signs were entirely those of ascites, and though doubtful as to the existence of any tumour, I was induced, by the patient's statement that a tumour could be felt and moved in the early stage of her disease, to make a small incision, instead of simply tapping.

In the following instances only has operation not been recommended or declined altogether. When giving an account of my first twenty cases in the *Edinburgh Monthly Journal* for August, 1864, it was stated that till then four cases had been declined. Of these, one died within two days, another within a week, and the third within three weeks after being first seen. In the fourth—a patient from Carlisle—the tumour was so adherent in the pelvis that its removal would have been impossible. Since then no interference has been recommended in the following cases:—1. A case of very large semi-solid tumour, seen at Dunse with Dr. M'Watt. The patient, whose health was thoroughly broken down, died in three months, and the adhesions were so general that only two-thirds of the tumour could be removed after death. 2. An unmarried lady, seen with Dr. Peddie. Here there was no local difficulty, and though not a little pressure was put upon me by the relatives to give her a chance, operation was declined on account of her bad general condition. She died nine months after of cancer of the pylorus. 3. A case from Nairn. A semi-solid tumour surrounded by ascitic fluid. There was chronic peritonitis; a high temperature, and a pulse rarely under 130. 4. A case from Alnwick, seen only once. The patient was old and infirm; the tumour small, and apparently closely connected with the uterus. 5. A case from Stow, delayed till more urgent symptoms appear. Here the uterus is so incorporated with the base of a semi-solid tumour that operation seems impracticable without also removing part of the uterus. 6. A case from Castle-Douglas, seen with Dr. Duncan, where adhesion was extensive about the liver; the general health much impaired, and four or five gallons of albuminous fluid removed every three or four weeks. 7. A case seen with Dr. Haldane, where adhesions seemed universal, and the patient was feeble. 8. A case from Ross-shire that I was consulted about by letter. She had been tapped upwards of thirty times, and I did not advise her removal to town.

With these exceptions, where interference was called for, I have operated in every case that has presented itself, where there was even a bare probability of success, sometimes against my own judgment. In five I would have been only too glad to have declined interference, but did not feel warranted in withholding a probable chance of life, however small. In such almost hopeless cases, when one's friends are taken into consultation, the opinion I find always given is, to give the patient the benefit of the doubt, and recommend operation. It seems to me, however, that some cases ought not to be attempted. To operate in the last stage of the disease, when the tumour is very large, the blood drained by manyappings, the extremities and abdominal wall infiltrated with serum, the pulse quick and the heart feeble, is not giving a patient a chance of life; it is simply killing her.

The extra-peritoneal method of treating the pedicle has been adopted, except in three instances. In these the long ligatures of Dr. Clay were used. Two died of septicaemia, and in the third there was such profuse suppuration that recovery may be looked upon as accidental. In one where both ovaries were removed, one of the pedicles was cut short, and returned with the ligatures. So that in 48 the clamp was employed or the pedicle secured in the wound. Of these, 39 recovered, and 9 died. Of the last 34 clamp cases, 30 recovered. In none of the fatal cases was the result attributable to the clamp; for in all of them the pedicle was either very long in the large tumours, or of fair length in the others, while in many cases which did well the pedicle was extremely short. In 4 the cyst was sessile, and the clamp was placed round the neck of the cyst close to the uterus. In 6 there was just room to place the clamp between the uterus and tumour, thus bringing the fundus of the uterus against the abdominal wall. Neither in these cases was there more pain complained of, except perhaps in one instance, where it was severe in the course of the anterior crural nerves.

What I saw of the cautery when in London in July last did not impress me much in its favour. Of two cases of Mr. Brown's, which seemed favourable for ovariectomy, in one after cauterisation free bleeding went on from what appeared a moderate-sized vessel, and a ligature was necessary. In the other all hæmorrhage was arrested. Yet both died, and in both the pelvis contained red serum. I saw it also used twice by Mr. Wells to the same pedicle, without at either time controlling the bleeding: a ligature was necessary, and this pa-

tient recovered. I was also present at a post-mortem examination where the cautery had been successfully used. The pelvis was full of red serum, and the end of the pedicle was closely adherent to a number of folds of small intestine. Time will show whether any evil will follow such adhesions. It appears to me that in patients with a good general condition the cautery will answer well; but in those with unhealthy blood, where there is a tendency to form red serum instead of healthy lymph—and such have been most of those I have had to do with—its results will be more doubtful.

