with acute Bright's disease, her second attack, the first being one year before, had sickness, pain in the loins, and smoky urine. The pulse on the third day was not strong, and dwelt under the finger and was followed by tension; the apex beat was long, felt one inch to the left of nipple line and five inches from the lower end of sternum; the first sound was loud and prolonged at the apex; the second sound was vibrating, ending in a shock, over the great vessels; both sounds moderately loud. On the ninth day the impulse was less strong, and in the fourth interspace, just below the nipple. On the thirteenth day the second sound was loud over the ventricle, and the two sounds were equal over the great vessels; on that day the urine passed contained 600 grains of urea; the impulse was then lessened and scarcely felt over the right ventricle. On the fourteenth day at the apex the first sound was loud, the second feeble over the right ventricle; the second sound was louder than the first, and still more so over the great vessels. On the twenty-fifth day she got up well. These cases show the influence of Bright's disease upon the heart. The heart was enlarged and the left ventricle distended under the influence of acute Bright's disease; after a few days of rest the heart returned to its normal position and size.

In concluding, I just introduce a case which I shall detail in opening my next lecture. The patient is at present in University College Hospital under Dr. Wilson Fox. On Jan. 29th I received a message from Dr. Fox in a note from Mr. Gould, telling me that a case of acute Bright's disease, presenting doubling of the first sound over both ventricles, had been admitted. I saw the patient with Mr. Gould. We found a very tense radial artery, very loud metallic sound over the aorta, pulsation with the second beat over that vessel to the right of upper sternum, and doubling of the first sound heard over both ventricles and upwards and downwards to a great extent beyond and over the pulmonary artery and aorta; the doubling was more marked than in any case I have yet examined.

ON THE

LOCAL TREATMENT OF CARBUNCLE.

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In a recent number of *THE LANCET* the attention of the profession has again been called to the subject of carbuncular disease, with especial reference to its peculiarities when manifesting itself on the face. As I have quite recently had under my notice and care an example of this serious form of the affection, in which I happily succeeded in cutting short its progress, and to all appearance aborted it in its early stage, I wish to record the treatment adopted, and (from the experience I have had in several instances of carbuncle located elsewhere) to express my conviction that this method offers greater advantages than perhaps any other in the management of these important disorders.

In a short communication published in *THE LANCET* for Dec. 11th, 1869, I recorded the particulars of a case of extensive carbuncle of the back of the neck which I had treated by the free application of carbolic acid to the diseased part, and especially by its free insertion into the holes and sinuses which had formed, as is usually the case, over the central portion very early in the course of the disease. An experience since that time of two or three cases of large carbuncle and of many cases of carbuncular boils, treated by the same method, has proved to me that the action of this remedy is so definite and so constantly beneficial that I have no hesitation in recommending it to the favourable notice of the profession.

My recent case was this:—A gentleman of seventy years of age, but still strong and hale, had suffered for some weeks from asthmatic bronchitis, from which he had in great measure recovered, when he was suddenly attacked (now some five weeks ago) with pain and hard nodular swelling of the lower lip near to its right extremity. Almost immediately a double festering pimple formed over the centre of this swelling, and the painful induration rapidly extended past the corner of the mouth to the adjacent cheek, and, to a less

degree, along the substance of the lip, causing also considerable cedematous swelling of the whole of this part. On the second day severe constitutional symptoms manifested themselves, and feelings of extreme illness were complained of. During this day and the next the tumefaction and hardness continued to increase, the festers over the centre of the original spot opened and were moist with dirty pus, the whole of the lower lip and right corner of the mouth and the adjacent cheek became tense and swollen, and it was quite evident that a carbuncle was forming on the right side of the face. Into the centre of the two holes which had formed I now pressed with a probe some threads of lint soaked in a strong solution of carbolic acid in oil (one part to four), and I also laid a piece of lint wet with the same over their apertures, so as to supplement the small quantity which the shallow sinuses would contain. A little smarting was complained of, but the application was repeated after a few hours, and again the following day. Almost at the end of twenty-four hours it could be perceived that a check had taken place in the morbid process, but by the next day it was plainly evident that the inflammation and induration were really beginning to subside. The carbolic lint was still carefully and scrupulously thrust to the very bottom of the small holes, and from this time no further spread of the disease took place, but, on the contrary, there was a rapid subsidence of the oedema, and in two or three days more little remained but some diffused swelling of the lower lip, some tender induration at and around the seat of the original pimple, and the ragged discharging opening which had formed at the site of the primary festers. The disease was therefore stayed, and in a few days more the patient was convalescent. He is now quite recovered.

