splint, extending from the armpit to the foot, was next applied, as the leg could now be straightened without difficulty, and the patient returned to his bed. Very little blood was lost during the operation, and no vessels required tying.

The operation was followed by almost instant relief of his constitutional symptoms. He was a little sick for the first forty-eight hours from the chloroform, but otherwise his course has been one of uninterrupted improvement. His countenance soon became cheerful and free from anxiety; his night-sweats ceased in two days from the operation. On the third day, the wound in the groin was entirely healed. The discharge from the wound made at the operation, which for the first few days was very abundant, gradually became thicker and diminished in quantity until the present time, when it does not amount to a teaspoonful during the twenty-four hours. He was able to sit up in bed for the first time for nearly a year with his knee straight fourteen days after the operation. In three weeks, he dressed himself, and sat in a chair by the fire. In five weeks, he was able to walk with a crutch and a stick; at the end of eight weeks, however, he imprudently dispensed with both crutch and stick; inflammation ensued, followed by abscess external to the pelvis. This, however, has subsided, and he is now progressing steadily, gaining flesh and strength, at the present time being able to walk in the park daily.

Harley-street, Cavendish-square, 1857.

FURTHER NOTE

ON

OVARIOTOMY AND OVARIAN TAPPING.

By J. MATTHEWS DUNCAN, M.D.,

LECTURER ON MIDWIFERY, EDINBURGH.

I AM unwilling that the recent articles in "THE LANCET," by Professor Simpson and myself, on Ovariectomy and Ovarian Tapping should be left to stand exactly as they now are, and therefore publish the following remarks:—

1. My article of the 28th of February was written to show that the arguments hitherto used in defence of ovariectomy were either inconclusive or absurd. It was mainly occupied with the great question of the use of statistics in therapeutical investigations. The defence of ovariectomy offered admirable illustrations of the bad use of statistics in a question of the kind. These bad uses of statistics Dr. Simpson has defended, and has also attacked with words (not arguments) my whole original article. To that attack I do not wish to recur, except to point out that no part of it even assailed the general tenour or course of my original argument. If all the parts of my article of the 28th of February, to which he offers any tangible objections, were carefully cut out of it, it would be unaffected. The edifice, after the removal of these parts, (although his objections to them are vain and insufficient,) would stand as secure as ever. If the personalities into which Dr. Simpson has betrayed himself would thereby have been avoided, I would for his sake have gladly omitted these parts, so unessential are they to my purpose.

Dr. Simpson's attack upon my paper consists of mere carpings at the fringe of my argument; he never approaches the body of the subject.

2. In my note published in THE LANCET of March 28th, these carpings are sufficiently met and answered. It must not be supposed that, because I do not there retort by similar carpings at him, materials for doing so successfully are at all deficient. On the contrary, my quiver is full of such shafts, but I decline descending and embroiling myself in that kind of controversy, as it would result only in a cloud of dust, which would conceal the form of my original design. What good purpose would it serve to write long sentences about the statement that a woman who has been tapped ten times has been tapped once? or to show the unphilosophical character of Dr. Simpson's reasoning, when he, first, defends Southam's table, already shown evidently to be absurd when used as an indicator of the fatality of first-tappings: and, second, defends Southam's excluding two cases from the table so used, one because the day of tapping was not known! the other because the patient was alive when the case was published! (THE LANCET, p. 334.) Both were undoubtedly tapped and survived for a considerable time, and nothing more was required in regard to Dr. Simpson's purpose.

Other extraordinary blunders occur in this table. No wonder that a table so framed leads to ridiculous results. Such reasonings as these, although true and just, do not advance my object, and I therefore refrain from encumbering myself with them, or using the columns of this journal to exhibit my own astuteness instead of trying to advance medicine.

3. In my original paper, I refrained from pointing out a great error of Dr. Simpson's, because doing so would not have served my purpose. I think it proper now to do so to prevent inquirers from being misled.

Drs. Clay and Simpson both defend ovariectomy, but each has peculiar views in regard to it. Dr. Clay gives the operation a very wide, indeed almost unrestricted, scope. He wisely refrains from any elaborate defence of it, adducing his cases, in statistical form, as the best of arguments. His extraordinary success forms his defence. In my original paper, I have shown how inadequate a defence this is. But what does Dr. Simpson do? He restricts the operation to a limited set of cases. He condemns Dr. Clay's liberality in operating. But disregarding all justice, he runs to Dr. Clay's statistics to defend himself. Dr. Clay defends himself by his own operations. Dr. Simpson would shield himself by Dr. Clay, without otherwise following him. A successful case of ovariectomy by Dr. Simpson, or under his auspices, has never been recorded. I, therefore, fairly argue, that the mortality of his kind of practice is not like Dr. Clay's—one in three or four, but four in four—cent. per cent. It would be a desperate undertaking to find a recognised operation in surgery more dangerous than this. Such is the present state of matters, and I have only made a fair use of it, but I would not urge the argument in deference to the paucity of ovariectomies in Scotland—a paucity depending not on the cowardice of our surgery, but on the feeling of our hearts, and the conviction of our intellects, that the operation is unjustifiable.

