Here I present to you the pathological evidence that the epiphysis of the os calcis is sometimes diseased and spontaneously separated. This dried preparation (Fig. 36) is, in

FIG. 36.

fact, the epiphysis of the os calcis separated spontaneously from an hospital patient of mine aged about nineteen or twenty, as the result of injury to the heel, and subsequently suppuration. These anatomical, pathological, and surgical facts point to the importance of our being more careful before we proceed to disturb unnecessarily by operation the os calcis and its epiphysis.

OBSERVATIONS

ON

HEPATIC DISEASE AMONGST EUROPEANS
IN THE EAST INDIES.

By SIR JAMES RANALD MARTIN, C.B., F.R.S.,
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PREVALENCE OF DISEASES OF THE LIVER.

WHETHER as original or secondary affections, diseases of the liver are, in fact, a very frequent and most important class of diseases in the East Indies; much more frequent and important, indeed, than can well be represented in the official returns, civil and military. No official returns afford, under special heads, any approach to the actual number or frequency of liver diseases; for when these last occur as complications with, or as consequents to, fever, dysentery, diarrhoea, sun-stroke, or cholera, the liver disease remains unnoticed, the cases being usually classed or numbered under the heading of the primary disease, whether fever, dysentery, diarrhoea, sun-stroke, or cholera. Officers from India present themselves to me every day in whom the only affection existing is the hepatic one; but the headings and the descriptions refer, often solely, to the primary diseases—namely, malarious fevers. It thus happens that the numerical hospital returns and private cases do not yield anything like an approximation to a true estimate of the amount of hepatic disease existing in our Eastern possessions. Speaking of the fevers of Hong Kong, Dr. Rutherford says that “nearly every European infantry soldier who has for any length of time been stationed in the island, suffers from enlarged liver and spleen;” and thus have we throughout the East thousands of cases of fevers, remittent and intermittent, the terminations of which, in invaliding or death, are referable immediately to hepatic disease.

All Indian medical and statistical observers, as Johnson, Jeffreys, Morehead, the two Macphersons, Chevers, Waring, Ewart, and Moore, have commented on the influences of age, sex, constitution, habits of life, and course of service in producing sickness and mortality from hepatic diseases amongst soldiers in the scenes of their respective employments; and each

and all have remarked on the greater liability of the private soldiers and their wives as compared to their officers, but especially on the comparative immunity of European children of both officers and men. Diseases of the liver are also comparatively rare in females belonging to the better class of society.

The fact is, that the European soldier's child in India is not over-supplied with animal food: it does not visit the canteens nor yet the bazaars; there is no alcoholic stimulation—no repletion, and its instinctive impulse to movement prevents its lounging on cots in close ill-ventilated barrack rooms; and hence its exemption from diseases of the liver.

In Bengal, during the four years ending 1853-54, out of 84,143 men, there were 4626 admissions, and 261 deaths; out of 2970 officers there were 150 admissions and 3 deaths; out of 7941 women there were 155 admissions and 9 deaths; while out of 9255 children there were but 5 admissions and no deaths from diseases of the liver.

Mortality.—The deaths immediately from hepatitis, not including those by its complication with fever, dysentery, sun-stroke, and cholera, which have never been estimated in figures, are numerous; and so, remotely, are those from ruined constitutions, after retirement from active service, and of which there can be no account. When we see, as instanced in the second part of my work, “On the Influence of Tropical Climates,” officers, civil and military, dying of hepatic disease in London, after a residence at home of twelve to fifteen years, we are forced to conclude that, with the invalided soldier, his habits of life being considered, the influences which produce such diseases are even greater than with persons in circumstances, position, and habits of life so much above him.

In the acute congestive and inflammatory diseases of the liver, as they occur in the East Indies, the danger to life is so imminent that the case must, within a few days, terminate in recovery more or less complete, or in death more or less immediate; while, in the chronic forms of hepatic diseases, the protracted distresses and injuries to health are very great.

Acute inflammation of the liver is essentially a disease of the sultry plains, and its severity may be judged of by the fact that the chance of death is greater from one such attack than from thirteen of fever of various forms as they ordinarily occur in India.

