

some months' duration. This, on careful examination, Mr. Paget believed to be cancerous, and he determined to remove it with the *écraseur*. On the 20th of December, chloroform having been administered, the tongue was drawn out of the mouth and transfixed by means of a needle just beyond the boundary of the disease; a twisted wire was applied around it, and then drawn into the handle of the instrument. By steady traction the wire was wholly drawn home, and the growth was completely detached, with scarcely any bleeding.

Mr. Paget afterwards observed that in these operations he preferred a thick twisted rope of wire to the ordinary chain of the *écraseur*, because the former is less liable to break, and is free from any angular irregularities. The patient has done well.

MIDDLESEX HOSPITAL.

NECROSIS OF THE RIBS, FROM OLD PLEURITIS, OF SOME YEARS' DURATION; THIRD OPERATION FOR REMOVAL OF BONE.

(Under the care of Mr. MOORE.)

A MALE patient, upwards of sixty, was recently admitted for the third time for necrosis of the left ribs. He had been subject to it for some four or five years, and underwent two operations on previous occasions for the removal of dead bone. The disease was attributed by Mr. Moore to old pleuritis, and after the second operation the patient became anasarcaous, yet without any albuminous urine to indicate that the anasarca arose from disease of the kidneys.

On the 21st of January he underwent a third operation for the removal of some very small bony fragments, and at the same time a little cretaceous material was taken away in the blades of the dressing forceps, which pointed to the presence of some old chest disease within the thorax at the seat of the necrosis—namely, anteriorly over the sixth and seventh ribs. The probe passed some inches in an upward and outward direction. This last operation promises to be very beneficial, as the necrosis appears to be more limited than it was. He had previously been the subject of abscesses and sinuses around the present seat of disease.

GLASGOW ROYAL INFIRMARY.

POPLITEAL ANEURISM, CURED BY DIGITAL COMPRESSION.

(Under the care of Dr. LYON.)

THE notes of the following case are by Dr. J. B. Russell:—

J. P.—, aged thirty, warehouseman, was admitted on the 18th of September, 1862. Between two and three months ago, after running to catch an omnibus, he observed a slight swelling in the ham-space of the right leg. He had no pain, however, and could walk well enough until five days ago, when, while again running after an omnibus, he was suddenly seized with pain in the same situation—so violent as almost to prevent walking. On examination, a pulsating tumour was found, which had since enlarged, though not rapidly. It filled the ham-space, projected beyond it, and possessed all the diagnostic marks of popliteal aneurism. There was no evidence of disease in the heart or aorta.

The treatment by compression was determined on, with light diet, and an occasional laxative during its practice. From the 19th till the 23rd of Sept., pressure by flexure, after Hart's method, was tried, the arrangement being a broad padded strap over the instep, from a ring attached to which at the heel a bandage ran to a belt round the waist. By tightening this bandage, the heel could be brought as close to the buttock as desired, or as the patient could endure. The pain, felt chiefly at the knee, was found to be so intolerable that flexure beyond a right angle could not be borne for any time. At the end of four days there was no change whatever in the aneurism, and accordingly resort was had to digital compression, to be carried on by relays of volunteers from among the students attending the hospital, who entered into the proposal with great willingness. On the 23rd, compression of the femoral at the brim of the pelvis was commenced and maintained without intermission till night, or ten hours. The tumour had then evidently more consistence, and the pulsation was scarcely so marked. Great pain in the sac, and down outside of the leg. The pressure

was stopped during the night, resumed next morning at ten, and continued without stopping till eight A.M. on the 25th, when it was kept up with intervals of an hour all day. The process of solidification could be traced from hour to hour, and after twenty hours' pressure, pulsation had ceased entirely *in the sac*, though a communicated thrill was perceptible, showing that the vessel was still patent beneath the now solid tumour. No pain felt or other peculiarity in the sensations of the limb; leg slightly cedematous, and the superficial veins congested. On the 26th, pressure having been abandoned during the night, distensile pulsation was found to be slightly re-established. The patient had experienced violent pain in the calf of the leg during the night, and the cedema still continued. Arrangements were accordingly made by which pressure was maintained uninterruptedly from ten A.M. on the 26th, till eight A.M. on the 29th, or seventy hours. During this time thirty drops of tincture of digitalis were administered every four hours, with marked effect on the heart. At the end of the first two hours distensile pulsation stopped, and in a short time afterwards even the communicated thrill could not be felt. The tumour now became hard, and shrank gradually to a third of its original size. The articular arteries—one on each side of the tumour, and one on each side of the patella—could be felt beating much more fully and firmly; but in the tibialis no distinct pulsation was perceptible. The femoral was easily traceable to its descent into the ham-space, but no further. No pain whatever in the leg; no difference in temperature felt by the patient, or perceived by the hand. Still some cedema. Rest to be enforced.

