

with complete relief. Owing, however, to the fear of tingeing the skin by the nitrate, I have, in later years, substituted the sulphate of zinc in doses of a half-grain, gradually increased to two grains, three times a day, in pill or solution, combined with opium, or extract of hyoscyamus, with happy effects. My experience with this remedy has been quite extensive for several years, and I think it as safe and sure as quinine in intermittents. My explanation of its *modus operandi* is, that it acts on the inflamed and engorged mucous coat of the stomach in the same way that it does in ophthalmia. I have also used the sulphate of zinc in epilepsy with benefit, and think it serviceable in all cases in which *nitras argenti* relieves. The action of both is probably owing to their improving the condition of the stomach.

Hospital Reports.

MASSACHUSETTS GENERAL HOSPITAL.

Surgical Operations for the week ending March 28th.
Reported by MESSRS. THOMAS WATERMAN, Jr.,
and H. H. A. BEACH.

(Continued from page 199.)

8. *Tenotomy.* Dr. H. G. CLARK.

9. *Tumor of Abdominal Parietes; Excised.* Dr. R. M. HODGES.—Male, aged 46. Patient attributed his trouble to a blow received at that point six years ago. One year later he discovered a tumor the size of a silver dollar, slightly prominent and situated in the median line half way between the ensiform cartilage and the umbilicus. It had grown gradually since, till it measured over its apex four inches. It was elastic to the touch, adherent to the integument, but movable on the surface beneath.

A semilunar incision, three and one-half inches long with its concavity upward, was made through the integument at the limits of the tumor, and the latter dissected out. Three ligatures were applied, two of which were passed through the flap, after the method of Dr. Morgan, and the flap secured by silk sutures.

The tumor was composed of fat.

10. *Excision of Breast; Scirrhus.* Dr. H. G. CLARK.—Patient first noticed the tumor six weeks ago, which was then about an inch in diameter. It has steadily increased in size until it is now about three inches in diameter. There has been very little pain. The tumor is firm, hard, movable and situated about two inches inwards from the left nipple, which is retracted. One of the axillary glands is enlarged.

Operation with ether. The mammary gland and tumor were included between two semilunar incisions and dissected out. Six ligatures were applied, and the edges of the wound adjusted with sutures. Dry compresses and swathe.

11. *Scrofulous Lymphatic Gland; Excised.* Dr. R. M. HODGES.—Female, aged 21. Four months ago a tumor appeared in the right submaxillary region, which increased steadily until it became as large as a horse-chestnut. A semilunar incision, two and one half inches long with its concavity towards the jaw, was made through the integument and the tumor easily dissected out.

12. *Opening of Sinuses.* Dr. R. M. HODGES.—Female, aged 6. January 15th, the patient had both legs amputated about two inches below the knees for an accident received at that time. The outside of her left thigh sustained at the same time a severe bruise which was followed by an abscess; and this communicated with the end of the stump and refused to heal. A director introduced into the opening on the thigh followed a sinus to the end of the stump, and communicated with another at that part. The integument was slit open throughout this course and the wound packed with lint.

13. *Polypus Nasi; Removed.* Dr. H. J. BIGELOW.

BOSTON CITY HOSPITAL.

Some of the principal Operations in March, 1868, by
D. W. CHEEVER, M.D. Reported by L. D.
GUNTER, House Surgeon.

CASE I.—*Compound, Comminuted Fractures of Fingers, with extensive Laceration.*—James McD., aged 52. Patient's hand was caught between two cog-wheels, producing compound, comminuted fractures, with extensive laceration of the right index, middle and ring fingers. The two first were amputated at the metacarpo-phalangeal articulations. The third at the middle of the first phalanx, by circular flap. The flaps were kept in apposition by strips of adhesive plaster. Dilute carbolic-acid dressing. A speedy recovery ensued, without sloughing of the more or less contused flaps, and though attacked with erysipelas in the face, it did not appear about the wound.

CASE II.—*The application of Nitric Acid to Internal Hæmorrhoids.*—No hæmorrhage, and but little pain when the bowels were moved the first time after the application.

