

time. Very shortly afterwards the fistulous opening was quite closed, and the incisions through the mucous membrane healing by granulation. All the urine seemed to flow through the natural channel, and on examination with the speculum no water was seen trickling at the spot where the fistulous aperture had been. In the place of the opening a granulating surface, about the size of a shilling, was observable; the os uteri, however, was irregular and abraded. One month after admission no fistulous aperture could be found, and there was no evidence of any urine escaping from the vagina. The patient was discharged in a very satisfactory condition.

This is one of those cases which require careful management, but in which the surgeon does not meet with insurmountable difficulties. In fact, the size of the opening was such as to encourage the operator in the line of treatment which was adopted. A very interesting circumstance is the existence of the calculus, which was not suspected by the patient, and the formation of which had probably depended on stagnation of urine around or in the immediate vicinity of the fistulous aperture. As to the means in which Mr. Brown removed the stone, we were glad to find that no excision into the meatus was made, as we have known such a step to be followed by incontinence of urine.

Some of our readers may perhaps think that, when sutures fail in bringing on cicatrization, the want of success may depend on the way in which they are applied; this may be so, but we can only say that we have seen the silver wire, very carefully and skilfully applied, tear through the part. Nay, even the ingenious mode of applying sutures by means of shot, introduced and practised by Mr. Brooke, is not always a guarantee of success. We recollect a case in which an operation of this kind was performed, as far back as 1850, at Charing-cross Hospital, and in which sutures, very skilfully applied by Mr. Brooke, did not lead to cicatrization of the rent. We mention the case because some of the circumstances attending the occurrence of the fistula are instructive.

The patient was a well-developed woman about thirty, with a dark complexion and florid cheeks. She was born in London, but had been residing in the country the last three years. The woman had had enlargement of the liver when very young; and about ten years before admission, an abscess on the right side of the neck, with swelling of the glands of that region. She began menstruating at twenty-one, and she attributes this tardy appearance to two attacks of brain fever at the ages of seventeen and eighteen. She followed the occupation of a domestic servant, and married at twenty-seven. Before that period, this patient had now and then experienced pain in the uterine region, and irregular menstruation. Her first child was still-born, and presented by the feet; but nothing untoward happened during gestation or parturition, which latter took about forty-eight hours. Thirteen months afterwards she was confined again; this was a head presentation, but that organ proved very large. The labour lasted about sixty hours; the head lay a long time on the soft parts, but the child was dead and putrefying. Neither chloroform nor forceps were used. The hæmorrhage was profuse; sickness of stomach continued for two days, and was followed by diarrhoea, which lasted very severely for five days. The lochial discharge was in the meantime abundant; she kept her bed about a fortnight, and had much milk in her breasts.

About this period, this woman noticed a more profuse discharge from the vagina than she had hitherto perceived, but did not suspect that it was urine; yet she apprized the nurse of this strange sensation. Soon after this, she was greatly frightened by a sudden gush from the vagina; the fluid proved to be urine, and from that moment, when she stirred in bed, it escaped by *quarts*.

She now began to experience much pain both within the vagina and around the external parts; and the latter, being irritated by the acidity of the constant dribbling, became swollen, red, and painful. Her medical attendant made her now aware of the nature of her affection, and after some delay she repaired to London, where she placed herself under the care of Mr. Brooke. She subsequently repaired to Charing-cross Hospital, where Mr. Brooke, upon Mr. Avery's wish, operated upon her. The general health did not suffer much during the period, and the patient looked extremely well on being admitted. There was, however, a constant trickling of urine from the vagina, which, besides the dreadful annoyance and misery, was irritating the labia to a great degree, and incrustating the pilous appendages of the part.

On examination with the speculum, a transverse fissure was found on the upper wall of the vagina, communicating with the bladder; it was hardly a quarter of an inch in extent,

and offered irregular and jagged edges. No inflammation attended this solution of continuity, and it might be supposed that it had resulted from ulceration on that point, consequent upon pressure during parturition. Mr. Brookes determined to attempt the reunion of the edges of the rent by applying sutures in the manner invented by him, and for that purpose the patient was brought into the theatre, July 25, 1850, and having been rendered insensible by chloroform, Mr. Brookes operated, making use of his well-known threads and beads, to which we shall take an early opportunity of referring again.

Being on the subject of vesico-vaginal fistula, we shall just mention the manner in which M. Maisonneuve, of Paris, tried to diminish the inconvenience connected with the affection.

After having twice failed in the operation above mentioned, M. Maisonneuve grounded the expediency of the proceedings we are going to describe upon the following facts—namely, he had found that the rectum bore the presence of urine very well, as had been shown by several recto-vesical operations performed by himself. In fact, he had observed, by actual examples, that the sphincter ani was capable of restraining the flow of urine for several hours. M. Maisonneuve therefore determined to *obliterate* the vulva, so as to cause the urine to be evacuated by the rectum.

