gravity, in another of another, not corresponding to the amount of sugar in each. Besides, the fermentation being effected in an open vessel, it is not so agreeable an experiment to perform in a physician's office or dwelling house as is the one just described, where there is no possible chance for the escape of offensive odors.

For these reasons I recommend the method of M. G. Bergeron, with the modifications and improved apparatus which I have described, as the one best fitted for general use among physicians.

CASE OF RUPTURED PERINÆUM TREATED BY A NEW METHOD. (MASS. GENERAL HOSPITAL; SERVICE OF DR. S. CABOT.)

Reported by Mr. JOSIAH L. HALE.

In the number of this JOURNAL for August 16th, 1866, Dr. Cabot reported two cases of "Ruptured Perinæum successfully treated by a New Method." Since that time he has operated in six cases, and has varied the method by increasing the number of needles used from *four* to *eight* (in the eighth case), and by the omission of deep sutures. Of the eight cases, one only has failed of success, and in that the operation was performed, at the earnest solicitation of the patient, while specific ulcerations were present on the parts.

In the eighth case, the patient, a widow, aged 52 years, very stout, had a rupture extending above the internal sphincter ani muscle, and with prolapse of uterus. The ruptured surfaces were so widely refreshed that the vagina barely admitted the index finger. In this case, there was union of the entire surfaces by first intention.

The following case, the sixth in order of operation, was the first in which no deep sutures were used.

E. W. S., aged 34 years, entered the hospital Dec. 5th, 1867. Her first child weighed eleven pounds, and at its birth her perinæum was completely ruptured. Two years later, an operation was performed for her relief, but was unsuccessful. She has borne three children since. Patient has become much emaciated from almost constant diarrhœa. There is also prolapsus uteri, but not enough to cause her much discomfort.

Dec. 8th.—Operation, with ether, by Dr. Cabot. Patient was placed in lithotomy position. The opposite surfaces of the lacerated parts were freely denuded of their mucous membrane, and the edges of the rupture of the anus refreshed. Ice was used to check the hæmorrhage. The sphincter ani muscle was divided on each side,

about an inch from the coccyx. Three darning needles were then passed through the perinæum, on each side, about one fourth of an inch from the rupture, and their points inserted into an almond-shaped piece of cork in such a way as to make the corresponding needles of the opposite sides parallel, and to bring the refreshed surfaces into close apposition. The outer ends of the needles were fastened together in pairs. The posterior pair of needles were so placed as to keep the edges of the anal mucous membrane in apposition, and the anterior pair to approximate the edges of the vaginal surface. No deep sutures were used. Superficial sutures were placed between the needles, at the fourchette and on the vaginal surface. Pieces of pasteboard were placed on either side, to support the extremities of the needles, and lint to protect the soft parts. Patient was placed on her side in bed, with her thighs flexed. Catheter to be passed p. r. n. *R.* (Smith & Melvin's) elix. opii gtt. xxx. p. r. n.

9th.—Considerable pain and swelling about the parts.

10th.—Sutures removed from perineal surface, and the connection between the external ends of needles severed. Wound uniting by first intention. Dressed with lint soaked in glycerin.

11th.—Ulceration threatened near one of the needles, and they were all withdrawn. *R.* Ferri sulphatis, $\mathfrak{z}$ i.; acid. sulph. dil., $\mathfrak{z}$ i.; aquæ, $\mathfrak{z}$ iv. *M.* S. $\mathfrak{z}$ i., diluted, ter in die.

13th.—Sutures removed from vaginal surface. Catamenia present. There is a superficial ulceration where one of the middle pair of needles was inserted. Dressed with lint wet with carbolic acid (sat. sol.).

14th.—Patient allowed to pass urine on a cloth, as the parts are irritated by passing the catheter.

15th.—The new adhesions have separated for half an inch at the fourchette; cause not known. Omit carbolic acid. Wash wound with tinct. myrrhæ, $\mathfrak{z}$ i.; aquæ, $\mathfrak{z}$ ix. *M.*

17th.—Ulceration grayish and unhealthy. *R.* Vini Xerici $\mathfrak{z}$ ij. ter in die. *R.* Quiniæ sulphatis gr. ij. ter in die. *R.* Potassæ chloratis, $\mathfrak{z}$ ss.; acid. muriatici, $\mathfrak{m}$ xlx.; aquæ, Oj. *M.* Apply q. s. on lint to wound.

