Ibid*, December 7th, 1839.

the branches exceeded that of the trunks of arteries. The results obtained by Mr. Paget establish the truth of this rule in the majority of cases, although the enlargement is less than had been supposed; but there is a constant exception to it where the aorta divides into the common iliac arteries, for there, or at the division next lower down, the stream is always contracted. There can be no doubt, as Mr. Paget remarks, that these relations of size in the several parts of the arterial canal serve some particular end, with which at present we are not fully acquainted, but which afford an interesting and fruitful source of investigation to those who have leisure to bestow upon it. I would venture to suggest the question, whether the check opposed to the current of blood by the contraction in the diameter of the aorta at its point of bifurcation, taken in conjunction with the want of support to its walls in its passage through the thorax and abdomen, may not be one cause of aneurism of that vessel, the very great frequency of which I shall have occasion to notice in another part of this paper.

If there is not much to be gained from the cultivation of descriptive anatomy the case is very different with regard to minute or physiological anatomy. The introduction of new modes of investigation, especially the microscope, has here opened a wide field, from which an abundant harvest may be reaped, and a host of labourers is engaged in its cultivation. So many are they who have distinguished themselves in this field of inquiry, that it would be tedious to enumerate them,

and I am unwilling to make any invidious selection from their names; but I may be allowed to say, that our own countrymen are not a whit behind their continental neighbours in the talent and industry which their labours have displayed, and the success with which they have been crowned.

To give even a summary of the results that have been obtained by the use of the microscope would occupy far more time and space than can be devoted to it in this address; but I refer you to the report of Mr. Paget, published little more than a year ago, which contains a complete account of them down to that period.* I refer you also to Mr. Grainger's introductory lecture, delivered at St. Thomas's Hospital, in October last,† and to a good account of the "mode of formation, properties, and analogies of organic tissues," by Mr. Coventry.‡ I shall, consequently, have to detain you but a short time on this part of my subject, especially as my associate, Dr. Shapter, has undertaken, in conformity with the precedent of former occasions, to say what is necessary to be said on the minute anatomy and physiology of the fluids, the nervous system, and serous and mucous membranes. A few circumstances will, however, require notice.

In Mr. Paget's report, the fact of the single origin of all the tissues from primary cells is assumed to be established; but some observations of Mr. Gulliver§ render it probable that cells are not essential to the

* *British and Foreign Medical Review*, July, 1842.

† *Medical Gazette*, November 5, 1842.

‡ *Ibid*, August 13 and 26, 1842.

§ *London and Edinburgh Philosophical Magazine*, October, 1842.

formation of all textures, for it appears that fibrils, which may be the primordial fibres of certain parts, are formed by the simple act of coagulation in fibrine; and this happens not only when it has coagulated in contact with living textures, but when it has coagulated out of the body, simply from rest.

The structure of muscle is still a subject of debate, but the general opinion seems to incline to Dr. M. Barry's view, that the ultimate fibril consists of a double spiral. Dr. W. B. Carpenter and Mr. Dalrymple, who have seen his preparations, are convinced that he has fully demonstrated this. In the *Lancet* he has given a drawing of one of his preparations, which exhibits the double spiral, and also the transition state between the muscular fibril and fasciculus.*

M. Flourens, in a paper on the development of bone, read before the Paris Academy of Sciences, has proved that the internal as well as the external periosteum contributes to its formation. When both are entire and in a normal state, the action of each keeps within its own limits; "but if the internal periosteum be destroyed, the power of the external periosteum, being alone in its action, is augmented, and produces an entirely new bone outside the old one; and if, on the contrary, the external periosteum be destroyed, then the power of the internal periosteum being increased, an entire new bone is produced in the interior of the bone." His experiments also show that bones increase by successive layers interposed upon each other.†

* *Lancet*, October 29, 1842.

† *Medical Gazette*, December 16, 1842.

The question of the vascularity or non-vascularity of cartilages has been the subject of debate since the reading of the last address on surgery. Many eminent pathologists, amongst whom are Sir B. Brodie and Mr. Mayo, contend for their vascularity, and Mr. Liston has succeeded in demonstrating, by injection, the existence of vessels in the articular cartilage of several diseased joints; on the other hand, Cruveilhier, Velpeau, and Key, espouse the doctrine of their non-vascularity, and Mr. Toynbee has made a series of very minute observations, which tend to confirm the truth of this doctrine: his injections prove that the vessels which previous anatomists had traced up to the articular cartilages, and which they supposed to be continued into them, either as serous vessels or as red-blood vessels too minute for injection, actually terminate in veins without the limits of these tissues. Mr. Paget's report does not touch upon this subject. There is, however, no absolute inconsistency between the observations of Mr. Liston and Mr. Toynbee; for it must be recollected that those of the one were made on cartilage in its healthy, and of the other in its diseased state. It is not necessary that vessels should enter into cartilage for the purpose of its nutrition, for it is now generally acknowledged that this process, in most animal tissues, consists in changes undergone by the nutrient *liquor sanguinis* which has exuded into them through the coats of the capillaries ramifying through them; and as, in some structures which are not very vascular, the spaces between the capillaries are large, there is of necessity a considerable extent of tissue, which is nourished without being in contact with

blood vessels, and the tissue the furthest removed from the vessel is nourished equally well with that which is in immediate contact with it.

Mr. Toynbee extends the doctrine of non-vascularity to the cartilage of the different classes of fibro-cartilage, to the cornea, the crystalline lens, the vitreous humor, and the epidermoid appendages *

M. Bourgery has given, in the *Gazette Medicale de Paris,* an account of his investigations of the minute anatomy of the spleen, which is too long to be introduced here.† It does not appear to throw any new light upon the functions of that organ. Those functions, however, have been the subject of a voluminous discussion during the past year, but no conclusions have been arrived at which appear to me of sufficient value to repay the loss of time that would be incurred by going over it on the present occasion. Whatever purposes the spleen may be intended to serve in the animal economy, we know that they are not essential to life, as instances are on record where the entire organ has been removed without a fatal result; and the excision of it has even been proposed during the past year, by Mr. Eagle, as a remedy in some professedly incurable diseases.‡

The circulation of the blood through the capillaries still affords scope for investigation, and the past year has been productive of some new views respecting it. In a memoir by M. Poiseuille, read before the Paris Academy of Sciences, the author

* *Philosophical Transactions,* Part ii., for 1841, and *Medico-Chirurgical Review,* April, 1842.

† *Provincial Medical Journal,* October 1, 1840.

‡ *Lancet,* October 8, 1842.

states that he has proved, by direct experiments, that, in passing through tubes of small diameter, the fluid moves in a canal, the walls of which are themselves formed by the moving fluid, so that the various phenomena are independent of the nature of the walls of the tube, and connected with the reciprocal action of the fluid molecules in movement. From this he infers that the flow should present the same phenomena in living and in inert tubes. This opinion was confirmed by the results of other experiments performed on the capillaries of a living part, and of a part deprived of life.

Mr. Snow has read a paper on this subject before the Westminster Medical Society,* the object of which was to prove the existence of another power besides the action of the heart engaged in promoting the circulation: he defined it as follows:—"That the mutual changes which take place at the capillary vessels between the blood and the tissues are attended with attractions and repulsions, which assist to impel the blood in a definite direction. According to this view, nutrition, secretion, and indeed every function, would assist the capillary circulation of the part in which it took place."

Dr. Todd† affirms that hæmorrhage always takes place by rupture of the blood vessels, and not by exudation from their coats. This latter opinion has been sanctioned by high authority, because in some cases no solution of continuity or ruptured vessel can be found, even after the most careful examination of the hæmorrhagic surface; but he maintains

* *Medical Gazette*, March 3, 1843.

† *Dublin Journal of Medical Science*, September, 1842.

that if the red particles of the blood could escape without rupture of the vessels, there must be pores in their parietes, which could readily be distinguished by the microscope, which is not the case.

The subject of inflammation, which is so intimately connected with the actions of the capillary vessels, will be brought under your notice by Dr. Shapter.

TUMORS.

The method of treating tumors by compression has been revived. Somewhere about thirty years ago a hospital was established in London for the cure of cancer in the breast, by means of compression, under the auspices of Dr. Young; and for some time sanguine hopes were entertained of the success attending this mode of treatment, as the tumors in many of the cases were much reduced in size, or even disappeared. The disease, however, invariably returned; for the fact is, the diseased structure itself was not absorbed, but the healthy structures, even the bone, subjacent to it; the treatment, moreover, greatly aggravated the sufferings of the patient, the pressure being applied by means of pieces of sheet-lead firmly bound down upon the part by strips of adhesive plaster and a bandage. It is now proposed to apply it by means of an air cushion, half inflated; this is perfectly smooth, adapts itself to all inequalities of surface, and exerts an equable and uniform pressure. It is not to be expected that this mode of applying pressure, any more than that of Dr. Young, will prove effectual for the cure of cancer; but we must be

thankful for any addition to our means of retarding the progress of so intractable a disease, and of mitigating the sufferings of the patient. These advantages have been derived from it in the practice of Mr. Key, who informs me that he has tried it in several cases with good effect, and in some with a considerable diminution in the size of the tumor. Dr. Locock also lately informed me that he has seen great advantage derived from compression, even in cases of ovarian tumor; and a case of ascites, cured by compression, is recorded in the *Provincial Medical Journal,* October 8th, 1842.

THE SKIN AND ITS APPENDAGES.

Much attention has been devoted during the past year to the investigation of the pathology and treatment of diseases of the skin; and amongst those who have made valuable contributions to our knowledge of this subject, the names of Dr. Burgess, Mr. B. Phillips, Mr. Erichsen, and Mr. Erasmus Wilson, are particularly deserving of being mentioned. The last-named gentleman has propounded a new classification of them, which, as being founded on the anatomy and physiology of the skin, he designates the natural system of classification. It seems to possess some advantages over that of Willan, which has hitherto been generally received amongst us, and to be well calculated to facilitate and simplify the study of cutaneous diseases. Any lengthened examination of the comparative merits of the two systems would here be out of place; but I recommend to your notice Mr. Wilson's treatise, which will well repay the time bestowed on its perusal.

The diseases of the skin, however, are often so intractable, and the treatment of them redounds so little to the honour of the medical practitioner, that we are ready to catch at any new remedy which promises to be successful; I shall, therefore, without any reference to classification, briefly mention those of which I find favourable notice during the year. For the cure of *tinea favosa*, the parasitic origin of which seems to be pretty clearly established,* Dr. William Davidson recommends the ioduret of sulphur, in the proportion of from 20 to 40 grains to an ounce of axunge.† Its use should be preceded by poultices to remove the crusts, after which the hair should be cut close or shaved. The same disease has been successfully treated in Vienna with a saturated tincture of iodine, and by the use of caustic applications;‡ and in the number of the *Provincial Medical Journal*, of May 27th, a description is given of the mode of treatment which has been so successfully employed in Paris by the Fréres Mahon. The first stage of the treatment consists in thoroughly cleansing the scalp, which is effected by poulticing, by frequent ablutions with soap and water, and by the use of an ointment and lotion. When this is accomplished, the second stage of the treatment commences, the object of which is to remove the hair, *slowly* and *without pain*, from all the points of the scalp occupied by the favus. This is effected by the use of a depilatory ointment and powder; the ointment is applied every second day,

* *Archives Generales de Medecine*, and *Lancet*, November 19, 1842.

† *Edinburgh Monthly Journal*, and *Provincial Medical Journal* January 14, 1843.

‡ *Provincial Medical Journal*, February 4, 1843.

and the powder, which is a more powerful agent, once a week: on the intervening days the hair is combed with a fine comb to remove the loose hairs. The formulæ of the applications are not certainly known, but they have been analyzed, and are supposed to be as follows:—

THE DEPILATORY OINTMENT.

Slaked lime	8 scruples.
Soda of commerce	12 ditto.
Lard	64 ditto.

THE DEPILATORY POWDER.

Wood-ashes	64 parts.
Pulverized charcoal	32 ditto.

THE LOTION.

Lime water	500 parts.
Sulphate of soda	185 ditto.
Alcohol	24 ditto.
White soap	10 ditto.

In a very aggravated case of dartrous eruption affecting the scrotum and perineum, which had resisted almost every variety of treatment for upwards of two years, Dr. Barosch, of Lemberg, succeeded in effecting a cure by the use of a lotion composed of fifteen grains of iodine and two scruples of hydriodate of potass, dissolved in five ounces of water with one ounce of spirits of wine.*

M. Emery has introduced naphthaline as a remedy for lepra and psoriasis, in the proportion of one to two drams in one ounce of lard.† This application often produces great irritation, which,

* *Provincial Medical Journal*, April 29, 1843.

† *Ibid*, May 13, 1843.

however, is easily removed by emollient fomentations or poultices.

Dr. Cless, of Stuttgard, not only confirms M. Emery's experience of the utility of naphthaline in lepra and psoriasis, but recommends it in all kinds of chronic cutaneous diseases.*

In the incipient or tubercular stage of lupus an ointment containing the proto-ioduret or the deuto-ioduret of mercury is recommended; it must be gently rubbed over the tubercles occasionally. When ulceration is established, caustic applications of various kinds are used; but that which seems to have been used with the greatest success during the past year is the chlorate of zinc. Some cases are recorded by Dr. Byron, of the County of Meath Infirmary, in which a cure was effected by means of it. In the constitutional treatment of this affection Mr. Donovan's liquor hydriodatis arsenici et hydrargyri has been found beneficial.†

Vaccinia being classed amongst the diseases of the skin, I shall here introduce what I have to say on the subject of vaccination. The question of the identity of small-pox and cow-pox may be considered to have been set at rest by the experiments of Mr. Ceely and others; but still the nature of the disease seems open to further investigation. M. Serres has made some observations on which he grounds the hypothesis of the insect origin of small-pox.‡ His experiments, however, are not conclusive on this point, but they seem to favour the

* *Schmidt's Jahrbücher*, and *Medical Gazette*, November 11, 1842.

