

**Retrospect of the progress of surgical literature, for the year 1838-9 / by Messrs. Newnham, W. Wickham, and Salter.**

**Contributors**

Newnham, W. 1790-1865.

Wickham, William John, 1798?-1864.

Salter, Thomas, 1786-1856.

Provincial Medical and Surgical Association. Southern Branch. Meeting (1839)

**Publication/Creation**

London : John Churchill, 1839.

**Persistent URL**

<https://wellcomecollection.org/works/y2s23v4c>

**License and attribution**

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>

RETROSPECT  
OF  
SURGICAL LITERATURE.

C. ADLARD, PRINTER, BARTHOLOMEW CLOSE.

RETROSPECT OF THE PROGRESS  
OF  
SURGICAL LITERATURE,

FOR THE YEAR 1838-9.

~~~~~  
BY  
MESSRS. NEWNHAM, W. WICKHAM, AND SALTER.

~~~~~  
READ, JUNE 13, 1839, BEFORE THE  
ANNUAL MEETING OF THE SOUTHERN BRANCH  
OF THE  
PROVINCIAL MEDICAL ASSOCIATION,

AND PUBLISHED AT ITS REQUEST.

LONDON:  
JOHN CHURCHILL, PRINCES STREET, SOHO.  
1839.

REPORT OF THE PROGRESS

# SURGICAL LITERATURE

FOR THE YEAR 1889

BY J. B. NEWMAN, W. W. WATSON, AND BARRIE

ANNUAL MEETING OF THE SOUTHERN BRANCH

PROVINCIAL MEDICAL ASSOCIATION

LONDON: JOHN CHURCHILL, PRINCES STREET, 1890.

## RETROSPECT OF SURGICAL LITERATURE,

FOR THE YEAR 1838-9.

---

AT a period when there exists a prevailing activity in every department of science and a bustling appearance of progress, it becomes necessary to take a review of the past, in order to distinguish the true ray of knowledge, from the false glare thrown upon the present page of our history, by the revival of some ignis fatuus, generated from the decomposition of by-gone hypotheses.

This occasional review is also necessary to remind us of the only path to real knowledge, viz., *patient, intelligent observation*; and enlarged views, drawn, not as inferences from a small number of data, but as inductions from a large series of unprejudiced observations, aided by sound judgment and just reasoning,—supported by experience,—and verified by many enquirers, at different times and in distant quarters of the world.

We are reminded also, by this retrospect, of the dangers to be avoided and the difficulties to be overcome in the pursuit

after truth. Ignorance is proverbially confident, but science is cautious; and that which appears easy at a distance, because its difficulties are not perceived, has its real nature developed upon a nearer acquaintance.

A slight glance at some of these difficulties will form an appropriate introduction *to*, as well as an excuse *for*, the deficiencies of the present record. These may be shortly classed under the heads of a blind attention to the *evidence of the senses* on the one hand, and to *prejudice* on the other.

The surgeon may be led astray, by the evidence of his senses presenting some obvious phenomenon, from the full and mature influence of reason and reflection, and claim for himself the entire credit of being guided by *experience*, whereas this so vaunted term becomes nothing better than blindfold *experiment*, unless it is characterized by that fulness and fairness of *induction*, which can only result from the accumulation of *our own facts and reasonings, enlarged, tested, modified by the facts and reasonings of others.*

The baneful influence of prejudice is grievously felt in the tendency it produces to be guided by fashion,—to adopt some favorite prevailing hypothesis,—or to distort facts so as to make them bend to some preconceived notions. The *theorist* is dazzled away from truth; the *accumulator of facts* perverts it; and it is only by their judicious combination that the practitioner can escape from *hypothesis* on the one hand, or *routinism* on the other:—two apparently opposite evils, yet meeting in one common centre of charlatanism.

It is difficult to dissipate *first impressions*, so as to leave the judgment unbiassed; and each day is so full of active duty, as to afford the *plausible excuse* of want of time to generalize observations, or to meditate on their result—still less for *study*;

so that the votaries of science grow old in opinions which they have received from their early *masters*, while they themselves are too frequently governed by exclusive hypotheses. Happily there are those who, by introducing order and system into their arrangements, and by habits of steady and self-denying perseverance, will not yield implicit obedience to authority, but who will enquire for themselves; and on these candid minds, when the attraction of novelty has gone by, the spirit of observation will reacquire its influence, and then, by diligent pursuit in the paths of true science, will be discovered many errors in practice; the genius of improvement will preside over each day's agencies, and at its protracted close there will not be this melancholy memento to be inscribed on the tablet of memory, "*Diem perdidit.*"

Before closing these general remarks, there is one other observation suggested by a review of last year's history, viz., the *tendency to neglect*, and the *importance of cultivating MEDICAL SURGERY!* In our *own* country, where some of our surgical luminaries have been thoroughly destitute of this branch of our art, there is great danger of undervaluing that which requires the deepest research, as long as *freedom* from patient investigation is so congenial to the natural indolence of man. The danger is great of being absorbed by the splendour of a new operation, so as to forget the influence of *life*,—the function of the nervous system in constituting the several parts of the body *one harmonious whole*,—the consequences of organization,—the reciprocal agencies of the individual organs upon each other, and upon the whole fabric,—the various sympathies, natural and morbid,—the essential dependence of function upon function,—and the *MODIFYING influence* of *disorder*, and of *remedies* upon all these, *singly and collectively*.

Yet it is only by this nice and extensive attention that enlarged views of disease and its treatment can be obtained; it is



only by this that the highest triumph of our art can be ensured, viz., to *avoid an operation where possible*; it is only by this that a patient can be properly prepared for the scalpel, or adequately cared for afterwards; it is only by this that the various local and constitutional irritations will be detected and provided for; and that the patient will obtain his fairest chance of relief from PRACTICAL SURGERY.

The subject of *vaccination* and the question of revaccination have particularly interested the professional world, and have given rise to very many detached reports and enquiries, and to one very important treatise by Professor Heim, of Wirtemberg. As faithful reporters, however, your committee are bound to say, the present is one of those instances in which preconceived opinion has usurped the place of deliberate judgment, while facts have been made to bend to its support. Thus, the professor attributes *death from vaccination* to the great number of vesicles, in cases in which fever attended with high constitutional irritation occurred on the third and fourth days. Now it is well known that, in ordinary vaccination, even local action is scarcely discernible on the fourth day; and it is quite certain that the present instances were the result of some peculiarity of constitution, or of the introduction of lymph taken at an improper period, when the local action of the poison will often be most severe.

On the subject of *revaccination*, your reporters can only appeal to further experience; "*adhuc sub judice lis est.*" But they would endeavour to bring their quota of observation towards the settlement of this great question. Professor Heim states the efficacy of revaccination to consist in the *complete* progress of the vesicle. The experience of your reporters would lead them to say that it *never was complete* except in the almost solitary instance, which would confirm rather than invalidate the rule. In 150 cases of revaccination which have been noted by one of your reporters, *only one* could be said to *approximate*

towards a regular vaccine vesicle; and this reporter is disposed to consider revaccination in no other light than as a test of the constitutional influence of the *former vaccination*. In the instances which have come under his notice, the *local action* has been observed much earlier than it ought to be, and in some cases *has subsided* without further mischief; in others, a vesicle has been soon formed with an *undefined, ragged border*, surrounded from the first by an *inflammatory blush*, and *always wanting the defined circular edge of the genuine vesicle*; much too much local action has been produced; there has been almost always swelling of the *axillary glands*, which is *unusual in a first vaccination*, unless the *lymph has been too aged*; there has arisen a much higher and a much earlier state of constitutional irritation, originating and ceasing at very uncertain periods, governed by the local cause, and leaving a sore arm with protracted swelling, and a flattened, undefined crust, instead of the regular, raised, well-defined chocolate-coloured scab. We are well aware that the statistical report (as well as other observations) of the result of revaccination of the Prussian army would seem to militate against these conclusions, but we believe that if tried by the above tests, a very different result would be exhibited. According to the views of your reporters, it follows either that we have *no test of what is a genuine vaccine vesicle*, or that *this is not the progress of such vesicle*. If we adopt the *former* proposition, vaccination *may be abandoned*; if the latter, it is evident that the symptoms are the result of the local agencies of a *poison* introduced into the constitution, but, like other *specific agents*, capable of producing its *regular influence only once during life*. Yet, *if this be true*, the efficacy of revaccination cannot consist in *renewing its protecting influence over the constitution*, but simply in *forming the test referred to*. Your reporters must vehemently protest against the employment of lymph taken later than the ninth day, and their experience would lead them to give the meed of *incalculable superiority to that taken on the eighth*. To the want of attention to this most important rule, many failures may doubtless be attributed; and