Oct. 8th.—State of things quite the same, excepting the tumour being firmer and smaller. Permitted to leave, with advice to keep the limb at rest for some time.

At the present date the tumour is very much smaller, and the patient can almost quite extend the limb.

The following remarks were made by Dr. Lyon:—Vanzetti practises compression at the apex of Scarpa's triangle (Holmes' Surgery, vol. iii. p. 422), a method which, though not so easy, there being no good point of resistance, is perhaps preferable because of its not interfering so much with the circulation of the limb. In this case, however, not the slightest harm resulted, though the force used was always such as not merely to lessen but to stop the flow of blood, as long as applied. The digitalis was found very useful in lessening the force necessary to do this. No local injury arose from the constant pressure, excepting slight excoriation from perspiration, which was checked by dusting a little flour on the part from time to time. The recurrence of pulsation shows the necessity of keeping up pressure for some time after it has ceased: probably a good rule would be, until the contraction of the fibrin had shown itself in a marked diminution in the size of the tumour, as in this case. The result was complete occlusion of the artery below the sac. The whole treatment consisted of forty-four hours' pressure, with longer or shorter intervals, and seventy at a stretch, and extended over six days in all.

ROYAL MATERNITY HOSPITAL, EDINBURGH.

SANGUINEOUS EFFUSION INTO THE LEFT LABIUM; RUPTURE; CURE.

(Reported by Dr. DAVID MURRAY, Resident Surgeon.)

ON Nov. 30th, at midnight, I was called to see Mrs. C—, who was said to be in labour with her fifth child. The pupil in attendance came to me in alarm, stating that he found a large tumour presenting externally, the exact nature of which he could not understand. On arriving at the house, I found the patient lying on her back with her knees separated; pulse high, slightly delirious, and suffering great pain. On proceeding to examine, the first thing that presented itself was a tumour, larger than a child's head, completely obscuring the external parts, and rendering an internal examination impossible. It presented a dark red, irregular appearance, glistening, tense, and coursed here and there by black lines. I carefully examined the tumour, and satisfied myself that it was limited to the left labium, and was not, as was first thought, connected with the uterus. Being satisfied that the integuments would soon give way, I merely ordered cold cloths to be applied, and an opiate draught to be given. A few hours afterwards, an opening was formed, as I anticipated, and several pints of dark venous blood were discharged, from which the patient derived immediate relief. I ordered the cold applications to be continued, as there seemed to be a tendency to a re-formation of the tumour. I also ordered her to get some

wine and beef-tea, which had the effect of strengthening her pulse. For a few days longer a slight sanguineous discharge continued to come away, but now nothing exudes but a small quantity of serum. In a few days I expect the opening to be entirely closed. The woman was not in labour. According to her account, she felt during the whole of the day on which the tumour formed, slight pains, which she thought to be premonitions of labour; that on rising about ten P.M. to evacuate the bladder she felt something give way, when this tumour, which she took to be the child's head, suddenly formed.

In a future paper I may make a few general remarks on these sanguineous effusions.

Medical Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JANUARY 7TH, 1863.

DR. TYLER SMITH, PRESIDENT, IN THE CHAIR.

A PREPARATION of Concentrated Beef-Tea was exhibited to the Society by Mr. BUCKLE, Culinary Chemist, of North place, Gray's-inn-lane, convenient for administration in cases where expeditious employment of nutritive material is required.

ON VAGINAL LITHOTOMY.

BY DR. AVELING, SHEFFIELD.

The paper commenced by reciting the particulars of thirty-five cases in which this operation had been performed—twelve British, and twenty-two foreign. The author also gave another case, in which he divided the vesico-vaginal septum, and extracted a small rough stone. The wound was brought together with silver wire sutures. Gilt beads were passed over the ends of these, and run down to the lips of the wound. These were kept in position by a perforated shot, also passed over the ends of the sutures, and tightened upon them by a pair of forceps. He proposes in future to use a coil, made by winding a piece of the suture wire round a pin, instead of the beads. The wound healed in a week, and the patient returned to her home in a fortnight.

