

obtain complete bony ankylosis. In speaking of the constitutional treatment when profuse suppuration occurs after excision, Mr. Jones makes a practical observation which is entirely conformable to our own experience :—

“In not a few cases,” he says, “the author has found diarrhœa supervene in this suppurative stage, no doubt from systemic poisoning; this not to be remedied by astringents, but by quinine in large doses. It would not be desirable to arrest suddenly this elimination of poisonous material.”

Mr. Jones has now done altogether thirty-two knee-joint excisions; recovery has followed in twenty-one instances, and death in five, while five cases are still under observation, and in one subsequent amputation was found necessary. The mortality of his terminated cases has been therefore 18.5 per cent., a proportion considerably less than that given by Penières for all ages.

The *Surgical Report*, for 1871, is contributed by W. ANDERSON, F.R.C.S., and contains sub-tables of surgical operations, and of cases of strangulated hernia, erysipelas, pyæmia, tetanus, reactionary and secondary hemorrhage, etc. It conveys, as usual, a great deal of practical information in a very condensed form.

The “new series” of St. Thomas’s Hospital Reports, which now bids fair to be permanently successful, already takes rank with those which have been longer established, as a series of great value and deep professional interest.

J. A., JR.

ART. XVII.—*The Liverpool and Manchester Medical and Surgical Reports*, 1873. Edited by S. MESSENGER BRADLEY, F.R.C.S., P. M. BRAIDWOOD, M.D., REYNOLD HARRISON, F.R.C.S., WALTER WHITEHEAD, F.R.C.S.E. 8vo. pp. xviii. 216. Manchester: J. E. Cornish, 1873.

THE present volume is an amalgamation of the Liverpool and the Manchester Reports, and we regret to find that it affords no evidence of increased literary strength from this union.

According to our custom we shall first notice the medical papers of the volume, and afterwards those specially pertaining to surgery.

The first article is *On Climate and its Influences*; by THOMAS INMAN, M.D., and is a cursory, yet pleasantly written notice of the various places on the south coast of France and west coast of Italy, which are usually resorted to by consumptives.

Dr. WILLIAM ROBERTS offers some *Clinical Remarks on Hydatid Cysts*, based on the examination of six cases. He finds that the fluid of hydatid cysts varies in character according as the cyst contains living or dead echinococci. If the echinococci be living, the fluid is limpid, colourless, or faintly opalescent, with small white granules (broods of scolices or echinococci heads) floating in it, and may be slightly albuminous. When the parasite dies, the fluid rapidly changes; it becomes largely albuminous, and afterwards loses its transparency and becomes thick, white, and opaque, so as to resemble pus in its naked eye characters.

In a case of hydatid of the liver, Dr. Roberts used large doses of iodide of potassium, as much as thirty grains three times a day, with the result, apparently, of destroying the parasite. The tumour had been steadily growing up to the moment when the patient began to take the iodide, and even for ten days after; then diminution and retrogression commenced, and went on progressively,

though very slowly, until the cyst had entirely disappeared. This result certainly demands the trial of the drug in similar cases.

Mr. WILLIAM CARTER contributes *Notes of Cases*. The first is on the good effects obtained in a case of local paralysis, by the hypodermic use of a concentrated solution of strychnia. The largest amount injected at any one time was three twenty-fifths of a grain. When a concentrated solution is hypodermically injected, the effects are believed to be more local than when it is more diluted, and consequently, what would at first sight appear to be dangerous doses, may be thus administered without the system generally being injuriously affected.

Following the above are notes of a case of paralysis of the expiratory muscles from the pressure of ascitic fluid, in which the induced current was applied over the abdominal walls and lower intercostal muscles, with marked benefit. Some observations are also given on the use of digested milk in cases of great irritability of the stomach; on the tincture of veratrum viride in acute rheumatism; and on a case of hernia into the pericardium.

Dr. HENRY BARNES is the author of a very interesting article *On Eclampsia Nutans*—a peculiar convulsive disorder occurring in children, and characterized by paroxysms of rapid and involuntary bowing or nodding of the head. This disease is of very rare occurrence and does not appear to have attracted the attention of physicians until about thirty years ago. The first case believed to be recorded is one by Mr. West, of Tunbridge Wells, England, who in the *Lancet* for February 13, 1841, gives a description of the disease as he observed it in his own son (see *American Journal of Medical Science* July, 1841, page 187).