18th.—Ulceration nearly covered with florid granulations.

19th.—Last night, patient had a large, solid dejection, causing much pain, but no injury to the parts. Ulceration healthy.

20th.—Beefsteak and full diet.

21st.—Another dejection, without pain. May move limbs freely.

25th.—Ulceration healing rapidly. Sat up one hour.

28th.—Patient up most of the day. Walks about room.

30th.—Discharged, cured.

SEVERE NEURALGIA OF THE TONGUE. EXCISION OF THE LINGUAL NERVE. By M. VANZETTI.

Translated from the *Gazette des Hopitaux*, Jan. 21, 1868,
by S. G. WEBBER, M.D.

AMONG the neuralgias of the branches of the trigeminal, that affecting exclusively the lingual nerve is one of the least frequent, and physicians of much experience have seen no example of it; also, science possesses up to the present moment only very few cases of excision of the lingual nerve on account of this neuralgia. It is known that this operation was performed for the first time by M. Borer, and then by M. Linhart.

M. Michel (of Strasbourg) published in 1857 (*Gazette Médicale de Strasbourg*, Nov., 1857) a very good case of excision of the lingual nerve through the floor of the mouth, an operation since performed, according to the same method, by M. Boeckel. In 1850, Mr. Hilton had the happy idea of excising the lingual nerve through the floor of the mouth to relieve the sufferings of a patient with cancer of the tongue (Guy's Hospital Reports, vol. vii., 1st series, 1850). Mr. Moore, of the Middlesex Hospital, repeated the operation a few years since, excising the nerve while it is still attached to the upright branch of the inferior maxillary, in the midst of the internal pterygoid, combining this operation with ligature of the lingual artery of the same side (Holmes's Surgery, vol. iii., p. 915). Having ourselves had occasion to excise this nerve on account of neuralgia, we believed it would be interesting to publish the following case.

Piva M., of the village of Legnago, aged 64, mother of twelve children, came to our consultation on the 18th of November, 1862, seeking advice on account of the pain which she experienced intermittently in the mouth and lower jaw, especially when she eat. The data furnished by this patient were very confused. We found, after careful examination, no appreciable alteration in the region said to be painful. The diagnosis of a neuralgia was made, but without being able to determine its exact location; it might be in the lingual nerve, it might be in the inferior dental. The patient referred to no well-defined sensitive point,

nor did examination discover any. She dated back the origin of her suffering about a year, just after an inflammation of the right cheek, which had been followed by an abscess in the mouth, which was incised. A very persistent fistula remaining at the seat of the abscess on the left tonsil, and pains beginning to appear, this point was cauterized three times with a red-hot iron.

We induced this woman to remain in the ward, and, at her entrance, injected sulphate of atropia under the buccal mucous membrane. The symptoms due to atropia were soon manifested to a sufficiently marked degree, and the patient felt, during the first days, considerable relief. A week after, the pains having returned with their original intensity, we proposed making a second injection; but the patient obstinately refused, telling us that she had not come to remain in the clinique. Returned home; her pains continued more or less during the year 1863, and became more violent still at the commencement of 1864. The injections of atropia, employed anew, cauterization of the ear, and many other remedies, were inefficient.

On the 24th April, 1864, the patient, bearing a letter from Dr. Maggioni, her physician, returns to the clinique to stay. This time she described to us her suffering very differently. Indeed she was, so to speak, pre-occupied with a single purpose; that was to persuade us that all her pain arose from a bridle situated beneath her tongue, which, by restraining its movements, caused her all her pain. She also often put her tongue out of her mouth, turning up the lip, to show us this bridle, touching it with her finger. There existed, in truth, on the left side of the frenum, a very prominent fold of mucous membrane, quite like a second frenum, but not at all restraining the movements of the tongue.

To satisfy the patient I made a cut with scissors through this bridle which occupied her attention so much. After that little operation, to our great surprise, all pain ceased, which caused us to believe that, in fact, that fold was the seat of the neuralgia. The patient, well satisfied, left the clinique on May 20, 1864.

She remained well and felt not the least pain until January 28, 1866. On that day it seemed to her as if the left half of her tongue was thickened, she felt there a strange pricking, and the following day she had difficulty in eating and speaking. Two days after to these particular sensations was united a gnawing pain, extending from the tip of the tongue along its left side to the