M. Maisonneuve began by establishing an artificial communication between the vagina and lower bowel, then proceeded to obliterate the vulva. He left, however, a small opening in the latter by way of precaution. The patient bore these operations very well; but it was found, after a little time, that the recto-vaginal aperture did not remain patent, much inconvenience being thereby produced. The patient now insisted upon something more being done, and M. Maisonneuve resolved to establish a *perineal* fistula, hoping to favour the retention of the fluid by an india-rubber contrivance. The vaginal canal was, therefore, entered through the perineum by means of a trocar, whereupon the patient died of purulent infection.

This case hardly requires any comment; our readers will no doubt join us in condemning the proceedings. We allow that French surgeons frequently show much ingenuity, but they perhaps may be accused of following the bent of that same ingenuity, regardless of the fatal consequences which may attend repeated operations upon delicate organs. If M. Maisonneuve had had recourse to india-rubber contrivances, after having failed in two attempts of obtaining cicatrization of the vesico-vaginal rent, he would perhaps have been more successful, and would have avoided the obliteration of the vulva, the perineal thrust, and the death of the patient.

### GUY'S HOSPITAL.

#### *Delirium Tremens: Death; Autopsy.*

(Under the care of Dr. BABINGTON; Clerk, Mr. DRYLAND.)

THE prognosis in cases of delirium tremens is generally favourable, though physicians cannot speak with any degree of confidence, when the attacks have been numerous, and the patient has for a long time indulged in excessive drinking. In cases of the latter kind, it seems clear that the large doses of opium usually given in this affection are not actually necessary, and that the mixed treatment mentioned by Dr. Watson in his "Lectures" is the most advisable. But a time comes when the meninges and substance of the brain have been so spoiled by habitual intemperance, and such considerable effusion excited, that no treatment will avail. The following case will afford a good example of changes of this sort, and will also show that attacks of delirium tremens may repeatedly occur, although the accustomed stimulus is not withheld. Our readers will, moreover, observe that post-mortem examinations of patients dying with delirium tremens reveal not only "a remarkably soft, pale, and flabby state of the muscular tissue of the heart," as noticed by Dr. Watson and others, but that the organ is generally covered with fat, and the whole of the muscular system in a more or less advanced stage of fatty degeneration.

Henry T.—, aged forty-seven years, a single man, and who has been a solicitor, was admitted Jan. 22nd, 1854, into Philip ward. The patient has no relation, so that an accurate history cannot be obtained, as he was quite insensible on admission. All that could be gathered was from two friends who came to see him. It was then understood that the patient had an attack of delirium tremens six months before the present admission; from this he had recovered, but had ever since been in a very nervous state, and had stayed at Gravesend for his health. Three days before the patient was brought here,

he was seized in the same manner as he had been in the autumn, and, getting worse, was conveyed to Guy's Hospital.

On admission, the patient was in a highly-excited state, but not violent, and was continually taking and giving orders to persons who came to his bedside. Pupils contracted; pulse 125. Mr. Stocker, the resident medical officer to the hospital, ordered *julepum ammoniac*.

On the second day the patient was in the same state, talking or singing almost incessantly; he had passed his urine and faeces in bed, and had not slept much. Pulse 120, weaker than on the previous day. Dr. Rees ordered forty minims of Battley's sedative, twelve ounces of wine, and a pint of porter.

Fourth day.—Much quieter, but also much weaker. Skin moist; urine passed in bed; pulse 120, feeble; has slept a little in the night, and feels drowsy. In the afternoon the pulse still lost more in power; the patient appeared to be sinking, and it was with difficulty that he could be induced to take any food. He was very still all night, without sleeping much; in the morning he could take no nourishment, and when anything was put into his mouth it appeared to choke him. He died at half-past nine.

*Post-mortem Examination, thirty hours after death.*—The arachnoid and pia mater have a very clouded appearance, and are thickened; the convolutions of the brain not being rounded as usual, but having a corrugated and irregular appearance. The fornix is soft, and there is rather more fluid than normally in the lateral ventricles. The fourth ventricle was found healthy, and its lining membrane smooth.—Thorax: The lungs do not collapse, but there are no adhesions, some pleuritic remains being observed at the base of the left lung. The heart was covered with fat, the muscular tissue being flabby, and the wall of the left ventricle very thin. The fibres of the organ were much degenerated, and there was noticed a small aneurismal dilatation in the coronary artery.—Abdomen: Liver very large, and loaded with fat, looking like the organ of a man in the habit of drinking to excess.—Kidneys atrophied and fatty; other organs apparently healthy.—Fatty degeneration of the whole muscular system.

Dr. Wilkes, of Guy's Hospital, has collected a dozen cases of delirium tremens, in which such fatty degeneration was found. The same physician states in his printed instructions to pupils, respecting the manner of taking cases:—"A very constant appearance in cases of delirium tremens is a fatty degeneration of all the tissues. In *beer-drinkers* an excess of fat in the integument and around the viscera, and in nearly all cases of delirium tremens there is found fatty degeneration of organic structure, as of heart, liver, and kidneys, the bloodvessels being also covered with atheromatous deposit."