4. Dr. Simpson, in his last article, quotes Safford Lee, in order to show that the mortality of first-tappings is one in four and a half. He appears to believe, that a first ovarian tapping proves fatal to one in every four and a half operated on; and at the same time he believes ovariectomy by Dr. Clay, with the large incision—the fearless cutting down of fibrous bands and adhesions to the diaphragm, stomach, liver, and abdominal walls, occasionally leaving portions of the ovarian sac adherent to the peritoneal surface,—sponging out the abdominal cavity, &c., &c.—is fatal in thirty-one cases, only to one in four. It is wonderful to observe what the human mind may come to believe. Dr. Clay, in his late interesting little volume, expresses very different opinions. His experience of ovarian disease probably exceeds that of any physician now living. Like most writers, he points out that tapping may be fatal from wounding some vessel or other, or from inflammation springing up in the cyst, or in the peritoneum. But he says, "Of the large number of cases, both of ascites and ovarian sacs that I have tapped, I do not recollect one untoward accident;" and in another place he points out, that after tapping, the cyst in "a vast majority of cases" is rapidly refilled.

Inquirers must in future be careful in regard to placing faith in tables of cases collated to show the mortality of tapping. For we have found authors of repute making extraordinary errors in this question—as, collating tables from sets of selected cases,—including amongst deaths from tapping a case where iodine injection was used—including amongst cases of death from tapping, cases of death after tapping—including amongst cases of palliative tapping, ordinarily so called, cases where, after emptying one cyst, the trocar was, without removal of the canula, plunged into another, and so on.

5. Dr. Simpson, in his latest article on this subject, retreats to amputations at the hip-joint as objects of comparison with ovariectomies. There, even, he appears to be now doubtful of success. But formerly he maintained boldly that amputation of the arm had a higher mortality than ovariectomy.

Castle-street, Edinburgh, April, 1857.

CAMPBOR AS AN ANTIDOTE TO STRYCHNIA.

By E. W. PRITCHARD, M.D., M.R.C.S.E., Filey, Yorks.

THE following case of poisoning by strychnia, successfully treated by the administration of camphor, may prove interesting, as bearing witness to the valuable discovery of so simple and easily-to-be-obtained a substance being an antidote to that most violent poison.

At eleven P.M. on the 18th of March I was summoned to a village three miles distant, to attend upon J. P—, aged about seventeen, a maidservant in the employ of Mr. A—, a farmer, who, it was stated, had wilfully taken poison,—viz., a threepenny packet of "Battle's vermin-killer." I found her in the most violent tetanic movements; the limbs, and indeed the whole frame, severely affected by electric-like shocks, accompanied by opisthotonos, which raised the body from the bed in an arched form. These symptoms were especially increased on touching the surface or making a sudden noise, when her movements were indicative of the greatest agony. She afterwards referred her most acute sufferings to the region of the dorsal vertebrae. Her respiration was laboured and gasping, and the entire surface of the body bathed in profuse perspiration. Mustard emetics mixed with camphor were instantly administered, and were swallowed, though with difficulty. These were speedily rejected by vomiting; after which, a continual stream of water was injected, and withdrawn by the stomach-pump. Camphor in the solid form, from three- to five-grain lumps, was then swallowed by her eagerly, as she now appeared to be anxious for recovery. The strychnism had now increased in severity; the respiratory muscles were apparently paralysed, and she gasped for breath. I now produced respiration by Marshall Hall's Ready Method, with marked relief, still giving the camphor. In about twenty minutes the tetanic movements gradually subsided. I then gave her a mixture of opium and camphor. She would now utter screams about every quarter of an hour; these at length became less and less frequent, and she fell asleep, breathing freely. From this time the recovery was rapid. On the following day she merely complained of muscular pain, great stiffness, and headache.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proœmium.

WESTMINSTER HOSPITAL.

REE CASES OF PNEUMONIA, TREATED BY DIAPHORETICS, WINE, AND ANODYNES WHEN NECESSARY; RECOVERY.

(Under the care of Dr. FINCHAM.)

FULFILLING a promise made on a previous occasion, when recording several cases of pneumonia under Dr. Septimus Gibbon's care at the London Hospital (THE LANCET, vol. ii., 1856, p. 486), we to-day give some examples of this affection in an uncomplicated form, and we do so for the purpose of illustrating the treatment at our different hospitals. It will be seen how little venesection is resorted to; in fact we seldom or never see a case requiring its use in London, although it may be necessary in the strong and robust in country districts. Of course cupping occasionally is quite essential. One of the striking features in the treatment is, supporting the strength by wine, brandy, and beef-tea; better recoveries are made under such circumstances. We feel sure every physician must remember the long and tedious convalescence which followed the old plan of evacuating, in some instances, nearly all the blood in the body, and then keeping the poor patient at death's door by large doses of tartar emetic.