also the probable origin of that unfortunate hypothesis which represents the necessity of *going back to the cow* for a renewal of lymph, which had become deteriorated or effete by passing through so many subjects; an *hypothesis so contrary to nature, to reason, to science, and to fact*, that we can only be surprised at its endurance. Notwithstanding the conflicting testimonies of the past year, your reporters would be disposed to believe that a genuine vaccine vesicle may be *accelerated or retarded* without impairing the security of the patient, *provided that its course be otherwise regular*; and they would also believe that the *efficacy of vaccination in protecting its recipients from the fatal consequences of smallpox casually introduced into the system, is much greater than that of previous smallpox itself, whether natural or inoculated.*

The appearance of Dr. Macartney's work on *inflammation*, in the past year, is an important circumstance in connexion with surgical pathology: the peculiar views entertained by this distinguished individual, on the subject of inflammation, as well as his practice founded on them, are not altogether unknown to the profession. The lectures which he has for many years delivered in his capacity of Professor in the University of Dublin, have served to disseminate his opinions; but it remained for him, in the publication here referred to, to make a permanent record of the great principle he seeks to establish, viz., that inflammation is not only unnecessary for the cure of wounds, but that it actually interferes with and retards the healing process. On the bearing this will have in the treatment of a great variety of surgical cases, it is unnecessary to descant. Dr. Macartney considers the reunion of divided parts to be effected by a process analogous to *growth*, which he designates the "*modelling process*," and which, taking place under favorable circumstances, is unattended by the formation of granulations or the secretion of pus; *both* the natural results of inflammation. If Dr. Macartney cannot altogether lay claim to originality, the distinguished

merit of elaborating and setting forth, in a scientific and perspicuous manner, principles and a mode of treatment in inflammation not generally understood most assuredly belongs to him. The success obtained by Dr. Greenhow, by a new mode of treating burns and scalds, with an account of which he has favoured the profession, in the October Number of the "Medical Gazette," appears to be a practical confirmation of Dr. Macartney's views and opinions. In the "Edinburgh Medical and Surgical Journal," for April, is a notice of some researches on suppuration, by Mr. Gulliver, showing the presence of purulent globules in the blood, in diseases in which suppuration is going on. Mr. Gulliver attributes the fever in these cases to the existence of the globules in the blood.

Although nothing new in the method of *amputation* has transpired during the past year, yet the question of circular incision versus flap operation is still mooted by their respective advocates. It seems to us, however, that too exclusive a manner of operating is objectionable; and that the judgment of the operator is better exercised by adapting his incisions to the case before him than by a rigid adherence to any particular method, or to any early attachment which he may have formed. We see with regret the *exclusive adoption* of one or the other method of operating by one school of surgery, or by one teacher. It would be well if this system were forsaken, and a more scientific basis were assumed for the preference in particular cases: and though either method may answer satisfactorily, yet it will not be out of place to enquire how far a preference may be deservedly given, or under what circumstances the one or the other may be adopted.

The advantages of the flap operation are said to be,

- 1, The expedition with which it is accomplished, and
- 2, The firmness and solidity of the pad, which is afforded by

the muscular substance thus secured to the face of the stump. It is allowed by all that, in cases where disease has extended itself chiefly on one side of the limb, or where injury has been inflicted in the same manner, the use of a single flap is resorted to with great success.

The first argument for the flap operation does not appear to us to afford in itself sufficient ground of preference. It is certainly most desirable to give dispatch to any painful operation, but it will be admitted that this object will have been too eagerly sought for, if at the expense of other substantial advantages: the brilliant display of the operator is not to be put in competition with the *security* of the patient, or his future comforts.

The second reason urged for the adoption of the double *muscular flap* amputation, is the firm and solid pad which is thus procured. It is true that at first the stump seems beautifully rounded and far more firm than in other cases, while it appears to possess a solid cushion on which the limb may rest. But the multiplied experience of one of your reporters has decided him most unequivocally against this method, on the ground that after the expiration of a few months the muscular portion of the flap becomes very much contracted, and by dragging the integuments with it, a conical or sugar-loaf stump is the result. The cases alluded to were amputations of the thigh.

There are instances where the single flap may be required, as for example, below the knee, where the soft parts on one side or in front of the leg are much injured by accident, or destroyed by disease; a flap may thus be made on one side, or it may be taken from behind, and by this method the limb may frequently be amputated *below*, whereas by the circular method, it could only be removed *above the knee*. In such cases, however,

*a flap of INTEGUMENT ONLY* will form a more durable and useful stump than where the muscles are *preserved along with it*.

A still more striking objection to the oblique flap operation *through the muscles* is the necessarily oblique division of the blood-vessels, by which their coats are more ready to contract than when they are divided transversely; the effect of which is that their mouths become at *first sealed*, and *bleed again* on the relaxation of this contracted state, after the patient has been dressed some hours, and a very *unpleasant secondary hemorrhage* very frequently occurs.

On these grounds this reporter would prefer the circular operation, or rather the transverse division of *the muscles*, close to the point at which the bone is to be sawed. So that this part of the operation be done as smoothly as possible, it is of little consequence *how* the flap is formed from the integuments, whether by the *circular incision*, by *single flap*, or by a *double semi-circular flap*, which your reporter has chosen for several years past, with much advantage to the healing of the wound. By forming two semicircular flaps of *integument*, the separation from the subjacent muscles is most easily and speedily effected during the operation, and especially so should they be adherent in consequence of previous inflammation. This mode of dividing the integuments prevents the formation of corners to the stump, the puckering of which is often very troublesome during the process of healing, as well as the resulting prominences which sometimes become excessively irritable.

The real question to be decided, on the merits of which we have ventured to comment, does not therefore seem to us to be between a flap operation and the circular method, but whether the *section of the muscles* shall be in a *transverse* or an *oblique* direction; and we confess our experience convinces us that the former as a rule is in every instance most objectionable. But

the adaptation of the integuments to form a covering to the stump, although oftentimes requiring and calling forth much ingenuity, deserves to be well studied by practical surgeons. Accurate measurement, so that an easy coaptation of the integumental flaps may be obtained, and a *clear, bold, and decided transverse cut through the muscles*, seem to us to be the essence of these operations.

We find that efforts are now making to procure adhesion of stumps, as well as other incised wounds by two modes: one by the introduction of hare-lip pins and the twisted suture; and another, by the use of platina-wire inserted by the common needle. The only object of the former is to secure a close approximation of parts, without the dressings to the face of the stump; the second seems to have merits of an important kind; the platina-thread when drawn together is not to be tied but *twisted once*, which is enough to secure the lips of the wound in contact, and by this means in case of secondary hemorrhage, the wound may be examined very readily, without the pain or loss of time attendant upon the removal of plasters, which are ordinarily applied. This we understand to be much used in Guy's Hospital, and seems particularly applicable to the amputations of the breast, the vessels of which are more apt to bleed than after operations in any other parts.

One of the most important subjects in surgical science, and thus recommended to our early notice, is *stone in the bladder*.

