

ease, cleanliness, and safety of administration more than compensate for their slightly retarded action. They are specially valuable in the treatment of those phenomenal children who have an invincible repugnance for medicine in any form, and who manage to spit it out or vomit it up, notwithstanding all sorts of threats and caresses. Medicated suppositories will in these cases relieve the parents as well as the patient, and make the doctor's life more bearable. The main indication for rectal medication in cutaneous as well as other diseases is inability of the stomach to receive or retain the medicine needed to restore health. As this is the only criterion, it is obvious that it would be impossible to enumerate the affections of the skin in which rectal medication would be valuable and those in which it would be useless. Every case must be judged in accordance with its own requirements.

If the symptoms present are such as are usually antagonised or removed by the systematic action of a certain drug, and the gastric mucous membrane is so disordered that that drug is immediately rejected by vomiting, our duty is to endeavour to procure its absorption in another manner, rather than to discard it and search for another remedy.

In many cases of syphiloderma mercury will not be tolerated by the stomach, and the patient's habits or business affairs are such that inunctions, hypodermatic injections, or fumigations cannot be employed. In these cases I have repeatedly witnessed the disappearance of the eruption and the recovery of the patient from the employment twice a day of suppositories containing half a grain of calomel or a quarter of a grain of the protiodide of mercury. Infantile syphilis may be effectually treated in the same way, reducing the quantity of calomel to one-twelfth of a grain, and the protiodide to the one-twentieth or the one-hundredth part of a grain. The bichloride or any of the other preparations of mercury may be substituted in appropriate doses.

Scrofuloderma is almost invariably benefited by cod-liver oil, but patients are occasionally met with who are unable to take it in any form. In two mild cases of this disease under my care recently, in which this idiosyncrasy was extreme, I effected complete cures by the employment of rectal enemata of one ounce of cod-liver oil every night, continued for five weeks in one case and in the other for two months.

Erythema multiforme and erythema nodosum, when due to malaria, are usually accompanied by so much gastric irritability that even water is vomited as soon as it reaches the stomach. Twenty grains of quinine, made into a suppository and inserted in the rectum, will relieve all the symptoms in a few hours.

Urticaria nodosum, a somewhat similar affection, will promptly yield to the same treatment. Urticaria simplex, due to the presence of fermentative or irritating material in the gastro-intestinal canal, can be more speedily relieved by the rectal injection of an ounce of castor oil and an ounce of glycerine than by any other method.

Erythema intertrigo, when produced by the irritation of diarrhoeal discharges, can frequently be removed almost immediately by the use of a single suppository containing a small quantity of opium combined with from five to twenty grains of a vegetable astringent like geranium or hamamelis.

Pruritus ani is often due to an cedematous condition of the tissues around the anus. In this event antipruritic lotions and ointments can be of only temporary utility, and occasionally aggravate, instead of alleviating, the patient's sufferings. A suppository containing ten grains of powdered geranium or ten grains of quercus alba will dissipate the cedema and banish the itching. Pruritus vulvæ and general pruritus are occasionally traceable to disorder of the anal nerves, and can then be almost magically relieved by the employment of suppositories composed of half a grain of opium and half a grain of extract of belladonna, or half a grain of opium and five grains of chloral; ten grains of quinine and half a grain of extract of cannabis indica is also useful. Arsenic and antimony are of incalculable benefit in many cases of psoriasis, but they frequently disorder the stomach so much that their administration is suspended before the eruption is removed, and some less potent but less irritating remedies substituted. My experience has convinced me that to discontinue their use under such circumstances is an error. They can be given with advantage in the form of suppositories. Care must be taken, however, to have them evenly divided throughout the mass, and to employ at least one-twentieth of a grain of arsenious acid or arsenite of sodium in each suppository, one to be used from one to five times a day.

Iodide of potassium is of great service in many cases of subacute and chronic eczema, but its peculiar recurrent taste and the additional eruption which is occasionally developed by it limit its employment; if it be given in small doses in the form of suppositories these unpleasant drawbacks will be rarely observed. There are some cases of obstinate eczema in which rectal enemata of cod-liver oil will be more successful than any other remedy. Ichthyosis may be signally palliated by the same method. Many other cutaneous affections might be mentioned in which rectal medication will prove valuable, but I prefer to limit my remarks to those in which I have realised its value by practical experience.

Philadelphia.

CONTRIBUTION TO ENDOCRANIAL SURGERY.¹

By F. DURANTE,
PROFESSOR OF SURGERY.