CASE III.—*Evulsion of an In-growing Toenail of two years' standing.*—The raw surface was dressed with dilute carbolic acid,

and cicatrization was most undoubtedly retarded by the dressing. During the third day, the wound became inflamed, swollen and extremely sensitive, but this all passed off within the next twenty-four hours, and granulations appeared on the fifth day. It is interesting to note that there was *no suppuration*.

CASE IV.—*Vascular Tumor of the Meatus Urinarius*.—Catherine A., aged 51, married, entered hospital March 4th, with the statement that, for five years, she had experienced constant pain in the lumbar and hypogastric regions and vulva; that for two years past she had been troubled more or less with dysuria, and a severe pain, after the act of micturition, in vulva and bladder. Examination disclosed an elevated raspberry growth upon the floor of the urethra, extending from the meatus half an inch inward. It was very sensitive and vascular, the slightest touch causing it to bleed. Her sleep had been broken by the frequent desire to urinate and the consequent pain, and her health somewhat impaired.

March 6th.—Since previous date, pain and irritation severe after micturition; relieved by opiates. Etherize, dilate the urethra with dressing forceps, and apply nitric acid to the vascular growth.

7th.—Slept well all night without an opiate. Comfortable. No retention of urine or pain after micturition.

8th.—Completely relieved of dysuria and pain in hypogastrium and irritation in vulva. Rests well at night. Up and walking about.

9th.—A very slight irritation in urethra after urinating.

10th.—The slough produced by the caustic has come away, and irritation and pain increased; not so severe, however, as before the application.

12th.—Pain and frequent micturition. Obligated to pass water several times during the night.

13th.—Re-apply the acid. The former application reduced the growth more than one half, also rendering it less vascular and sensitive.

14th.—Completely relieved from all pain and irritation.

15th.—Comfortable.

17th.—Discharged, well.

CASE V.—*Congenital Hernia*.—Joseph D., aged 2 years and 10 months, was brought to the hospital March 10th, with the report that for three months he had been troubled with diarrhoea and loss of appetite; that, seven weeks previous, first noticed a small

tumor in right groin, which, till of late, had disappeared when in the horizontal position; that, ten days since, it came down and had not returned, since which he had been constipated, and at times had not passed his water for a day or more. Upon examination, it was found to be an oblique inguinal hernia, with a large neck, and had descended to the bottom of the scrotum, which was swollen, red and quite sensitive. The hernia was about the size of a hen's egg, and required pretty firm pressure to reduce it. Seen by Dr. Cheever, and pronounced a "congenital hernia." Ordered hot bath, hot fomentations to hypogastrium, and an enema of soap-suds.

March 11th.—Bowels moved freely soon after the enema, and passed a large amount of water. Restless during the night. Hernia easily reduced. Scrotum less swollen.

12th.—Hernia returns as soon as pressure is removed. Tenderness and inflammation disappeared from scrotum. Slight diarrhoea; controlled by pægoric.

13th.—Etherize, and operate for radical cure, by Wood's second method. When the needle passed out through the integument of the abdomen, a considerable amount of serum escaped at the side of it, the sac having been transfixed by the needle. The wound was dressed with dilute carbolic acid, and the patient ordered to be kept quiet in the horizontal position.

14th.—Very comfortable. Scrotum slightly swollen. No diarrhoea. Milk diet.

15th.—Doing well. Swelling of scrotum moderate.

17th.—Swelling and redness about seat of operation gradually subsiding. No motion of bowels since operation. \mathcal{R} . Olei ricini \mathfrak{z} ij.

20th.—Slight purulent discharge from wound. No tenderness in abdomen. Doing well.

23d.—Remove the wire and apply spica bandage and compress. A firm mass of lymph the whole length of the canal. Discharge slight. Swelling subsiding.

26th.—No impulse. The mass of lymph is firm, and the wound clean and granulating.

30th.—Walking about the ward.

April 10th.—Wounds healed. No impulse can be detected. The mass of lymph along the canal somewhat absorbed, but permanent. Is much improved in health and strength, and almost completely relieved from diarrhoea, which had troubled him for three months.