“In India,” says Sir James M'Grigor, “when patients whose condition of life permits them to take a voyage to Europe are in this state of disease,” (the chronic form of hepatic disease,) “they never fail to take it, and most commonly are recovered by it; but there is no hope for the poor soldier or sailor.” Dr. James Johnson adds, that “they waste away and die for want of the only remedy that possibly could arrest the hand of death—change of climate.”

Out of an aggregate British force of 211,998 men, serving in Bengal from 1812 to 1832, there were 14,015 admissions into hospital on account of diseases of the liver, of whom 924 died immediately. From 1833 to 1854, out of an aggregate force of 331,775 men, serving in the above Presidency, there were 18,765 admissions, and 1345 deaths, from diseases of the liver.

Mount-street, Grosvenor-square, Dec. 1862.

ON THE APPLICATION OF REMEDIES TO
THE LARYNX WITH THE AID OF
THE LARYNGOSCOPE.

By MORELL MACKENZIE, M.B. LOND.,

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THE laryngoscope has now firmly taken its stand as an indispensable instrument in the diagnosis of throat affections. The brilliant demonstrations of Professor Czermak so completely captivated the professional mind, that a method of investigating disease, which till quite recently—in this country at least—was regarded as the dream of enthusiastic theorists, is now admitted to be at once practicable in its application, and positive in its results. At this moment, indeed, it cannot be denied that though there are scientific instruments of more extensive sphere, there are none by which evidence can be obtained of so accurate and conclusive a kind.

The beautiful simplicity effected by Professor Czermak in the details of the laryngoscope secured the future position of the instrument which his attractive demonstrations had brought

so prominently before the medical public, and though the merit of the invention has been recently claimed for our own talented countryman, the late Mr. Avery, in this instance it must be admitted that "he discovers that proves. Honour belongs to the first suggestion of a discovery, if that suggestion was the means of setting some one to work to verify it; *but the world must ever look upon this last operation as the crowning exploit.*"

The obstinacy of internal diseases is a striking contrast to the comparative tractability of peripheral affections,* and it is highly satisfactory to find that the progress of medical knowledge is likely to transfer laryngeal affections from the category of the former to that of the latter. As yet, however, the laryngoscope has more often testified to past ravages than prevented prospective destruction. This is partly owing to the instrument having been only so recently introduced, and partly because a sufficiently simple mode of applying remedies has not hitherto been made known. The object of the present article is to explain a method at once easy and efficacious. It consists in using the left hand for the laryngeal mirror, and then with the right hand quickly introducing the "laryngeal probang."

This instrument† is simply a piece of bent aluminium wire, one-eighth of an inch in thickness, fitted into a tolerable-sized handle, and armed with a sponge which must be firmly attached. The sponge may extend any length up the wire, but must only just cover it at the end (on account of the danger of particles becoming separated and dropping into the trachea), and it should not be more than a quarter of an inch in thickness. The wire should be bent at an angle of 105° ; the lower part to which the sponge is attached should measure an inch and a quarter in length, and the upper part, which is inserted into a stout wooden handle, should be about five inches long. The angle, however, at which the wire is bent—viz., 105° , is the "moment" in the whole affair. It was arrived at by measurements made on the dead subject, and by a great number of trials on different-sized throats, with probangs bent at every inclination. When Professor Czermak was in London, he used an instrument provided with a large curve, instead of one bent at an angle; but the curve makes it extremely difficult to use the instrument, which, owing to its shape, instead of being plunged directly into the larynx, has to be slid gradually to the back of the throat; and when the operator has got thus far, the large curve in the wire causes an immense alteration in the position of the point of the instrument when motor power is applied at the handle. For touching the vocal cords near their anterior insertion, the wire may be conveniently bent at an angle of 90° ; and for applying remedies to the mucous membrane over the arytenoid cartilages, an angle of 120° is suitable.