IN May, 1884, C. B.—, a woman, thirty-five years of age and a native of Narni, came under my care. Her general appearance was good; she seemed well nourished, although not of a very robust constitution. Externally, she showed no abnormality, except as to her left eye, which appeared somewhat low and drawn outwardly, otherwise the movement as well as the functions of the globe were normal. This deformity had manifested itself only within the three months previous to her visit to me. For a year or more however, she had entirely lost her sense of smell, her memory had become impaired, particularly as to remembering names, and she experienced a peculiar sensation of vacuity which caused her to feel uncertain in her movements. Motion, sense of touch, and sensibility to heat and pain remained natural. From her husband I learnt that she had somewhat changed in disposition; that from being generally happy and bright, she had become sad, melancholic, and taciturn, although she did not seem to brood over the state of her health. The senses of hearing and taste, and the functions of the chylipoietic viscera were perfect; also nothing abnormal was found on a close examination of the nasal and pharyngeal regions. The course of the disease, the loss of memory and of the sense of smell, and the objective and subjective state of the patient led me to believe in the presence of a tumour within the cranium, the pressure of which affected the anterior lobe of the brain and paralysed or destroyed the olfactory nerve. Moreover, the displacement of the globe of the eye led me to believe also that the tumour had penetrated the superior arch of the orbital cavity. Such being my diagnosis, I now proposed to the patient an operation that would remove the offending object, explaining to her the gravity of the operation without reserve. She was brave, and she consented.

To reach the tumour it was necessary to make a large opening in the left frontal bone; so with an incision commencing from the inner angle of the left orbit upwards nearly to the hair line as far as the temporal region, I raised all the soft tissue from the bone in a flap. The bone being exposed, with a sharp scalpel and hammer I removed a large portion of it, commencing at the superior orbital margin, inferiorly, and found that the internal parietes of the frontal sinus had been forced outwardly. The dura mater being now exposed, I examined it, and found that it had been perforated by the tumour just opposite the frontal eminence. With great care I now began to scoop out the tumour. As soon as a considerable portion of the tumour was removed, I detected that it did not adhere beyond the internal surface of the dura mater, and that therefore its enucleation was comparatively easy; and then removed it and carried with it all the adherent portions of the dura mater. The hæmorrhage was slight and easily controlled by the hæmostatic, a tampon treated with sublimate. The tumour was lobular, of the size of an apple, and weighed seventy grammes. It occupied the anterior fossa at the base of the left cranium, extending to the right and upon the cribriform lamina, which it destroyed. Posteriorly it extended to the glenoid tubercles before the sella turcica. The left anterior cerebral lobe was greatly atrophied; the

¹ Paper read in the Surgical Section of the International Medical Congress held at Washington, U.S.A., September, 1887.

orbital arch was much depressed, but not perforated by the tumour as I had anticipated. Having stopped the bleeding completely, I now united the wound by first intention, leaving in the cavity occupied by the tumour a drainage tube, which descended to the left nasal fossa through the opening made on the ethmoid by a prolongation of the neoplasm; then I closed the nasal cavity with an iodoform tampon. The operation lasted about an hour. The patient bore the chloroform very well, showing only the weakness following the use of an anaesthetic and attendant upon loss of blood. On the third day she had fairly recovered, and the wound was healing without suppuration. The drainage worked well, a large quantity of serum tinged with blood flowing through it. On the fourth day, however, the patient was overtaken by sudden prostration, was inclined to sleep, exceedingly disinclined to talk, and complained of mental confusion. I then discovered that the drain had stopped during the night, so I at once removed the tampon, replacing it, however, further down the nasal cavity. The effect was good; the serous fluid began to drip again. Not satisfied with this, I applied a gum-elastic "pump" to the external opening, and drew off about thirty grammes of liquid. The flow was thus re-established, and continued all the following day and night. On the renewal of the flow the alarming symptoms disappeared as if by magic. On the seventh day I removed the stitches and the drainage tube, and on the fifteenth day the patient returned to her home, doing very well. She had lost that sensation of vacuity around her person which made her uncertain in her movements, but had not regained her memory or the sense of smell.

Three months after I presented my patient to the Chirurgical Society at its meeting in Perugia in 1884. She was in a happy frame of mind, and willingly related her experience. She stated that now all her faculties and moral conditions were normal, and that she had even regained her sense of smell. This greatly surprised me, for I felt sure that I had destroyed the left olfactory in removing the tumour, which had destroyed the cribriform lamina of the ethmoid. Upon experimenting, however, with aromatic substances, we found that she could only smell with the right, and that the left was totally insensible, its olfactory having been destroyed either by the pressure of the tumour or by the operation itself. The part of the bone which had been removed was now partially reproduced, the cavity in the region of the operation had disappeared, and the eye had regained almost entirely its normal position. The tumour, under the microscope, presented a multiform fibro-cellular structure of sarcoma.