The additions to our stock of knowledge on the treatment of this disease which have been obtained during the past year are not considerable; little seems to have been done beyond submitting to the test of further experience the great discoveries which have been made during the few preceding years. Chemical analyses of the morbid conditions of the urine and of its

deposits have become the subject of very searching enquiry, and surely must be brought sooner or later to bear on the prevention if not the cure of stone. Statistical enquiries are, too, still pursued in reference to this subject. In the twenty-first volume of the "Medico-chirurgical Transactions" are papers from the pens of Dr. Bostock and Mr. Copland Hutchinson: the first recommending a form of tabular analysis of the conditions of the urine which appears practical, and inviting the co-operation of all members of the profession; Mr. Hutchinson confirming his previous views of the almost entire immunity of seafaring persons from this complaint. Efforts are still making to render the several operations for the removal of calculi of the bladder still more safe. The contest between lithotomy and lithotrity seems to be at an end, experience confirming the opinion that either operation has its particular cases to which it is best adapted. The excellent memoir of Mr. Key, in the Guy's Reports, has tended much to place the merits of each mode of operation on proper ground; and it happily occurs that lithotomy is most successful where lithotrity is most dangerous, and vice versâ. In childhood and advanced years lithotomy is to be preferred; in middle age when inflammatory symptoms are easily aroused, and before the irritability of later years has arrived, and at a period when the extensibility of parts admits of the more easy use of the instruments, lithotrity seems to succeed.

It is to be hoped, and we may add to be expected, that patient, diligent, and careful experiment will bring the new and least painful operation to such a state of perfection, as shall make it applicable to every age and every case, divested of the sufferings and the dangers which yet attend on both. In the meantime, all is going on to perfect both operations. Lithotrity, commencing in the simple though tedious and imperfect use of the watch-spring daily introduced into the bladder through a canula in the urethra, under the persevering efforts



of the sufferer himself, has advanced onwards to the apparatus of Civiale; and subsequently to the more speedy, and perhaps more effectual, breaking down of the stone, under the improvements of Heurteloup and Costello; and still onwards to the inventions of Weiss and L'Estrange, who have substituted the screw for the percussion.

A view of lithotomy from its earliest periods to the present moment brings us to the conclusion that still much remains to be done, to make it a perfectly safe and easy operation, and to free it from its dangers either in its performance or its issue. As a test of the truth of this assertion, we shall find that there is yet a restlessness in the profession about the choice of their instruments. The cutler's shop will furnish evidence of the variety of staffs, knives, lithotomes, and gorgets, and every surgeon of note has his peculiar mode of operating. But the great contest in this operation is between the gorget and the knife, whether the whole cut shall be made into the bladder with the knife, or should be left to be finished by the gorget. The discussion of this subject would lead us far beyond the limits of this Report, and perhaps would be foreign to it. Suffice it to say, that Cheselden and Martineau, the most successful operators in this or any country, used a *blunt gorget*; the *knife*, to cut home into the bladder, and *the gorget* as a conductor to the forceps. Herein consists the merit of the gorget, that it protects those parts, which it is most dangerous to disturb or injure, from the rough usage of the forceps in their introduction. *Cheselden* was particular in never introducing the forceps a second time without the conduct of the blunt gorget. It has been left to after-times to discover that the source of failure in most cases is a sloughing of the cellular tissue at the neck of the bladder; and herein consisted the safety of the gorget operation in the hands of the two distinguished surgeons above named. Notices have been given during the past year of the prosecution of the bilateral section of the

prostate, as proposed by Dupuytren. It seems to us to be applicable in some measure to large calculi; but the double section of the prostate in former times was relinquished on account of the destruction of the powers of that organ; it should, therefore, only be employed under this emergency, to give greater room for the passage of a *large calculus*. Mr. Liston is of opinion that it may be practised, when found desirable, at the time of the ordinary operation with the knife. The preconcerted use of the lithotome, with a double-cutting spring-knife, is unnecessary.

In the department of Surgical Anatomy, we have to notice during the past year the continuance of the unrivalled work of Bourguery and Jacob, by reference to which the mind is refreshed, and obtains an admirable view of the successive steps of an operation.

Passing over Blandin's "Anatomie Descriptive," which is chiefly valuable for its order and perspicuity, we notice the very important contribution to science of Dr. Phillips's "Amputations dans la contiguité des Membres," a work principally remarkable for its anatomical details, its fair exhibition of the difficulties to be encountered, of the means of avoiding them, and of the best mode of securing success to the operations of which he treats. Dr. Phillips is favorable to the immediate reunion of the wound, but advises placing a little *mèche* of lint or charpie in its most dependent part, in order to secure an easy route for the *necessarily exfoliating cartilage*.

Dr. Phillips gives a decided preference to the *torsion* of the arteries, as the means of arresting hemorrhage, whilst Malgaigne, in his treatise "D'Anatomie Chirurgicale," throws doubt on the security of arteries thus treated, and believes that safety will be better obtained through bruising the internal coats of the vessel, by means of a pair of appropriate pincers; and speaks favorably

of experiments by M. Bouchacourt for the employment of a *moderately-heated iron* to the extremity of the divided vessel. Both these plans rest as yet on the testimony of experiments made on animals. On the other hand, M. Vidal, in his valuable, though as yet incomplete work, after much reflection on the various methods of stopping hemorrhage, gives the preference to the *ligature*, on account of its simplicity, its facility of application, the small amount of pain which it produces, and the consecutive accidents.

The dissertation on dislocations by both these authors is most valuable; but your reporters must only notice a recommendation of Malgaigne, for avoiding injury to the female breast, where counter-extension is required, viz., to interpose the hand of the surgeon or assistant, so that the pressure of the bandage may be borne chiefly by it; and a suggestion of Vidal, which has succeeded admirably with himself, and is very simple, that is, in dislocation of the humerus, to make the patient sit upon the ground, and taking hold of his wrist, to raise the arm strongly towards the head, at the same time, if possible, distracting his attention from the muscles, and then allowing it to drop suddenly, when the dislocation will be reduced.

Though not strictly within the period limited by the Society for the Surgical Report, we take leave to allude to a partial dislocation of the upper extremity of the radius, which was first recorded in the September Number of the "Medical Gazette," for the year 1837, by Mr. Gardner. We are desirous to refer to this accident, firstly, from the belief that it is not generally recognized or understood; and secondly, that one of the reporters has long been familiar with it, and has been in the habit, for many years, of pointing it out to his pupils. It invariably occurs in *young* children, and is occasioned mostly by servants and others suddenly pulling the child by the hand, or so lifting it from the ground. After the occurrence of the accident, the

arm hangs uselessly by the side with the *hand prone*. Mr. Gardner has given a clear account of this lesion, both as to the manner in which it takes place, and the subsequent appearance of the limb; but whether he be correct in stating it to consist in the tubercle of the radius slipping over the edge of the ulna, we think doubtful. All that we have found necessary for removing the displacement is simply to rotate the radius; and if, while this is done with one hand, the thumb of the other be firmly placed on the head of the bone, a slight crepitating jar will be felt; at the same time a noise is heard similar to that noticed in the reduction of other luxations. The after-treatment consists in placing the arm in a sling for a few days, and applying a roller kept moist with an evaporating lotion around the elbow-joint. While on the subject of dislocation, we take the opportunity to allude to an account of a luxation of the scapular extremity of the clavicle downwards by Dr. Tournal; a rare if not an unique accident; an abstract of Dr. Tournal's paper is given in the eleventh Number of the "British and Foreign Medical Review."

The subject of *fractures* is one of every-day interest, and has occupied a considerable degree of attention during the past year, and especially the *question of treatment by the immovable bandage*. It is true that this is a very old and abandoned, or at least generally neglected practice; but it is also true, that these are not arguments against its employment. Granted, that there is a disadvantage in not being able to see from day to day the state of the skin, and therefore the amount of local inflammation, and that we have the recent authority of *Vidal against* anything beyond its cautious adoption in PARTICULAR CASES. But it is also true that we have the same authority of *Velpéau* in its favour; and your reporters think that the weight of evidence during the past year, conjoined with their own experience and that of their friends, Mr. Stanley, Dr. Sweeting, and others, is decidedly favorable to its adoption, in cases of *simple fracture*

*in good constitutions*, when the *local injury* has not been *very great*, and when the local and constitutional symptoms are not likely to run very high. Different solutions have been employed, as *starch*, simply or mixed with plaster of Paris; or the white of eggs, with camphorated spirit, and subacetate of lead, &c.; but Velpeau prefers a solution of *dextrine*, in the proportion of four ounces dissolved in an equal quantity of cold water, to which add four ounces of rectified spirit: the bandages should be *unrolled* and steeped in this solution, then rolled again and applied: the large proportion of spirit is useful in promoting the process of drying, till which, the limb can scarcely be said to be in a safe state. The immovable bandage seems to be exceedingly useful for procuring complete rest to *diseased joints*; and by being moulded so accurately to the parts to which it is applied, it is more available in this particular class of cases than any other form of splint, and affords a very important assistance to the cure.