Nevertheless, the instrument already described is more easy to introduce below the epiglottis than where the angle is either greater or less; and by raising or depressing the handle, the deeper or more superficial parts of the larynx can be effectually touched. If it is only desired to swab the larynx, or touch the under surface of the epiglottis, a stouter instrument, shorter below the angle, may be conveniently used. Aluminium is recommended as the metal best suited, both because it entirely resists the action of all remedies that can be applied to the larynx, and because its extreme lightness renders it admirably adapted for the rapid and delicate movements which are required. The only point to be borne in mind is, that of course all objects are reversed in the mirror; but when the anatomical situation of parts is remembered, with a little practice this difficulty will soon be overcome.

Professor Czermak has recommended a method of injections which, though very ingenious, is far from simple. The laryngeal mirror has to be held by "a *fixateur*," and hollow tubes are used for injecting. To ensure accuracy, "a sight is attached to the tube;" and even then "constant practice can alone give security in aiming and touching; and it is indispensable to examine beforehand each tube separately, in order to know the manner of employment." For practice in the "*tir*," the persevering Professor recommends laryngoscopic drawings fitted into a case of the same size as the pharynx. This he illumines, and, after aiming, is able to ascertain "what accuracy of localization may be obtained." This plan of treatment may be suited

* From the report recently published by the Statistical Society "On the Mortality occurring in the Metropolitan Hospitals," it will be seen that whilst the death-rate in the surgical wards was only 5.6 per cent., that in the medical wards (i.e., that of internal diseases) was 12.9 per cent.

† Mr. Krohne, of Whitechapel-road, supplies this little instrument; and also a *porte-caustique* for the application of the solid nitrate of silver. This latter instrument, however, cannot be used with so much safety as the one recommended for the application of solutions.

for the marksman, but it is not easy for the ordinary volunteer.

The observations which preceded the immediate subject of this paper are the best proof that these quotations are not made in a spirit depreciatory of the laborious efforts of the distinguished Prague Professor, but are merely intended to impress that simplicity, which, though itself a negative quality, is the real basis of all rational therapeutics.

Dec. 1862.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

GUY'S HOSPITAL.

UNILOCULAR OVARIAN TUMOUR OF TWO YEARS AND A HALF'S DURATION; OVARIOTOMY; RECOVERY.

(Under the care of Dr. OLDHAM and Mr. T. BRYANT.)

IN our reports of ovarian disease submitted to operative relief in the larger hospitals for some years past we have been compelled to publish case after case followed by a fatal termination. This led to the belief that there must be something in the air or wards of those institutions which influenced the result, because patients commonly recovered in the smaller hospitals. We are glad to say that now, owing to certain precautions, this reproach, if it may be so considered, is not likely to be lasting, for we have much pleasure in publishing a successful instance at Guy's and another at Middlesex Hospitals, whilst two others have been unsuccessful in the latter, and one likewise in St. Bartholomew's. The operation would also appear to have been attempted in almost all the hospitals, for a few weeks back we recorded instances at St. George's and King's College Hospitals, with bad results. Of twenty-one cases published on the present occasion, eleven, or more than one-half, are cures; on the other hand, the proportion of recoveries to deaths in the smaller hospitals keeps its average of about two in every three cases. The following case is reported by Mr. Cleveland Smith.

Ellen D—, aged thirty-two, admitted into Mary's ward on July 30th, 1862. Is married, and resides at Hull. Has had two children, the youngest three years old; and always enjoyed good health. Two years and a half ago she observed that her abdomen was larger in the right side than natural, but this swelling was unattended with any other symptom of disease, and the catamenia continued regular till November, 1861, but since that date have ceased.

On admission the abdomen was enormously distended, apparently from a single cyst. All the viscera appeared to be sound.

On August 1st paracentesis abdominis was performed, and ninety pints of a dark fluid drawn off. Immediate relief followed the operation, from which she soon rallied, and left the hospital on the 15th of the same month.

During her stay, however, the subject of the removal of the tumour had been laid before her; and, as the fluid began rapidly to re-collect after its former removal, she readily assented to its performance, and for this purpose she was re-admitted on the 29th of September.

At this period, hardly two months after the date of her first tapping, her abdomen was nearly as large as ever; no tenderness was to be observed; her general health was good, and she had fully made up her mind to submit to the operation. Both Dr. Oldham and Mr. Bryant believed the case to be a good one for such an attempt, and fully explained to the patient the