Mr. SPENCER WELLS congratulated Dr. Aveling upon the successful result of his interesting case, and heartily concurred in the tribute he had paid to the services of Dr. Marion Sims. But he (Mr. Wells) had begun to doubt whether the success which had followed the operation for the cure of vesico-vaginal fistula of late years was so much due to the use of wire sutures as to the improvements which Dr. Sims had originated in the mode of bringing the fistula into view, accurately paring the edges, and bringing them into perfect apposition. Provided the edges of a fistula were thoroughly pared, and kept in close apposition, it was probably of little importance how this was done. A year ago he (Mr. Wells) was as strongly in favour of metallic sutures as anybody; but latterly a wider experience had taught him that it is only after five or six days that wires show any advantage over silk, and before that time the sutures ought to be removed. Then silk offers the great advantages over wire of being more easily applied, of not requiring so large a needle to pass it, of the ends being much less irritating, and of being more easily removed. After many comparative trials on different parts of the same wound with wires of silver, iron, lead, platinum, and aluminium, and with fine catgut, horse-hair, telegraph wire, india-rubber thread, and the fine strong silk known as "Chinese twist," he had become convinced that wires offered no advantage over silk, while silk offered many advantages over every other material used for sutures. In a recent case he had closed a vesico-vaginal fistula by five silk sutures, and perfect union resulted, although no catheter was used. The supposed necessity for the use of the catheter after closing vaginal fistulae, was another error which time was correcting. The urine is by no means so irritating a fluid as some believe. The lower orders use it as a lotion to the eyes and to sore legs; and it certainly cannot differ much from the dilute saline solutions constantly prescribed as astringents or stimulants. The use of the catheter is the most troublesome part of the after-treatment, and often most distressing to the patient. One of his patients really could not bear it, yet she did perfectly well; and lately he had not used it at all, union taking place quite as well as when it was used, and the patient being much more comfortable. With regard to stone in the bladder

during labour being a cause of vesico-vaginal fistula, he had once removed in the Samaritan Hospital a large stone through a fistula before closing it; but it was very questionable whether it could often be necessary to remove a calculus through the vagina when no fistula existed, or to run the risk of making a fistula to remove a stone. Lithotripsy was very easily performed in women; and large fragments of stone passed readily through the short female urethra, so that no form of lithotomy could often be called for. Simple dilatation of the urethra was not likely to answer in any case not suitable for lithotripsy, and its effects are very uncertain—a large stone might be removed and no incontinence follow; but incontinence might follow removal of a very small calculus. The usual aid to dilatation by incising the urethra was still worse. A surgeon of very large experience had told him that he had done it for two adults and seven children, and "they were all dribblers." Where, from some exceptional condition of bladder or stone, lithotripsy was inappropriate, vaginal lithotomy might, therefore, become a valuable operation; but experience was still wanting to show that it was better than, or as good as, the lateral operation so successfully practised by Dr. Buchanan, of Glasgow. The subject was a comparatively new one, and Dr. Aveling deserved the thanks of the profession for the light he had thrown upon it.

Reviews and Notices of Books.

Lectures on Surgery. Delivered in St. Bartholomew's Hospital by WILLIAM LAWRENCE, F.R.S., Serjeant-Surgeon to the Queen. London: Churchill.

It were a far more agreeable task simply to read with respect and attention the lectures which a veteran surgeon gives to the world at the end of three-quarters of a century of active labour in a large field of observation, than to criticize them in the ordinary sense of the word. Take from the title-page the name of this patriarch of surgery, and the subduing influence of his years of experience and fame, and there is much to criticize harshly and unfavourably in the loose, rambling sketches of disease which make up this volume. It is unfortunate, perhaps, for the reputation of its author that it did not appear some twenty years ago, for there is little in it that might not as well have been written then as now; and while failing to add to his store very many of the latest and most important conclusions of modern workers, Mr. Lawrence has retained many opinions, early formed, to which few besides himself would now attach value. This is especially seen in the chapters on Syphilis, where the oldest and most obsolete forms of treatment are described, and a form of classification of venereal sores adopted (p. 387), which is, perhaps, more confused and unsatisfactory than any yet devised. There are other subjects, such as Hydrophobia, which Mr. Lawrence might be expected to handle with the erudition and research of his earlier days; but it must be said that a more lamentably superficial discourse was never printed. The old platitudes are reprinted from surgical authors of twenty years ago. Little enough is known of the subject, and that little is not stated here. Dr. Hartwig's paper in *Hufeland's Journal* (1828) appears to be Mr. Lawrence's chief source, and he altogether ignores the great recent collections of Tamhayn, Netten Radcliffe, and Lewis Smith on this subject. The interesting points connected with the pathological anatomy of the disease, the still prevalent errors as to season, and the recent researches on the effects of woorara and aconite, are not even alluded to; and there are few students possessing a pleasant style and easy diction who could not have compiled a much better discourse by adding the perusal of a few recent treatises to the old edition of Cooper's Dictionary, which might be supposed to be Mr. Lawrence's chief authority. In the same way the subject of Scalds and Burns is skimmed, with the aid of a few common-places such as are to be found in all the handbooks; and no one would suppose that the pathological anatomy of cases of death by burn had ever been investigated. It is not even alluded to; and if any student could pass the College on the subject of burns