Physical Characters of Anæmic Blood.—In very advanced cases it exhibits, when first drawn, the appearance of a thin red fluid, very different from healthy blood, and after coagulating, the clot is found very small, sometimes soft, but generally quite firm, and frequently with a buffed appearance on the surface, which is doubtless owing to the amount of the fibrin compared with the globules being so much greater than in health, and it should make us careful not to infer the existence of inflammation from the presence of what is usually considered an inflammatory crust. When in such cases the clot is soft, it must arise from deficiency of fibrin, or an alteration in its properties, which may happen with an anæmic state of the blood, but does not necessarily accompany it.

Many analyses of anæmic blood have been made by different observers, in all important points, very closely agreeing with each other.

In the early stages, Andral and Gavarret found in eight cases,

	Maximum.	Minimum.	Mean.	In Health.
Water ...	816.3	790.0	801.0	790.0
Solids ...	210.0	183.7	199.0	210.0
Blood globules	112.7	97.7	106.8	127.0
Fibrin ...	5.3	2.4	3.5	3.0
Solids in serum	94.1	76.5	88.0	80.8

In advanced cases, from twelve analyses—

	Maximum.	Minimum.	Mean.
Water...	868.7	818.5	853.2
Solids ...	181.3	131.5	146.8
Blood globules	95.7	38.7	56.7
Fibrin ...	3.6	2.1	2.9
Solids in serum	100.9	75.4	88.0

Simon has also examined the blood of a chlorotic girl, the analysis of which, compared with that of healthy female blood, is seen in the following table:—

	Chlorotic Girl.	Healthy Female.
Water ...	871.500	798.656
Solids ...	128.500	201.344
Globulin ...	30.860	100.890
Hæmatin...	1.431	5.237
Fibrin ...	2.080	2.208
Albumen ...	79.820	77.610
Fatty matters...	2.530	2.713
Salts and extractives	11.000	9.950

Bequerel and Rodier find the mean composition of the blood in six chlorotic girls as follows:—

Density of defibrinated blood...	1045.8
Density of serum ...	1028.1
Water ...	828.2
Solids ...	171.8
Blood-globules ...	86.0
Fibrin...	3.4
Albumen ...	72.1
Fatty matters ...	1.5
Salts and extractives	8.8

These analyses of chlorotic blood, made by very trustworthy observers, are sufficient to show the nature of the alteration which takes place in this disease.

We often find an anæmic condition of the blood occurring in other diseases, as in organic affections of the digestive organs, where the function of nutrition has become much impaired; also after long-continued intermittent diseases, scrofula, carcinoma, scurvy, Bright's disease, from the action of lead upon the system, &c.—in some of these cases other principles of the blood besides the red corpuscles may become affected; but this portion usually appears to be the first to suffer diminution.

In anæmic conditions of the body certain sounds arising from the passage of an altered blood through the vessels frequently become audible, and Andral has made some interesting observations upon this subject. He finds that when the amount of globules is under 80 parts in the 1000, then the *bruit de soufflet* constantly exists in the arteries; when between 80 and 100, this sound may or may not be heard; that it signifies not whether the diminution depends on chlorosis or any other disease; and that it may occur both in acute or chronic inflammation, provided the globules from any cause have become much decreased.

The Havannah papers mention a little girl, whose cornea is supplied with three long hairs placed just in the axis of vision, and considerably interfering with it. *Credat Judæus Apella!*

Hospital Reports.

HOPITAL BEAUJON, PARIS.

Amputation.—Death under Inhalations of Chloroform.

M. ROBERT, surgeon of the "Hopital Beaujon," reports the following case:—"A young man, twenty-one years of age, was admitted, on the 25th of June last, into the 'Hopital Beaujon,' for a severe fracture of the shaft of the femur, caused by a ball which had traversed the limb from before backwards. Disarticulation of the thigh was decided upon. The patient was put under the influence of chloroform by means of the apparatus, divided by a spiroïd diaphragm made of netting, and provided with a large mouth-piece; the nose was secured by an assistant. In three or four minutes there were a few convulsive movements pointing to the period of excitement, and soon after a complete state of relaxation came on. A large anterior flap was then made, beginning three fingers' breadth below the anterior superior spine of the ilium; hardly any blood was lost. The patient at this moment woke, and M. Robert desired that more chloroform should be given, and continued the operation. Hardly had a quarter of a minute elapsed, than a loud stertorous breathing was heard, and the apparatus was withdrawn. The patient's face was extremely pale, lips blanched, and the eyes, the pupils of which were greatly dilated, were drawn so high upwards as to be hidden by the upper lid. The operation was immediately suspended. The pulse at that time was hardly perceptible, all the limbs were in a state of complete relaxation, and the breathing was heard at long intervals. Frictions, irritation of the pituitary membrane, forced movements of the arms and of the ribs, were resorted to; several times the respiration seemed to become more vigorous, and the pulse more distinct, but this was but a momentary improvement, and it was but too apparent, after three-quarters of an hour of incessant efforts on the part of the persons present, that the patient had ceased to exist. The sudden paleness of the skin, the annihilation of the pulse, evidently pointed to syncope; and as the latter cannot be ascribed either to hæmorrhage or a protracted operation, it must be concluded that syncope was the immediate result of the inhalations of chloroform; the more so, as none of the symptoms of the admission of air into the veins were present. The special kind of wound which the patient had received, as well as the stupor and shock consequent upon it, should, at the same time, be taken into consideration, besides the deep dejection and despair in which he was plunged."

