hand was the principal instrument, and the scalpels and hooks were employed merely as the means of arming the finger for its various operations. The professional friends who favored me with their presence were, Dr. Elliotson, Mr. Callaway, Mr. B. Cooper, Mr. Key, and Mr. Morgan. An accident deprived me of the presence and assistance of my friend Dr. Roots. The operation was not undertaken at a venture, but in conformity with certain principles laid down in two papers read before the Medico-Chirurgical Society; the first of them in the year 1819, and the last in the year 1823. The latter, which was not published, contains the proposals for other abdominal operations. The fundamental principles of these operations, as there stated, are rested upon numerous observations made upon the human body, and a sufficient number of experiments upon brutes. Should the case here narrated come before the eyes of the public, I hope it may tend to diminish any unreasonable prejudices against experiments and experimenters. The feeling is respectable, but by the designing it may be misdirected. In Lisfranc's operation I conceive there must be some misapprehension. I think I run no risk in saying, that by his method of procedure, as understood here, what the English accoucheur means by cancer of the uterus, must frequently be irremovable.

It is now five months since the parts were extirpated, and the patient is fat and well, and designs to return to her husband. The intercession of the access to the ovaries is a complete security against extra-uterine impregnation. The head of the vagina is closed by the bladder, which lies upon it. The recovery was easy enough, but as the details may, perhaps, be deemed desirable, they shall be communicated at an early opportunity. The patient had been ill for eight or nine months before the operation was performed.

IV.

SELECTIONS FROM FOREIGN JOURNALS.

Case of Extra-Uterine Fœlation, in which the Fœtus remained in the Abdomen Forty Years.

By Henry Lee Heiskell, M.D. of Winchester, Va.

The following case occurred in the poor-house of the parish of Frederick, in Virginia.

Venus Collins, a colored woman, late of the city of Philadelphia, became pregnant with her seventh child, which she bore until her death, which occurred in the summer of 1825. As near as could be ascertained by a reference to the records of the clerk’s office, and the statements of her fellow-servants, one of whom was her daughter-in-law, she was from seventy to seventy-five years of age, and carried the fœtus forty years. During this period, and in particular the latter part of it, she enjoyed remarkably good health for one in her situation, being only occasionally incommode’d by a sense of weight and bearing down in her right side, which was sometimes accompanied by slight pain. In the early part of her pregnancy, she had hydropic effusions, for which she underwent the operation of paracentesis abdominis. She had no show of the menses after this period, nor did
she afterwards conceive again. For several years before her death, the infirmities attendant on old age, and the difficulties of providing for herself, rendered her removal to the poor-house necessary, where she remained until her death, which happened in consequence of an attack of dysentery.

A post mortem examination of her body was conducted by Drs. A. S. Baldwin and Holliday, in presence of several medical students. On making a crucial incision through the parietes of the abdomen, and turning back the flaps, a large bony tumor was found in the lower part of the epigastric region, inclining rather to the right side, and firmly agglutinated in front to the parietes of the abdomen, and behind to the small intestines. The only morbid appearances of the viscera presenting, were a diminished size of the uterus, and an obliteration of the fallopian tubes: the ovaria were not to be found.

The tumor itself was of an oblong form, which, when removed from its attachments, weighed four pounds and six ounces. The envelop formed a perfect bony hermetically sealed sac, on all sides, but rather thin at the part corresponding to the anus; for, when considerable pressure was made in the direction of its short diameter, a few drops of dark fluid made their way through the covering.

The substance of the sac or covering was of an ossific nature, of a dirty-white or cream color, varying from two to three lines in thickness, and so resisting, that it required not only a strong knife for its division, but also a very considerable degree of strength.

On removing the sac, which had formed adhesions to several parts of the fœtus, particularly the superior part of the right thigh, a fœtus, perfect in its form and configuration, was presented, having apparently gone the full period of utero-gestation. Its position in the sac exactly resembled that of a fœtus in utero; having the chin resting upon the chest in such a manner that the face looked towards the left side; the trunk was incurvated, the legs bent upon the thighs, the thighs upon the pelvis and abdomen, the feet crossed, and the arms folded between the head and knees. Owing to the firm pressure of the sac, the abdomen and lower part of the chest received the impression of the arms and thighs; and the latter, in turn, from the same cause, were somewhat flattened.