I should scarcely have ventured to instance this case as proving the aborting power of carbolic acid over carbuncular or furuncular inflammation—seeing that the disease never attained to very formidable dimensions, and that possibly it might not under any circumstances have increased to a very serious size or extent,—had I not witnessed precisely the same effects in other cases as were here produced by the application of the acid. My conviction, nevertheless, is that the carbuncle was not only rapidly extending, but that it would quickly have become both large and important. And I cannot help contrasting its course with that of one which I had the opportunity of seeing, in its later stages, some three years ago, where the disease attacked the same parts of the face, where only the usual treatment by poultices &c. was adopted, and where (instead of a duration of about one week for the severe symptoms, and of about ten days more for recrudescence) the suffering patient passed through a morbid process which took many weeks to complete its course, and which not only caused great and prolonged suffering, with great temporary disfigurement, but even at one time appeared to threaten life itself.

As I have stated, I have now used carbolic acid in this way in several cases of carbuncle; and in all of them its application has been followed by a uniform and immediate check to its increase, and a speedy amelioration of the local conditions. When it has been applied early, it has plainly gone far to abort the disease; and when it has been commenced later, wherever it could be brought into contact with the inflamed and hardened tissue, there at least no further spreading has taken place, whilst swelling and tension have diminished, and dirty suppurating slough has quickly given place to florid healthy granulation. And, from my observation of its action, I entertain no doubt that, if it could be brought sufficiently early into contact with the spreading disease, it would be quite competent to prevent its extension beyond the degree to which it had already advanced. Unfortunately, the acid appears to have little or no influence when applied over the unbroken skin; but directly it can be brought into contact with the diseased mass, either by being inserted into the sieve-like holes, or by being applied to it after being laid open by incision, its beneficial action becomes at once manifest.

Much credit is, I think, due to the late Mr. Startin for having suggested that both boils and carbuncles might be due to the growth and spread in and beneath the skin of a parasitic development; and the efficacy of the treatment he was in the habit of adopting, the remarkable effect of carbolic acid in checking its increase, and the almost certainty with which boils in their early stage may be aborted by

applying freely to the core of the festering pimple the acid nitrate of mercury, go far to prove the truth of this opinion.

It is extremely unfortunate that the carbolic acid cannot always be brought into sufficient contact with carbuncles in their early stage—partly because of the insufficiency of the sieve-like openings, and partly because the parasite-studded (?) growth may have already extended beyond the central portion over which these are situated. But even with a very imperfect application I have observed a distinct retardation of the circumferential spread when the acid has been carefully introduced into these holes, conveying to my mind the impression that some destructive influence had been exerted upon the central root or stem of the diseased mass; and in all cases which I have hitherto observed, no extension of the disease has taken place from any part to which the acid has been fairly applied. Hitherto I have only applied it through the natural openings, or after the mass has been exposed by incision or caustic; but I think it extremely probable that a beneficial effect would be produced by the subcutaneous injection of a watery solution of the acid around its edges (after the manner in which it has lately been employed in the case of spreading erysipelas and some other diseases), or possibly the spread of a large carbuncle might be stayed by drawing through it some small loop-holed drainage-tubes, and allowing the carbolised fluid freely to percolate through these.

The strength of the solution of carbolic acid which I have employed has been about one part of the acid to four or five of the solvent (oil or glycerine), and its efficacy, I would repeat, has appeared to be limited almost absolutely to those parts with which it could be brought into actual contact; and although it appears occasionally to have produced injurious effects when used in large quantity, yet I have kept a large sloughing and granulating surface for days together constantly covered with the carbolised oil, without any harm arising, although the urine soon presented the peculiar blackish colour which has been several times observed during its employment.

I will only further add that, in looking over the various methods of treatment which have from time to time found favour with the profession, there seems to have been a constant under-current of feeling in favour of such remedies as have a more or less caustic or antiseptic (? parasiticide) influence. Terebinthines, resinous applications, caustic potash, and several other caustics have been held by various competent authorities in high esteem, and their partial usefulness would seem to fortify the theory of the vital, the living nature of the disease—a theory which I think is greatly supported by the decided influence upon it of carbolic acid, a substance so well known to possess a special power of preventing the increase and development of low forms of life and cell-growth.

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CONCERNING THE EARLY DAYS OF OVARIOTOMY.

By JOHN GORHAM, M.R.C.S.