After some discussion, it was decided in the Académie de Médecine that this case should be referred to the committee which is to present a report on ether.

REPORT OF A

CASE OF INTRA-CRANIAL HYDATIDS.

By ERASMUS WILSON, Esq., F.R.S., &c.

ON perusing THE LANCET of last week, I observed an abstract of a paper by Dr. James Stewart, communicated to the Medico-Chirurgical Society by Dr. Gregory, on the subject of intra-cranial hydatids.

Dr. Gregory's observations on the rarity of this disease induce me to place on record a remarkable case of the kind which occurred in my late father's practice, about the year 1823, and of which, having been present at the post-mortem examination, I have preserved some imperfect notes.

The subject of the disease was a young gentleman of about sixteen years of age, the son of a lieutenant in the navy. He had been ailing for about eighteen months, his illness being attributed to a blow which he had received on the head from a brick. He had frequent headaches, but his symptoms were not sufficiently severe to require his removal from school until a few weeks before his death. At this period he had slight strabismus and defective vision from partial amaurosis, and was subject to occasional attacks of nausea and vomiting. In a violent fit of the latter he died.

On turning back the dura mater from off the cerebrum, it was manifest that the left hemisphere at its posterior part was larger than the right, and that the surface of the convolutions was considerably flattened. These appearances were found to result from the presence of a large oblong sac, which grew from the left side of the tentorium cerebelli, and rose by the side of the falx cerebri to within an inch of the surface of the brain. This sac measured in its antero-posterior diameter, which was the longest, three inches and a half; in its trans-

verse diameter, two inches and a half; and in circumference, very nearly six inches and three quarters. On the middle line it had produced a slight depression of the falx, but its principal bulk was lodged in a hollow of the left hemisphere, which extended forwards to the commencement of the anterior lobe. On removing the hemispheres, it was ascertained that the sac was attached to the tentorium by a narrow base, and that it was in fact an expansion and growth of the superior layer of that process of the dura mater. At the upper part of the sac was a small fissure, apparently occasioned by rupture, and which my father considered to have occurred during the last fatal attack of vomiting. Through this fissure about an ounce of transparent fluid had escaped.

On opening the sac, it was found to be filled with transparent globular acephalocysts, varying in size from a pullet's egg to a millet seed. My father computed their number at 200. They were probably of the kind in which the echinococci are usually discovered.

The peripheral acephalocysts were found to be slightly adherent to the surface of the parent hydatid which lined the sac, by means of a sort of white opaque substance, which contained calcareous matter. I have seen this calcareous matter several times in hydatid cysts in the liver, and especially where they have been blighted, and their containing sac has undergone partial obliteration. On subjecting this calcareous matter to examination with the microscope, I have usually detected in it a considerable number of the teeth of echinococci.

The brain was perfectly healthy.

Upper Charlotte-street, Fitzroy-square, July 25, 1848.

ON A NEW PLAN OF TREATING OVARIAN DROPSY,

WITH A REVIEW OF THE VARIOUS MODES OF TREATMENT WHICH HAVE BEEN ADOPTED FOR THE CURE OF THAT DISEASE.

By E. J. TILT, M.D., &c., London,

PHYSICIAN TO THE GENERAL FARRINGTON DISPENSARY, ETC.

II. SURGICAL TREATMENT.

THE surgical treatment of ovarian disease may be divided into tapping and its numerous modifications, and ovariectomy.

1. Tapping.

Tapping is to be considered—1st, as an operation by which we effect the instantaneous and temporary removal of the contents of the cyst; 2ndly, it may be made use of so as to procure the permanent and continued removal of the contents of the cyst.

1. Sudden and temporary removal of the contents of the cyst by tapping.

A. *Tapping per Abdomen*.—Though this operation has been known to produce, in various instances, the radical cure of ovarian dropsy, it can only be considered a palliative, and therefore should not be performed unless there is some serious disturbance of any of the vital functions, either of the patient or the child she may bear in her womb. Thus, Emery was in one case obliged to tap a pregnant woman six times, to give room for the full development of the child.

B. *Tapping per Vaginam*.—Pathologists have published cases of ovarian dropsy where cure was produced by the accidental rupture of the cyst through the walls of the vagina, the contents of the cyst being gradually voided per vulvam. Without recurring to the older authors, there are well-authenticated cases of this description when, on lifting some weight, or making some extraordinary muscular effort, the patients have "heard something crack" within them, while, at the same time, they have passed per vulvam a large quantity of the characteristic fluid of ovarian dropsy.