It is now four years since that operation was performed, and my patient is in perfect health. My diagnosis and the operation, apparently so hazardous at the time, are therefore justified by the result. And, though such operations have generally failed, the success of mine should secure proper consideration at the hand of modern surgery.

The progress of experimental pathology and of studies of cerebral localisation every day now smooths our way to the diagnosis of cerebral diseases, so that the cranial cavity may in future justly enter into the dominion of surgery. The frontal and parietal regions can now be successfully attacked by the scalpel of the surgeon, and many affections of the meninges become trophies of rational surgery.

Rome.

CANCER OF THE RECTUM; EXCISION; RECOVERY.

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IN relation to an operation so strongly and universally condemned as that of removal of cancerous disease of the rectum by excision has been by our highest surgical authorities until a few years since, and only quite recently recognised as an admissible procedure, every addition—especially, perhaps, on the side of success—becomes important as a contribution to the statistics bearing upon the subject. With this view I send the following case, in which up to this time—more than ten months after the operation—the success has been perfect in all respects.

In the middle of August, 1886, I attended Mrs. W—in her confinement. She was forty-seven years of age, had

one child six years previously, and had not been again pregnant until the present occasion. She complained during the later period of her pregnancy of piles and of a soft swelling, which proved to be a large mass of varicose veins in the right labium. Gentle laxatives and an abdominal belt gave some relief to these, as well as to the bearing-down pressure of which she also complained. The labour, which occurred at full time, passed off satisfactorily, a large child was born, and she made a good recovery. Early in October I was asked to prescribe for "piles," of which she again complained. Some relief was afforded by treatment, but towards the end of the month her husband called to tell me that the so-called piles were again very bad, and that she had suffered very acutely during and after defecation, with occasional slight puriform discharge. From his description I inferred that she must be suffering from some ulceration of the rectum, and I arranged to visit her for the purpose of an examination. On making this I found a tumour like a pile about the size of a small filbert projecting from the anus towards its left side. On further exposing this, there appeared a jagged malignant-looking ulceration running down its centre. On passing my finger into the rectum, I discovered, extending upwards from the protrusion at the anus, and about an inch from its margin, a hard cancerous mass, with a central jagged ulceration, having raised, indurated, and everted edges, continuous with that at the anus, and extending nearly its whole length. The size of this tumour, which projected considerably into the calibre of the bowel, was about three by two and a half inches; it occupied about one-half the circumference of the bowel and somewhat to the left side posteriorly. I could just get the point of my finger fairly above its upper margin, beyond which, and surrounding the mass, the mucous membrane and subjacent structures appeared to be free from disease, excepting where it extended from its lower margin and became continuous with that portion which projected from the anus—the mass itself being freely movable over the tissues surrounding and external to the bowel. The patient had complained for years of undefinable uneasiness in the lower part of the back, with occasional passing of a little blood, but without pain in defecation. This became more marked during the earlier months of pregnancy, though not especially complained of, and continued up to the period of parturition. Since that period the symptoms became aggravated, with tenesmus and the other symptoms before referred to, which were attributed to piles. She appeared in other respects in good health; stout, but somewhat flabby in texture; of a highly nervous temperament, though otherwise strong; and her constitution presented no indication of being affected by the malady. The sacral and coccygeal glands were unaffected. There was a small, not hard, inguinal nodule in the right groin, which appeared to be quite unconnected with the rectal disease, and to be innocent in character, the glandular system elsewhere being free. Her family history was also exceedingly good. It therefore appeared to me a promising case for excision, and I communicated my opinion to the patient's husband and friends, who, with herself, left the matter entirely in my hands. Before, however, finally deciding upon it, I expressed a desire to have a consultation, and Mr. Ebenezer Davies kindly saw the case with me, and concurred in my opinion. During the period I have referred to, I may mention that the pain was much mitigated and her general condition improved by gentle laxatives and tonics, and by iodoform applied to the ulcer at and a little above the anus.

The operation was performed on Nov. 18th. The bowels having been well cleared, ether administered, and the patient secured in the lithotomy position, the left forefinger was introduced into the rectum, its tip reaching above the diseased mass, and brought into contact with the point of the coccyx. A curved sharp-pointed bistoury was then carefully guided by the finger to this point, thrust through the coats of the bowel, and made to emerge through the integuments in the middle line behind the anus. The intermediate tissues, including the diseased mass itself, were then cut through by one sweep of the knife (Denonvilliers' incision)—a preliminary step in the operation which has so largely contributed to its practicability and success, though its importance has not yet received on all hands adequate recognition. The nates being well separated, two curved incisions were then made, one on either side of the anus, together including about two-thirds the circumference of the bowel, the knife being carried well into the ischio-rectal space. The curve was made wider on