the responsibility both of *more efficient injecting power* and *more iodine*. Accordingly I had a No. 16 prostate catheter supplied me by Weiss and Son, accurately adapted to pass through the canula of a trocar, made from a pattern kindly lent them by Mr. Brown. This tube, by a very simple screw contrivance of my own, I had attached to the moveable stop-cock nozzle of a large gum-elastic bottle.

On July 15th, at noon, in the presence of Dr. Colledge, whom the patient had previously consulted, several relatives, and Mr. Morris, surgeon, who administered chloroform, I perforated the left linea semilunaris with the large trocar, and pressing in the canula as far as I could, the ovarian mass being at the same time compressed, and the canula having to be repeatedly cleared of viscid obstruction, I evacuated twenty measured pints of a *very thick*, viscid, mushroom-ketchup-coloured fluid. Hesitating now still further as to simply injecting with the syringe, I introduced the prostate tube nearly its whole length through the canula, and, with all the compressing force I could exert on the elastic bottle, I injected ten measured ounces of the Edinburgh strength, fresh made from sublimed iodine, thus thoroughly washing the cystic parietes. The hard, irregular, emptied mass was now strongly compressed by pads and a firm flannel roller, and a pill, containing two grains of opium, was given at once.

The *scarcely to be called fluid*, examined chemically, was solidified by heat and nitric acid, and, microscopically, exhibited abundantly the large compound granular masses, ("exudation corpuscles," granules, and numerous cholesterine crystals, &c. &c., as diagramed by Dr. Druitt in his last edition, p. 483.

I next proceed to the *sequelæ of the operation and after-treatment*. At five P.M. vomiting has just commenced, and continued violently, with scarcely fifteen-minute intervals, till nine next morning. No perspiration; pulse weak and 140; burning sensation commenced in the throat, with excessive thirst and difficulty of deglutition. The fluid ejected tasted sour, hot, and bitter, but not like sea-weed. To take two grains of pure opium in the form of pills at bedtime; brandy and soda-water *ad libitum*, arrow-root and brandy, and if possible beef-tea.

16th.—Vomiting has somewhat subsided since nine A.M. From the incessant vomiting she had not slept more than half an hour since the operation, although having taken four grains of opium. She passed in the night upwards of two quarts of limpid urine. All the other symptoms, except the vomiting, somewhat aggravated; *cephalgia is intense*; the eyes protrude and glisten; pupils dilated; no delirium. Ordered to proceed with stimulants and nutrition.

17th.—Vomiting has entirely ceased; urine high coloured, and less copious; appetite ravenous for bread, &c.; much thirst; had slept four hours last night. Ordered to proceed with wine, brandy, and nourishment.

18th.—Mouth and throat "have a more metallic feeling;" perspiration and thirst increased; appetite diminished; tongue dry and brownish; skin cooler; pupils less dilated; bowels confined; sickness returned. To have a pill, and afterwards a purgative draught. Vomited four times since taking the pill. Ordered a purgative enema.

19th.—Bowels have thrice freely responded; pulse 106, and fuller; all the symptoms of iodism are abating.

22nd.—Can get out of bed. Ordered to agitate her body gently by walking a little.

24th.—She is up and dressed, and feels quite well.

I have removed the compresses and the hot flannel bandage, which she thought loose, and that it could be borne much tightened; and with fresh compresses, and Nickel's elastic plaster, *instead of a belt*, I strapped up the abdomen with considerable pressure, with which, from its equal distribution, she is quite comfortable. Ordered to take gentle exercise in the open air, to live generously, and to keep up the pressure.

I beg to append a few observations:—

1st.—No pain whatever, nor even sensation of any kind, except "that of a bubbling," was felt in the abdomen, from the time the iodine was injected till now. She was perfectly conscious during the injection, having been merely chloroformed to prevent pain from the use of the trocar.

2ndly.—Iodine was chemically disengaged from every accessible excretion and secretion, even the saliva, perspiration, and tears.

3rdly.—It having been my lot to inject the largest quantity of iodine ever thrown into the human body, (ten ounces, Ph. Ed., which, not only from the quantity of iodine dissolved, but from its *concentration*, must equal in effect nearly thirty ounces of the English tincture,) and this with efficient

force and contrivance, both the preparation of the iodine and my operation having been public, and attested scientifically, the result of my case (which shall be faithfully forwarded in due time to THE LANCET) will be a decisive index of the *real value* of iodine as a remedy in ovarian dropsy, as I trust the above detail of the operation and its sequelæ is an exponent of the quantum of risk remedially involved.

4thly.—Should this enormous quantity prove efficient, and be in future resorted to, stimulants *freely exhibited* both during and after the operation, in my opinion, formed after close observation, reduce the remedial risk to its minimum, and the patient may be considered safe therefrom in about sixty hours.

July 26th, 1856.