Of particular fractures, we must call your attention to the admirable treatise of *Vidal* on *extra and intra capsular* fracture of the neck of the femur; and to the little pamphlet of *Malgaigne*, on *fracture of the ribs*, containing so much valuable matter on the different varieties of these accidents, that it should be *read and studied*, in order to appreciate and apply the different treatment required by varying circumstances, and especially in respect to the chest itself being in a sound or a morbid state. Your reporters cannot dismiss the subject of fractures, without noticing a case by Mr. Smith, of Pennsylvania, in which gangrene of the limb was induced by the pressure of the displaced bone upon the femoral vessels, a fact curious in itself, but which shows the great importance of IMMEDIATE REDUCTION.

While treating of the osseous structure, your reporters feel bound to notice the excellent compendium of "Diseases of the

Periosteum" by Maisonneuve, and also a treatise by Gerdy, which they particularly recommend to your attentive perusal, as well as the article in the new edition of Cooper's "Surgical Dictionary," on the removal of the articulating extremities of bones, in the former of which the relative advantages and disadvantages of this practice, as compared with amputation of the limb, and more especially in regard to its *results*, as to whether it be an *upper or lower extremity*, are calmly discussed, as well as the cases which render it necessary, the circumstances which constitute it *expedient*, and the *cautions* with which it should be carried on and completed.

There is also an interesting memoir, by Mr. Gulliver, in the twenty-first volume of the "Medico-Chirurgical Transactions," on *necrosis*, in which are advanced some new views relative to the absorption of the sequestrum and other portions of detached bone, by the contiguous granulations. Mr. Gulliver's experiments throw considerable doubt on the correctness of the opinions of late years entertained on this subject; his investigations incline him to believe that the appearances supposed to evidence absorption, subsequently to detachment of the sequestrum from the newly-formed bone were actually produced by the agency of the absorbent vessels of the sequestrum itself, ere it had entirely lost its vitality. A practical question of great importance is involved in the determination of this interesting pathological point; for if it be a fact, that *separated or dead bone* is incapable of being absorbed, there can be no longer any object in deferring the removal of the sequestrum, or any detached bone, as soon as circumstances will admit of the operation being performed.

Your reporters cannot quit this part of their subject without referring to the employment of tartar-emetic in the cure of *hydarthrosis*. After proper depletion, four grains of the remedy are to be given daily in divided doses, and to be

increased two grains every day till the malady is removed: its alleged effects are to relieve local pain, to produce absorption, and in a few days to obliterate all traces of the disease.

The literature of the past year has been enriched with several monographs on affections of the motor powers, particularly by Recamier, Guèrin, Scoutetten, Dieffenbach, Vidal, and Duval. The former has presented some cases of the utility of *extension*, *champoning*, and *regular percussion* in the treatment of muscular contractions, a mode of practice which has subsequently been successful in the hands of M. Séguin. It must, however, be recollected that this plan is *inapplicable to such cases as are consequent upon cerebral irritation*.

The other authors just mentioned, except Dieffenbach, who recommends the division of the contracted muscles in *torticolis*, have confined their attention to the deformity usually called *club-foot* and its varieties. The operation for club-foot was ably described by the learned authors of last year's report; but the literature of the present year is so full of information on this subject, that it requires to be noticed and studied, especially as its results may be now said to have stamped the operation and its accompanying treatment with the fiat of established authority. Our friends, Mr. Dodd, and Mr. Duke of Chichester, have this year operated with success, and the periodicals of the same time abound in cases. Whatever may have been the remote cause of this affection, its essence consists in the contraction of certain muscles; and its *treatment*, we might say *its cure*, depends upon the judicious division and subsequent management of certain tendons (generally the tendo achillis), *according to the muscles concerned*. In all cases, the division of the tendons is to be effected under the skin; but we must refer for particulars to the authors themselves.\*

\* While these pages were passing through the press, Duval published an entire and more finished treatise, to which we particularly request attention

The introduction of air into the veins, as a cause preventing the successful issue of surgical operations, has engaged considerable notice, and little that is really valuable, and much that is useless has been chronicled; but although we may have become better acquainted with the phenomena of this unfortunate state, it is doubtful if any real practical good has arisen, except as a matter of *caution* in conducting operations.

The agency of warm air in the treatment of *wounds* has been noticed. The dressing should be extremely simple—the edges just brought together, and the temperature maintained uniformly at from 35 to 36° Reaumur (110 to 113° Fahrenheit). The temperature *may be carried* too high; and, according to your reporters' views of success, there does not seem to have been any very remarkable results. Perhaps we have yet to learn the precise cases to which this method is applicable, and the kind of constitution best suited to its agency.

In juxta-position with this method of treatment, we notice with high estimation the employment of cold water, not as an occasional, but as a constant application in *dislocations, fractures, contusions*, and this year particularly, by M. Nivet, in the treatment of compound fractures.

Under the head of wounds, we must mention the claims of *platina-needles*, which have been recommended, apparently on just grounds, from their great facility of introduction and removal, and from their not being liable to oxydation.

Much testimony has accrued to the advantages arising from bandaging and compression in several forms of surgical malady, It abounds in practical details of the highest value, and particularly showing that it is in the application and modification of the mechanical apparatus to be employed subsequent to the division of the tendons, that the chief difficulty of the cure will be found to consist.



but especially in inflammation of the absorbents, after a due attention to the necessary depletion.

Before noticing the radical cure of *hernia*, your reporters cannot pass without encomium the admirable sketch of the anatomy of that affection by Malgaigne. The radical cure proceeds upon the principle of exciting so much adhesive inflammation in or around the sac, as to produce adhesion and obliteration of its cavity. This is, in fact, the remote object of the truss, where it is used with any other than a palliative design. Pins have been passed through the hernial sac, and it has been this year recommended to puncture the lower part of the sac with a trocar and canula, and to introduce through the latter, one or more pieces of gold-beaters' skin; but your reporters are not prepared to say that this plan possesses any very marked advantage: they must, however, just call your attention (as deserving trial) to the employment of the belladonna-lavement, in strangulated hernia.

They will next direct your review to diseases of the urinary and generative system; and first to *hydrocele*. The treatment of this malady has of late undergone some modifications, attributable, no doubt, to the occasional want of success of the ordinary injections; we cannot, however, but fear that the love of change and novelty operates too much in these matters. The plan of acupuncture, as noticed by Messrs. Sampson and Mayo in the last year's report, seems not to have gained many advocates since that period. According to our experience, it does not prove a radical cure. But we learn from Mr. Travers, to whom some share in the claim to originality in the suggestion is to be awarded, that it ranks *between the ordinary mode of tapping as a palliative and of injection as a radical cure*: it is less *painful* than the former, and procures a longer relief. The fluid does not usually accumulate under several months, whereas in the simple tapping a fortnight scarcely passes without a return of

the tumour. It is therefore admissible in cases where the radical cure is not advisable, or will not be submitted to. The use of iodine as an injection in hydrocele gains considerable ground, and is adopted exclusively by Mr. Key on account of its invariable success. We are informed that it produces less irritation than other injections, and yet occasions sufficient inflammatory action to answer the intended purpose. One fluid drachm of the tincture to three of water is usually injected, and a considerable portion of that quantity may be left in the sac, where it becomes entirely absorbed. In the work of M. Beniqué, on retention of urine, we find a novel and ingenious method of treating stricture, by conveying a number of small bougies in a large canula, down to the strictured part, and then advancing one or other of the bougies, supported by the rest, till one shall be found to pass *into* and *through* the stricture. We turn, however, from that which is perhaps more ingenious than useful, in order to notice his history and treatment of spasmodic stricture, and to his great secret of success, viz., *to wait, and never to employ violence*. We believe too in the truth of his account of the *origin* of permanent stricture, in inflammation and ulceration of the urethral mucous membrane, and in the contraction consequent upon the healing of such ulceration; and if this be admitted, we can but assent to the employment of the nitrate of silver, in this stage of ulceration of the urethra, and to his all-important caution, that, however *the stricture formed by cicatrices from such ulcerations* may be dilated, still the *disposition to contraction will only be superseded by long habit*.