Of the 40 patients whose lives were saved by ovariectomy, all are now alive and well. With a single exception, they got at once into perfect health—from the young lady of sixteen, who went back to school, to the old lady of sixty-eight (now seventy-one), who in the following autumn was able to tire her daughters out on the hill-side. The exceptional case was one operated on a year ago, in which both ovaries were removed, and it was necessary, from the extreme shortness of one of the pedicles, to return it with the ligatures into the abdomen. She went home four weeks after operation to Glasgow, was quite well for a fortnight, then began to suffer from irritation in the pelvis, followed by discharge of matter from the rectum. Similar attacks kept her a sort of invalid during the summer, and she was not able to walk more than two miles. Two months ago I opened a large pelvic abscess above Poupert's ligament, and now at last she has got into good health. With this exception, all have been well from the first. Three married, and one had a son a little more than a year after operation. In only one was there a ventral hernia. In that case the long ligatures of Dr. Clay were used. In not a single clamp case has any after-inconvenience whatever been complained of, and the simple bandage, after being worn for a few months, has generally been laid aside. Neither have I seen any of the evils follow the use of the clamp which Mr. Baker Brown, Dr. Kouth, and Mr. Philip Harper say they have so frequently met with in their practice, any more than I have seen arteries the size of the femoral or larger in the pedicle of an ovarian tumour.

In the last letter I had from Mr. Wells, he mentions that there had happened to him only 1 death from ovariectomy in his last 18 operations. Of my last 22, 2 have died, making 40 operations with 3 deaths. Are there many of the capital operations of surgery that can show such results? "I think, then," to use the words of Dr. West, "we are now bound to admit ovariectomy as one of the legitimate operations of surgery; as holding out a prospect, and a daily brightening prospect, of escape from a painful and inevitable death, which at last indeed becomes welcome only because the road that leads to it conducts the patient through such utter misery."

Edinburgh, Jan. 1867.

NOTES ON A CASE OF TRAUMATIC TETANUS; RECOVERY.

By CHARLES H. ROBINSON, M.D.,

LATE SURGEON TO THE CAPE MAIL STEAMERS AND TO THE PENINSULAR AND ORIENTAL STEAM NAVIGATION COMPANY.

RECOVERIES from traumatic tetanus are of so rare occurrence, or, at all events, the published cases are so few in number, that I am induced to place on record the following case, as likely to interest not only the scientific observer, but also, what is of far more importance, the practical physician. The case occurred in the tropics a couple of years since.

On the 3rd of August, C. B.—, aged sixteen, a healthy boy, ran a copper nail into the ball of his right foot, which I did not see until the next day, when he complained of great pain and inability to walk on it. There was a good deal of swelling, also, and heat about the part. Ordered fomentations, perfect rest, and a purgative pill to be taken.

Aug. 5th.—Swelling very great; intensely painful. Bread-and-water poultices applied. Bowels open.

6th.—This morning at half-past two A.M. I was sent for. When I saw him he could scarcely breathe. He had three paroxysms, each lasting about ten minutes. The last occurred at twenty minutes past three A.M. He complained during each paroxysm of frightful pain over the epigastric region, darting back to the spine. He could not lie down, but sat up in bed, his head being bent forwards between his knees (emprosthotonos). He breathed gaspingly, and had a very anxious coun-

tenance; neck not stiff, and jaw but slightly affected. The extremities do not suffer from cramps. Pulse quick; skin hot; the wound very painful and hot. The bowels were relieved yesterday. I gave him at once a full dose (forty drops) of chloric ether (D), followed shortly by thirty minims of tincture of hyoscyamus, and applied a cloth wrung out of hot water, and sprinkled plentifully with spirits of turpentine, to the epigastric region, tying it tightly round him. This was repeated thrice, and seemed to relieve the pain. At nine A.M. I found him better; had no return of the epigastric pain. The foot seems somewhat easier, but is still extremely painful. To continue poultices to the foot. Another purgative pill given. During the day he took some soup and beef-tea, and could swallow without pain. At nine P.M., as he had not slept for the last two nights, I gave him twenty-five minims of laudanum. At half-past ten o'clock the same night I was called suddenly to him, another attack having come on. This was of the same kind as the others, but much milder. The turpentine stupe was applied as before; and, as he appeared exhausted, three glasses of port wine were given at once. He had no other attack after this.

7th.—Better this morning; slept three hours last night. Soup twice daily, and two glasses of port wine. On examining the foot I found that matter had formed; the abscess being opened, a large quantity of apparently healthy pus was eliminated. His bowels were opened twice yesterday. Another purgative pill to be taken, and at bedtime a draught containing twenty drops of laudanum.

8th.—No attack since. Soup and wine as before. Linseed-meal poultices were repeatedly used.

12th.—A soft puffy swelling, but no pain. One glass of wine daily. Only a slight discharge.

16th.—The wound has healed, but the ball of the foot is still a good deal swollen. To use the following lotion:—Iodide of potassium, one drachm; rectified spirit, one ounce; to eight ounces of water. Apply by means of lint.

