character of the pulse, noting the extremes of irregularity in hardness and softness, fullness and feebleness, slowness and quickness; remission, intermission, and total disappearance of the precordial oppression; anxiety and painful sensation of the heart's obstruction in its action; intense pain in the cardiac and epigastric regions; internal faintness and difficulty of respiring.

THREE

SUBCUTANEOUS OPERATIONS

ON ONE PATIENT, FOR A FORMIDABLE

DOUBLE LATERAL CURVATURE OF THE SPINE.

By Dr. SERNY.

I RECEIVED a letter from Mrs. Parritt, informing me that her son, aged twenty, was about to be placed under my care, for a double lateral curvature of the spine, of eight years' standing. He arrived in London about the end of the month of December. Casts were taken both of the back and of the front of the body. The case, it became evident, was very difficult: my decision was, that it would require more than two years to effect a cure.

Mr. P. measured in a straight line, from the first cervical vertebra to the os coccygis, twenty inches. He has two curvatures; the first curvature is on the right side. The length of this upper curvature, measured from the first dorsal vertebra to the first lumbar vertebra, was fourteen inches; the elevation of the curve, where it embraces the spinous process, being two inches, and where embracing the ribs, six inches, above an imaginary line, drawn in a straight direction, from the first cervical vertebra to the os coccygis. The second curve was in the right loin, and obliged him to walk almost double on that side. He measured thirty-five inches round the body, at its greatest elevation; and, at the lower part of the body, the circumference was twenty-nine inches. Measuring by a line, passed through from the chest to the greatest elevation at the curve behind, the length was twelve inches. Passing an imaginary line from the first cervical vertebra to the os coccygis, the length was twenty inches.

The left leg descended lower by two inches and a half than the right. His breathing was difficult; he had a cough, with pain in his chest, and a sore back from lying. He cannot give any account of the origin of his complaint: his occupation is that of a farmer. Understanding that he came to town by means of a subscription made in the country for his cure, I proposed, with the view of expediting the cure, to perform the subcutaneous operation.

Previous to his coming under my care, I found that the promoters of the subscription had withdrawn their aid, entirely upon the plea that he had been discharged from the Middlesex Hospital as incurable, after a month's residence, and had also been refused admittance into the North London Hospital, the surgeons of which asserted that nothing could be done for him, either by operation or by mechanical means. Having carefully examined his case, my opinion was different: I felt satisfied that something might be done, both by operations at the outset, and finally by the Harrisonian treatment.

Having received from Mr. P.'s family the permission to operate, I showed the case to my friend, Dr. Riadore, and explained to him my intention to perform three or more operations: the first, according to Mr. Skey's mode, the others according to a method of my own, for which I had appropriate instruments prepared. Dr. Riadore being perfectly acquainted with all the different circumstances, and having kindly consented to participate in the responsibility of the case, we placed Mr. Thomas Parritt upon the antiphlogistic plan for three weeks previous to the first operation, which took place on Thursday, March 18, in the presence of Dr. Riadore, Dr. Epps, and Mr. Thornber. Having been placed on his face upon a crib, the right arm raised towards his head, I introduced horizontally the instrument (the cutting edge of which was one inch) under the cutis, about three inches distant from the spinous process of the first lumbar vertebra on the right side, passing it towards the spinal column, until its point touched the spinous process; I then withdrew it about the tenth part of an inch, turned its edge downwards, pressed forcibly with the left hand upon the back part of the blade (till now between the cutis and the subjacent muscles). I now continued the action of withdrawing the instrument to the extent of one inch, thereby cutting down upon the connecting ligaments of the transverse processes of the first and second lumbar vertebra; and, in making this section of about two inches, the cutting part of the instrument being, as was stated, one inch in length, I divided the latissimus dorsi, the sacro-lumbalis, and the longissimus dorsi muscles, and their aponeuroses. I then turned the instrument, so as to place its cutting edge horizontally, and withdrew it gently. These muscles already named, and their aponeuroses, having been thus partly divided, were lengthened, and relieved from tension. The operation was performed in twelve seconds; a few drops of blood were lost; and in five days after, when the bandages were removed, no external marks of the operation could be seen. The right leg had become even with the left, having lengthened two inches and a ha,

and the health was much improved. Such were the effects of the first operation.