In the last year has been recommended a combination of the extract of lettuce and camphor, for the relief of spermatorrhœa; and a new bougie, formed of ivory, softened by being heated with acids, so that, having become for the most part *gelatinous*, it acquires by exposure to damp a high degree of softness and flexibility, without losing any portion of its tenacity, and at the

same time obtains such an increase of size, as to be peculiarly adapted to the dilation of *stricture*.

A valuable treatise on inflammation of the prostate gland has been published by *Verdier*. In addition to the usual anti-phlogistic treatment, he recommends the application of leeches to the recto-prostatic surface, and strongly insists upon the *necessity* of using a *full-sized catheter*, and if required to puncture the bladder *above the pubis*. If matter forms, it should be eliminated directly; but the very acute symptoms having passed, then is to be employed his great remedy, *cauterization* to be conveyed by a *porte-caustic*, not suffering the caustic to remain long on any one part, so as to occasion its destruction, but to be passed lightly over the entire surface, in order to prevent local ulcerations, and to *modify and supersede* the morbid actions, so as to bring back the tone of the parts to a state in which they admit of restoration. Your reporters can scarcely sufficiently express the high value they entertain for the *nitrate of silver* in this and other analogous conditions.

The treatment of *varicocele* has received considerable attention during the past year, especially from *Landouzy*. It is well known that Sir A. Cooper recommends the removal of a portion of the scrotum, which is good if *finally successful*; but it is obvious that the effect of this plan is only that of a suspensary bandage, and does not supersede the disease: and indeed it is doubtful whether the yielding nature of the part may not allow a gradual return of this tormenting malady. *Landouzy* advises the separation of the vas deferens from the varicose tumour, and then (by a very ingenious contrivance and improvement upon an old instrument) to include the latter in a species of vice, which produces *obliteration*, if not *division* of the veins, and leaves a portion of sound skin between the two branches, so as to obviate the difficulty of reunion, which formerly arose from the tendency to separation of the divided

integument. *A never-to-be-forgotten caution, in conducting this treatment, is to keep the penis always resting upon the abdomen.*

Important works on *syphilis* have appeared, by Humann, Ricord, and Giraudeau. We can only glance at these works, which, however, contain much valuable remark, much useful diagnosis, and many practical hints, which will repay the labour of perusal. The *question* as to the *identity of gonorrhœa and syphilis*, the phenomena being modified by the constitution of the individual, but particularly by the *structure subjected to the poison*, is ably discussed. In the treatment of gonorrhœa, general bleeding and antiphlogistic treatment is more strenuously urged than British practitioners are accustomed to direct: and a valuable distinction is made between *phlogosis* and *ulceration* of the urethral mucous membrane.

In the history of chancre, M. Ricord proclaims the advantages of *inoculation*, in enabling the surgeon to decide according to the effect produced on the *real nature* of the ulceration, and to define the particular method of treatment required, as well as to aid the determination of certain medico-legal questions. The latter appears to be the only really important point. All these authors recognize the great advantage of early cauterization in every form of venereal ulceration, and of mercury in obstinate cases which do not yield to local treatment, as well as in every *instance of indurated chancre*.

In the treatment of bubo, compression is recommended, and apparently on just grounds; but where bubo must suppurate it should be early opened. Here occurs a valuable suggestion, the advantage of which we have seen, as well as the disadvantage arising from its omission, viz. the removal of all that portion of skin which has become weak, and has lost its vital activity, by which means much time and inconvenience will be saved to the patient. M. Ricord advises sprinkling the cavity with

powder of cantharides, in order to bring on healthy action, and to give the proto-ioduret of iron in infusion of hop.

There is a great disposition on the part of continental writers to attribute a variety of maladies to syphilis; *as much, too much perhaps, as there is among ourselves to undervalue this origin of anomalous disease*: this is remarkably exemplified in affections of the skin and of the bony structure. Yet we are so thoroughly persuaded that these several states are oftentimes the effect of mercury; at others, the consequence of suddenly-repressed diseases of the skin; and still more frequently resulting from irritation of the stomach, or other abdominal viscus, that we desire to fix your attention upon this point, as to a subject still requiring accurate observation and close investigation into nature's processes. It is also very important to ascertain how far chronic irritations of the abdominal viscera may be dependent upon the *poison of syphilis*, or the *poison of mercury*. The influence of this mineral, primarily upon the *nervous system* and, through it, upon all the *harmonies and sympathies of life*, presents an extensive field of enquiry, very important to suffering humanity.

In secondary symptoms, attention being paid to any feverish action which may be present, or to any complication depending upon the state of the digestive organs, the proto-ioduret of mercury is highly extolled, and apparently on just grounds.

We pass over the treatment of chronic inflammation of the testicle by compression, in order to notice the subject of *iritis*, by way of introduction to Dr. Rognetta's treatise on *ophthalmology*. With regard to *iritis*, we refer first to a communication from Dr. Pamard, chiefly remarkable for the minute accuracy with which it describes several varieties of this malady, according to the structure which it particularly affects, or to the cause which has produced it. We never quarrel with *minute-*

ness; for we are persuaded that knowledge is power; that the knowledge of disease is more than half its cure; and that a very common cause of the failure of remedies is the want of their precise adaptation to the *peculiarities* of the affection for which they were prescribed. Dr. Pamard recommends mercury in large doses, but observes that it is always injurious if it irritates the mucous membrane of the bowels. Dr. P. thinks leeches and local bleedings do harm, if employed too near the seat of disease, and prefers derivative bleedings, as venesection in the saphena, leeches to the instep, &c.

Some difference of opinion exists with regard to the use of belladonna: one looking to its influence as a local stimulant, while inflammatory action is going on; another contemplating its peculiar action on the iris, and the prevention of that adhesion which too frequently ends in obliteration of the pupil. Dr. Pamard is fearful of the remedy, while Ricord and Rognetta recommend it. On mentioning the name of the latter, we must notice with much interest his invaluable treatise on ophthalmic surgery; and we particularly invite your attention to his preliminary essay on belladonna; none can rise from its careful perusal without augmented knowledge and increased power of succouring the wretched. Rognetta recommends belladonna to be given in iritis, in half-grain doses; and, according to circumstances, from one to sixteen doses in twenty-four hours.

We notice, en passant, that Mr. Morgan uses successfully in iritis, turpentine as a purgative. Its *modus medendi*, we apprehend, must coincide with Dr. Pamard's *derivative bleedings*. Turpentine has been long exhibited by one of your reporters in strumous ophthalmia, with happy effects. The work of Rognetta must be read as a whole, but we cannot let it pass without eulogising his admirable sketch of retinitis, his notice of amaurosis, and his distinction accordingly as the

organ may be in a state of *hyper* or *hypo-sthenic* irritation. Bleeding may be called for in the one case, opium in the other, and each be successful; while, if *misapplied*, or used *interchangeably*, infinite mischief may be the result. So with regard to strychnine, used by the endermic method; it will be beneficial or injurious, according to the case. In fact, in this, and in all other instances, the difficulty is not to find remedies, but to select the one which is appropriate. Rognetta, as well as Bouchacourt, have shown the advantage of cauterization, when applied to the inner mucous surface of the eyelids, and of the lining membrane of the nose in relieving those states; which, but for this remedy, would often fall into fistula lachrymalis.