#### LONDON HOSPITAL.

##### *Exarticulation of the Right Hip-Joint.*

THIS operation was performed, on Saturday, March 18th, by Mr. Adams.

The case was one of an enormous fibrous tumour occupying the lower three-fourths of the thigh; and there was a slight projection distinguishable just below, and internal to the great trochanter. The operation was performed very quickly. The anterior flap was first formed, and the joint opened in front. The head of the bone, after the division of the ligamentum teres, was disarticulated, and then the posterior flap formed. The arteries having been secured, the flaps were carefully adapted and retained by sutures and plaster.

We hope to give our readers further particulars of this case.

#### UNIVERSITY COLLEGE HOSPITAL.

##### *Excision of the Knee-Joint.*

WHEN mentioning this case, in the last "Mirror," we omitted to state that the particulars had been noted by Mr. John Michael, one of Mr. Erichsen's dressers.

**HOMŒOPATHY.**—If we may judge by our library table (says the *Athenæum*), homœopathy is not in 1854 what it was in 1851. However frequently new delusions arise to occupy the human mind, there is a sure and inevitable law by which the old ones die. Homœopathy is evidently hastening towards that limbo of forgetfulness into which table-turning and spirit-rapping have within the last few months been so hastily precipitated, and where faith in witchcraft, hobgoblins, astrology, alchemy, and the great sea-serpent has gone before.

## Medical Societies.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 14, 1854.—JAMES COPLAND, M.D., F.R.S.,  
PRESIDENT.

**CASE OF MOLLITIES OSSIIUM PRECEDED BY DEGENERATION OF THE MUSCLES.** By THOMAS K. CHAMBERS, M.D., Physician to St. Mary's Hospital.

THE case was that of a young woman, twenty-six years of age, admitted into St. Mary's Hospital, in March, 1853. She had never been able to follow any calling on account of weak health. The principal features of the case, in the early stage, consisted in defective muscular power, the flesh of the body feeling exceedingly soft and flabby, the calf hanging down flaccid and baggy. During her residence at St. Mary's the bones of the back and limbs were examined several times without any deviation from the natural state being discovered. Spontaneous fracture first of one femur, and afterwards of the other, occurred at St. George's Hospital; and, subsequently, very remarkable changes in the osseous structures took place. Thus, in April, 1853, the right arm became painful to the touch, and paralytic; in May, the same misfortune happened to the left upper extremity; in June, the pelvic arch gave way; in July, the ribs on the right side fell in, and she began to suffer much from dyspnoea and cough; in August, the bones of both arms were quite soft; towards the end of October, the distortion of the lower parts of the trunk was so great, that the faeces could not naturally be expelled. She died in November. The bones throughout the whole system were found soft and unresisting, and a sharp instrument could be readily passed through them. A section of the tibia was of the colour of muscle, and presented to the knife scarcely more resistance than brain, its shape being retained by the aid of the tough periosteum. The microscope exhibited the bone as consisting of large fat vesicles, some containing a white, others a reddish oil. The parts next the periosteum, which felt gritty, presented, when examined under a quarter-inch glass, small islands of opaque bone, the bone corpuscles being indistinct and the caniculi not to be discovered. The addition of hydrochloric acid caused a slight disengagement of gas. The muscular fibre presented everywhere the characteristics of granular degeneration. The author concluded the paper by enumerating the points of the case most worthy of attention:—

1. The portrait which was afforded of an early stage of the disease, a stage at which it was rarely the subject of observation.
2. The impression produced by it—viz., that the degeneration of the bases was preceded by that of the muscles, and that the degeneration of the two tissues was dependant on the same crasis; and the probability therefore was, that such was the history of analogous cases.
3. The opportunity of placing on record a careful quantitative analysis of the urine.
4. The fact that the degeneration was least advanced in the external circumference of the bone.
5. The formation of perfect fat vesicles in both bone and muscle.

Dr. GREENHALGH would be glad to have the experience of members with respect to the treatment of mollities ossium. He had, at present, a case of that disease under his care. The patient was a woman, thirty years of age, the wife of a cobbler, and had suffered much distress and privation for the last two years. Two years and a half ago she was delivered of a child, and had been since gradually declining, although she had well recovered from two previous labours and miscarriages. She had now much difficulty in walking, and could only make progress by grasping a chair, or by some other assistance. She became, month after month, in a more wretched condition. She was supposed, at first, to be labouring under rheumatism, for which disease she was treated for a considerable period at the Middlesex Hospital. She was, at the present time, greatly emaciated, had lost two or three inches in height, the muscles were wasted and flabby, the lumbar vertebræ were apparently gone, and there was altogether great deformity of the figure. She was also in the seventh month of pregnancy. Now, had steel, phosphate of lime, or any other medicine, been of service in these cases?

Mr. CURLING remarked that the disease was a very rare one, and it was not to be expected that much light could be thrown on its treatment by any person. It was probable not six gentlemen in the room had had such cases under their care.