The symptoms of the disease were well marked in the following three cases, and appeared to be confined solely to the lung tissue, the pleura not appearing to be engaged.

1. *Pneumonia of the right lung; recovery.*—T. W—, aged forty-three, a cutler, was admitted Jan. 5th, 1856. Symptoms on admission: Cough, with scanty expectoration of tenacious mucus; pain in the right mammary region, extending round to the back; skin of moderate warmth; pulse 100, of good strength; respirations rapid; tongue covered with a pasty

white fur; thirst; loss of appetite and sleep.—Physical signs: Faint tubular breathing audible behind in the right supra-spinous fossa; no morbid sounds or deficient resonance elsewhere.—History: The day before admission he was seized with shivering, and at the same time with sudden severe pain in the right side of the chest, increased by inspiration; these symptoms were followed by those already mentioned. Reported to have previously enjoyed good health, with the exception of occasional "coughs and colds."—To have eight leeches to the right side, and afterwards a large linseed poultice; one grain of opium and three of calomel now and at bed-time; and three drachms of the liquor ammonia acetatis, two of nitric ether, one scruple of bicarbonate of potass in an ounce of camphor mixture, every four hours. Strong beef-tea.

Jan. 6th.—Relieved by the leeches; but had much cough, and still complained of pain. Tubular breathing more distinct than yesterday, and in the same situation; no crepitation audible elsewhere.

7th.—General symptoms not altered; marked tubular breathing, voice and cough in supra-spinous fossa; expectoration moderate in quantity, tenacious, and exhibiting, for the first time, an apricot hue. Oil of turpentine to be applied to the right side.

8th.—Passed a restless night; expectoration of a more marked apricot hue, and in parts streaked with blood. An eruption of herpes showed itself the evening previous on lips. Physical signs as yesterday. To have twenty-five minims of chloric ether; three drachms of liquor ammonia acetatis in one ounce of camphor mixture, every four hours; and six ounces of wine.

9th.—Was very delirious and restless during the night. Pulse 100, less strength; tongue inclined to be dry; tubular breathing; voice and cough audible over the whole scapular region, and for an inch below; no crepitation anywhere to be heard. Ordered, chloric ether, half a drachm; carbonate of ammonia, seven grains; tincture of serpentaria, one drachm; water, ten drachms: every four hours; and six ounces of brandy.

10th.—Was extremely restless and delirious during the night, so as to require forcible confinement in bed. A full dose of Battley's sedative solution was administered (one fluid drachm) at eleven P.M.; and since that time had dozed at intervals. Pulse 108, weak; countenance anxious; tongue pasty and dry. Took the brandy, but very little nourishment all yesterday. Physical signs as at last report. Continue the mixture: half a drachm of Battley's sedative solution at the hour of sleep; and eight ounces of brandy.

This patient left the hospital at his own desire the same day. He was visited, however, at his home by one of the pupils, and the same plan of treatment pursued. He recovered perfectly.

2. *Pneumonia of the left lung; recovery.*—H. B—, aged eighteen, a bootmaker, admitted August 26th, 1856. With other symptoms, on admission, he complained of dull pain in the left side of the chest, increased by inspiration and on coughing; expectorated some tenacious mucus, streaked with a small quantity of blood. The lower two-thirds of the left lung were dull on percussion, with tubular breathing, voice, and cough, moderately fine crepitation being audible at the end of a deep inspiration.—History: He had previously been in the enjoyment of good health. On the 18th he was seized with shivering and pain in the left side, followed by cough and general feverish symptoms; and on the 20th, he observed his expectoration tinged with blood. He appeared from his account to have got gradually worse, until two days before admission, when the symptoms, especially the pain in the side, began to yield; had had no medical treatment before he came into the hospital.

The treatment pursued was a blister to the side, a diaphoretic mixture, and calomel, three grains, and one of opium, at bed-time. He progressed favourably and rapidly, and was discharged well from the hospital on the 16th of September. The diaphoretic mixture was continued for a few days after admission, with beef-tea; and, subsequently, a light tonic, with a moderate amount of meat, and a few ounces of wine.

3. *Pneumonia of the right lung; recovery.*—C. E—, aged sixty-three, a draper, admitted on the 19th of November, 1856, with the usual symptoms. The physical signs were: the breathing on the right side of the chest was throughout somewhat feebler than on the other, but neither crepitation nor tubular breathing could be heard; heart's sounds healthy. History: On the 16th, had a rigor so violent that he thought he had a fit of ague, from an attack of which he had suffered a few years before. This was accompanied with bilious vomiting, lassitude, and pains in the limbs, and was soon followed