CASE VI.—*Epithelial Cancer of Clitoris; Removal*.—Mary C., aged 39, married, en-

tered the Hospital March 12th, with a tumor growing from the clitoris and contiguous portion of nymphæ. Soon after her last confinement, three years ago, her attention was drawn to the part by excessive itching and an occasional darting pain. At that time, it was about the size of a bean. It has gradually increased, with but little pain, till recently. Now, it is about the size of a hen's egg, conical, indurated and movable upon the deep tissues. The vagina and lower portion of the nymphæ are not involved. Its surface is inflamed and its apex occupied by a deep sloughing ulcer, the odor of which is very offensive. The glands in the groins are enlarged and painful. For the last two weeks, the left labium has been much inflamed and very painful, and deep seated in its tissues can be felt a small, hard nodule the size of an English walnut. Examination with the microscope shows that the tumor is composed of epithelial cells and granular matter.

March 20th.—The parts are less inflamed and labium less swollen, but pain very severe at night, requiring opiates. Etherized, and, a catheter having been passed into the bladder, the tumor was removed by an oval incision. The tissues were involved down to the wall of the urethra and very vascular. Hæmorrhage profuse. Three ligatures required. The tumor was removed from the labium.

21st.—No hæmorrhage. Passes water without trouble. Labium very painful. Charcoal poultice. Wound dressed with dilute carbolic acid.

23d.—Comfortable. Rests well at night.

27th.—Doing well. No pain. Wounds healthy and granulating. Continue poultice to labium.

April 4th.—The glands in groins growing less. Wounds healing very rapidly.

6th.—Labium healed and of natural size. The wound of clitoris nearly well. The glands in groins considerably reduced in size and hardness. No pain. General condition much improved. Catamenia present. Discharged.

CASE VII. — *Pistol-shot Wound of Eye. Enucleation of Eye-ball.*—March 25th. John McD., aged 7, wounded in left eye by an accidental discharge of a small sized revolver, loaded with patent cartridge. He was brought to the Hospital about an hour after the accident, conscious and free from pain. His father said, that though somewhat stunned at first, he was not unconscious, and that he had vomited considerable "blood" soon after the injury.

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Upon examination, it was found that the cornea and sclerotica were lacerated, and the contents of the globe had escaped. The right pupil was slightly dilated and responded sluggishly to light. Pulse feeble. Etherized, and examined by Drs. Williams and Cheever. It was found that the bullet had penetrated the roof of the orbit, about a quarter of an inch from its apex, and had passed on in a backward and outward direction, towards the left temporal bone. The opening was sufficiently large to admit the tip of the little finger, with serrated edges, and inclined to the outer wall. A probe was inserted a short distance into the wound, but the ball could not be felt. Ordered to be kept perfectly quiet. Cold water dressing to the eye and both eyes covered. Liquid farinaceous diet. Evening—Comfortable. No cerebral symptoms.

March 26th.—Slept well all night. No pain or headache. Pulse quick, feeble and irregular. Some swelling about the eye and side of face. 12, M. Sleeps most of the time. Pulse intermittent.

27th.—Right pupil dilated; contracts slowly to light. Pulse intermittent every fifth beat. Swelling increased about eye and in left temple. Bowels moved by enema. Perfectly free from pain, and bright.

38th.—Consultation held. The eye-ball removed. It was found that the ball had penetrated the orbit nearer the outer wall than was evident at first examination, and probably might have gone outside of the skull, into the temporal fossa. There was considerable tenderness and swelling over temporal region. No further search was made. Pulse feeble and intermittent. R. Vini Xerici *pro re nata*. Wound dressed with dilute carbolic acid, ʒiiss.—Oj.

29th.—Slept very well, but somewhat restless. Slight subsultus tendinum. Right pupil contracts slowly. Swelling increased, especially in left temple. No pain.

30th.—Pupil contracts readily. Pulse stronger and regular. Wound healthy. Appetite good. Bowels regular. Comfortable.

April 2d.—Free purulent discharge from beneath the lids, increased by pressure upon the temple. Doing well.

6th.—Wound healthy and granulating. Nearly an ounce of pus at each dressing, most of which seems to come from the temporal fossa. Much improved. Sits up in bed. Diet, tea and toast. Subsequently a counter-opening made for drainage through the temple, and a seton passed.

May 8th.—Continues well. Intelligence perfect. Wounds healing. Convalescent.