The *second* operation was performed on the 7th of April. Mr. P. was placed, as before, upon the crib, the left arm being raised towards his head. I then introduced the instrument under the cutis, about three inches distant from the spinous process of the eighth dorsal vertebra (in the first operation the first lumbar was the point) on the left side of the spine, passing it towards the spine, until its point approached within an inch of the spinous process itself. Finding a resistance at this spot, I withdrew the instrument about one-tenth of an inch, turned its edge downwards, pressed forcibly with the left hand upon the back part of the blade (till now between the cutis and the subjacent muscles), and continued withdrawing the instrument to the extent of one inch, thereby cutting the trapezius and its aponeurosis, in addition to the muscles and their aponeuroses, already referred to, in connection with the previous operation. I then turned the instrument, so as to place its cutting edge horizontally, and withdrew it gently. The loss of blood was so trifling as scarcely to be visible. The resistance referred to was occasioned by a vertical elevation, amounting to more than two inches of that portion of the curvature, which consisted of the displaced vertebræ. The result of this operation was to reduce the length of the first curve from *fourteen* inches to *seven*, thus gaining seven inches towards the natural form of the spinal column: a success which encouraged perseverance.

The *third* operation was performed on the 16th of June, the same object in view; namely, the lessening of the curvature by the section, primarily of the ligaments attached to the spinous processes of the vertebra, and secondarily of the muscles and of their aponeuroses. Mr. P. was, as before, placed on his face. The instrument was introduced, as in the second operation, three inches distant from the spinous process of the *fifth* dorsal vertebra, I having previously overcome by mechanical means the vertical elevation that formed the resistance in the previous operation. The operation was completed to my satisfaction; and the result was, that the curvature, reduced by the previous operation from *fourteen* inches to *seven*, was now reduced to *six* inches. The length through from the chest to the greatest elevation of the curve behind was diminished, after this operation, from *twelve* inches to *nine*. The direct length of the spine was increased from twenty to twenty-three and a half inches. The circumference of the body was lessened from thirty-five to thirty inches.

It was my intention to perform another operation on Mr. Parritt; but, on minute examination, I found that the ribs on the

right side of the body formed a large outward curvature, the ribs being separated from each other, some to the extent of nearly an inch; while the ribs of the left side of the body were, as it were, folded over each other so closely as almost to threaten ankylosis. Viewing this condition of parts, I felt that I could gain, at least for the present, nothing further by *operation*; but that now the patient was in the condition in which the *Harrisonian* practice, infallible, when properly practised (but how many profess to practise it who know it not), will effect the remainder of the cure. In fact, it is my fixed conviction that operations by themselves can never cure curvatures; extension and pressure, scientifically applied, can alone do this, because such are the only means which can remove the proximate condition, the displacement of the vertebræ, which, by the compression on the spinal cord, induce the Proteus-like symptoms presented in cases of spinal curvature.

* * We have omitted the tabular recapitulation, the case being so clearly detailed as not to require its assistance.

IODINE IN CONSUMPTION.

To the Editor of THE LANCET.

SIR:—At a time when the properties and effects of iodine in consumption and other diseases are much questioned by the profession, the following observations may not be uninteresting to your readers. Your obedient servant,

J. WILSON, M.D.

21, Cambridge Terrace, Hyde Park,
Aug. 7, 1841.

Since the introduction of iodine into medical practice in this country by Dr. Manson to the present day, it has undergone various shades of repute, like many other potent remedies, lauded by some, derided by others, and rejected as altogether useless by many. This is not so much to be wondered at, when we consider the time, skill, and perseverance requisite to acquire a just knowledge of the *modus operandi* of a new and valuable remedy, with a proper selection of cases, in order that its utility may be fairly and unequivocally tested.

Iodine is essentially a stimulant, and if given at a time when such medicines are inadmissible the effects are injurious, and consequently liable to censure; so that in all cases its use must be left to the discretion of the judicious and experienced practitioner.

When the system is slightly surcharged with iodine, an increase in the pulse takes place, both in strength and frequency, which is often a guide as to when to discontinue or increase the quantity: this is a matter of