The weight of the fœtus, divested of its covering, was three pounds and three-quarters, and measured, in its contracted state, eleven inches and one-half in length. So faultless was every limb and feature, (with the exception of the above stated,) that not one of them presented an exception worthy of special remark. The general aspect, however, of the fœtus, bore evident marks of age, (if the remark might not be considered a contradiction.) The muscles and integuments were finer and more consistent than in the natural state, and the latter were very generally ossified, except those portions which were covered by the foldings of the arms and thighs: consequently the integuments which partook of the ossific character had a decided preponderance over the parts which did not take on a change of structure. The pericranium was entirely in an ossified state, over which some traces of hair were discernible, and the remains of

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the eyelashes were distinctly perceptible.

On examining the contents of the cranium, thorax, and abdomen, the following appearances were noticed:—The brain was a soft pulpy mass of an ash color, presenting nothing very remarkable in its appearance. The contents of the thorax and abdomen were in a singular state of preservation, as perfect as those of a stillborn child; nothing of decay or putrefaction could be discovered in any portion of them. The meconium had the usual dark appearance and consistence. The tongue was firm and ash-colored; and the nails of the toes and fingers perfect. There were no traces of umbilical chord or placenta.—Lancet.

**Cases of Laryngitis in which the Operation of Laryngotomy was performed, at the Glasgow Infirmary.**

This operation was performed on two patients during the winter, and, in one of the cases, twice on the same individual successfully, by Dr. John Cowper, one of the senior surgeons.

Samuel Henderson, a man who, in appearance, might be 30, was admitted into the Medical Wards, under the care of Dr. Brown, with laryngitis, about the beginning of March. The usual treatment was pursued; he was blistered, had diaphoretics, but with only occasional relief. On the morning of the 6th of March, he had a severe attack of orthopnea, threatening suffocation. His face was livid, and pulse not to be felt. A consultation was held in the course of the forenoon, when it was resolved, to prevent such a return of the disease as might cause death before relief could be afforded, to perform the operation of laryngotomy. Respiration was at this time wheezing and laborious. On looking into the mouth, the epiglottis was seen thickened, fauces generally swollen, though clean. Pulse 120, with thirst and foul tongue.

An incision, one inch and a half in length, was made perpendicularly through the integuments over the larynx. Dr. Cowper says in his report, that at this part of the operation a small vein appeared, which was pushed aside with the handle of the scalpel. The branch of the superior thyroid, which passes into the larynx between the cricoid and thyroid cartilages, was shortly afterwards cut, and poured out a considerable quantity of blood. The operator was searching for the mouth of the vessel with his tenaculum, when the patient was seized with so violent an attack of dyspnea, as to threaten death. The crico-thyroid membrane was, therefore, immediately cut, without waiting to secure the artery, and a wire introduced to draw asunder the lips of the wound. The vessel ceased to bleed. The patient was almost instantaneously relieved. On the 7th I did not see the patient, but the report states, that he had passed a good night; pulse 120. He went on gradually improving till the 10th, when the wound was found closed with mucus. He breathed easily, however, through the larynx, without apparently suffering the smallest uneasiness. On the 11th the wire was withdrawn, and the edges of the wound brought together by adhesive plaster.

Every symptom of the disease had, to all appearance, subsided; the wound had closed, and was going on favorably the morning of
the 30th. At half past 11, A. M. on that day, he had a rigor, followed by violent orthopnea. At 1, P. M. a consultation was held by the attending surgeons, and, in their opinion, laryngotomy was again necessary. It was accordingly performed, by opening the cicatrix of the former wound. It was followed by immediate relief. During the day, six grains of calomel, and three of opium, were given him; ten leeches were also applied to the right side of the larynx, to which part he principally referred his uneasiness. On the 31st, his pulse was 84, with severe pain on right side of the larynx on pressure. Leeches were again ordered. 