† *Provincial Medical Journal*, February 11, 1843, and *Dublin Journal of Medical Science*, September, 1842.

‡ *Medical Gazette*, December 9, 1842.

opinion that in the treatment of the disease it is beneficial to exclude light. This may possibly account for the beneficial effects of the application of mercurial ointment, which has been recommended by Dr. Stewardson, in America, and others.

A paper has been published by Lichtenstein, in *Hüfeland's Journal,* which is worthy of notice.* He has inoculated with clear lymph taken from pustules produced by friction with tartar-emetic ointment, and found that it produced pustules which could not be distinguished from those produced by vaccine matter. The lymph of the tartar-emetic pustules was inoculated from individual to individual, and invariably produced pustules of the same kind. But what is the most remarkable is, that this matter seemed to be possessed of the same anti-variolous properties as the true vaccine matter; for a considerable number of individuals so inoculated were placed in intimate relation with individuals affected with small-pox, during an epidemic of that disease, and they all escaped contagion.

But whatever new light may be thrown by future investigators upon the nature of the disease, the question which concerns us most is that of the protective power of cow-pox against small-pox. That is a question which must be decided by experience, and I am happy to be able to report that all the evidence I could collect is in favour of the affirmative.

The first and most important document to which I have to refer, is the report of the Vaccination Commission of France for the year 1840, the most

* *Provincial Medical Journal,* November 5, 1842.

recent to which I have had access, and which has not hitherto, I believe, been specially brought under the notice of this Association. It appears from this report, that 525,509 vaccinations were performed. The epidemic variola affected 14,470 persons; of these 1,668 died, and 1,390 remained more or less disfigured and enfeebled. There were 24 instances of second attacks of variola; in three of these the disease proved fatal; an immense majority of the vaccinated persons escaped entirely the influence of variola. Some were affected with a varioloid disease, or a sort of modified variola, which was usually very mild, and occasionally resembled the vaccine. Of 406 vaccinated persons, who were affected in different degrees of severity, six only died. Of 2,214 re-vaccinations, there were 1,704 cases in which it failed, 227 in which a pseudo-pock was formed, and 270 in which perfectly normal vesicles appeared; three re-vaccinated persons only were subsequently affected with a varioloid affection.

M. Milon, in a memoir on vaccination, states that in an epidemic of small-pox, which he had occasion to observe, the disease was invariably arrested by vaccination; and that, although a few vaccinated persons were attacked by it, the disease in them showed itself in the form of a varioloid. The persons so attacked, moreover, had been vaccinated a long time previously.*

M. Serres, who has seen between 1,700 and 1,800 cases of small-pox, is certain that the number of those affected with small-pox after vaccination was

* *Provincial Medical Journal*, September 17, 1842.

not greater than that of those who had small-pox twice.*

There are several cases recorded in the *Lancet* in which small-pox and cow-pox existed simultaneously,† but which illustrate, in a very striking manner, the power of cow-pox to arrest or modify the symptoms of small-pox. These were cases in which the patients were vaccinated after having taken the infection of small-pox, which was thereby rendered so mild as to produce scarcely any constitutional disturbance, and only a few scattered pustules.

A letter from Mr. Knight, the Superintendant-Registrar of Birmingham, published in the *Provincial Medical Journal* of March 11th, bears strong testimony to the efficacy of vaccination, as well as to the beneficial results of the late "Act to extend the Practice of Vaccination."

The opinion of the necessity of re-vaccination seems to gain ground. It has been already mentioned that in the epidemic observed by M. Milon all the persons attacked by small-pox after vaccination had been vaccinated a long time previously. The same fact has been observed in Italy, where during the last few years there have been several epidemics of small-pox. From the facts thus observed, M. Thomasini, and other Italian physicians, conclude that the preservative influence of vaccination lasts about ten or twelve years, and therefore advise that re-vaccination should be had recourse

* *Medical Gazette*, December 9, 1842.

† *Lancet*, January 28, February 11, and February 18, 1843.

to after that period.* In this country also an opinion, founded upon the observation of similar facts, has been advanced, that vaccination should be renewed every seven years.†

It appears that vaccine matter will retain its infecting properties for an almost unlimited time, if kept carefully excluded from the air, Dr. Graham Weir having vaccinated successfully with matter that had been kept for twenty years, and during that period had been four times carried to India and back again; some had been preserved in the dry state between plates of glass, the remainder was liquid and had been kept in small glass tubes hermetically sealed.‡

I will only mention further, in relation to this subject, that there are two cases recorded during the year in which infants in utero were attacked with small-pox; in one of the cases the disease assumed the confluent form, and the child died on the 9th day after birth;§ the other recovered.‖

On the subject of burns and scalds I will only detain you by the mention of two remedies which have been recommended during the year. The first is the nitrate of silver. Mr. Henry Jackson, of Sheffield, has found that when applied in cases of superficial burns in children, in the form of solution, (ten grains to the ounce) the pain has very shortly

* *Provincial Medical Journal*, April 29, 1843.

† *Lancet*, February 11, 1843.

‡ *Provincial Medical Journal*, August 27, 1842.

§ *Bulletin delle Scienze Medicale di Bologna*, and *Medical Gazette*, August 19, 1842.

‖ *Bulletin de l'Academie Royale*, and *Lancet*, February 18, 1843.

ceased, and vesication has been prevented.* We have long been in the habit of using this remedy in the Leeds Infirmary in similar cases. The other remedy to which I have referred is a solution of gum-arabic, which is recommended by Mr. Rhind, of Edinburgh.† It seems to act on the same principle as many other applications which have been long in use, viz., by defending the part from the influence of the air.

Mr. Erichsen has communicated, through the *Medical Gazette*,‡ some valuable observations on the pathology of burns, and has exhibited in a tabular form the relative frequency with which different organs are affected at different ages. The practical conclusions at which he arrives are, that the first object in the constitutional treatment of these injuries should be to relieve the system of an abnormal quantity of fluid that must have accumulated in it, in consequence of the arrest, to a greater or less extent, of so important a secretion as the perspiration; and that any appearance, however slight, of the supervention of inflammation in the organs contained within the head, chest, or abdomen, should be watched with the utmost anxiety, and treated as actively as the circumstances of the case will admit. Mr. Curling has also called the attention of the profession to the frequency of acute ulceration of the duodenum as a consequence of burns.§

A very important improvement has been made

* *Provincial Medical Journal*, December 31, 1842.

† *Dublin Journal of Medical Science*, January, 1843.

‡ *Medical Gazette*, January 13, 1843.

§ *Dublin Journal of Medical Science*, March, 1843.

by Dr. Mutter, of Philadelphia, in the treatment of deformities resulting from burns, especially those situated on the anterior part of the neck and chest.* When these accidents occur during childhood, the best directed treatment may fail to prevent the cicatrix from contracting, so as to draw down the chin towards the breast; and as the patient grows the deformity increases, for as the cicatrix does not yield in proportion to the development of the other parts, the chin becomes still more depressed and fixed in its unnatural position, so that the patient cannot close his mouth. The form of the bone also is altered: the teeth project in nearly a horizontal direction, the lower lip is drawn down and everted, and the saliva is continually flowing from the mouth, so that the patient's condition is most distressing to himself and disgusting to the beholder. The attempt to remedy this state of things by the division of the cicatrix seldom succeeds; indeed it never can *perfectly* succeed, because the cicatrix must contract again in the healing, in obedience to the laws of nature, which regulate the process of reparation.

[I stated, at the time of reading this passage, that I believed our late respected president, Mr. James, of Exeter, had been more successful than any other surgeon in his treatment of these cases, and alluded to a case which I, along with other members of the Association, had seen in the hospital at Exeter last year. Mr. James subsequently favoured the meeting with a paper on

* *American Journal of Medical Science*, July, 1842, and *Provincial Medical Journal*, December, 3, 1842.

the subject, in which he gave an account of his mode of operating, and exhibited the apparatus worn by the patient during the cure, in order to prevent the cicatrix from contracting. This paper was illustrated by a reference to several cases which he stated to have been successfully treated, and particularly to the one to which I have already alluded. But I must be allowed to say—and I say it with the greatest respect and deference to Mr. James—that I think the case is not perfectly satisfactory; for it appears that the wound was not healed when the patient left the hospital; and at the date of the last report, which was not less than a year after the operation, it still remained open. This was attributed by the surgeon under whose care she then was "to her having neglected the application she ought to have employed." Was it not rather owing to the means which were used to prevent contraction? There can be no doubt, I think, that if allowed to contract, the wound would quickly heal; but then the object of the operation would be defeated, and that is precisely the difficulty that we have to contend with in the treatment of these cases; in counteracting the tendency to contraction, we counteract the natural process of healing. I readily admit that these cases are not so hopeless as they have generally been represented, that much may be effected by the judicious and persevering use of appropriate means, and that the means employed by Mr. James are, perhaps, the most appropriate that can be devised; but still the law of nature remains—

"Naturam expellas furcâ, tamen usque recurrit."]

Dr. Mutter has evaded the obstacles opposed by this cause to the successful treatment of such cases, by applying to them the Taliacotian operation. In a very extreme case of deformity which he has described, after dividing the cicatrix and the attachments of the sterno-cleido mastoideus muscle, which was necessary to be done before the head could be restored to its proper position, he brought up a flap of integument from the shoulder to fill up the chasm occasioned by the gaping of the wound, and secured it by sutures; the flap united by adhesion, and the object of the operation was attained.

The same principle has been applied with success to cases in which operations have been performed for the removal of diseases implicating the eye-lid, the flap being taken from the temple.*

For the cure of that troublesome complaint, onyxis, which is generally treated by excision of a portion of the nail, M. Payan, surgeon of the Hotel Dieu, Aix, recommends the application of the Vienna paste, (a caustic composed of six parts quick lime and five parts pure potass,) to that portion of the matrix of the nail which corresponds with the part involved in the vicious growth.† M. Gerdy, on the other hand, recommends the removal of the lateral and inferior parts of the toe itself, which rise to suffer pressure from the edge of the nail, and to ulcerate under it.‡

In onychia maligna Dr. Colles has succeeded in effecting a cure by mercurial fumigation. It is

* *Annales de Chirurgie,* Jan., 1843, and *Provincial Medical Journal,* April 29, 1843.

† *Provincial Medical Journal,* October 22, 1842.

‡ *Ibid,* May 20, 1843.

applied by means of a candle composed of one drachm of the hydrargyri sulphuretum rubrum to two ounces of wax. Constitutional treatment is generally required.*

MUSCLES AND TENDONS.

The rage for dividing muscles and tendons which prevailed a few years ago is somewhat moderated, and it is not now believed that every deformity incident to the human frame can be removed by this means. The wholesale division of the muscles of the back, from which we were led to expect such happy results in the treatment of curvature of the spine, has been abandoned, and a sounder pathology has taught us that neither in these cases, nor in contractions of the joints, can the section of the muscles or tendons correct a deformity which depends on a morbid condition of the bones. With respect to the spine, Professor Syme has stated that the only cases of curvature to which the operation of myotomy is applicable are those which accompany wry-neck, and are produced by a permanent contraction of the sterno-cleido mastoideus muscle.† Of its successful application to cases of this kind he has given some examples, and I can bear testimony to its efficacy from my own experience.

The operation has been performed with success in some cases where the affection of the muscles was of a more decidedly spasmodic character, of which there is an instance in a remarkable case

* *Provincial Medical Journal*, May 20, 1843.

† *London and Edinburgh Journal of Medical Science*, April, 1843.

reported by Mr. Cocks, of Dundee.* In this case the dorsal muscles were contracted to such a degree as to produce an anterior curvature of the lower half of the spine, and constituted a tense band along each side of it. The section of these bands gave instant relief, and was followed by a permanent cure. The disease called scrivener's spasm has also been cured by the division of the flexor longus pollicis.†

The division of the muscles of the eyeball, which may be considered an established remedy for strabismus, has been applied to the treatment of myopia, kopyopia, (the disposition to fatigue of vision,) and amaurosis.‡ But before we attempt the cure of these affections by an operation, we ought to decide, in the first place, whether the disease depends on an abnormal condition of the muscles or on some defect in the organ of vision; and, in the next place, we ought to ascertain which, if any, of the muscles are in fault; for it appears that in myopia one surgeon divides the obliquus superior, another the obliquus inferior, a third, two of the recti, and a fourth, all four of them.

THE BONES.

Nothing tends so much to the discredit of a remedy as the indiscriminate zeal of its advocates, and it is to be feared that the operation of myotomy may suffer from this cause. This is a consequence much to be deprecated, for it is a remedy of the greatest value, and we can scarcely, as yet, foresee

* *Medical Gazette*, March 10, 1843.

† *Medico-Chirurgical Review*, July, 1842.

‡ *Ibid.*

the limits of its extension. Its successful application to the reduction of very old dislocations was noticed in the last retrospective address; and I have now to mention that it has been found equally advantageous to the treatment of fractures. In a case of compound fracture of the leg, with considerable projection of the bones, which could not be reduced on account of the contraction of the muscles of the calf of the leg, M. Jobert divided the tendo-achillis, which removed the difficulty.* I have myself, in a recent case of compound dislocation of the ankle, derived great advantage from a somewhat similar proceeding. The dislocation was easily reduced, but there was a strong tendency to displacement of the foot backwards; I therefore divided the tendons of the tibialis posticus and flexor longus digitorum, which were exposed by the wound, after which there was no difficulty in retaining the limb in a proper position.