Dr. Barnes has been able to find the record of but eight cases, and from a careful study of these, together with a case which recently occurred in his practice, he inclines to the belief that the disease is closely allied to epilepsy, an opinion which is confirmed by the efficacy of bromide of potassium in Dr. Barnes's case, and by the fact that it, like epilepsy, leads to impairment of the intellect. The convulsive paroxysms vary in frequency from one to fifteen in the twenty-four hours, and, in severity, lasting for a few seconds or a few minutes. Usually, at the commencement of the attack, the movements are slow and more like ordinary salutations, hence the name *salaam convulsions* once given to it; but as the disease progresses they become frightfully rapid, and when severe often cause fatal exhaustion. The earliest age at which the disease has been noticed is four months, and the oldest case recorded was six years. The worst attacks come on after sleep; but even in these consciousness is not lost, but the child seems bewildered and frightened. Children of both sexes are equally liable to the disease, and it appears to be independent of dentition. This affection may come on suddenly without premonitory symptoms; in other cases, headache, drowsiness, a heavy and peculiar look about the eyes, and strabismus have been observed. After it has lasted for some time, the general health usually becomes affected, and there is great debility. In bad cases other convulsive movements become added, such as bending forward of the body, convulsive jerking of the arms and legs, and frequently the muscles of the face become affected, especially the orbicularis palpebrarum. Occasionally general convulsions intervene, and then great impairment of the mind or complete idiocy usually terminates the case.

As none of the cases died during the progress of the disease, nothing is known of its morbid anatomy. The treatment used has been various and unsatisfactory, but the result obtained in Dr. Barnes's case points to the efficacy of bromide of potassium.

Mr. FRANCIS VACHER, of Birkenhead, offers some *Remarks on a New Mid-wifery Forceps*.

Dr. RICHARD CATON contributes *Notes on the Use of some of the Newer Therapeutic Agents in the Diseases of Children*. Dr. Caton has found pepsin of great value in that form of dyspepsia of infants in which milk is not digested. The second drug particularly experimented with is the tribasic phosphate of soda of the British Pharmacopœia. When the symptoms termed "bilious" are present, in jaundice, in those states of the system where it is obvious that neither assimilation nor the excretion of waste material is being performed properly, Dr. Caton has found great advantage from the use of the phosphate of soda. Chlorate of potash he has found serviceable in stomatitis, aphthous conditions of the mouth and throat, and ulceration of the tonsils. Sulphurous acid in the form of spray he has used in several cases of diphtheria, with apparent advantage.

In the numerous cases in which cow's milk is vomited by infants, after much pain and distress, in the form of hard curds of the size of a finger, Dr. Caton has derived great advantage from following Prof. Vogel's recommendation that two or three grains of the carbonate of soda be added to each bottle of milk. By thus making the milk slightly more alkaline, the sodium-albumen or casein forms a loose and easily digested coagulum, like that of human milk.

On Certain Forms of Visceral Neuralgia is the title of an article by Dr. CLIFFORD ALLBUTT, of Leeds. It appears that the author is more fortunate than most of his brethren in finding neuralgia "to be one of those [diseases] most amenable to palliative and curative interference." "Subsidiary remedies apart," he says, "it would be hard to find better antidotes against any human suffering than we have against nerve pain in quinia, in iron, in arsenic, in the hypodermic use of morphia, in the continuous battery current, in change of climate, and in a well-ordered diet."

In the present paper Dr. Allbutt writes especially of gastralgia and ova-ralgia. In the treatment of the former he recommends that the diet should be liberal and taken in small quantities at frequent intervals. All causes of "wear" must be removed and where anæmia exists, iron and aloes should be given, and quinia and strychnia in small doses makes a "capital chronic medicine for gastralgia." But of all the remedies "arsenic is king." Dr. Allbutt always prescribes Fowler's solution in any simple water, a dose of which, containing three to five drops of the solution, is taken largely diluted thrice daily with meals, and should be carefully pushed to the edge of its physiological effects. The only palliative remedy of any importance is morphia used hypodermically and ether and chloroform given internally in small doses.