On the 19th he was perfectly recovered, and able to attend to his duty.

Upper Merrion-street, Dublin, Aug. 1867.

A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

GREAT CONTRACTION OF THE SECOND TOE OF EACH FOOT; AMPUTATION OF THE TOES.

(Under the care of Mr. PAGET.)

WE had lately (July 27th) the opportunity of hearing some very interesting remarks by Mr. Paget after operating upon a young man, the second toes of whose feet were very much contracted. As a result of the contraction, a very large corn had formed upon the joint between the first and second phalanges, and another on the bulb of the toe. Mr. Paget decided upon amputating the toes at the first joint, and with the assistance of his house-surgeon, Mr. Edward Hewer (who performed upon the left foot), the man was speedily relieved of his inconvenient members.

Simultaneous amputation of two extremities is not often witnessed. We believe that at St. Bartholomew's the last occurred several years ago, when the late Sir Wm. Lawrence and Mr. Skey each removed a leg of a man who had been much smashed in an accident.

Mr. Paget remarked that contraction was infinitely more common in the second toe than in any other. This might be in part explained, he thought, by anatomical reasons. The second toe was very often longer than either of those by which it was flanked. This was a point which one could not fail to

see had been noted with characteristic fidelity by the sculptors of old, in whose works the long second toe was always to be observed. In some persons this difference of length was very remarkable; in others it was absolutely wanting. When a classical foot of this kind was thrust into a small boot, the toe, not having room to extend itself, was kept in a flexed position; corns were produced, and great misery was often endured. Mr. Paget was, however, inclined to think that, although this was a frequent cause of the affection, yet it was often not to be explained by mechanical reasons. Sometimes it was not to be explained at all, and one could only say that the second toes of certain persons were liable to this contraction, just as some people are born with phimosis—why or wherefore we could not tell. The affection was often hereditary, and began in very early life. He was acquainted with a family in which, from his personal knowledge, members of three generations had been thus affected, and in several other families he had observed the same hereditary condition. The deformity would usually begin to be apparent about the second or third year of life. It was one which frequently caused great distress. As regards treatment, Mr. Paget thought that the contraction might be successfully dealt with by orthopædic appliances up to the age of ten or twelve years. It might or might not be necessary to divide the flexor tendon; but this was frequently very useful. After that age he had found that orthopædic appliances were very seldom efficacious. He had more than once, when endeavouring to relieve the contraction, found that division of the flexor tendon left still various contracted tissues, some of which he could free; but others, inseparably connected with the joint perhaps, could scarcely be dealt with except by removing the toe.

In the case under observation, the patient was a footman, who had been engaged formerly in agricultural occupation in the country. Whilst thus employed, wearing boots which allowed plenty of space to his toes, he had suffered little inconvenience. When he came up to town, however, and the size of his *chaussure* became a point of importance, his feet had been subject to a constraint which had produced the corns and their intolerable pain. This was a case in which Mr. Paget believed amputation to be, on the whole, the best treatment. Formerly, under these circumstances, the toe was amputated at the metatarso-phalangeal joint. A disadvantage in this was that the tendons of the toe lost their attachments, and the mobility of the foot was therefore impeded. In late years it had been suggested to remove the toe at the first or second phalangeal joint, and by this means a point of connexion for the tendons was left. He chose this operation in the present case.

KING'S COLLEGE HOSPITAL.

A DOUBTFUL CASE OF NERVOUS DISORDER.

(Under the care of Dr. GARROD.)

In the "Mirror" for Nov. 11th and Dec. 9th, 1865, we recorded some particulars of a curious case which occurred in Guy's Hospital. A young man presented himself with a remarkable pulsating tumour of the thigh, which eventually turned out to be muscular, the pulsations being so many contractions voluntarily produced. There was no evident motive for malingering, and the man had lost an excellent situation through his pretended affliction.

We have seen lately in King's College Hospital, under Dr. Garrod's care, a case in which peculiar epileptiform seizures would seem to owe their origin to a like cause—the operation of the will. In this case, too, strangely enough, the patient is a young man in a very respectable position in life, and, supposing his affection to be pretended, it is impossible to assign any motive for his conduct. Dr. Kelly, medical registrar, has obliged us with some notes of the case.

The patient is a young man, thirty years of age, who had been in good agricultural employment. He was admitted into the hospital on April 12th. His statement was that he had never had syphilis. Had good health up to three years ago, when he had fits for the first time, without any assignable cause. Has always been steady, and lived well. Never had any mental worry. The fits lasted for a month, and then left him for two years, when they returned, and for the last six months have recurred as often as three or four times a day. According to his account, each fit lasts about two minutes; he loses consciousness for a few seconds; has peculiar feelings about the epigastrium; then recovers. Head aches a little after-