The division of the tendons of those muscles which impede the reduction of fractures, or tend powerfully to displace the extremities of the bone after reduction, is the only material improvement in the treatment of those injuries of which I find any record during the past year. It may however be worth while to notice a method of applying the starched bandage, which is calculated to obviate one of the principal objections to its use, viz., its allowing no room for the swelling of the limb, and thus endangering its safety by inducing gangrene. The plan is, as soon as it has become dry, to slit it down along the whole of its length, in the space

* *Bulletin de Thérapeutique, & Provincial Medical Journal*, Aug. 6, 1842.

between the tibia and fibula. This will allow of some degree of expansion of the limb, and if the sides of the opening are held aside its condition can be examined.*

It ought also be mentioned that in the treatment of compound fractures the use of bran dressing is strongly recommended by Dr. Reynell Coates and Dr. Rhea Barton.† Its advantages are that it gives efficient support to the limb, without exciting any injurious pressure upon it. They have also found it very useful in arresting the hæmorrhage which often accompanies these accidents.

Some cases of ununited fracture have been successfully treated by methods with which we were previously acquainted. In one case Mr. Worthington, of Lowestoft, after producing the necessary degree of inflammation by friction of the ends of the bone against each other, applied the starched bandage.‡

M. Blandin has noticed the not unfrequent occurrence in young subjects, of fracture of the clavicle without displacement, and has pointed out the diagnostic symptoms.§ These are a circumscribed tumor in the middle portion of the bone, consecutive on a fall on the shoulder, and motion of the parts, with crepitus. It is of importance that the nature of these injuries should be understood, as consecutive displacement usually takes place, if not prevented by appropriate treatment.

* *Dublin Journal of Medical Science*, November, 1842.

† *American Journal of Medical Science*, No. vi., and *Provincial Medical Journal*, September 24, 1842.

‡ *Provincial Medical Journal*, October 29, 1842.

§ *Journal de Med. and Chir. Prat.*, July, 1842, and *Provincial Medical Journal*, November 12, 1842.

For the diagnosis of fractures in general, M. Lisfranc has called in the aid of the stethoscope.* This promises to be a valuable addition to our means of detecting those fractures in the neighbourhood of joints which are rendered so obscure by the great swelling and tension of the parts almost immediately following the injury, and which are not unfrequently either overlooked or mistaken for dislocations.

In the treatment of diseases of the bones I do not meet with anything of sufficient importance to detain us, except the notice of some operations which have been performed for the removal of the diseased superior and inferior maxillary bones. Excision of the jaw is not a new operation, but it is one of so much importance, that until the practice of it becomes more general, every successful example of it deserves to be recorded. I find but four cases of recent occurrence reported, one of which was performed in Paris by M. Hugier,† and the other three in this town—two by Mr. Teale,‡ and one by myself.§ There is another case reported by Dr. Byron, of the Meath Infirmary, but that operation was performed twelve ~~months~~ ago.‖ Mr. B. Phillips

* *Medico-Chirurgical Review*, January, 1843.

† *Provincial Medical Journal*, December 21, 1842.

‡ *Ibid*, March 26, 1842, and March 4, 1843.

§ *Ibid*, July 15, 1843. Since the meeting of the Association at Leeds the upper jaw has been removed in two more cases, by Mr. Smith. One of the patients was in the Infirmary at the time of the meeting, and was seen and carefully examined by many of the members of the Association. In this case it was found necessary to remove the malar bone as well as the superior maxillary, by which means the diseased growth was completely extirpated. Both the patients recovered very well.

‖ *Dublin Medical Journal*, July, 1842.

has recorded a case in which he partially removed the lower jaw.* The result of all these operations has been highly satisfactory, the patients having been relieved from a disease otherwise incurable, and which, before the introduction of this operation, invariably progressed to a fatal termination. The case reported by Dr. Byron is peculiarly important, as illustrating the permanency of the cure. In order to insure success, however, it is necessary that the operation should be performed before the disease has extended to the soft parts.†

Professor Mott, in America, has performed an operation somewhat similar, for the removal of a large fibrous tumor in the nose.‡ In this case the whole of the superior maxillary bone was not removed, but only so much of it, along with the os nasi, as enabled him to detach the entire os spongiosum inferius, from which he conceived the morbid growth to arise. An important case is also reported by Mr. Syme, in the *London and Edinburgh Monthly Journal*, in which he removed a malignant tumor from the nose.§ The case had at first been considered incurable; but Mr. Syme having divided the lip and turned back the flaps, so as to expose the root of the tumor, it was ascertained that it grew from the septum, and that its origin was of limited

* *Medical Gazette*, July 22, 1842.

† Besides the cases above mentioned I find the reports of two others which I had overlooked. In one of these cases the superior maxillary bone was removed by Mr. James Douglas, and in the other by Mr. W. Lyon, both of Glasgow. The result of both these cases was unfortunate, the disease being of a malignant nature.

‡ *Ibid*, March 24, 1843.

§ *London and Edinburgh Monthly Journal*, September, 1842, and *Medico-Chirurgical Review*, October, 1842.

extent. That part of the septum from which it grew was removed, and in the course of a few days there was hardly any perceptible trace of the operation, and the patient has since continued perfectly well. This case illustrates the advantage of dividing the lip, instead of slitting up the ala nasi, in order to give free access to the nostril. It both affords more space and occasions less deformity; we may also learn from it, that such cases ought not to be hastily abandoned as hopeless.

THE JOINTS.

An important contribution has been made by Mr. Syme to the diagnosis of dislocation of the thigh bone into the ischiatic notch, that which, according to Sir A. Cooper, is the most difficult of detection. The pathognomonic symptom to which he refers, and which, he says, is never absent, always well marked, and not met with in any other injury of the hip joint, whether dislocation, fracture, or bruise, is an "arched form of the lumbar part of the spine, which cannot be straightened so long as the thigh is straight or in a line with the patient's trunk. When the limb is raised or bent upwards upon the pelvis, the back rests flat upon the bed; but so soon as the limb is allowed to descend, the back becomes arched as before." He says, that by attention to this symptom he has been enabled to recognise the existence of dislocation into the ischiatic notch, when it had been unnoticed by others, and on one occasion, when it was supposed that the replacement had been effected through powerful extension by the pulleys.*

* *Provincial Medical Journal*, June 24, 1843.

M. Roux has pointed out the necessity of attending to the modification of the symptoms of dislocation of the fore-arm backwards, effected by age, sex, and constitution, which he thinks have not been sufficiently attended to by authors.* In illustration, he gives the case of a boy, aged 13, of weakly constitution, in which this dislocation occurred, and in which the forearm was in a state of complete extension. He thinks this may happen not only in women and children, but in any persons whose muscular system is but slightly developed. This injury may be diagnosed, independently of the state of the arm as regards flexion, by the union of the three following signs:—1st. Projection forwards of the lower end of the humerus; 2nd., projection of the olecranon above the transverse line of the tuberosities; 3rd., a depression above the olecranon.

M. Benoit has succeeded in reducing a dislocation of the head of the femur on the ilium, after the failure of other means, by a new method. It consisted in a combination of movements simultaneously effected by—1. pushing the thigh upon the pelvis, so as to force the flexion a little; 2. drawing the thigh upwards; and 3. carrying the leg in abduction, so as to give a movement of rotation forwards and inwards to the head of the femur. For a more particular account of it I refer you to the *Provincial Medical Journal,* of November 9th, 1842. The reduction was effected by this method in a few seconds, although a week had elapsed since the occurrence of the dislocation.

The same number of the *Provincial Medical*

* *Journal de Med. et Chir. Prat.*, September, 1842, and *Provincial Medical Journal,* November 12, 1842.

Journal, to which I have referred you for an account of M. Benoit's method of proceeding in the reduction of dislocation of the hip, contains also a description of a new method used by him with success in the reduction of a dislocated shoulder.

There are two cases of dislocation of the elbow reported in the number of the *Provincial Medical Journal,* of December 24th, 1842, in which reduction was effected at the expiration of fourteen weeks and five months, respectively. It has hitherto been thought useless to attempt the reduction of dislocations of the ginglymoid joints after the lapse of many weeks; but these cases show what may be done by a perseverance in well-directed efforts. The extension was kept up for an unprecedented length of time; in one case for six hours, and in the other for eight hours and a half, without any intermission. It may be a question, after all, whether the reduction would not have been effected in less time, with less pain to the patient, with less injury to the parts concerned, and less consequent inflammation, if recourse had been had to the sub-cutaneous division of the tendons and such other adhesions as opposed the principal obstacles to it. As I consider that all cases in which reduction has been effected after long continued dislocation are worthy of being recorded, I take the opportunity of mentioning, that during the present year I have succeeded in reducing a dislocation of the femur on the dorsum of the ilium, of nine weeks' standing. The recovery of the patient was perfect.

I have only further to notice, in connexion with the subject of dislocation, the report of a case by

Mr. May, of the Berkshire Hospital, which confirms the views of Dupuytren respecting congenital dislocations ;* and a case of dislocation of the hip in a child, aged only three years, reported by Mr. Kirby.†

Passing on to the diseases of joints, we find that in hydarthrosis, and in scrofulous abscess of the knee joint, M. Bonnet, of Lyons, has used with success injections of iodine in solution.‡ In introducing the trocar care is to be taken to draw aside the skin, so that the outer and inner wounds may not correspond with each other afterwards : this is necessary to prevent the admission of air into the cavity of the joint. Only a small portion of the fluid contained in the joint is let off, and then an equal quantity of the solution of iodine is injected and allowed to remain. The effect of these injections in hydarthrosis is to produce a considerable degree of inflammation ; but in the cases of scrofulous abscess which are recorded, the re-action seems to have been very slight. This may probably be owing to the cavity of the abscess being lined with a false membrane of some thickness. In all the cases reported the treatment seems to have been followed by a great improvement in the patient's condition, if not a perfect cure.

A less formidable mode of curing effusion into the joints is proposed by Mr. Moritz, of Coblentz, viz., the external application of the nitrate of silver.§ It may be applied either by drawing the substance across the moistened surface at intervals of about a

* *Medical Gazette,* October 8, 1842.

† *Dublin Medical Press,* Oct. 26, 1842, and *Lancet,* Nov. 12, 1842.

‡ *Bulletin de Therapeutique,* Dec. 30, 1842, and *Provincial Medical Journal,* February 4, 1843.

§ *Medicinische Zeitung,* No. xxvi., 1842, and *Lancet,* Dec. 3, 1842.

quarter of an inch, or by painting the surface with a solution of it, of such a strength as to produce slight vesication. After the desquamation of the cuticle which follows, the treatment is to be repeated until the joint is reduced to its natural size. This mode of treatment does not seem to differ in principle from the ordinary mode of producing counter-irritation by the application of blisters; but M. Moritz says, that in more than twenty cases he has obtained, in a very short time, a complete cure, although they had resisted all previous methods of treatment.

In the *Provincial Medical Journal,* December 10, 1842, Mr. Slater reports a case of effusion into the knee joint, which was treated successfully with large doses of tartar emetic, as recommended by M. Gimelle.

In the treatment of recent anchylosis, resulting from various affections of the joints, or from prolonged absolute quietude of a limb, M. Malgaigne recommends forcible flexion and extension to be had recourse to, even while some degree of pain continues, provided there are no symptoms of increased action remaining.* This proceeding is attended with considerable pain at the time, but its beneficial effects soon become evident. In a very recent number of the *Provincial Medical Journal,*† a case is quoted from an American journal, in which Dr. Buck performed excision of the olecranon for the cure of anchylosis of the elbow joint. The condition of the patient was improved by the joint

* *Provincial Medical Journal,* February 4, 1843.

† *Ibid,* July 15, 1843.

being brought into a better position, but it does not appear that much extent of motion was gained.

There is a chapter in M. Lisfranc's *Clinical Surgery* devoted to the subject of white swelling of the joints, which contains many valuable remarks, but I will not detain you by any lengthened notice of it, which is the less necessary, as the most important part of it is given in the *Medico-Chirurgical Review*, and in Mr. Braithwaite's *Retrospect* recently published.

Several cases of excision of the elbow joint are reported by M. Roux,* all of which, excepting one, were successful. He attributes the success he has met with in a considerable degree to an important modification adopted by him since August, 1840, viz., making a T incision by the side of the limb instead of the H. incision usually employed. Its principal advantage is that it renders it more easy to dress the wound without disturbing the limb, or causing it the slightest motion. Amongst the cases reported by him is one of excision of the wrist joint, to which that operation is not usually considered applicable, but in which, notwithstanding, it succeeded. I have performed this operation during the year on the elbow joint, in a case which I thought offered a good prospect of success, but the patient died from irritative fever.

THE VASCULAR SYSTEM.