CASES.—Hetman (*Journal of Siebold*) has published the case of a woman who, on lifting up a heavy weight, felt something break within her, and immediately afterwards a great quantity of liquid came away per vaginam. She seemed quite cured of her ovarian dropsy for nine years. The tumour then re-filled, and was tapped. The patient died; and on examination it was proved that the liquid the patient had suddenly passed had really come from an ovarian cyst.

Truckmuller (*Journal de Graefe*, vol. iv.) has related the case of a woman, twenty years of age, suffering from a cystic tumour of the left ovary, who, on lifting up a heavy weight, felt something give way within her. This was followed by the sudden flow of liquid per vaginam, which lasted several days, and the woman was radically cured.

Dr. O. Waters mentions the case of a woman cured after

three successive perforations per vaginam and per rectum, that of the rectum having been promoted by purgatives.

Lisfranc, in his lectures, was in the habit of mentioning the case of a woman affected with an ovarian tumour, which suddenly disappeared after the patient had passed per vulvam a large quantity of yellow albuminous fluid. The cyst did not re-fill.

Abernethy used to take pleasure in relating a case of this description which occurred to an old woman affected with ovarian dropsy. On crossing London-bridge she was frightened by the cry of "Mad bull," and the exertion of running away produced the rupture of the ovarian cyst. In such cases it cannot be doubted but that the portion of the cyst in contact with the vagina was considerably distended, and so weakened as to render it liable to burst on any extraordinary pressure being applied.

Surgeons have often tried to imitate Nature, and to effect the cure of ovarian dropsy by tapping it per vaginam. This operation is not so novel as is generally supposed; for Vermandois, a French surgeon, relates that he saw it performed, in 1803, by a practitioner whose name he does not mention. The cyst was tapped through the anterior wall of the vagina, but the patient died; and it was found, on examination, that before reaching the cyst the trocar had pierced the bladder. In 1815, the celebrated Delpech published a memoir on this subject. He mentions that Antoine Dubois had employed this plan with great success. Since then the operation has been often performed unsuccessfully by Vermandois, Nomet, Michon, and Recamier; but Ogden, Schwabe, Arnott, Stoltz, and Delpech, have furnished us with cases in which the operation produced the radical cure of ovarian dropsy.

At first sight this operation seems perfectly rational. The cyst is tapped in its most dependent portion, so as to allow all the fluid to flow, and none to re-accumulate. But it should on no account be performed unless the inferior portion of the ovarian cyst makes a distinct bulging in the superior portion of the vagina, so as to prevent the possibility of the bladder being perforated. This operation should also be reserved for cases of monolocular ovarian cyst, when not consolidated to any considerable extent. An India-rubber canula must be left in the artificial opening of the cyst, and carefully fastened. If this precaution is omitted, the opening may close, and the cyst re-fill, and great difficulty will attend any attempts to replace the canula in the same opening.

Newman, Lever, and other accoucheurs, have been obliged to perform this operation during labour, to allow of the passage of the child; and in some of these cases the tumour has not re-filled.

I cannot dismiss this part of the subject without stating that a double puncture of the cyst has been made by my friends Professors Recamier and Ricord. Without entering fully into the details of their cases, suffice it to say, that through the abdominal opening which had been previously made these bold practitioners passed a long, curved, and guarded trocar into the cyst. The index-finger of the right hand being introduced into the vagina, they were able to ascertain that the cysto-vaginal wall alone intervened between the trocar and the finger. They pierced through the intervening tissues, thus making a counter-opening. Professor Recamier passed a long India-rubber tube through both openings of the cyst, but the patient died of peritonitis three weeks after the operation. Dr. Ricord was more fortunate. He passed a seton through both openings of the cyst, injected it, and radically cured his patient. I should not think of recommending this double puncture of the cyst; but in my opinion, the vaginal puncture, performed under the condition I have specified, would be occasionally advisable.

We have seen that Nature has sometimes cured ovarian cysts by intestinal perforation, and we are not surprised to find that, in some cases where the tumour was an obstacle to delivery, obstetricians have preferred puncturing it per rectum. We can understand that, even when the patient is not pregnant, from the great difficulty, in some cases, of puncturing the cyst per vaginam, surgeons might be led to open it per rectum.

C. *Subcutaneous Tapping*.—By this title is understood an operation by which the surgeon punctures the abdominal walls, and makes an incision in the cyst, so as to allow it to empty itself, and diffuse its contents into the peritoneal cavity. This operation must be performed with all those precautions necessary to prevent the ingress of air, as when large muscular masses are divided by the knife, to correct spinal deformities. It has been performed, not only with impunity, but with a certain amount of success; I am therefore obliged to take it into consideration.