P.S.—*August 25th, 1856, six weeks after Operation*.—No re-accumulation of fluid whatever. A fulcrum bandage over the elastic plaster, with compresses applied at each side of the emptied ovarian mass, and admitting of *gradual tightening*, has been kept applied. A reduction of four inches around it has been effected during the last fortnight. Miss D—is gradually, but steadily, improving in her general health, and I have not found it necessary to order any medicines. She is gone to the sea-side to-day for her amusement and health.

REPORT OF A CASE OF

POISONING BY THE SULPHATES OF COPPER AND IRON.

By H. J. COCKBURN, Esq., Newark.

Miss M—, aged thirty-two, was taken ill on the morning of May 29th. The symptoms set in with sickness, and continued until midnight, when she appeared to be in a state of stupor. On the following morning she was found on her hands and knees on the floor, retching and vomiting a yellowish liquid: a little tea was given to her which she vomited immediately. She then complained of pain in the stomach. At nine A.M. purging came on; the stools were black and yellow in colour, and of the consistence of thin gruel; she complained of great thirst and constriction of the throat, dreadful pain in the stomach and bowels, severe headache, and tremblings of more or less transient duration. At nine P.M. she drank a cupful of gruel and brandy; the vomiting and purging continued until midnight, when the sickness abated.

At six o'clock the following morning she complained of great debility, and had not strength to sit up in bed. The purging still continued; the stools were now black and watery, and pain in the bowels and extreme thirst were the most prominent symptoms. Between eight and nine A.M. she was raised up in bed, and a little brandy was administered to her. A greenish coloured liquid was observed to flow from her mouth, and at nine A.M., she died without convulsion, twitching, or sign of pain.

Post-mortem appearances, forty hours after death.—The body was remarkably stiff and rigid, the fingers were contracted, and the feet slightly arched. The skin presented a general jaundiced appearance, and round the eyes was tinged greenish black; the lips, teeth, and tongue, were stained black. On opening the chest, the lungs were found healthy; the heart was healthy externally and internally; the right side was full of dark liquid blood, the left side was empty, the ventricles relaxed. *Abdomen*: The external colour of the stomach was greenish-grey; the spleen was healthy in colour, except where in contact with the stomach, where it had discolorations of a greenish-grey and blackish-green hue. The inside of the stomach presented a greenish-grey appearance; brown spots were found closely scattered round the cardiac orifice and the lesser opening; it contained eighteen ounces of a greenish-coloured liquid. Greenish-black stains were found on the depending portion of the small intestines; the upper portions contained the same liquid as that in the stomach, and the lower were comparatively empty, and had black stains in various places on their mucous lining; the contents were black in colour. The large intestines were contracted, and contained a thick, blackish liquid, somewhat resembling treacle in consistence. The kidneys were healthy; the bladder was empty and contracted. The brain was healthy; congestion of veins, with dark liquid blood, was found throughout.

Portions of the contents of the stomach, the small and large intestines, were submitted to chemical tests, and iron and copper were found in each. The discoloured portions of the spleen were dissolved in strong nitric acid, incinerated, and redissolved. Copper was indicated both by chemical tests and

by precipitation by galvanic agency, as given by thin plates of iron and zinc, and iron and silver. The quantity of the poisonous salts taken by deceased was eight or ten drachms, consisting of two or three drachms of the commercial sulphate of iron and seven of sulphate of copper, and which had been purchased for agricultural purposes.

No medical man was called in during the exhibition of the poison; the symptoms were detailed by the witnesses at the inquest held upon the body.

August, 1856.

ON A

CASE OF DIFFUSE ABSCESS IN THE NEIGHBOURHOOD OF THE KNEE-JOINT.

By C. H. MARSTON, Esq., M.R.C.S.E., Henlow.

On the 26th of May last, I was called upon to see J. M——, a young man, twenty years of age, by trade a builder. Six days previously he had knelt for a length of time upon some damp timber, and in the evening felt a soreness and smarting in the right knee, which shortly afterwards became red and inflamed. Three days afterwards he had severe rigors, followed by headache, fever, and increased pain and swelling.

I found him lying on his back, the countenance expressive of much suffering; the right thigh was laid perfectly straight, the knee being much swollen, red, and painful; the swelling surrounded the limb, and extended from the spine of the tibia to about an inch above the patella. To the touch the tumour was hard and tense; no tendency to point was obvious at any place. The pain was described as throbbing and starting, the patient being continually awakened by "something shooting through the knee" when falling off to sleep. No appetite; tongue covered with a brownish fur; pulse 98; skin hot and damp; bowels have been opened by senna and salts. To apply at once twelve leeches, encouraging the bleeding by poppy and camomile fomentations; ten grains of the compound ipecacuanha powder to be taken at bed-time, followed by an aperient draught in the morning.

On examining the knee next morning, I found the swelling somewhat softer, and yielding a more decided sense of fluctuation to the touch. The patella could scarcely be distinguished by the finger, nor could the line of the ligamentum patellæ be discerned. It was evident that the suppuration was external to the joint, and surrounding the whole of the limb, the extent of the tumour excluding the idea of its being an inflammation of the bursa patellæ. I had the limb placed on a hard mattress, the parts surrounding the knee being well padded, so as to prevent "bagging." A valvular incision was then made just over the outer tuberosity of the tibia, and about twelve ounces of sanious pus escaped. A probe on being introduced into the wound was found to pass freely in all directions on the circumference of the limb; and on passing one probe externally, and another internally, they were found to meet beneath the integuments behind the knee.