Aneurism.—In looking over the journals of the past year I have been surprised at the number of cases of aneurism which are recorded. A large pro-

* *Medico-Chirurgical Review*, October, 1842.

portion of these consists of cases of aneurism of the thoracic or abdominal aorta. The diagnosis of these diseases in an early stage, although much facilitated by the use of the stethoscope, is extremely obscure; and any hints calculated to assist us in our investigation of them ought to be thankfully received. Dr. Law, of Dublin, thinks aneurism of the aorta may be with certainty distinguished by the peculiar character of the pain which usually accompanies it. The pain, he says, is presented in a two-fold character: the one being a constant, dull, aching pain; the other, an occasional, sharp, darting, and lancinating pain; he states, further, that he is not aware of any other morbid condition under which a similar character of pain occurs.*

The existence of this pain seems to depend on the aneurism being so situated as to be subjected to pressure, which resists its tendency to expansion, as in the thoracic, or at the posterior side of the abdominal aorta. The sharp lancinating pain he considers to be neuralgic; and the dull, aching, constant pain, either to be connected with the absorption of bone, or to be the characteristic modification of the sensibility of inflamed arterial tissue. In the *Provincial Medical Journal,* of January 7th, a case is related in which Dr. Law was enabled to arrive at a correct diagnosis, principally by attention to this symptom, although the case was so obscure that another practitioner who was consulted was of a different opinion.

If the diagnosis of internal aneurism is important in relation to the treatment, that of external aneu-

* *Dublin Medical Journal,* July, 1842.

rism is still more so. This remark is called forth by the history of a case which has occurred since our last meeting, and which has been the source of some controversy and difference of opinion. I allude to a case of carotid aneurism, opened by Mr. Liston on the supposition that it was a chronic abscess. Mr. Liston published a pamphlet upon it,* the object of which was to prove that the tumor was originally an abscess, which, by pressure on the coats of the artery, previously weakened by the destruction of its vasa vasorum, had occasioned their absorption, and thus a communication had been established between them. He adduces several cases in confirmation of his views; but without pronouncing any opinion upon the correctness of his hypothesis with reference to this particular instance, or *how* it came to be an aneurism, we cannot entertain a doubt that it *was an aneurism* at the time it was opened, and that a surgeon of Mr. Liston's great ability and experience could have had no great difficulty in ascertaining that by a careful examination. Unfortunately, the rarity of the disease at the patient's age led him to form too hasty a conclusion.

It is due to Mr. Liston to mention that, besides the cases he has brought forward in support of his views, there are some others of a similar nature put on record during the past year. In the *Provincial Medical Journal*, of April 2nd, 1842, there is a case reported by Mr. Storrs, of Doncaster, in which a man who had a large abscess in the neck died from venous hæmorrhage, in consequence of a large vein,

* *On a Variety of False Aneurism*, by Robert Liston, F.R.S.

supposed to be the internal jugular, being opened by an abscess. In the same journal, of April 29th, 1843, there are two cases recorded: in one of them the patient died from hæmorrhage, resulting from a communication between the pulmonary artery and an abscess in the lung; in the other, some enlarged glands lying between the gullet and the aorta suppurated, and produced, first, ulceration and perforation of the gullet, and finally, of the coats of the aorta. The patient died from effusion of blood into the gullet and stomach.

In the *London and Edinburgh Monthly Journal of Medical Sciences*, March, 1843, there is a case published by Mr. Alexander King, in which fatal hæmorrhage occurred in consequence of the internal jugular vein being opened by an abscess. In this instance the fact was verified by dissection.

Notwithstanding the number of cases of aneurism recorded during the year, there are but few reports of operations; but those few are of considerable interest and importance. The case which claims the first notice is one in which a ligature was applied to the aorta immediately above its bifurcation, by Dr. Monteiro, of Rio de Janeiro.* The patient survived fifteen days. The common iliac has been tied in the Pennsylvania Hospital, by Dr. Peace, for an inguinal aneurism, with success;† and the external iliac has been successfully tied by Mr. Bellingham, in St. Vincent's Hospital, Dublin, for an aneurism of that vessel.‡ This case is interesting, from the circumstance of the ligature having

* *Lancet*, November 26, 1842.

† *Dublin Journal of Medical Science*, March, 1843.

‡ *Ibid*, January, 1843.

been applied close to the bifurcation of the common iliac, and where, of course, no internal coagulum could be formed. The femoral artery has been tied in the Mary-le-bone Infirmary, by Mr. Phillips, in a case of popliteal aneurism; but this operation was followed by gangrene and the death of the patient.* The carotid has been tied in King's College Hospital, by Professor Fergusson, on Brasdor's principle, in a case of aneurism of the innominata. It was intended afterwards to tie the subclavian, but the patient died, twelve days after the operation, of an attack of bronchitis. The brachial artery has been tied by Dr. Adair Laurie, of Glasgow, in a case of that singular disease, cricoid aneurism.† The operation was followed by gangrene of some of the fingers; but the patient recovered, and the disease appeared to be cured. [Since the reading of this address I have tied the femoral artery, in a case of popliteal aneurism, with a successful result.]

Whilst upon the subject of the ligature of arteries I take the opportunity of mentioning some cases in which that operation has been performed on other accounts than that of aneurism. The brachial artery has been tied by Mr. Thornhill, of Darlaston, on account of hæmorrhage from a wound in the arm.‡ The operation of tying the carotid was attempted in the New York Hospital, on account of hæmorrhage occasioned by an ulcer having opened the inferior thyroid artery; but as the patient died from a recurrence of the hæmorrhage,

* *Medical Gazette*, December 9, 1842.

† *Medical Gazette*, October 21, 1842.

‡ *Medical Gazette*, March 24, 1843.

it was found in the *post-mortem* examination of the parts that the artery had not been included in the ligature.* In France, Professor Sedillot has tied the common carotid for the suppression of hæmorrhage following a stab behind the right branch of the lower jaw ;† and I have myself lately recorded an instance in the *Provincial Medical Journal,* in which I tied the common carotid in a very similar case.‡ I have also tied the popliteal artery on account of secondary hæmorrhage in a gun-shot wound.

But to return to the subject of aneurism. Dr. Horner, of Philadelphia, in a paper published in the *American Journal of Medical Sciences,* October, 1842, has endeavoured to prove the necessity of applying a ligature below as well as above the sac.§ His opinion is founded on the result of three cases occurring in his own practice, two of which were varicose aneurism, and the third an ordinary case of inguinal aneurism. My own opinion, founded on the experience of several cases, is that in varicose aneurism the sac should be laid open, and a ligature applied above and below the aperture in the artery. But these cases are not at all parallel with those of common aneurism ; and I do not think that in the latter Dr. Horner's recommendation is likely to be adopted.

* *New York Medical Gazette,* Feb. 9, 1842, and *Medico-Chirurgical Review,* October, 1842.

† *Gazette Medicale de Paris,* and *Provincial Medical Journal,* June 3 1843.

‡ *Provincial Medical Journal,* June 10, 1843.

§ *American Journal of Medical Science,* October, 1842, and *Provincial Medical Journal,* December 17, 1842.

Having mentioned, in enumerating the operations of the past year, a case in which Brasdor's operation was performed, I am led to the notice of a memoir, read by M. Diday at the Academy of Medicine, Paris, on the rules which should guide the surgeon in applying this method to the treatment of aneurism of the innominata, or its branches near their origin.*

It would occupy too much of our time to enter into a full statement of the conclusions at which he arrives, but I think the most important of them ought to be mentioned. They are as follows:— That the subclavian and carotid should both be tied, the ligature of either alone being insufficient to cure the disease. That it is better to tie them both at the same time than separately; but that if the surgeon decides on tying them successively, it is better to commence with the carotid, unless there are any special reasons to the contrary. One very powerful argument in favour of this plan is, that statistics show that the ligature of the carotid is exactly one-half less dangerous than that of the subclavian or axillary artery. As a general rule the second artery should not be taken up until the first operation has ceased to produce any effect on the aneurismal tumor.

A consideration of the very small proportion of cases of aneurism which admit of relief by an operation, suggests the great importance of cultivating other modes of treatment. Although the usual course of internal aneurism is to a fatal termination, yet it is not invariably so; and there is

* *Provincial Medical Journal*, September 24, 1842.

sufficient evidence to prove that even aneurism of the aorta may undergo a natural process of cure. Much may be done to assist the efforts of nature; and it is probable that examples of a favourable issue would be more frequent if we could induce patients to submit to the necessary treatment for a sufficient length of time.

A natural cure takes place most frequently when the aneurismal tumor meets with some obstacle to its expansion, the effect of which is, that the artery is compressed by the tumor itself, and becomes obliterated. Several cases of this kind are on record, and it gave me great pleasure to hear, a few days ago, of a very recent one in the person of a gentleman, who is the son of a very distinguished surgeon now deceased, and with whose friendship I was honoured during his life. These cases hold out great encouragement for the trial of well-regulated compression, and there are, in fact, no less than four cases recorded which have been successfully treated by this method during the past year. They are related in the *Dublin Medical Journal,* and occurred in the practice of Mr. Hutton, Mr. Cusack, and Dr. Bellingham.* Besides these, another case is referred to, which was successfully treated in the same manner by the late Mr. Todd; and I had myself a case under my care in the Leeds Infirmary, some years ago, in which a cure followed the use of compression, which had been applied for some time before the patient's admission.

I must pass hastily over the remaining affections of the vascular system, and, indeed, I find nothing

* *Dublin Journal of Medical Science,* May, 1843.

new with respect to them which need detain us long. A new remedy has been proposed for the cure of nævi by Dr. Sigmund: he has found that the application of the acetum lythargyri, when their size did not exceed that of a hazel nut, caused them to shrink and disappear in the course of three or four weeks. It is employed by means of small compresses dipped in the solution, and renewed three times a day.*

Within the last few years the attention of surgeons has been much directed to the invention of a radical cure for varicose veins, and various methods have been proposed for effecting their obliteration, as ligature, division or excision of a portion of the vein, caustic, &c. Of these methods, that proposed by Velpeau, which consists in passing a pin or needle under the vein, and twisting a ligature round it sufficiently tight to prevent the circulation of blood through it, but not to divide its coats or cause ulceration of the skin, seems to have been the most generally adopted, and has been practised with success during the year. I have myself very frequently used caustic; generally with success, and never with any unpleasant consequences. All the methods I have enumerated have, however, occasionally been followed by dangerous symptoms, and are liable to produce inflammation of the vein. Dr. Watson, of New York, describes a method of applying direct pressure to varices, which he has found successful. He employs a common wax bougie, somewhat larger than the medium size, cut into pieces of an inch or two in length, which are then placed at detached

* *British and Foreign Medical Review*, January, 1843.

points along the course of the varices, longitudinally when the vein is straight, and transversely when formed into tumors, the whole fixed by means of small adhesive straps; a common roller, laced stocking, or starched bandage, is then applied as tightly as the patient can conveniently bear. The ordinary bandage or stocking is said to be the best for the first few days, and the more permanent application afterwards, as soon as the swelling which usually accompanies the varices has subsided.*

M. Vidal de Cassis has published, in the *Annales de Chirurgie Française*,† a memoir on the radical cure of varicocele. He considers this a purely local affection, and thinks an operation for its cure is attended with less danger and less uncertainty than operations for the cure of varicose veins in general; and his opinion is entitled to great consideration, as it is founded on the results of thirty cases. He adopts, with some slight modifications, the operation practised by M. Reynaud, of Toulon, which is as follows:—He lays hold of the spermatic chord of the affected side, separates the vas deferens, which is easily distinguished by its hardness, from the vessels and nerves, and pushes it inwards towards the root of the penis; he then passes a curved needle, armed with a wax thread, under the vessels, brings the two ends together, and ties them over a thick cylinder of linen, previously placed between the thread and the skin. The ligature must be so tied that it may be loosed, in case it should become necessary to diminish the compression exerted on the

* *Provincial Medical Journal*, May 13, 1843.

† *Annales de Chirurgie Française*, 1842, and *Medico-Chirurgical Review*, January, 1843.

parts. A slight degree of inflammation generally arises, but it lasts only a short time, and in two or three days after the operation the ligature may be tightened over a fresh cylinder. The tightening of the ligature from time to time causes the gradual division of the soft parts, which cicatrize gradually from the part where the needle entered; by the 15th or 18th day the spermatic nerves and vessels are cut through, and there remains only the skin undivided. M. Reynaud, then, not to leave a doubt as to the perfect section and obliteration of the vessels of the chord, passes a grooved director, and divides the remaining integument with the bistoury.

The modifications introduced by M. Vidal consist in the substitution of a piece of silver wire for the waxed thread, and in not dividing the integument, when by drawing a little on the ends of the wire, he finds the vessels are divided.

There can be little doubt that in a majority of cases an operation of this kind would be effectual for the cure of varicocele; but before we have recourse to it, it is important to inquire whether it will not produce atrophy of the testicle, and render it unfit for the performance of its functions. M. Vidal seems to think it will not; but that opinion is hardly consistent with his proposal to extend the application of the operation to the treatment of incurable tumors of that organ. In cases of this kind he says that if the ligature does not effect a definitive cure, it may arrest the disease, prevent its ulterior development, and, if it be malignant, oppose an obstacle to its propagation; at all events, he adds, it may be preparatory to extirpation, and afford a

better chance of success to the latter operation. This is an important suggestion, and appears to me to be worthy of notice.