In iron and arsenic, as chronic remedies, and in quinia or hypodermics of morphia, as immediate remedies, Dr. Allbutt says we may find a tolerably sure cure for neuralgia.

In the succeeding article *On Cephalotripsy*, Dr. J. WALLACE states that he feels sure that this operation, skilfully performed at the proper stage of labour, will very considerably reduce the maternal mortality, not only because of its superiority over the older operations, but, also perhaps, for the same reasons that craniotomy and the crotchet in the hands of some accoucheurs are very much less fatal than in the hands of others.

In an article on *Induction of Premature Labour*, Mr. WALTER WHITEHEAD attributes almost all the failures which have attended Barnes's method to the bougie escaping from the uterus before it has fulfilled its object. To obviate this Mr. Whitehead attaches the bougie to an air pessary with the hope of ful-

filling two objects, 1, to keep the bougie in the uterus; 2, to dilate the vagina and thus facilitate the ulterior stages of labour by acting as an additional excitant; and, moreover, expanding the channel through which the head is to pass. Mr. Whitehead has tried this plan in six cases, and found it safe and efficient.

Mr. J. CAMPBELL BROWN writes *On Butter* and the mode of analyzing it. A subject which may be interesting to a number of medical readers, but in a volume of hospital reports, is certainly out of place. I. M. H.

The first surgical paper we notice is one by Mr. THOMAS WINDSOR, *On the Use of Atropine in the Treatment of Short Sight*. Mr. Windsor's attention was first directed to the subject by the writings of Professor Schiess, some of whose statistics and conclusions are given. We are told, what has long been known to oculists, that most myopic eyes are diseased, which is in direct opposition to the wide-spread general opinion that near-sighted eyes are especially good to last—an opinion which the observations of ophthalmologists should entirely dissipate. Myopic elongation of the globe is very often preceded, in the experience of Messrs. Windsor and Schiess, by spasm of the ciliary muscle, which they have found can be overcome by the methodical continued use of atropia, and the elongation of the eyeball, due to strained accommodation, can thus be prevented. The conclusions arrived at are: "1. Slight myopia may be entirely due to spasm of the ciliary muscle. 2. Many cases, in which the eye is elongated, are accompanied and made worse by spasm of this muscle. 3. After some time spasm is replaced by elongation. 4. Spasm of the ciliary muscle may be removed by the methodical use of atropia. 5. Myopia may be cured in some, and its increase prevented in other cases by this treatment."

As an appendix to his paper in the previous volume of the Manchester Reports on *The Urethral Douche*, Mr. WINDSOR refers to the authors who have preceded him in writing upon the same subject, namely, M. Reliquet, Dr. A. Hewson, and Mr. A. E. Durham, giving to them a full meed of credit for their investigations, though he still thinks that his own plan of applying the principle is the best. The addendum is a graceful one, and was needed. Mr. W. is both a forcible and pleasing writer, and we should gladly see longer contributions from his pen.

Mr. JAMES TAYLOR, Surgeon to the Chester General Infirmary, contributes *A Method of Treating Wounds, with Cases*, said method consisting in leaving them to the unaided powers of nature, as was long ago advocated by Mr. Teale, of Leeds. The results reached by Mr. Taylor appear to have been such as would be looked for by any well educated surgeon, who is in the habit of placing dressings upon recent wounds for the protection they afford and who expects that they will be curative only in so far as they allow nature to act unimpeded.

Mr. W. MACFIE CAMPBELL narrates the results of the *Treatment of Amputations by Cotton-Wool* in the Northern Hospital. The method of M. Guérin was somewhat modified, the wounds being brought together by sutures and covered with a carbolized dressing before their envelopment in the wool. Our own limited experience with this dressing leads us to endorse Mr. Campbell's statement that it is exceedingly important that *all* bleeding should be stopped, and the wound allowed to glaze, before it is done up in the wool, as, in those cases where no oozing took place the results were favourable, but where the discharge was sufficient to soak through the dressing and make its speedy removal necessary no advantage appeared to attend its use.