On the pathology of the diseases of the eye, there are many interesting additions; and first, with regard to cataract, it appears from the researches of M. Maunoir, that membranous cataract is far from being so common as is generally supposed. But by far the most interesting contribution on the subject of cataract is that by Sir David Brewster, in the "Medical Gazette," in which the author accounts for the phenomena of cataract, by Dutrochet's beautiful theory of endosmose. If this theory of Sir D. Brewster be correct, it will account for some observations of others, which have generally been received with a considerable degree of scepticism. The pathological condition on which glaucoma depends has recently been referred by two eminent authors, both high authorities in ophthalmic surgery, to two different textures. Tyrrell has described it under the head of retinitis, while Dr. Mackenzie, of Glasgow, describes a form of glaucoma under the name of lenticular glaucoma, which has its seat in the posterior portion of the crystalline lens. In cases where, as mentioned by Dr. Mackenzie, the middle and inverted image of a candle (in adopting M. Sanson's diagnosis) is intercepted, there can be no doubt that the seat of opacity must be anterior to the posterior layer of the

capsule of the lens. In such cases, the glaucoma is a mere variety of cataract. It may not be out of place here to notice two remarkable cases quoted from an Italian journal, in a recent number of the "British and Foreign Medical Review," in which the vitreous humour and surrounding tissues were converted into an osseous mass. In the one case, the patient was of a remarkably gouty diathesis, but the other was a phthisical subject.

In the "Medical Gazette," for February 1838, Mr. Wharton Jones has published an interesting paper on staphyloma of the cornea, calculated to give more precision than has hitherto obtained respecting the pathology of that affection. The conclusions he has come to on the subject are:

First, that the iris and cornea do not unite surface to surface, and if they unite at all, it is only partially; and *that* in consequence of penetrating ulceration of the latter and prolapse of the former.

Secondly, that the tissue composing the staphyloma is not degenerated and opaque cornea, but a new tissue, of the nature of the tissue of cicatrix, developed on the anterior surface of the iris, exposed by the destruction of the cornea itself.

Upon the whole, Mr. Jones's account of staphyloma does not differ materially from that given by Mr. Morgan in his work on diseases of the eye, just issued from the press, and which, though short, may be read with advantage. These gentlemen, however, differ somewhat in the treatment they recommend: Mr. Morgan advises the removal of the entire tumour, while Mr. Jones suggests simply the extraction of the lens.

In the last volume of the "Medico-Chirurgical Transactions" is an interesting addition to our knowledge of the pathological



state of acute inflammatory chemosis, with sloughing cornea, which is rendered valuable from the practical results to which it has led its author. Mr. Tyrrell conceives, and we think him borne out in his arguments, that the cause of the loss of vitality of the cornea arises from strangulation of the corneal vessels. The chief vascular supply of the cornea is from the conjunctival vessels. Now, where the sclerotic conjunctiva is much elevated by acute chemosis, there is so great a strain on the vessels entering the cornea, as to effect a virtual strangulation of them; the result of which is that the cornea first loses its transparency, then its lustre, and finally sloughs. The success of Mr. Tyrrell's treatment, by freely dividing the conjunctiva to the margin of the cornea, so as to relieve the strain, is a practical proof of the correctness of his views. These cases, happily, occur but seldom in the country; but the rapid progress of the disease, and almost certain destruction of the organ, where they do occur, give us so little hope of doing good, but by a corresponding activity and boldness of treatment, that the principles laid down by Mr. Tyrrell should be thoroughly known, in order that the surgeon may adopt them speedily and fearlessly.

We congratulate the profession and the public on the appearance of Mr. Pilcher's work, on the "Anatomy and Diseases of the Ear;" a subject which has been long lost sight of, and which, on account of its intricacy, has been too frequently immolated on the altar of empiricism.

In the treatment of varices, M. Helot gives the result of his own experience in twenty cases, in which the plan of Velpeau, of sliding a needle under the vein, and then with a twisted ligature, arresting the circulation, by bringing the opposite edges of the diseased vein into contact, until the vessel has been divided: this result is extremely favorable, but occasional relapses occur.

In alliance with varix, we notice the class of tumours called *erectile*, *nævus*, *fungus hæmatodes*, aneurism by anastomosis, &c. It is clear that tumours of a very opposite description are included under the generic term *erectile*, so as to embrace those of a *simple* character with those which are essentially *malignant*; the following plan of treatment is only applicable to such as are not malignant. M. Bouchacourt has presented a very interesting memoir on this subject, to which Mr. M'Lachlan refers, and upon which the successful treatment of his case was founded; we can only notice, however, the practical part of the memoir, recommending the whole to your serious attention. The plan consists in the introduction of many needles through the tumour, according to its size; and the effects are, adhesive inflammation, effusion of coagulable lymph, obliteration of vessels, and conversion of the tumour into a compact cellular-fibrous tissue; the morbid action is superseded, healthy action commences, which may then be advantageously assisted by compression.

In the twenty-first volume of the "Medico-Chirurgical Transactions" is a valuable paper by Mr. Hawkins, on malignant diseases of the skin of the face, in which he notices a *variety* of these affections, not before described. He calls it "cancerous tumour, or fungus cancer of the face of old persons." The tumour previous to the commencement of ulceration is of a round or oval form, more defined than the other kinds of facial malignant enlargements, of a light colour, and confined to the texture of the skin, which is less puckered than in ordinary cancer of the face. Ulceration is followed by exuberant granulations, and the discharge of healthy pus; even in this stage of its progress it is sometimes unconnected with the subjacent parts, and may be removed with success; but if not timely got rid of, it contaminates and destroys all the neighbouring parts.

In the course of our report, we shall notice several successful

applications of the principles of plastic surgery; and in now asking your attention to the valuable work of Dr. Edward Zeis on this subject, we would also place before you the case of artificial anus reported by M. Blandin, in which the new walls were taken from the groin with perfect success. The nicety with which these operations are conducted deserves our praise, our admiration, and our closest study.

In the recently-published "Institutes of Surgery," by Sir Charles Bell, we find him expressing a new opinion of the nature of ranula: according to his views, ranula does not always arise from obstructed salivary ducts; he has demonstrated the pervious state of these passages by introducing proper probes into them during the existence of the disease; and if the notions of Sir Charles Bell are not entirely assented to, at any rate, he has shown the necessity of further considering the pathology of ranula.

During the past year, electricity has been employed in the treatment of tetanus, which, though not successful, merits perhaps a further trial. We also invite your attention to the newly-proposed plan of tying polypi in the pharynx, by M. Hatin, by which process the operation is said to become simple, easy, rapid, and safe; to a case of poisoning by arsenic, successfully treated by M. Deville, with the hydrate of the tritoxide of iron; and to the employment of ergot of rye in paralysis of the bladder. Your time forbids our enlarging on these interesting topics.

In bringing to a close this section of our subject, we must, however, again refer you to the "Médecine Opératoire" of Vidal, in order to notice one or two general principles. First, he is anxious that no operation should be long, and well describes the dangers arising from exhausted sensibility; secondly, he avows that embarrassment in operating, which generally produces this

length, is a frequent cause of failure; and, thirdly, he enjoins that, in order to avoid this embarrassment, everything should be fixed beforehand in the surgeon's mind, so that he may be prepared for every emergency, so that it may be always said "tout etait préparé, tout prévue, tout calculé, point de surpris." To our younger brethren, this work will be especially valuable, and to them, and to all, we hand it over as indispensable to the practical surgeon who wishes to enlarge the domain of his instrumental usefulness.

We should be unjust to M. Blandin and to you, did we not mention in this place, his memoir on amputation of the foot, at the articulation of the os calcis and astragalus with the scaphoid and cuboid bones. Aware of the objection urged against this operation, on account of the retraction of the heel, M. B. relates his having performed it *eleven times* without any such consequence, and thinks it would very rarely occur, if sufficient care were taken to preserve the divided tendons long enough.