But to return to varicocele. A new mode of treating it has been proposed by Mr. Key, which seems, at first sight, very much at variance with our preconceived notions: it consists in the application of a truss. We should imagine, and indeed have been taught, that this would increase the disease by obstructing the return of blood through the veins, and thus increasing their distension; but it is believed that the evils arising from this cause will be more than counterbalanced by relieving them from the weight of the superincumbent column of blood. The pressure should not be so great as to obstruct the spermatic artery, which would endanger the integrity of the testicle. Some cases are recorded by Mr. Curling, in his valuable work on the "Diseases of the Testis," &c., in which this mode of treatment had been successfully adopted. If further experience should confirm its efficacy, we shall be relieved from a great dilemma in the treatment of those cases in which varicocele and hernia co-exist. I felt myself in this dilemma in a case in which I was consulted a few months ago, occurring in a young gentleman only 15 years of age. I recommended the application of a truss, on the ground that the hernia was the more important complaint, although I feared that the varicocele would be aggravated by it, not being aware at that time of Mr. Key's proposal to treat the latter disease by the application of a truss. Anxious to learn the result, I wrote last week to the surgeon who sent the

patient to me, and had the pleasure of receiving from him a very satisfactory report of the present state of the case. The following is an extract from the letter:—"I have very great pleasure in informing you that Master —— is much better of the varicocele; in fact, the difference between one testicle and the other is so slight as scarcely to be distinguishable. His general health is good; he is on his legs a great part of the day, and can bear a deal of walking exercise. (Previously to the application of the truss he could not bear even to sit with his legs hanging down during the latter part of the day.) The truss has not been worn during the whole of any day by my patient, but so many hours at a time. It certainly has acted in this case admirably, and the result is such as I never could have anticipated."

M. Gorré, surgeon to the Boulogne Hospital, has recorded a case in which instantaneous death followed the introduction of air into a wounded vein, during the removal of a tumor from the neck.* The general opinion hitherto has been that death is produced in these cases by the distension of the heart with air, by which its contractions are prevented; but M. Marchal de Calvi† thinks that this does not explain those cases where the death is so frightfully sudden as if the patient had been struck by lightning, and which resembles the immediate effect of a poisonous dose of prussic acid. In these cases, he thinks, there must be some toxic agent, and that agent he believes to be carbonic acid gas,

* *Provincial Medical Journal*, November 12, 1842.

† *Annales de la Chirurgie*, and *Medico-Chirurgical Review*, April, 1843.

the presence of which he has discovered in the heart. He strongly advises the immediate employment of blood letting, and if it cannot be obtained from a vein would open an artery. M. Gorré thinks that in the case alluded to the introduction of the air was favoured by the tractions exercised on the tumor at the moment the vein was opened. Dr. Godemer, of Ambriéres*, in whose practice three similar cases have occurred, agrees with M. Gorré in attributing the fatal occurrence to the movements given to the tumor in dividing the circumjacent cellular tissue, with a view of removing the diseased growth whole: he, therefore, recommends that it should be removed piecemeal, and says that since he has adopted that plan he has not lost a single patient, although he has performed several operations of the same kind. In a case operated on by M. Asmus, when air was introduced through a wound in the internal jugular vein, the patient, although attacked with convulsions alternating with faintings, which continued the whole day, ultimately recovered.

THE NERVOUS SYSTEM.

There are no injuries productive of a more interesting series of phenomena than those of the brain and medulla spinalis, and none of which the treatment requires greater judgment and discrimination on the part of the surgeon, or in which practical experience is of more value. The important papers of Mr. R. Alcock on this subject, although comparatively recent, do not fall within the limits of my

* *Medical Gazette*, November 18, 1842.

retrospect, and indeed were alluded to by Mr. Dodd in the last address. Since that time a useful practical work on injuries of the head has been published by my relative, Mr. William Sharp, late senior surgeon to the Bradford Infirmary, but I do not meet with the exposition of any new views respecting the treatment of these injuries, excepting in a communication from Mr. Overend to the Sheffield Medical Society.* These views are founded upon a case of very extensive fracture of the skull, accompanied with laceration of the dura mater, and extravasation of blood under the left middle lobe of the brain. The symptoms in this case were not commensurate with the degree of injury, which Mr. Overend attributed to the laceration of the dura mater relieving the compression which would have resulted from the effusion; and he therefore suggests that in those cases of fracture of the skull where the trephine has failed to relieve the symptoms of compression, the dura mater should be divided. This suggestion may be worthy of further consideration; but before we adopt the plan recommended, it ought to be recollected that division or laceration of the dura mater is almost universally followed by hernia cerebri.

Our attention has been directed in a very recent number of the *Provincial Medical Journal*,† to Mr. Crowfoot's paper in the last volume of our *Transactions*, recommending extension in the treatment of fractures of the spine; and the views of Mr. Crowfoot have been confirmed in the very last number of our *Journal* by Mr. Toogood, who relates some

* *Provincial Medical Journal*, November 12, 1842.

† *Ibid*, June 3, 1843.

cases in which he is of opinion that such a mode of treatment might have been successful.* The suggestion is an important one, and I think ought to be acted upon in all cases in which, as in that of Mr. Crowfoot, the deformity of the spine can be diminished by extension. In other cases I should fear it would not be of much avail.

In the *Journal de Medecine de Lyons*, M. Brun reports a case in which he removed some tumors which were developed in the course of the median nerve. The examination of these tumors after their removal led him to raise the question as to the absolute necessity of dividing the nerve above and below the tumor in such operations. He believes that in many cases the nervous filaments do not partake in the degenerescence, and that by a careful dissection the morbid growth may be isolated and removed.†

The advantage to be derived from the use of electricity and galvanism in affections depending on the want of nervous energy, has derived confirmation from some cases which have been reported during the year. M. Jobert‡ has cured several cases of deafness dependant on paralysis of the acoustic nerve by electro-puncture,§ and the *Lancet* quotes a case from an Italian journal, in which aphonia from paralysis of the muscles moving the tongue and larynx was cured by galvanism.‖

* *Provincial Medical Journal*, July 29, 1843.

† *Journal de Medecine de Lyons*, and *Provincial Medical Journal*, March 4, 1843.

‡ *Provincial Medical Journal*, May 27, 1843.

§ *L'Examinateur Medicale.*

‖ *Provincial Medical Journal*, June 10, 1843.

Amongst the affections of the nervous system must be classed hydrophobia and tetanus. In both these diseases the Indian hemp has been used with great advantage.* Several cases of tetanus appear to have been cured by it; and in others which terminated fatally, as well as in hydrophobia, the sufferings of the patient appear to have been greatly mitigated by it. Two cases of tetanus are also reported by Mr. Brown in the *Bengal Transactions*, which were successfully treated with tartar emetic.†

THE ABDOMEN.

Hernia is a subject so important and so interesting, that I must be allowed to devote to it a rather more extended notice. Some cases which have occurred during the past year, induce me to refer in the first place to the diagnosis. A mistake here may be followed by the most serious consequences, and yet mistakes are, I believe, not very infrequent. In most instances the mistake, it is to be feared, is owing to the carelessness or the ignorance of those who make it; but cases do occasionally occur where the diagnosis is very difficult. In the last number of the *Guy's Hospital Reports* a case is recorded in which a tumour in the scrotum was mistaken for hernia, and under that supposition the taxis was used with very injurious effect to the patient.‡ A female applied to me at the Infirmary a few weeks ago for a truss, bringing with her a certificate from a surgeon that she had an inguinal hernia. The

* *Provincial Medical Journal*, February 4, 1843.

† *Ibid*, July 8, 1843.

‡ *Guy's Hospital Reports*, April, 1843, p. 172.

case, on the first glance, certainly bore a considerable resemblance to it; but I found on a careful examination that it was a large varix of the labium. I have even seen an operation performed on the supposition that the patient was labouring under symptoms of strangulated hernia, when no hernia existed. I mention these cases in order to direct your attention to this subject, not only with a view to enforce the necessity of a careful use of those means of diagnosis which we already possess, but in the hope of leading to the discovery of new ones.

An operation has been performed for the radical cure of exomphalos, by M. Bouchacourt, surgeon, to La Charité at Lyons.* It consisted in pinching up the integuments, passing through the base a needle armed with a double ligature, and tying one on each side; a third was afterwards tied round the whole. If this can be done without including the peritoneal sac, it may very properly be practised in those cases which resist the ordinary means of treatment; but if not, notwithstanding the successful issue of this case, I think it not likely to come into general use. The application of a ligature round the neck of the sac for the radical cure of hernia is an old operation, which, although occasionally successful, has long been discarded on account of the dangerous, and often fatal, peritoneal inflammation resulting from it. A very remarkable case is recorded in a recent number of the *Provincial Medical Journal*, by Mr. Parsons, of Bridgewater, in which a case of hernia was radically cured by

* *Bulletin de Therapeutique*, and *Provincial Medical Journal*, Aug. 6, 1842.

an operation performed by a patient on himself.* Being unable to return the protusion, as he had been accustomed to do, in a fit of impatience he made a cut with a razor across the neck of it. This was followed by copious hæmorrhage and syncope, during which the hernia retired, and never afterwards came down. There is no doubt that he divided the neck of the sac, which became closed in consequence by the adhesive process; but it seems very probable that he also wounded the intestine. Upon the whole I fear that this cannot be recognized as a legitimate operation for the radical cure of hernia.

Means of Effecting Reduction.—The first of these is the taxis, for the performance of which some new rules are laid down by Lisfranc.† It is usually recommended that during the employment of the taxis the walls of the abdomen should be placed in a state of relaxation, but Mr. Lisfranc objects to this for the following reasons:—1. When the parietes of the abdomen are relaxed, they are applied upon the viscera contained in its cavity, the capacity of the latter is diminished, and the displaced parts are returned with less ease; 2. The relaxed walls of the abdomen will yield to the fingers during the attempt at reduction; 3. The relaxation of the walls of the abdomen prevents the formation of a hernia, while a tense condition tends to produce it. For these reasons he places the parietes in a state of moderate tension, which, he says, facilitates the reduction.

* *Provincial Medical Journal*, May 20, 1843.

† *Medico-Chirurgical Review*, January, 1843.

I only find the report of one case of strangulated hernia reduced by the use of the long tube, as recommended by Dr. O'Beirne,* from which such great hopes were entertained. I used it myself, a few weeks ago, in a case of strangulated femoral hernia, without success.

Large doses of opium have been successfully administered. Four cases are quoted, in the *Provincial Medical Journal*, of January 14th, from the New York *Medical Gazette*. Another successful case is reported by Mr. Lyell, of Newburgh, Fife, in which very large doses of morphia were given. It was given with great relief to the symptoms, although not with complete success in effecting reduction, in some of the cases reported by Mr. Poland in the *Guy's Hospital Reports*. My brother, Mr. Richard Hey, informed me lately that he had succeeded in procuring the reduction of a strangulated hernia, by large doses of opium combined with tartarized antimony in a patient admitted into the York County Hospital. It is to be observed, that in most of the successful cases its use was preceded or accompanied by copious bleeding, or the administration of nauseating medicines, or of both; and although these means had not proved sufficient to effect the reduction of the hernia, they had no doubt prepared the way for the successful exhibition of the opium.

M. Vela and other French surgeons have succeeded in effecting the reduction of hernia by the external application of ether.† One advantage of

* *Medical Gazette*, May 26, 1843.

† *Gazette des Hospitaux*, and *Lancet*, December 3, 1842.

this remedy is, that its beneficial effects are very quickly produced, so that a trial of it does not involve much loss of time. I have lately had the opportunity of testing the value of this remedy in two cases. The first was that of a man aged about 50, who was labouring under a strangulated inguinal hernia. The tumor was not very tense, nor very painful, although it had been strangulated about twenty-three hours, and the scrotum was slightly excoriated by the attempts of the patient to reduce it. Having applied the taxis without success, I irrigated the tumor with ether for about eight or ten minutes; and on applying the taxis again, I succeeded in reducing the hernia. The subject of the second case was a young man about 20 years old, who was admitted into the Infirmary with a congenital hernia of the right side, which had been strangulated seven or eight hours. The tumor was very tense and painful on pressure, and the application of ether was not attended with success. He was operated on, and the stricture, which was situated at the internal ring, was excessively tight. He had some peritonitis after the operation, but recovered.

Another remedy is the internal use of ice, administered in the form of injection.* In addition to its efficacy in promoting the return of the protruded intestine, Dr. Trusen, of Posen, who recommends it, considers it superior to any known remedy in allaying the sickness and vomiting which are usually present in strangulated hernia. He gives a clyster containing lumps of it as large as a hazel nut, every five or ten minutes.

* *Hüfeland's Journal*, and *Lancet*, February 18, 1843.

There are also some cases recorded by Dr. F. Fisher, of Tambach, in which, after the failure of other means, reduction was effected while the patient was in a state of narcotism, produced by injecting an infusion or decoction of belladonna leaves.*

I cannot quit this part of the subject without making the remark, that while we ought to hail the announcement of any new remedy which, on intelligible principles, promises the reduction of a strangulated hernia, we must be somewhat jealous of the multiplication of pleas for deferring an operation. As it is, the operation is often too long delayed, even in the practice of distinguished hospital surgeons, of which, if I mistake not, there are examples on record during the past year. How much more likely is this to be the case in the practice of those who, from the want of experience, shrink from the performance of a delicate operation like this, and think they have a fair excuse for putting it off as long as any means which have been successful in other instances remain untried.

It is impossible however to fix or even to approximate to the fixing of a period beyond which the operation ought not to be delayed. A case is recorded by Mr. Prankerd, of Langport, in the *Provincial Medical Journal*, of December 21st, 1842, in which reduction was effected after strangulation had existed nearly seven days. In two cases recorded by myself a few weeks ago,† in which I operated when the strangulation had existed less than

* *Schmidt's Jahrbücher*, and *Medical Gazette*, August 19, 1842.