It was evident that we had a diffuse abscess in the cellular tissue overlaying the deep fascia of the leg, this structure being itself uninjured. The extent of integument separated from the deeper parts was very considerable—the integuments being so extensively undermined that sloughing was feared. For twenty-four hours after opening the abscess, poultices were applied, the posterior and lateral parts of the limb being well supported by pads.

On the second day, the whole limb (leaving a small space for the discharge of pus) was bandaged on the principle recommended by Mr. Chapman; a portion of skin, about the size of a crown piece, was all that perished; and the walls of the abscess were, in the course of three days, found firmly adherent. The resulting ulcer was for some time disposed to be rather indolent in its action; but, with some humouring, completely closed in the course of six weeks.

I may just mention the great benefit derived from Curtis's "pasma," with which the sore was on several occasions dusted. I was anxious to have adopted during the whole treatment Mr. Chapman's method of bandaging, but so great was the irritation during the extremely hot weather which once or twice occurred, that I was compelled again and again to abandon it. This irritability of skin may be accounted for: during the progress of recovery, several crops of bullæ, some of which threatened trouble, showed themselves; they were, however, controlled by emollient lotions, and the internal use of Dono-

van's solution. The patient's health, during the whole period that followed the evacuation of the abscess, was vigorous. He ate well, drank well, slept well, and, to use his own expression, "felt well." Never have I seen so troublesome an eruption of bullæ, combined with so good a state of health.

There are two or three points worthy of note, as—

1. The intense inflammation set up in so close a proximity to the knee-joint.
2. The extensive undermining of the integuments.
3. The efficacy of the wetted strips of bandage in promoting the adhesion of the separated integument, and preventing further sloughing.
4. The troublesome cutaneous complication.

Bedfordshire, August, 1856.

FOREIGN BODY IN THE EYE.

By JAMES MARTIN, Esq., M.R.C.S.E., &c.,
Quebec, U.S.

PERHAPS the following case may be worthy of a corner in your journal. It was brought to my recollection on reading Mr. Critchett's paper in THE LANCET of Nov. 17th, 1855.

John R——, aged twenty-four, was brought to my surgery on March 10th, 1854. He stated to me that, about an hour previously, while in the act of driving a copper bolt, a splinter of the bolt flew off, and struck him on the right eye. On separating the lids, I found the cornea divided horizontally in its whole extent. I found also a slight wound on the edge of the lower lid. He did not complain of inconvenience beyond the peculiar sensation of the sudden deprivation of the sight of one eye. I could detect no foreign body in the eye, and did not feel justified in exploring for one. I imagined that the wound had been produced by the fragment of copper glancing swiftly past. I ordered him to live upon arrowroot and gruel, to keep ice-water constantly applied, to take every morning a wineglass of compound infusion of senna, and to remain in a darkened room.

For ten days he went on without complaint, sleeping well, and feeling comfortable. On the morning of the eleventh day, I was sent for in haste. I found my patient in great agony; he had been suffering since early in the morning. It struck me at once that the fragment had lodged in the eye, and I proceeded to remove it. With a pair of dressing forceps closed, I explored the eye, and having touched a hard substance, I seized it. With a slight amount of force, I drew from its bed, in the posterior part of the globe, a splinter of copper, three quarters of an inch long, one quarter of an inch in breadth, and weighing twelve grains. In a short time the pain was relieved, and the patient from that time suffered nothing. The globe, collapsed, would now form an excellent bed for an artificial eye, did his circumstances allow him to obtain one.

1856.

CASE OF

RUPTURE OF THE MENINGEAL ARTERY; OPERATION.

By HENRY WATSON, Esq., M.R.C.S.E.,
LATE SURGEON TO H. M. STEAM TRANSPORT "GOLDEN FLEECE."

JOHN HAWKINS, aged twenty-seven, a spare, delicate-looking man—the "Boots" in the *Golden Fleece*,—was seized, on the 18th of April, at the commencement of a voyage to the Crimea, with a fit of epilepsy, for which I was called to see him. I found him lying on the deck, with all the usual symptoms of that affection. In a few minutes he recovered his consciousness, and was able to answer my questions; and walked to his berth, apparently well. On my seeing him half an hour afterwards, to my surprise, I found him drowsy, stupid, and nearly insensible; in an hour's time he became completely so. His pulse became full, slow, and labouring; the pupils fixed and dilated; the skin hot; and his motions were passed involuntarily. I ordered his head to be shaved, and carefully examined it to see if there was any external fracture. None, however, was perceptible, a slight bruise only being visible on the right side. I therefore ordered a large blister to be placed on the scalp, fifteen grains of calomel to be given through the