In a retrospect of surgical science for the year by-gone, it is impossible to pass over without notice the treatise of Esquirol, supported as it has been by many other contributions to mental diseases. Till within a few years, the subjects of insanity, instead of being looked upon as objects of the highest interest, have been contemplated with a sort of alarm, which it is difficult to define; and the design has been to exclude them from society rather than restore them to *health*, and to all the powers and privileges of the social compact. It is most extraordinary that disease which attacks the organ of the highest consequence to the existence of man, which spares neither rich nor poor, and is so frequently found among the highly gifted, should have been so long left in obscurity, and should even now possess so large a domain of unexplored territory. Esquirol's work, though abounding in excellent practical remarks, is chiefly to be prized for the beauty and excellence of its diagnosis between the several

varieties of insanity. In this sketch it is impossible to follow him; and your reporters must be contented with two remarks of a practical nature, derived from a very careful and attentive perusal. First, that insanity is generally produced by a combination of moral and physical causes; and secondly, that an impenetrable veil seems drawn over the *mode of action* of the brain, over *the manifestations of mind*, and over the relations of that organ, with its functional, intellectual, and moral disturbances. This veil, we hope, may be yet drawn aside by diligent enquiry. Another practical inference is the extreme caution with which medical certificates of insanity should be given. Esquirol considers that the insane should be placed under restraint, first, for their own safety and that of their families, and the good order of society; 2dly, to remove them from external causes which may have produced, and may now be keeping up the malady; 3dly, to overcome their opposition to certain remedial measures; 4thly, to secure a general discipline appropriate to their condition; and 5thly, to enable them to recommence their intellectual and moral habits. Let, however, the practitioner be especially cautious how he lends himself to the isolation of an individual who still enjoys a considerable portion of reason, and of his moral sensibility, and is really only suffering from partial delirium or hallucination. Let him recollect that the effect of isolation, under such circumstances, would most probably be the loss of his remaining intelligence; and if so, that such loss must fearfully rest upon *his own* responsibility.

We dare not bring our Retrospect of Surgical Literature for the past year to a close, without adverting to the subject of *midwifery*, a subject always valuable to the practitioner, and oftentimes one of the deepest and most fearful interest, presenting situations in which he is called upon for decided action, without the possibility of seeking the united judgment of others; a subject involving the life and the happiness of many in the most anxious uncertainty, and one, on which it especially behoves

him to have his knowledge bright, and always at hand, and ready to be employed with promptitude and decision, directed and energized by wisdom, skill, and self-possession.

The past year has been remarkable for large contributions to our obstetric literature from several quarters. But as all our success depends on the accuracy of the information obtained through the sense of touch, we shall be guilty of the anachronism of noticing *first*, the *last* very remarkable treatise of *Maigne*, for which we entreat your candid perusal. There are few honest-minded individuals who have not felt and lamented the paucity and inaccuracy of the data derived from this source; and many will therefore hail the appearance of a volume which fixes the attention on this all-important point of practice. We can only glance at its general value, in order to engage your thoughts particularly upon a far too neglected point of practice, in the exploration of uterine malady, viz., *examination by the rectum*. True science will overcome anything like a feeling of disgust at this process, when the knowledge thus acquired may save the life of the patient, and at all events, will throw light on that treatment which may contribute to her cure. It is obvious that, in young unmarried females, this is the *only proper* method of ascertaining the state of the uterus, in many forms of acute or chronic inflammatory action; it is the *only way* by which the diagnosis of *inversio uteri* can be completed and rendered certain; and it is of *infinite importance*, occasionally, in deciding to what extent the body of the uterus has become diseased. *M. Maigne* has another valuable practical lesson, viz., in cases in which it is necessary to introduce the hand into the uterus, for the purpose of *separating the placenta*, to take care and pass it *between* the membranes and the uterus, not as is usually done on the inner surface of those membranes.

A treatise on midwifery with plates, by *Moreau*, has been in the course of publication; the first volume has as yet only come

under our notice. Our author draws a very valuable distinction between *relaxation*, *prolapse*, and *precipitation* of the womb. The more accurately the views are defined with regard to the nature of the disease to be remedied, the more successfully will the proper remedies be suggested and applied. There is in our profession no other enemy so obstructing our success, so detracting from our importance, as that want of precision, that absence of clear and distinct idea, which so frequently involves the practitioner in inextricable confusion. Hence, science has made a decided step, when she has obtained greater accuracy of judgment; hence our obligations to M. Moreau, more than for any novelties he may have produced. The same remarks will apply to the works of Colombat de l'Isère, and the incomplete treatise of Imbert on diseases of females; and to those of Otterburg, Treille, Duparcque, Gibert, and some others. The first of these is a monument of genius and research, which we trust no one will omit to read and to digest. Time forbids a detailed notice of each, and it is only possible to glance at one or two of their more remarkable features.

In *retroversio uteri*, the difficulties of introducing *two* fingers into the rectum and vagina, in order to antagonize each other, are fairly stated; and to obviate these difficulties, it is recommended to carry up a rectum-bougie well guarded by soft linen, and covered with some unctuous matter, in order to elevate the fundus, and thus leave the right hand at full liberty to operate upon the cervix in the vagina.

When inversion of the womb has happened, the first point of practice is its early return; and the signal utility of belladonna locally applied, in diminishing the spasmodic contractions around the inverted portion are fairly and fully stated. An instructive instance of death from timidity in not removing the inverted uterus is recorded, which we hope will operate as a warning to all those who from fear of consequences to themselves would

suffer the patient to die, and the grave to draw a veil of oblivion over their supineness or their selfishness.

We have already mentioned the several forms of prolapsus. In the last year a pessary of a very simple construction has been recommended by Mayor; it is made with *iron-wire* so as to admit of being moulded into any required shape, and covered with oiled silk, or silk dipped in a solution of caoutchouc. Hull's utero-abdominal supporter must be also recommended in the precipitation of the womb of old persons; it is then capable of yielding that comfort which no other pessary can give. It may also be useful in cases of prolapsus, where pessaries are inadmissible; for it should be always kept in view, that these should *not be employed* where the uterus is tender to the touch, or its vessels are loaded, nor indeed in any case, till we are quite certain that the symptoms depend on *simple displacement*, and not on *congestion* or *chronic inflammation*, and *consequent elongation of the womb*. In this place we should notice the recommendation of Malgaigne of the hourglass-shaped pessary, for the cure of *vaginal rectocele*, a form of malady not infrequent, and which is so commonly mistaken for *prolapsus vaginae*, a most important and just distinction.

The subject of cancer has been fully and ably discussed, particularly by Colombat de l'Isère and Duparcque. The result of these discussions may be thus stated: that cancer is originally dependent upon chronic inflammation of the organ, from local congestion or ulceration, susceptible of cure in the first instance by judicious treatment; that it is in its primitive nature purely local, (and this opinion is supported by the history of cancer of the face, at page 33 of the present Retrospect;) that it is indeed capable of involving the entire constitution in its progress, but also susceptible of arrest, by relieving the early pathological conditions, of which, in general, cancer is but the unhappy consequence. Unfortunately, practitioners are too apt to be led away



by phenomena which are apparent, and do not give themselves the trouble of enquiring into the state of the organs which have furnished those phenomena. Thus, for instance, they are told of pains in the loins accompanied by leucorrhœa, and they are contented to prescribe for these symptoms without enquiring after the cause, of the existence of which these are only the expression. The literature of the last year most strongly points out the necessity of that examination without which no accurate knowledge can be acquired. Chronic irritation of the uterus is a much more frequent cause of malady than is generally suspected; and to the state of this organ your best attention should be given. Then will the treatment of uterine disease become *rational*, and cease to be *empirical*, because it will be conducted upon principle; and then will there be a prospect of success, which is now too frequently clouded with uncertainty and apprehension; and then will probably be saved many terrific scenes of suffering humanity which now conduct to a premature grave some of the most interesting of our race through a lengthened vista of hopeless misery.

Your reporters must call your attention to the fact demonstrated by the works before them of the existence of *schirrhus unaccompanied by pain*; a forgetfulness of this fact might lead to serious error in diagnosis; and at the same time they refer you to those works for many invaluable elucidations of the varying forms of uterine malady which are *not cancerous*, but which are yet the result of chronic inflammation, as congestion, induration, hypertrophy, &c. They also beg to bring before you the employment of *secale cornutum* and *ammonia* in uterine hemorrhage from congestion, with feebleness of the uterine fibre, as well as the mischief arising from the use of these remedies in that exalted state of uterine action, which will be best met by revulsive bleedings and by the avoidance of all stimuli.