† *Provincial Medical Journal*, June 24, 1843.

half that period, the intestine proved gangrenous. In a case reported by Mr. Poland, in which Mr. Key operated thirty-four hours and a half after strangulation took place, the intestine was found gangrenous, and the patient died.* In another case reported by Mr. Poland, and operated upon by Mr. B. Cooper only 12 hours after strangulation took place, the intestine was excessively congested, the patient died, and in the *post-mortem* examination the intestine was found ruptured.† I repeat, then, that we cannot fix the precise period at which the operation ought to be performed—that must be left to the judgment of the surgeon in each individual case; but let us leave it with this caution, that it is better to operate too soon than too late.

This leads to the consideration of the operation itself. One of the most important questions connected with it is that of the division of the stricture and return of the intestine without opening the sac, as proposed by Mr. Aston Key. Of course it is not intended, and would be found impracticable, to apply this mode of operating to all cases. There are several cases recorded during the past year in which, after the division of the stricture exterior to the sac, the hernia could not be reduced,‡ and it was found necessary to open it. But the question is, whether it is safe and advantageous to return the hernia without opening the sac in those cases in which it can be done. In a communication with which Mr. Key favoured me a few weeks ago, he

* *Guy's Hospital Reports*, April, 1843.

† *Ibid.*

‡ *Ibid;* also *Provincial Medical Journal*, June 24, 1843, and *Medical Gazette*, November 11, 1842.

states that this mode of operating has lost none of its advantages in his view, and that he always practises it when he sees it can be done; he states, also, that in his hands it has been uniformly successful, and this statement is confirmed by the result of several cases reported by Mr. Poland.* Two of the cases, indeed, reported by Mr. Poland (one operated on by Mr. Callaway, the other by Mr. Cooper,) terminated fatally; but a perusal of them will not create any impression unfavourable to the mode of operating, as they would in all probability have died in whatever way the operation had been performed. There is, however, a case recorded by myself in a recent number of the *Provincial Medical Journal*,† which proves that the reduction of the intestine, without opening the sac, is not always unattended with danger. It bears so strongly upon this point, that I must beg leave very briefly to state the particulars of it. The subject of it, a female, aged 66, had a large femoral hernia of the right side, which at the time of the operation had been strangulated forty-four hours and a half. I divided the stricture without opening the sac, but could not reduce the hernia, and therefore proceeded to open the sac. I found a considerable mass of omentum, but *no intestine*. The wound was closed; but two days afterwards, on account of its being inflamed and showing no disposition to unite, the stitches were cut out, and a poultice applied. On the sixth day there was a discharge of fæces from the wound, and a complete artificial anus was established.

* *Guy's Hospital Reports*, April, 1843.

† *Provincial Medical Journal*, June 24, 1843.

It is evident that in this case a small portion of intestine had been contained in the sac, which no doubt was reduced after the division of the stricture exterior to it, and before it was opened. If I had been aware that I had reduced the intestine I should not have proceeded to open the sac, and the patient must have died, or at least have been placed in circumstances of imminent danger, from the consequences of extravasation of the fæcal matter into the peritoneal cavity.

If, then, the return of the intestine without opening the sac is highly advantageous in some cases, but dangerous in others, it is important that we should have some principles to regulate our practice with reference to this point. These must be founded on a more extended observation of facts; and I would, therefore, urge those members who have had, or may have, any experience on this point, to communicate the results of it through the medium of our journal to the Association and the profession generally. In the mean time I would suggest that in all cases where the symptoms of strangulation are very acute, where strangulation has existed long, where violent attempts at reduction have been made, and, above all, where inflammation has extended from the sac to the integuments covering it, it would be unsafe to return the intestine without ascertaining its actual condition. In cases where the symptoms are less urgent, and there is no reason to suspect that the intestine is in a bad condition, it will be proper to return it without opening the sac. I should think this particularly desirable in cases of large scrotal hernia, in order

to avoid the exposure and handling of so extensive a peritoneal surface as is sometimes implicated. For example, a case read by Mr. Overend before the Sheffield Medical Society, is recorded in the *Provincial Medical Journal*,* in which, on laying open the sac, "*between four and five feet of intestine rolled out.*" Of course I cannot undertake to say that this could have been reduced without opening the sac, but I think it would have been very desirable to make the attempt.

In the *Guy's Hospital Reports* for last year† there is a very valuable paper by Mr. Key, "On the Proceedings to be Adopted in a Case of Injured Intestine from a Blow upon a Hernial Sac," the consideration of which seems naturally to follow the preceding subject. When a blow is inflicted on a hernial sac, the intestine which is contained in it may be injured in various degrees. There may be contusion so slight as merely to produce some degree of inflammation in the part, which may not be followed by any serious consequences; or it may be so severe as to lead to sloughing of the intestine; or the intestine may at once be ruptured. The consequence of these two latter degrees of injury is fæcal extravasation into the cavity of the abdomen, followed by fatal collapse.

In order to prevent this result by affording an outlet to the offending fluids, Mr. Key proposes to lay open the sac. The period at which this is to be done depends on the symptoms present. We must not rashly cut into the sac in every case in which a

* *Provincial Medical Journal*, May 6, 1843.

† *Guy's Hospital Reports*, vol. vii.

blow has been received upon it, but must wait to see whether dangerous consequences are likely to result. If there is a considerable rupture of the bowel, giving rise to instantaneous effusion, the symptoms at once assume a character too marked to be mistaken, and no time should be lost in making an opening. When the opening is so small as to prevent, for a time, any escape of the contents of the intestine, or when it is the result of sloughing following a severe contusion, there is no necessity for taking any decisive step until it is called for by the unequivocal collapse and pain that attend extravasation.

The paper contains the report of four cases, two of which present examples of the successful application of the treatment recommended. In the other two, which terminated fatally, it seems very probable that life might have been preserved by a similar operation.

On the subject of artificial anus I have nothing new to communicate beyond the remark that the history of the two successful cases in the paper we have just been discussing, and of the two cases published by myself in a recent number of the *Provincial Medical Journal*,* leads me to infer that the parts are much more favourably circumstanced for the production of a natural cure when a gangrenous portion of intestine is returned into the abdomen than when it is left in the sac.

There is one point in the operation for strangulated hernia respecting which the practice seems not quite settled. I refer to the disposal of the

* *Provincial Medical Journal*, June 24, 1843.

omentum. When a portion of omentum, which has been recently protruded, is found in good condition, of course it must be returned; when it is found gangrenous it is usual to cut it off; but I think no uniform rule of practice is recognized for the treatment of omentum which has been long protruded. In looking over the history of cases which have occurred during the past year, I find that it has sometimes been cut off, and sometimes left in the sac. I would suggest its removal in every instance. When it has been long protruded it is always thickened and indurated, and if returned into the abdomen acts as an extraneous substance, producing great irritation or even inflammation; if left in the wound it interferes with the accurate adaptation of a truss afterwards. The excision of it does not seem to add to the danger of the case. I operated on a case of femoral hernia a few weeks ago, which had been strangulated nearly three days, and removed a considerable portion of irreducible omentum. The patient recovered without any unfavourable symptom. In one of the cases which I have published, and to which I have already had occasion to refer, the same practice was adopted, and the patient recovered. Besides these, several other cases have been put on record during the year in which portions of omentum were removed without any injurious consequences. Although, then, I should not think it justifiable to open the sac for the purpose, I think it so great an advantage to get rid of a lump of irreducible omentum, that I would never neglect the opportunity of doing it in any case in which the opening of the sac was necessary on other accounts.

The attention of the profession has been lately drawn by Mr. Luke, in a paper read before the Medico-Chirurgical Society,* to the subject of hernia reduced "*en masse,*" which he thinks not so infrequent as has generally been supposed. He has himself seen five cases of it. In the same number of the *Provincial Medical Journal* in which this paper is noticed, a very remarkable case is also quoted from the *Annales de la Chirurgie Française,* which is supposed by Velpeau to have been of this nature. The circumstances of it are, however, very peculiar, and I refer you to the account of them in the number of the *Journal* of May 13th. The diagnosis of these cases is extremely obscure; but whenever the symptoms of strangulation continue after the reduction of a hernial tumor, there is ground for suspecting that the sac has been returned along with its contents, which remain strangulated within it. The mode of proceeding to be adopted is this: the inguinal canal must be laid open to such an extent as to allow the operator to introduce his finger through the internal ring into the abdomen, in order to ascertain the state of affairs. If the hernia has been reduced *en masse,* he will feel the sac constituting a tense round tumor. The internal ring must then be dilated sufficiently to allow of its being drawn down, when it must be opened and the stricture divided.

I believe that previously to the publication of this paper the subject had engaged the attention of Mr. B. Cooper. He had recommended that in cases where the symptoms of strangulation continue after the reduction of a hernia, endeavours should be made to procure its re-descent, and, if that could

* *Provincial Medical Journal,* May 13, 1843.

not be accomplished, he suggested that an opening should be made into the abdomen, as proposed by Mr. Luke; but I am not aware that he ever performed that operation. The subject, however, is most important, and the thanks of the profession are due to both these gentlemen for the light they have thrown upon it.

A case is reported by Mr. Banner, of Liverpool, in the *Provincial Medical Journal* of February 11th, which, although not of the same nature as Mr. Luke's cases, confirms the propriety of performing an exploratory operation in cases of hernia, when the symptoms of strangulation continue after apparent reduction. In this case the contents of the tumor had disappeared under the use of the taxis, but the patient was not relieved; and on examination after death, "a small knuckle of intestine was found just within the inner ring, strangulated by the sac."

It only remains for me to mention, in connexion with this part of my address, that the operation for strangulated hernia has been successfully performed during the past year upon a man aged 107 years, by Mr. Cæsar Hawkins.* He has also put on record a case in which he operated with success upon a child aged seven weeks.† These cases, I believe, present the extremes of age at which this operation has been performed; and it is very remarkable that they should both have occurred in the practice of the same individual.

The past year has been signalized by the suc-

* *Medical Gazette*, December 9, 1842.

† *Ibid*, December 30, 1842.

cessful performance of several operations for the removal of ovarian tumors from the abdomen. Dr. Clay, of Manchester, has recorded five cases, of which three were successful; and Mr. Walne, of London, one successful case.* The management of these cases does great credit to the judgment of the operators, and a perusal of them cannot fail to convince us of the great advantage of the large abdominal section in the removal of these tumors. Some other cases have been put on record during the year, which show the extent to which the peritoneum may be injured without fatal consequences. Mr. Toogood, in a case of penetrating wound of the abdomen, reported in the *Provincial Medical Journal*, December 17th, 1842, found it necessary to pass sutures through the peritoneum, in order to prevent the protrusion of the intestines; and in another case which occurred to M. Wolfgram, of Berlinchen, the abdominal parietes were torn open to such an extent that the stomach, the lacerated omentum, the colon, and the small intestines, protruded, so that the patient was obliged to support them with his hands, notwithstanding which he recovered in fifteen days.†

At a meeting of the Academy of Sciences in Paris, February 27th, 1843, M. Amussat exhibited several children in whom he had performed the lumbar operation for artificial anus, one of whom is now $8\frac{1}{2}$ years old, and healthy.‡ Since the notice of this subject in the last address on Surgery, although

* Mr. Walne has, since this was written, operated on two other cases with success.

† *Caspar's Wochenschrift*, and *Prov. Med. Journal*, March 18, 1843.

‡ *Provincial Medical Journal*, February 18, 1843.

not within the last year, the operation has been performed twice in this country, once by Mr. Jukes, and once by Mr. Teale. At the latter operation I assisted; and although the patient did not recover, I have not the least doubt that her life was prolonged by it, and that if it had been performed earlier the result might have been successful. There are several cases reported during the year of constipation continuing for a very long period; in one case forty-five days,* in another forty-three days,† and in a third eighteen days.‡ The cause of the constipation in all these cases was mechanical obstruction, produced by an impervious stricture. Might not these cases have been much relieved, and life prolonged, if not saved, by a recourse to the operation in question?

In the *Archives Generales de Medecine*, October, 1842, Dr. Lecanu reports a case of ascites in which the operation of tapping had been performed 886 times, and which was cured by compression of the abdomen, applied by means of a tight bandage.

THE PELVIS.

Urinary Organs.—The different morbid states of the urine, and the means of correcting them, I leave to my colleague, Dr. Shapter, and shall confine what I have to say respecting calculous disorders to the consideration of the methods which have been proposed for removing a stone when it is actually formed in the bladder. This is a subject which has always

* *Lancet*, November 26, 1842.

† *Ibid*, December 17, 1842.

‡ *Ibid*, December 31, 1842.

engaged and still continues to attract a large share of the attention of the profession.

Dr. Willis, in a recent work,* speaks favourably of the old practice of attempting to dissolve the stone by the use of solvents, either taken by the mouth or injected into the bladder, the beneficial effects of which, he thinks, have been underrated. Some cases are recorded in his book in which a considerable degree of success attended the use of each of these methods; and, of course, more is to be hoped for when they are used in conjunction.

It is to be feared, however, that very few cases will be cured by this treatment, and it will generally be found necessary to have recourse to mechanical means for removing the stone from the bladder. Leaving out of our consideration the extraction of calculi through the urethra, which is only applicable to a very small proportion of cases, we have the choice of three other means, viz., lithotomy, lithotrity, and lithectasy. The operation of lithotrity, which consists in the crushing of the stone in the bladder, has hitherto been thought applicable only to patients above the age of puberty; but it appears, from a communication by M. Ségallas to the French Academy of Medicine, that he has succeeded in applying it at every age; and he exhibited a child, aged 23 months, on whom it had been performed. Messrs. Viricel, of Lyons, Payen, of Aix, and Vidal, of Cassis, have also lately declared in favour of this practice. Sir B. Brodie, in the last edition of his lectures on the diseases of the urinary organs, has expressed a favourable opinion of lithotrity when applied to

* "On the Treatment of Stone in the Bladder," by R. Willis, M.D.

proper cases; but he says, that under the age of puberty lithotomy is too successful to be relinquished. Upon the whole, lithotrity has by no means advanced in public estimation, and has greatly disappointed the expectations that were at first entertained from it. The picture drawn of its results by Dr. Willis is a very dark one; and he has proved, by reference to a very extensive series of cases, that when used indiscriminately it is both more painful and more dangerous than lithotomy.