R. Submur. hydrar. gr. ij.; Poly. opii, gr. ss.; M. ft. pil. ter in die sumenda.

April 1. Pulse still 84. He had passed a good night, and complained less of the pain in right side of the larynx, but had a severe cough, for which he was ordered the common mucilaginous mixture, and to continue the pills.

3. The pills were this day discontinued. He continued gradually to improve, and every symptom of danger having disappeared, the wire was removed on the 10th, and a silver tube inserted in its place. Till the 25th, there was little or no variation in the treatment. The patient’s health had considerably suffered from confinement; it was therefore necessary to give him tonics. At this time he breathed freely through the larynx, the tube being filled with mucus. The left submaxillary gland was considerably enlarged, from the irritation consequent on the presence of the foreign body. Eight leeches were applied to it.

May 27. Since last report, there has been scarcely any change, saving in the inflamed gland, which has suppurated. The tube was removed, and the wound dressed with simple dressings. The patient breathed freely through the larynx, and appeared to be rather improving in health.

June 4. He was dismissed today, though the swelling on the left side of the neck was still considerable. The wound looked healthy. He was directed to go into the country.

William Limpitlaw, weaver, stat. 50; November 7, 1827. The difficulty of breathing in this patient had been gradually increasing for six weeks previous to his admission, but during the preceding eight days it had become violent. The only treatment had been a blister applied over the pained part of the throat.

He was immediately ordered some leeches to the throat, with a dose of calomel and opium, which the consulting surgeons thought would abate the violence of the symptoms. The relief, if any, was but temporary, for at 9, P. M. he was seized with so violent a fit of dyspnoea, that it became necessary to perform laryngotomy. A wire was inserted, as in the preceding case, and fastened by pieces of tape, which were carried round the neck, so as to evert the edges of the wound, and afford a free passage for respiration.

November 14. Every thing went on favorably in this patient, saving a fit of dyspnoea on the 12th, from accidental derangement of the wire. To-day, however, an ulcerated perforation in the velum pendulum patati was observed, for which a
Aqua, 3 j. ; solv pro lotio fauci.

21. The purging was gone. He was ordered a blue pill every evening, and to continue the lotion.

28. As the symptoms of the disease had now in a great measure disappeared, the wire was withdrawn, but he breathed so laboriously, that it was found necessary to replace it immediately. Cont. lotio ; cap. pil. hydrar. 1, o. n.

December 6. The same experiment was tried, and though he breathed easier through the larynx than at the preceding trial, the edges of the wound being brought together by adhesive plaster, respiration was still too laborious to admit of the wire being removed.

18. The experiment was repeated, but after breathing ten minutes with apparent ease, he was seized with a sudden fit of dyspnea, and the wire was again introduced.

This patient was dismissed early in May, breathing through a tube* with ease, but, as might be expected, unable to articulate. From December, till the time of his dismissal, the only circumstances interrupting the progress of his recovery, were the injection of a hydrocele, and a slight attack of fever, approaching in its type to the intermittent, to which he had become subject, since serving as a soldier some twelve years before in Malta. It disappeared in a few days, under the use of the sulphate of quinine, and extract of cinchona.

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BOSTON, TUESDAY, OCT. 21, 1828.

On Monday, the 6th, the Massachusetts General Hospital was visited by the venerable patriarch of the medical art, Dr. Holyoke, of Salem, now over one hundred years of age. He carefully examined every part of the Institution, and made occasional comments thereon. The improvements in surgical instruments excited his particular attention; and after being informed of the mode of using them, he was much gratified at the changes which had been made. Examining various patients with fractured limbs, he commended the position in which they were placed, and advised that in fractures of the legs the limb should be somewhat elevated,—stated a case of fracture of both bones of the leg, placed in this position, in which, at the end of three weeks, while the dressings were off, the patient slipped out of bed and got on his legs, while the Doctor turned round a little. The warm and cold baths, the sea water and sulphur baths, each attracted his attention. He examined minutely the arrangement made for the comfort of patients with broken limbs in the particular construction of their beds. The culinary apparatus; that for cleansing, washing and drying clothes; the mode of supplying the establishment with water; and the apothecaries' department, all underwent his observation. After completing his investigation, on taking leave, he said to the visiting committee, "I find everything here in beautiful order; I know not how it could be improved."