The next article is styled *A Case of Rare Vaginal Abnormality* (!), by RODERICK MACLAREN, M.D., Surgeon to the Carlisle Dispensary. The abnormality was a

longitudinal septum extending from a short distance behind the hymen to the os uteri, to one lip of which it was attached, so that on one side there existed a narrow vagina which communicated with the uterus, while on the other was a canal terminating in a cul de sac. As the presence of this septum appeared to cause inconvenience and would only admit of the introduction of two fingers into the vagina at once, it was removed by scissors, and by keeping the parts distended with a tampon, a vagina sufficiently capacious to suit the ideas of the patient and her surgeon was easily obtained. There was no evidence of a divided uterus.

The next surgical paper is *On the Extirpation of Enlarged Lymphatic Glands*, by RUSHTON PARKER, F.R.C.S., who advocates the removal of scrofulous glands early, before softening has occurred, because the treatment is the shortest, it is certain to get rid of the manifestations of the disease, and the resulting cicatrix need be simply linear, which is greatly preferable to a puckered scar. These conclusions are based upon twenty-six operations on sixteen patients. Of the latter, seven were well in two weeks; four in three weeks; two in four weeks; one in five weeks; one in ten weeks, while one had not recovered in six months. In view of the often long persistence of these cases, the results obtained are gratifying and such as should induce us to give the claims of the proceeding due consideration; especially is this so when we know that the operation is endorsed and practised by so eminent a pathologist as Billroth. The operation is best restricted to those cases where the gland has been long enlarged without change of consistence, and where the tissural connections are free.

DR. WILLIAM ROBERTS treats in the next article of *Exploring and Tapping* by means of a modified hypodermic syringe. Various sized canulas are used, and should the evacuation go on slowly we are advised to attach an India-rubber tube, filled with water, to the base of the canula and allow the accumulation to be emptied by the siphon while the patient lies comfortably in bed. Dr. Roberts has also found that small portions of semisolid tumours can be coaxed through the canula into the barrel of the syringe by pumping, and thus made available for microscopic inspection; we would only say in passing that semisolid tumours are very apt to be excited into much increased activity by any method of exploration. Illustrations of the instruments are given.

Notes on Syphilis, by S. M. BRANLEY, F.R.C.S., are continued from the second volume of the Manchester Reports, and two cases are reported in which very mild secondary symptoms followed sores which were unaccompanied with induration or multiple adenopathy. From this text is argued the unity of the syphilitic poison, which it is thought important to establish as a step towards proving that syphilis may be converted into struma, cancer, etc. A little further on is recorded a case of bubon d'emblée, or rather a case in which the initial lesion in a woman was not discovered. By reasoning, which we confess to be beyond our powers, Mr. Bradley argues that, admitting the fact of bubon d'emblée, which he takes it for granted has been established by his case just cited, we must admit the unity of syphilis. Why? Because "if it is possible to infect the system with syphilis through an unbroken cuticle, it must be possible to infect the system through *any* kind of local sore," the conclusion is certainly true, *provided* true syphilitic virus is brought into contact with the sore, nor did we know that any one denied the fact, but Mr. B.'s forte appears to lie in setting up lay figures which he batters like a veritable Quixote.

MR. GEORGE SOUTHAM, Surgeon to the Manchester Royal Infirmary, narrates an instance of *Dislocation of the Patella on its Edge* produced in the person of

a man of twenty, by wrestling. The luxation was reduced by bending the rigid limb, after the administration of chloroform; but it was found necessary to apply an elastic knee-cap for some time afterwards to counteract the relaxation of the ligaments. Reference is made to the literature of this rare form of accident and the article though short is one of interest.

Next in order is a case of *Ligature of Subclavian Artery, for Axillary Aneurism*, by J. W. SROCKS of the Salford Hospital. After the failure of prolonged attempts to effect a cure by pressure, the vessel was ligated in its third part by a carbolized catgut ligature and dressed antiseptically. The patient died on the twelfth day from asthenia with some solidification of one lung though the pleura was uninjured by the operation. The point of special interest, in the case is the fact that though the artery was closely constricted above the aneurism and filled with a fibrinous plug, the ligature itself had disappeared entirely, thus furnishing another instance in proof of the value of carbolized catgut.