But, although he decidedly gives the preference to lithotomy as compared with lithotrity, he does not seem to entertain any great affection for the former, and recommends, in preference to either, the operation of lithectasy. This consists in cutting down upon the membranous part of the urethra, and introducing an apparatus, by means of which the prostate gland and neck of the bladder are gradually dilated. He states that these parts may be dilated sufficiently to allow of the extraction of a stone two or three inches in diameter, so that the division of them is rendered unnecessary, and thus the most dangerous part of the operation is avoided. The apparatus used by him is the fluid-pressure dilator of Dr. Arnott. A case is reported by Mr. Elliott, of Carlisle,* in which this operation was successfully performed; but there has not yet been sufficient experience of its merits to justify the declaration of Dr. Willis, that "there is hardly a case to which it is not applicable, and its application is without danger, immediate or prospective." I apprehend that many cases will be found in old persons, or

* *Edinburgh Medical and Surgical Journal*. January, 1843.

those who have long laboured under the disease, when the prostate is enlarged, indurated, and irritable, and the bladder much contracted and diseased, in which probably the necessary dilatation could not be effected; or, if effected, would occasion more pain and constitutional disturbance than the division of the parts.*

Since, then, it does not seem probable that lithotomy will be entirely superseded by either of the operations which have been mentioned, it is highly important that the principal sources of danger in that operation should be ascertained, in order that they may be avoided. That the operation is not so dangerous as is generally supposed, when conducted on correct principles, may, I think, be inferred from the great success which has attended some operators. Without going so far back as to Martineau or Cheselden, I find it reported in the January number of the *Edinburgh Medical and Surgical Journal*, on the authority of Dr. Nott, that Professor Dudley, of Kentucky, has operated on 153 cases, and lost only four of them. When this result is compared with the results of operations for stone in Paris, where, according to Dr. Willis, the average mortality is one in two or three, we cannot doubt, after making every allowance for contingencies, that the difference in the results must be ascribed to some essential difference in the mode of operating.

* The very first number of the *Provincial Medical Journal* which was published after the reading of this address, that of August 5th., contains the report of a case operated on by Professor Fergusson, which fully confirms this opinion. I had not heard of the case previously to its being reported in the *Journal*.

The opinion entertained by Sir B. Brodie, Liston, Key, Fergusson, and most of our eminent lithotomists, is that the chief source of danger is infiltration of urine into the cellular tissue about the neck of the bladder, and that the best means of obviating the risk of this is to make a large external incision, and a small internal one, so that the deep pelvic fascia may not be divided. If a very small incision is made through the prostate it readily yields, either by dilatation or laceration, so as to admit of the extraction of a large calculus. Mr. Syme, on the other hand,* thinks this mode of proceeding highly dangerous, and recommends to cut freely through the whole thickness of the gland, affirming that in no case has any bad consequence resulted from so doing. Dr. A. Monro is also of opinion that the division of the pelvic fascia is not so fatal as has been supposed.† I must give my vote in favour of the small incision through the prostate, which I have found very successful in my own practice.

In order to avoid cutting through the prostate, however, it is necessary for the internal incision to be very small. Mr. Bryan, in a paper on lithotomy,‡ states that if the incision through the neck of the bladder be made to the extent of three quarters of an inch downwards and outwards, the prostate will be completely divided, and the vesiculæ seminales wounded. In the dead subject, he says, the longest possible incision in the prostate, without completely

* *Edinburgh Monthly Journal*, December, 1842.

† *Medico-Chirurgical Review*, July, 1842.

‡ *Lancet*, February 11, 1843.

dividing it, is about eight or nine-tenths of an inch. But the wound, together with the neck of the bladder, will stretch so as to allow a round body of more than four inches in circumference to pass without tearing.

Mr. Fergusson has illustrated the advantage of a very long external incision when the perinæum is very fat. In a case of this kind he made an incision fully six inches in length, and in some clinical remarks on the case, he observed that there is an utility in such an incision, which appears to have been overlooked: it is, that after the skin has been divided, although the point of the knife may have been thrust half an inch deep, when the edges of the wound separate, the fat and cellular tissue seem to be on the same level as the skin; in other words, the perinæum is made half an inch shallower. On the other hand, if the external incision is a short one, instead of the edges separating and permitting a ready access to the deeper parts, they will form a tight band over the fore-finger of the left hand, when it is thrust towards the neck of the bladder.*

Mr. Bryan, in the paper before referred to, has proposed a new lithotomy staff, a priority in the discovery of which, however, is claimed by Mr. G. W. James.† It only differs from Mr. Key's in having the groove on the concave side, and does not appear to me to possess any material advantage over it. I avail myself of this opportunity of stating that I always use Mr. Key's staff and knife, the introduction of which has, I think, very much simplified the operation of lithotomy.

* *Provincial Medical Journal*, March 4, 1843.

† *Lancet*, March 11, 1843.

The foregoing remarks apply of course only to the lateral operation, which is the one generally received in this country; it appears however, that the high operation has been pretty extensively practised by MM. Belmas and Souberbielle, in Paris, and it is probable that it might be used with advantage in those cases where the calculus is very large.

Next to calculus, one of the most important diseases of the urinary organs is stricture of the urethra, respecting which a few remarks may be allowed, although I am not aware of any actually new mode of treating them having been introduced during the past year. There have, however, been several important treatises upon the subject within the last few years, and the comparative merits of the various remedies proposed in them affords constant matter for discussion. In the *British and Foreign Medical Review*, published April, 1842, is a notice of several of the treatises alluded to, which contains a very good account of the present state of our knowledge respecting strictures of the urethra, to which I refer you for some valuable information upon this subject. Since that time a memoir of M. Civiale has appeared on the employment of caustics in some diseases of the urethra, amongst which of course stricture is included. This remedy is one respecting the use of which there is still great difference of opinion. The experience of M. Civiale is, on the whole, unfavourable to it. On the other hand, Mr. Wade speaks strongly in its favour, and recommends the potassa fusa, as used by Mr. Whateley. Mr. B. Cooper also recommends the

caustic bougie, and says that a successful result generally follows the application of this instrument. I do not find many reports of cases treated in this way during the year. I have myself tried it in two cases of stricture of very long standing, complicated with fistula in perinæo. In one of the cases I succeeded, after several applications, in passing a small silver catheter into the bladder, but I did not feel certain that this success was due to the caustic. In the other case it entirely failed. Upon the whole I think it may be set down as the more prevailing opinion respecting caustic, that it is most useful in cases of irritable stricture. The most ancient mode of treating strictures, that by dilatation, is the one still in most common use, and the usual mode of effecting it is by the use of bougies gradually increased in size, an interval of a few days being allowed to elapse between each introduction. The plan of introducing bougies in quick succession, so as to effect the dilatation within a few hours, as practised on the continent by Lallemand and others, is not received with much favour in this country, and I am not aware of any reports of cases treated in this manner during the year; nor do I find that the plan of gradual dilatation by fluid pressure, proposed by Dr. Arnott, has come into more general use.

There is a preliminary step necessary for the use of any of these modes of dilatation, viz., to obtain a passage through the stricture; and I have always been accustomed to consider the case more than half cured when that was effected. But I believe that some strictures are incurable by the use of bougies, and then we must choose between the

use of caustic, of what M. Roux calls "Cathéterisme forcé," (*i. e.*, forcing a passage with a conical sound,) dividing it with a lancetted stilette, as proposed by Mr. Stafford, or cutting down upon it through the perinæum. There is so much uncertainty in the use of the caustic, and there are so few hands to which the two other modes can be entrusted, that I must give it as my opinion that the division of the stricture through the perinæum, although apparently a more formidable operation, is attended with the least danger. It has been successfully practised in several cases both by myself and my colleagues in the Leeds Infirmary, and I have had occasion to do it not less than three times during the present year. The first case was that of a boy, who had a stricture following rupture of the urethra, from a blow upon it some months previously. His urine dribbled away, but the bladder was enormously distended, and no instrument could be passed. The second was a very old case of stricture complicated with fistula in perinæo, which had resisted other modes of treatment for months. The operation in this case was difficult, on account of the diseased state of the parts, the perinæum being filled with a mass almost like cartilage, traversed by numerous sinuses; but it was perfectly successful, and the patient can now pass for himself No. 10 metallic bougie. The third was the case of a gentleman, who having suffered many years from stricture, with a gradually increasing difficulty in voiding his urine, was at length attacked with a complete retention; and before I arrived at his residence, which was at a distance of 40 miles, the urethra had given way behind

the stricture, and the penis and scrotum were infiltrated with urine. There was another point of interest in this case, which I may mention *en passant*. Sir B. Brodie says, in his lectures on the diseases of the urinary organs, that when there is a circumscribed black spot on the glans penis, it is an indication of infiltration into the corpus spongiosum, and may be regarded as a certain precursor of death.* In this case there was not a circumscribed black spot, but the whole of the glans penis was livid; and the fact of its being infiltrated is, I think, proved by its subsequent sloughing. The whole penis sloughed away as completely as if it had been amputated, and yet this patient recovered, although he was a very unfavourable subject, being upwards of 60 years of age, and having lived very freely.

Mr. B. Phillips has published some interesting observations on involuntary seminal discharges from the urethra.† These discharges may arise from various causes, such as gleet, stricture, or irritation in the rectum, but the most common cause is abuse of the generative function. They are productive of a most melancholy series of symptoms. Mr. Phillips states that they are always connected with a morbid sensibility of some part of the mucous membrane of the urethra, which is generally a little in front of the prostate. The passing of a bougie over this part occasions great pain. The

* I quoted this opinion of Sir B. Brodie from recollection; but I find, on referring to the third edition of his *Lectures on the Diseases of the Urinary Organs*, that I have over-stated it. He says it is "an almost fatal symptom." Still I think the case of sufficient interest to be put on record.

† *Medical Gazette*, December 16, 1842.

remedy consists in the application of the nitrate of silver to that part. Mr. Phillips says that he has never had occasion to make more than two applications. Of course, when the affection is the consequence of stricture, or of gonorrhœal or gleety discharge, or of irritation in the rectum, the cause must be removed; but the simple removal of the cause is not necessarily followed by the cessation of the effect without the use of the treatment which has been described. A similar mode of treating these affections was recommended some years ago by Lallemand.

I must limit myself to a very short notice of some other affections of the genito-urinary organs, and of the remedies which have been proposed for them during the year. A remarkable case of urinary fistula, situated beneath the umbilicus, is recorded by M. H. Larrey.* It was complicated with stone in the bladder, the removal of which was followed by a cure. There are several notices of vesico-vaginal fistula. Dr. Reid has recommended a palliative remedy, which has been found to render the situation of the sufferer much more comfortable.† It consists in the introduction of an India-rubber bottle into the vagina, which is to be inflated after its introduction by means of a syringe adapted to it.

Mr. Harrison, of the Reading Pathological Society, reports a case treated by passing several threads of silk through the fistula, by means of a curved catheter, and withdrawing one every day. The

* *Lancet*, January 7, 1843.

† *Ibid*, February 18, 1843.

patient experienced considerable relief from the dribbling of urine, but the cure was not perfect at the time of the report.*

M. Lallemand has reported two cases in which he effected a radical cure by means of an operation.† M. Blandin, on the other hand, doubts whether there is a single well-authenticated instance of radical cure, and exhibited to the Academy of Medicine, Paris, a preparation showing that a portion of the ureters had been destroyed by the disease.‡

M. Piorry has cured an intense urethro-vaginitis, of nine months' duration, by injections of an infusion of cubebs, along with the internal administration of the same drug.§

In a recent number of the *Provincial Medical Journal* is reported a case of painful affection of the bladder, attended with constant desire to make water, the patient only being able to void it by drops, which were tinged with blood. The disease was intermittent, being pretty well in the morning and until four o'clock, when the attack came on. It was successfully treated by M. Baumgarten with injections of a very weak solution of nitrate of silver.‖

Incontinence of urine is said to have been successfully treated by the internal administration of ergot of rye.¶

* *Provincial Medical Journal,* August 13, 1842.

† *Archives Generales de Medecine,* March, 1842, and *Provincial Medical Journal,* April 8, 1842.

‡ *Provincial Medical Journal,* April 22, 1843.

§ *Gazette des Hospitaux,* and *Provincial Medical Journal,* May 27, 1843.

‖ *Journal des Connaissances,* and *Provincial Medical Journal,* May 27, 1843.

¶ *Medicinische Zeitung,* and *Lancet,* March 4, 1843.