In hypertrophy, and other forms of chronic inflammation

ultimately terminating in cancer, they have to give their own experience as coinciding with that of their authors on the advantages resulting from the *cura famis*; though they must equally express their doubts on the subject of the incautious employment of digitalis, because its influence in depressing the powers of life is so considerable as oftentimes to diminish very greatly the conservative effort which would otherwise be made by the constitution.

It is impossible to pass over without notice the question of the amputation of the neck of the womb. On this question the testimony of the year has been conflicting; and the result, perhaps, should be that, while this operation should *not be undertaken except in cases otherwise hopeless*, it should equally *never be attempted where the disease has involved the entire neck, and where therefore the removal cannot be effected in healthy structure.*

In intimate connexion with the preceding remarks will be found those ulcerations about the cervix uteri, which are not of a malignant character. Here again we must notice the indispensable necessity of examination, and the occasional utility of the speculum, at the same time annexing a caution for its very gentle employment. Much advantage will result from consulting and comparing the little works of Otterburg, Gibert, and Treille. On a review of the whole, we should infer the great utility of the nitrate of silver, either in solution or in pencil, when judiciously employed, and the occasional use of other caustics, as indicated especially by Otterburg. In chronic inflammation of the uterus, and in cases threatening to degenerate into cancer, Treille particularly advocates the use of cold baths for several hours, night and morning, and the *frequent irrigation* of the diseased organ with cold water.

Sometimes from omitting to empty the bladder as frequently

as necessary, sometimes from rudeness in the management of instruments, and occasionally from the small vital power of the organ itself, it happens that sloughing takes place, and the vesico-vaginal fistula is formed, giving rise to one of the most wretched and intractable infirmities to which the human female is liable. This subject has engaged considerable attention during the past year. It is of the greatest importance to ascertain this misfortune as early as possible; for if attended to, as soon as the slough has become detached, and a catheter be kept constantly in the bladder, and the patient be kept always on her hands and knees, and the part be occasionally touched with caustic, the slighter cases may be frequently healed. But when the slough detached has been so great as to preclude the process of cicatrization, then the cure may be attempted by suture; and the improvement of instruments, and facilities afforded for this plan, by the very ingenious methods of Colombat de l'Isère, are above all praise. But it must be confessed that this operation has often failed, even in the most skilful hands. And therefore it has been more recently recommended by M. Jobert, as a new application of plastic surgery, to take a portion of integument from one of the labia, which is to be applied to and united with the previously pared edges of the fistulous opening. In this enumeration, we must not omit to mention the *doubtful proposal* of M. Vidal to *obliterate the vagina*; but so many, so great, and so obvious evils would arise from this proceeding, that certainly it should only be had recourse to as a dernier resort.

With regard to lacerated perinæum, an accident which *may happen* even to the most cautious, it is well known that the ordinary suture often fails, and fails generally from the tearing up of adhesions during action upon the bowels. In this, and other circumstances, it has been proposed to divide the sphincter ani. But a more agreeable, and probably a more successful plan has been suggested, in another adaptation of *plastic surgery*, viz. to take a small quadrilateral slip of integument

from either side of the perinæal wound, and to unite the two by the quilled suture. It will, however, very generally happen, that by care and the judicious application of caustic, the wound will be healed without this intervention.

The diseases of the ovary have also received considerable notice. We mention, first, a proposal of M. Recamier, to obtain an effectual cure of ovarian dropsy, by establishing an opening through the cyst into the vagina; that is, by puncturing the cyst through the linea alba, introducing a gum-elastic tube till it is felt through the vagina, establishing there a counter-opening, and preventing for a time the wound from healing. This patient died, yet there were some circumstances to render a repetition of the trial not inadmissible; and it is evident that, if care be taken to have the bladder empty, it MAY be accomplished without fear; and then, if the aperture be kept from closing, it MUST BE PLACING the disease in a position favorable to its entire removal.

The extirpation of the ovary is an operation which *may* present great difficulties, and is always attended with much danger; it is one therefore which, without being absolutely proscribed, is only to be undertaken with extreme caution. This operation has been performed several times in the last year, either in the entire removal of the ovary, or the resection of the ovarian tumour. The tumour should first be diminished by evacuating its fluid contents, in order that it may be drawn through a small aperture. The parietes of the cyst are to be cautiously laid bare; the cyst is to be seized with a double hook; it is to be punctured, and in proportion as the fluid is evacuated, it is to be drawn out through the aperture; finally, placing a ligature at the neck of the tumour, taking care to preserve the threads externally. If it cannot be drawn out, in consequence of adhesion, it should be left to suppurate, and be kept from healing.

Finally, the attention of the profession has been recently called by Dr. Conquest to the operation of tapping the head in cases of chronic hydrocephalus: yet, notwithstanding the success attendant upon these cases, the treatment must as yet be considered as unsettled. Dr. Conquest's plan resembles greatly that of Sir A. Cooper in spina bifida, viz. to diminish by degrees the quantity of fluid, and to aid its absorption by gentle pressure. A detailed account of Dr. Conquest's cases may be found in the periodicals of the day; and within the range of our association, this operation has been lately performed by Mr. Dodd, Mr. Newnham, and Mr. W. Wickham, in each case with very promising early results, though in each case without ultimate success. At the same time, these gentlemen feel no wish to depreciate the operation, since there were circumstances in each individual case which would induce them to hope that, under more favorable conditions, a happier result might be obtained. In the "Lancet" are reported cases, in which strapping the head is said to have been successful. And now, in closing their report, your reporters are fully sensible of the imperfections of the sketch which they have placed before you; but if a spirit of enquiry on these momentous points shall have been awakened, they do hope that neither your time nor theirs will have been wholly lost.

*Portsmouth; June, 1839.*

## BIBLIOGRAPHICAL NOTICE

OF THE

WORKS REFERRED TO IN THE FOREGOING RETROSPECT.

---

Historisch-kritisch Darstellung der Pockenseuchen, des gesammten  
Impf-und Revaccinationswesens im Königreiche Württemberg, &c.  
Von Professor Dr. Franz Heim.

Macartney on Inflammation.

Morgan on the Eye.

Pilcher on the Ear.

Cooper's, Samuel, Surgical Dictionary.

Bell's, Sir Charles, Institutes of Surgery.

Medico-Chirurgical Transactions, Vol. XXI.

Edinburgh Medical and Surgical Journal.

British and Foreign Medical Review.

Medical Gazette.

Lancet.

Revue Médicale.

Gazette Médicale.

L'Expérience.

Archives Générales de Médecine.

Journal des Connaissances Médico-Chirurgicales.

Encyclopedie des Gens du Monde (Art. *Dextrine*).

Blandin, Anatomie Descriptive.

Bourgery et Jacob, Anatomie de l'Homme.

Phillips, Amputations dans la contiguité des Membres.

Zeis, Edward, Handbuch der plastischen Chirurgie.

Malgaigne, Traité d'Anatomie Chirurgicale.

——— Fractures des Côtes.

Landouzy, du Variocèle.

Verdier sur les Phlegmasies de la Prostate.

Esquirol, Maladies Mentales (*avec atlas*).

Humann, Maladies Syphilitiques.

Giraudeau de St. Gervais, Maladies Syphilitiques.

Ricord, Maladies Syphilitiques.

Beniqué, Rétention de l'Urine.

Vidal, Médecine Opératoire.

Velpeau, Médecine Opératoire.

Moreau, Traité Pratique des Accouchemens (*avec atlas in folio*).

Colombat de l'Isère, Maladies des Femmes.

Imbert, Maladies des Femmes.

Gerdy, De la Résection des Extrémités articulaires des Os.

Maisonneuve, Le Périoste et ses Maladies.

Guérin, Du Pied-Bot.

Duval, idem.

Scouttetten, idem.

Maigne, Du Toucher, etc.

Duparcque sur les Altérations du Col de la Matrice.

Gibert sur les Ulcérations du Col de la Matrice.

Treille, idem, et de ses Maladies Cancéreuses.

Otterburg, idem.

Téallier, idem.

Rognetta, Cours d'Ophthalmologie.

THE END.