JAMES ROSS, M.D., writes upon *The Origin of Cancer*, taking it for granted that there always exists an hereditary predisposition and that it springs neither from contagion nor inoculation. Dr. Ross states that his object is "to show that cancer may have been developed from innocent epithelial growths, by continued irritation acting upon these growths as they appear in a succession of individuals, and causing them to deviate further and further from healthy tissues." This semi-Darwinian position is supported by specious reasoning, which, however, does not admit of abbreviation.

MR. DAVID J. HAMILTON, of the Northern Hospital, Liverpool, gives some lucid directions for the application of *Some of the More Recent Methods of Treating Wounds on Antiseptic Principles*, founded upon the observation of more than three thousand cases. An ardent admirer of the system, he thinks the field of operative surgery has been enlarged by its introduction, and that with its skilful and universal application pyæmia and erysipelas will become things of the past. We are warned against allowing the stronger solutions of the acid to touch the raw surfaces, lest we destroy not only the poisonous atmospheric germs, but the vitality of the normal plasma itself. The whole system may be condensed into a few sentences; close the wound after washing it with a weak solution; protect it from direct contact with the acid which should be placed outside the protective so that an atmosphere of carbolic acid will surround the part, and germs of disease must first pass through it before they can reach the wound; all the dressing must be done under a carbolized spray from some form of atomizer. As will be seen the system(!) is based upon the supposition that man is only defiled from without, never from that which is within.

We notice next an interesting case by Mr. EDWARD LUND, Surgeon to the Manchester Royal Infirmary, where *A Knife was Swallowed and Passed through the Abdominal Walls* nine weeks afterwards. A female twenty-six years old, during an attack of delirium tremens, swallowed a dessert knife, the metal part of which measured six inches and a half. Eight weeks later a globular swelling made its appearance in the right side nearly on a level with the umbilicus, and the sharp edge of a foreign body could be felt distending the skin, which was freely movable over the tumour. After some days the blade of the knife protruded through the skin, and was easily removed by slight traction without additional incision. The ivory handle had been entirely digested and the extremity of the blade was rendered very thin by the action of the gastric juice. The nervous shock was considerable at the time of the removal of the offending body, but a good recovery was made without the formation of a gastric fistula.

The next paper by E. R. BICKERSTETH, Surgeon to the Liverpool Royal Infirmary, is also one of very great interest, being the history of a case of *Gluteal Aneurism*, which occurred in the person of a seaman who had three years previously, in Japan, fallen upon a sheath knife. Severe bleeding had occurred at the time of the accident, but the small wound being closed with sutures rapidly healed, and an extensive aneurism resulted. Three weeks before his arrival at Liverpool from Rotterdam the old cicatrix burst, and a quart of blood was lost; but the wound again healed. When seen by Mr. Bickersteth a pulsating tumour, the size of a child's head, existed in the right buttock, and there was no doubt about the diagnosis. Relying upon the aortic tourniquet to control the hemorrhage, on the 21st of March, Mr. B. made an incision into the sac nine inches long, from the anterior crest of the ilium to the tuberosity of the ischium, and, having turned out the clots, found the gluteal artery cut across at its point of emergence from the pelvis. With some difficulty carbolized catgut ligatures were applied to both ends of the vessel, and the large wound was brought together with many points of suture. On the 22d day of April, the patient left the hospital well, to return to his duties. We congratulate Mr. Bickersteth on this exceedingly happy termination to so serious a case, and think with him that the aortic compressor affords a very valuable aid, which those who meet with similar cases will do well to avail themselves of.

We deem it our duty in this connection to refer to the case published in the eighth volume of *Saint Bartholomew's Hospital Reports* (see preceding number of this Journal, p. 195), by Mr. Holden, where fatal secondary hemorrhage followed the ligature of the femoral artery by a carbolized catgut ligature, after extensive suppuration in the wound which was treated on antiseptic principles.

In some *Remarks upon the Shape of English Skulls*, Mr. BRADLEY tells us that his observation of European skulls has abundantly confirmed the view of Prof. Owen advanced some years since, that the marked uniformity evident in West African skulls can be fairly considered to depend upon the uniformity of pursuits in that locality; but Mr. Bradley concludes that the effects of civilization are evident even in the most debased and vicious portions of the community, for the heads of sixty-six prisoners in the Manchester gaol, examined by him, presented very marked variations.