We have additional examples of the successful treatment of hydrocele by iodine injections. In one of the cases reported there were two distinct sacs; and in another three.* Mr. B. Lucas has cured an encysted hydrocele of the chord by injecting back the fluid that had been drawn off.†

The use of belladonna is recommended in the treatment of phymosis and paraphymosis; and a writer in the *Bulletin Medicale de Bordeaux* says that no section of the prepuce should be made till after the practitioner has attempted to avail himself of the relaxing effects of this remedy.‡

The Rectum.—The *Provincial Medical Journal*, December 17th, 1842, announces a new mode of treating hæmorrhoidal tumors, by Professor Horner, of Philadelphia. His mode of operating is certainly different from that usually practised in this country; but there is nothing new in the *principle* of the operation, which is simply that of removing these tumors by ligature. We are accustomed to use for this purpose a curved needle, armed with a double silk ligature, the needle being passed through the base of the tumor, and a ligature tied round each half of it; but Dr. Horner attacks them with "a thick sail-needle," "a stout awl," and "a wire ligature." I cannot perceive what advantage the wire possesses over the silk ligature; it must be more painful, and, if I may judge from the results of the very numerous operations I have both per-

* *Lancet*, February 25, 1843.

† *Provincial Medical Journal*, December 10, 1842.

‡ *L'Expérience*, December 15, and *Lancet*, January 21, 1843.

formed and witnessed, I should say it cannot be more efficient. There are, however, two good suggestions in Dr. Horner's paper: the one is that of calming the rectum by cold water injections for some days before the operation, and the other is a still more important one. Some hæmorrhoidal tumors are situated so low down in the rectum that when protruded they appear to be covered partly with mucous membrane and partly with skin. The inclusion of any part of the skin in the ligature is always to be avoided, on account of the excessive pain and high degree of constitutional disturbance produced by it; and it may be avoided by following Dr. Horner's suggestion, to detach the inferior third of the base of the tumor with a scalpel, and apply the ligature in the line of the incision.

Dr. Houston, in the *Dublin Journal of Medical Science*, March, 1843, recommends the use of pure nitric acid in the treatment of these affections. It immediately destroys the surface to which it is applied, and when the slough is cast off a healthy suppurating surface is left, which contracts and heals over very quickly.

Dr. M'Cormac has devised a very ingenious mode of treating prolapsus ani in children, by means of which he effected a cure in the case of a girl between five and six years old, who had laboured under the complaint from about a year old. During that period the bowel protruded at every stool, sometimes to the extent of an inch or more, and always required to be reduced. He thought that the relaxed state of the parts might be corrected by careful manual traction, and therefore directed that

when the child went to stool the skin exterior to the anus should be drawn to one side by means of the fingers extended around. The plan succeeded,and there was no descent of the bowel afterwards.*

That very painful affection, fissure of the anus, which generally resists all remedies but the division of the sphincter, has been successfully treated with enemata containing the extract of rhatany root, by M. Bretonneau and others on the continent †

Some cases have been recorded in which the extraction of foreign bodies accidentally introduced into the rectum has been attended with great difficulty, on account of the violent contraction of the sphincter ani. This has led to the suggestion, by an anonymous contributor to the *Medical Gazette,* of the division of that muscle.‡

THE HEAD AND NECK.

The number of papers in our journals upon subjects connected with ophthalmic surgery indicates the great interest taken by the profession in this branch of the science. I cannot pass without notice some of the more important of them, although the time will not allow me to devote much space to this part of my address. I refer you, however, for some additional information to an article in the *Medico-Chirurgical Review,* July, 1842, on ophthalmological literature.

* *Provincial Medical Journal,* July 29, 1843.

† *Dublin Journal of Medical Science,* January, 1843.

‡ *Medical Gazette,* August 26, 1842.

The *Provincial Medical Journal,* January 14th, 1843, contains some valuable remarks on the subject of cataract, from the clinique of M. Roux, amongst the most important of which are those on the comparative advantages of extraction and depression, of which, from his very extensive experience, having extracted cataract above 6000 times, he is eminently qualified to judge. After a full trial of both these methods he states it as the result of his experience, that the number of complete cures is greater after extraction than after depression; but he admits that the latter operation is more applicable than the former to some cases. There are also some interesting statistics, showing the proportion of successful operations.

In the operation of depression Mr. Morgan has recommended a mode of proceeding to be adopted which has generally been regarded as a proof of awkwardness in the operator, viz., the transfixing of the lens with the needle.* This gives the operator much greater command over it, and enables him to deposit it precisely where he wishes it to be, without breaking up the vitreous humor and hyaloid membrane beyond what is necessary to form a track for it. The needle is to be introduced into the lens by a sort of drilling motion, and withdrawn in the same way, in order to prevent its subsequent displacement.

M. Bernard, of Paris, has had recourse to the subconjunctival method in operating for cataract, the conjunctiva being drawn aside by a hook previously to the introduction of the needle, so that

* *Guy's Hospital Reports,* vol. vii.

the wound in the conjunctiva and that in the sclerotica did not afterwards correspond.*

In order to obviate the difficulty that sometimes arises in these operations from the movements of the eye, M. Bonnet, of Lyons, recommends that it should be fixed by inserting a hook into the sclerotica, as in the operation for strabismus.†

M. H. Cuvier, of Brussels, has noticed the frequency of green cataract, which he thinks is often mistaken for glaucoma, and the patient thus abandoned to darkness. He has met with eight cases of this kind, seven of whom were operated on and restored to sight.‡

In the treatment of some forms of amaurosis strychnine has been administered internally with great advantage for some years past; and it has also been applied externally in the endermic method, the cuticle being removed by blistering, in order to facilitate its absorption; but I am not aware of its having been dropped into the eye in the form of solution. It appears, however, to have been used with success in this manner during the year, in a case which had for three months resisted almost every other remedy, and, amongst the rest, electricity.§ Dr. Clay Wallace, of New York, has reported a case of amaurosis, following a wound over the infra orbitar nerve, which was cured by dissecting out the cicatrix. It was uncommonly pro-

* *Gazette Medicale de Paris*, July, 1842.

† *Journal de Medecine et Chirurgie Practique*, and *Provincial Medical Journal*, August 6, 1842.

‡ *L'Examinateur Medicale*, and *Provincial Medical Journal*, January 14, 1842.

§ *Schmidt's Jahrbücher*, and *Medical Gazette*, August 6, 1842.

minent, and was found to contain a small piece of steel. He treated another case in a similar way, in which also a small foreign body was found in the cicatrix; but the result of the operation was not known.*

Mr. Alexander Ure has reported an interesting case, which very much resembled amaurosis, the patient being totally blind, and the pupil dilated and motionless; but Mr. Ure, suspecting that the case was one of idiopathic palsy of the iris, cauterized the circumference of the cornea with nitrate of silver, as recommended by M. Serres. The result was prompt restoration to sight.†

The application of myotomy to the treatment of some affections of the eye has been already noticed; it therefore only remains for me to mention one or two other cases in which it has been suggested to call in the aid of operative surgery to the relief of this organ. Dr. R. D. Thompson states that the blindness produced by the application of sulphuric acid to the cornea may be cured by dissecting off the conjunctival covering of it, and then scraping the denuded cornea until the whole of the opacity is removed. This he has verified by experiments.‡ It has been ascertained by the experiments of Mr. Feldman and Dr. Davis, of Munich, that the cornea may be transplanted from the eye of one animal to that of another, its transparency remaining uninjured.§ Dr. Ammon, of Dresden, has also transplanted the conjunctiva of the eyeball to the external

* *Medical Gazette*, March 24, 1843.

† *Provincial Medical Journal*, May 27, 1843.

‡ *Ibid*, January 14, 1843.

§ *Gazette des Hospitaux*, and *Lancet*, January 14, 1843.

angle of the palpebræ, in order to establish the normal dimensions of the external canthus when it is too small either from malformation or disease.*

The only internal remedy that I shall mention is the iodide of potassium, which has been recommended in various inflammatory affections of the eyes by Dr. Parrish, of Philadelphia, and others.† It is particularly applicable to those cases which have a constitutional origin, such as struma or syphilis, especially when there is an irritable or cachectic state of the system, which would render the use of mercury hazardous.

M. Gerdy has had recourse to a new operation for fistula lachrymalis, a description of which is given in the *Provincial Medical Journal*, May 13th, 1843.

I find the reports of three cases in which that formidable operation, the removal of the parotid gland, has been performed: one in France,‡ one in America,§ and one in this country, by Mr. B. Travers, jun.‖ In two of the cases a ligature was, in the first instance, placed loosely round the common carotid, which it was found necessary to tighten before the close of the operation. Dr. Valentine Mott, however, has stated that there is much less danger of hæmorrhage when the extirpation of the gland is deferred until the day succeeding the appli-

* *Annales de Chirurgie*, Jan., 1843, & *Provincial Medical Journal*, April 22, 1843.

† *Philadelphia Medical Examiner*, April 16, 1842, and *Provincial Medical Journal*, August 27, 1842.

‡ *Provincial Medical Journal*, September 24, 1842.

§ *Lancet*, November 19, 1842.

‖ *Medical Gazette*, February 24, 1843.

cation of a ligature on the artery than when both operations are performed at the same time.*

The *Dublin Journal of Medical Science*, January, 1843, contains an account of three successful operations for the cure of cleft palate : one by Dr. Cusack, and two by Sir P. Crampton. M. Roux, who has, perhaps, performed this operation more frequently than any other person, (upwards of 100 times,) insists strongly on the total privation of nourishment for five days. On this point Sir P. Crampton differs from him, believing that such a protracted abstinence must cause a state of constitutional disturbance highly unfavourable to the process of union by the first intention ; and the successful result of his operations seems to confirm the soundness of his judgment.

The operation of tracheotomy has recently been performed in a case which excited the interest of the public almost as much as that of the profession ; I allude to the case of Mr. Brunel, the celebrated engineer. It is worthy of being noticed on account of the peculiarity in the mode of proceeding which was adopted. The opening in the trachea appears not to have been made for the extraction of the foreign body contained in it, but to obviate the risk of suffocation whilst the patient was placed in a position favourable for its escape by gravitation. The operation has been performed in several other cases with variable success. In some cases recorded by Mr. Hilton in the *Guy's Hospital Reports* of last year, the opening was made through the crico-thyroideal ligament, with a lancet-shaped trocar ;

* *Lancet*, October 1, 1842.

and when the operation is called for on account of an obstruction to the passage of the air situated in the larynx, this seems to be the simplest mode of performing it. The success which has attended the operation when performed for croup is not calculated to afford much encouragement for its repetition in that disease.

Excision of the tonsils has been recommended in scarlatina anginosa by Mr. Yearsley.*

Besides the subjects which have been mentioned there are several others of sufficient interest and importance to deserve some notice in this address; but a consideration of them all would extend it to an inconvenient length, and I therefore hasten to a conclusion.

It has been the custom to conclude these addresses with a notice of the most eminent members of the profession who have died during the year; and I am unwilling to depart from so good a precedent. I think it good, both because it affords us an opportunity of doing honour to those who have distinguished themselves by their successful cultivation of medical science, and because it may not be without its use that we ourselves should be occasionally reminded, what in the hurry of business we are too apt to forget, that our own turn will one day arrive. The assertion of the poet,

"All men think all men mortal but themselves,"

is perhaps peculiarly applicable to medical men; for we are so continually brought into contact with death, that our sensibilities become blunted, and

* *Medical Gazette*, December 9, 1842.

those examples of the uncertainty of life which come home with startling effect to others, make but a slight and transient impression upon ourselves. But, so far from our being possessed of any immunity from the common lot of all men, it is well ascertained that our mode of life is very unfavourable to longevity; and it is a fact, which has been alluded to in more than one previous address, that a smaller proportion of the members of the medical profession than of any other attain the age of 70 years.

The records of the profession in this town for the last ten or twelve years abundantly confirm this truth; for during that period several of our brethren have been cut off in the midst of an active career, and in the prime of life; and it is only a few weeks since several who now hear me accompanied the remains of one of their number to their last resting place: I allude to Dr. Hunter, lately senior physician to the Infirmary. He was a good practical physician, laborious in the discharge of his professional duties, both public and private, and ever ready to give the support of his influence and exertions to any measures calculated to promote the interests of his profession, or of science in general. The mention of his name belongs of right to Dr. Shapter; but I am sure he will pardon my trespassing upon his ground so far as to pay this slight tribute to the memory of one who was lately my colleague in the Infirmary and the School of Medicine of this town, and with whom I have been accustomed to act professionally on friendly terms for upwards of 24 years.

At the head of those belonging to my own branch of the profession I had placed the name of the illustrious Larrey, forgetting at the moment that his death, then very recent, had been noticed last year by Dr. Black; but in an address devoted especially to surgery it may, perhaps, be permitted us to record our admiration of his talents, and of his long and untiring devotion to the cause of science and humanity; at any rate I claim for myself the privilege of adding my stone to his cairn.

To his name are now to be added those of several other distinguished members of our profession, who have been lost to us since our last meeting. Among these are Dr. Macartney, of Dublin; Mr. B. Walker, surgeon to St. George's Hospital; Mr. Tyrrell, surgeon to St Thomas's Hospital, and, to come nearer home, Mr. Baynham, of Birmingham, and Mr. T. Fawdington, of Manchester. These occupied some of the most conspicuous places in the ranks of the profession; but besides these, many others, no doubt, are gone, who, although unknown to fame, may have been honourable and useful members of it, and whose loss may have been deeply deplored by the circle in which they have been accustomed to move. For as no elevation can place us beyond the reach of the shafts of death, so no obscurity can conceal us from his observation, or render us beneath his regard:—

> "Pallida mors æquo pulsat pede pauperum tabernas,
> Regumque turres."

The best wish with which I can take my leave of you to whom I feel so much indebted for your indulgent reception of this very imperfect sketch, is

that his visit to each of you may be long delayed, and that when he does knock at your door you may be prepared, by a well-spent life—a life spent in the faithful discharge of your duties to your God and your fellow creatures—to admit him, an undreaded, if not a welcome guest.