IN the year 1839 a paper of mine was published in the pages of THE LANCET, entitled "On the Propriety of Extirpating the Cyst in some Cases of Ovarian Dropsy." I am anxious to revert to that paper for several reasons, which I shall now as briefly as possible specify. At the time to which I refer (1839) I was a pupil at Guy's Hospital, occupying an advanced post, and not unfrequently taking Dr. Thomas Addison's out-patients when he left for the recess in the autumn. The patients suffering from ovarian dropsy were then, so far as Guy's Hospital was concerned, in a curious, not to say somewhat perilous position: things had come to this crisis, that no medicines, topical or internal, had been found to have any good effect, but rather the reverse, the health of the patients being deteriorated by the large doses of iodine, with not unfrequently mercurial and purgative treatment, while eventually tapping was had recourse to just for the sake of saving the patient's life, or to be repeated should the accumulation in the sac again take place.

This was the state of things in Guy's Hospital in 1839, when the late Dr. Thomas Addison stated to me, before leaving his out-patients in my charge, "Should ovarian dropsy cases present themselves, *do nothing*." I believe that in this hospital nothing was done at that time, saving only a palliative treatment, nor am I aware that at any other hospital in London was there any other treatment more successful. At this juncture I received from Mr. William West, surgeon, Tunbridge, a huge ovarian cyst just filling a large bandbox, and capable of containing, when recent, upwards of twenty pints of fluid, which cyst he had removed from a patient of his near Tunbridge. This cyst was placed in the museum of Guy's Hospital, and a paper was written and read by myself at the Physical Society of Guy's Hospital, stating the nature of the operation, and advocating its performance in future cases. The late Mr. Bransby Cooper was present at its reading, and suggested to me to take the paper up on the following Monday to the late Sir Benjamin Brodie, which I did. A few weeks after the reading of this paper the operation for the removal of an ovarian cyst was performed in Guy's Hospital for the first time, and I am not aware that any other operation had been performed in London prior to this. Unfortunately the patient died, complications attending the case. Still the operation was planted in London, and with what success the labours of Mr. Isaac Baker Brown and the more recent achievements of Mr. Spencer Wells will abundantly testify.

While writing my paper for the Physical Society of Guy's Hospital, it was by a curious coincidence that I alighted upon a description of the identical operation which had been performed by Mr. West. This description was contained in an old book which I accidentally turned up on a bookstall in Lambeth New-cut. I copied it then and there, and introduced it in my paper; and from its important bearings, added to the fact that it was written by no one less than Dr. William Hunter, it may not be out of place to transcribe it word for word:—"If it be proposed, indeed, to make such a wound in the belly as will admit only two fingers or so, and then to tap the bag, and draw it out, so as to bring the root or peduncle close to the wound of the belly, that the surgeon may cut it without introducing his hand, surely in a case otherwise so desperate it would be advisable to do it, could we beforehand know that the circumstances would admit of such treatment." Here, then, in all essential features was Mr. West's operation—the short incision, the emptying of the sac, the pulling it through the opening, and then cutting the peduncle. These four procedures have formed the basis of all the operations which have since been performed, the principal addition being the enlargement of the incision to enable the operator to separate the adhesions, if such existed prior to the withdrawal of the sac. Nothing more needs to be advanced, it is conceived, to show that Mr. William West, of Tunbridge, was in 1839 in advance of the London accoucheurs, for even after he had proved the possibility of success of the operation by demonstrating the sac at Guy's Hospital, his patient being then alive and enjoying excellent health,* still the thing was regarded with grave suspicion in the metropolis, and the first case that was treated by his plan died in Guy's Hospital after an operation by Mr. Morgan, thus offering no strong inducement to a repetition of the experiment. Even Sir Benjamin Brodie returned me my paper without note or comment, thinking, it is more than probable, that as he had nothing practically to offer on the innovation, he might as well be silent altogether. Thirty-four years have now elapsed, and ovariotomy is in this year (1874) an orthodox thing, and takes its rank with the other operations in surgery.

There is another aspect of this subject. It is a painful one; but I do not deem it right to withhold it from the members of the profession. Mr. West has been dead now many years. An only daughter survives him, who is in straitened circumstances. This lady resides at Gravesend, has a small ladies' school which scarcely keeps her, and is also an agent for governesses; but her health is bad, and she has great trouble to live. Should any member of the profession choose to lend her a helping hand, he may do so by sending direct to her address—13, Darnley-street, Gravesend. I believe that some members of the profession are

* This patient lived many years after the operation.