Mr. GEORGE E. WALKER, Surgeon to St. Paul's Hospital, Liverpool, follows with *Cases of Night Blindness and detached Retina*, two of each kind being narrated. Arguing from the fact demonstrated by Dr. Brown-Séquard some years ago, that strychnia dilates the capillaries of the spinal cord, Mr. Walker thought that the same effect might be produced in the eye ground when the circulation is known to be sluggish, and accordingly tried the remedy both by the mouth and dropped into the conjunctival sac, as he thinks, with some benefit, though to us the results obtained seem somewhat indefinite.

D. LLOYD ROBERTS, M.D., F.R.C.P. (Lond.), records *A Case of Cyst removed by Abdominal Section*, which had no connection with either the uterus or ovaries. It was covered with peritoneum, being bound down by it posteriorly; there was no pedicle, but an abundant vascular supply was derived directly from the investing serous membrane. Catgut ligatures were applied to the divided vessels, and the patient made a good recovery. The cyst was filled with a clear colourless fluid, feebly albuminous, with a specific gravity of 1.004. The tumour weighed $17\frac{3}{4}$ pounds, and was regarded by Dr. Roberts as a non fecundated ovule which had escaped into the abdominal cavity.

Another paper entitled, *Case of a Foreign Body in the Bladder with Stricture of the Urethra*, by Mr. LUND, concludes the surgical essays. An engineer

aged thirty-three. had suffered from stricture for thirteen years, and for the last four had been in the habit of passing bougies himself. Having used a flexible No. 3, instead of a number 4, while the bladder was very full, the bougie slipped from his grasp and disappeared, the ivory knob remaining in his hand; after five days he began to experience pain upon urinating, which increased until the advice of a surgeon was sought. Mr. Lund, aided by the history of the case, detected a soft foreign body in the bladder, and as soon afterwards as the business of the patient permitted, undertook an operation for its removal. Six ounces of water were first injected into the bladder through a small catheter, and the stricture was split by a Holt's dilator. A small sized Coxeter's lithotrite was then introduced, but the foreign body could not be felt—ultimately, the bladder having been partly emptied, the offending substance was found, caught between the blades of the lithotrite and easily withdrawn entire, there being very little deposit on it. The patient was treated as recommended by Mr. Holt for a ruptured urethra, and did well until the fourth day, when, as Mr. Lund thinks, owing to imprudent exertion, severe urethral fever was developed, which went on to the formation of pyæmic abscesses. After a serious illness, prolonged through five months, the patient recovered with the stricture cured. The case is interesting as an illustration of that connection between urethral fever and pyæmia which has attracted the notice of surgeons for some years back. We ourselves would have preferred passing a small staff into the bladder, and removing the foreign body by an external incision, to dragging it through an already lacerated urethra, and can feel no surprise that the latter proceeding was followed by such severe symptoms.

A *Table of Major Operations* performed during twelve months at six hospitals in Liverpool and Manchester, possesses no value and requires no comment.

In commenting upon the volume of last year we expressed the hope that such a field as Manchester, with improved tillage, would yield better fruit, but it would seem that the efforts of the Lancashire surgeons have been directed to increasing the size of their plot rather than to improving the opportunities they already had. To form an imposing annual volume out of short articles or reports of solitary cases, which would find their fitting place in a weekly journal, seems but a poor policy, and one that cannot long survive, no matter how well supported by thick paper and well-leaded type.

S. A.

ART. XVIII.—*Fourth Annual Report of the State Board of Health of Massachusetts.* January, 1873. 8vo. pp. xiii., 473. Boston, 1873.

THOSE readers who retain any recollection of our remarks upon the reports preceeding this one, will hardly need to be told that the present volume is a work of great value and extreme interest. The composition of the Board is the same as at the issue of the third report, and with but one exception, the same as the year previous. Dr. Henry I. Bowditch as Chairman, and Dr. George Derby as Secretary, again exhibit their peculiar adaptedness to their positions. As in previous reports, investigations of particular subjects have been committed to men of known eminence in their several departments. Experience and fitness thus continue to govern the constitution and the appointments of the Board.

In their general report, the Board briefly state the principal matters that have engaged their attention during the past year, advert to the results of former