SUCCESSFUL CASE OF HIP-JOINT AMPUTATION.

By R. BRIDGEMAN WIGSTROM, Esq., Lahore,
ASSISTANT-SURGEON TO H. M. 14TH DRAGOONS.

THE patient, aged eighteen years, was admitted into the Civil Hospital, at Lahore, on the 1st of November, 1849. The disease requiring the operation commenced, eight years previously, in the ankle-joint of the right leg. Caries of the bones of the leg, and abscesses, gradually went on, until the knee became involved, and finally the femur.

When Mr. Wigstrom saw him the limb was greatly emaciated, and fistulous openings, pouring out pus to within a short distance of the hip-joint. The young man seemed suffering much from hectic, but there was no cough or any symptoms showing lung-disease. In consultation with Dr. Stewart, surgeon to the 14th Dragoons, and Dr. Hathaway, civil surgeon, it was considered necessary to remove the limb at the hip-joint, which Mr. Wigstrom did, on the 7th of November. The operation, which was performed under the influence of chloroform, was finished in half a minute; the flaps met beautifully together. The patient has had a good recovery, and is now going about on crutches.

The method used was Liston's—i. e., the anterior and posterior flaps operation. Not more than two ounces of blood were lost.

Lahore, 1850.

Foreign Department.

CASES FROM THE GACETA MEDICA.

Translated by G. BORLASE CHILDS, Esq., F.R.C.S.

Can an infant affected with Secondary Syphilis be suckled by a healthy nurse, without infecting her? Observations on a Case which can resolve this Question. By DON RAMON HERNANDEZ POGGIO.

IN the month of February, 1847, a young woman, aged nineteen, well formed, red-and-white complexion, blue eyes, red hair, and a native Higuerita, (a province of Huelva,) consulted me concerning an eruption which affected both her breasts. She had never, to her recollection, suffered from any illness, nor had her parents, who were agricultural labourers. She informed me that she had been married about a year, and that two months since she was confined with a strong, healthy boy. Anxious to make money, she decided upon going to Cadiz, in order to seek a wealthy establishment, where she might serve in the capacity of wet-nurse. She was admitted into the house of a merchant, and the medical man who examined her wished to place her under a course of medicine; but she being in perfect health, this was objected to. The infant she had to nurse was thin, pale, had aphthous eruptions in the mouth, and bad eyes. After two or three days' suckling, her nipples were covered with chaps; a short time after, her breasts with pimples; and subsequently she experienced pains in the arms and legs. She formed the idea that her complaint had arisen from nursing the child, and she left the house, in spite of the numerous offers which were made to induce her to remain. I examined the breasts of this young person, whose well-formed nipples were the seat of a number of fissures. The skin of the mamma was covered with a vesicular eruption, in its different stages, some commencing and others desquamating: the first, about the size of pins' heads, were filled with a yellow serum, surrounded with a violet-coloured areola; the more advanced, containing a more turbid fluid, or the vesicle having broken, were converted into yellow scales, which after some time fell off, leaving copper-coloured spots. I did not hesitate to regard this as a syphilitic affection transmitted by the infant my patient had nursed; but I considered it right to acquire a certainty upon the opinion I had formed, although, considering the previous good health of the patient, the symptoms which followed, such as the periosteal pains, the copper-coloured eruptions, the chaps, as well as the state of the infant, and the medical man having proposed to her a course of medicine, obviously with the intent of transmitting to the infant, through the milk, the remedies necessary for its disease, I felt I could not be far out in my diagnosis. I prevailed on her to give me the name of the medical man who had examined her, in order that I might ascertain if the infant had suffered from any contagious affection. She did so, and I had the interview desired with the professor who attended the merchant's family. He informed

me that before her last pregnancy the mother had had a bubo in the left groin, venereal ulcerations, and a syphilitic leucorrhœa; and that the infant had suffered from blennorrhagic ophthalmia and ulcers of the lips.

On the day following I placed the nurse on a course of mercury, (Dupuytren's pills,) gave her, as an ordinary drink, the decoction of sarsaparilla, and ordered the breasts to be anointed with the red ointment, and washed frequently during the day with a decoction of bran, and the ulcers of the nipples to be touched with the nitrate of silver; this plan was adhered to, (saving the modification which her improvement required,) and she left me at the expiration of three weeks, with a disappearance of all her symptoms.

The limits of a journal will not permit me to enter fully upon the delicate and disputed question of the transmission of syphilis to a healthy person by one so affected, but I will give my opinion on the case just narrated, for the purpose of endeavouring, as far as I can, to render clear a subject on which all medical men are not as yet agreed. Above all things, it is of consequence to inquire if the complaint under which the nurse suffered was syphilis. The antecedents and characters of the disease confirm this, since the young person enjoyed good health up to the period of her suckling the child, who had ulcers on the lips, and whose mother had suffered previous to conception from symptoms of syphilitic infection—viz., bubo, venereal ulcerations, and, during the period of gestation, a leucorrhœa, which remained on her after her accouchement, and which her medical attendant characterized as venereal, and treated as such.* Was it, then, strange that the son of this lady should in the womb become affected with syphilis?

In every page of medical history, and at each step in practice, we see that diseases are hereditary as well as riches. The mother especially is the person who with more readiness transmits her sufferings to the fruit of her pleasures; she it is who administers with her blood the materials necessary for the development and nourishment of the germ deposited in her womb; should this blood, which she offers to the new being, for the formation of its organs, be infected, should it be impure with morbid principles, ought it to be a source of surprise to us that in these organs becomes deposited the seed which in time unfolds itself, and bears its own fruits. This opinion, which sound reason admits as a truth, has moved many writers of intelligence, such as Boerhaave, to say that syphilis is communicated by generation and lactation—an opinion supported by Gardanne and M. Bertin, who says that the transmission can be effected during parturition, when the infant, whose skin is fine and delicate, is placed in contact with the genital parts infected with gonorrhœa, or venereal ulcers. These opinions are generally admitted even by Richaud, who denies the existence of the venereal virus. This principle being established—viz., the transmission of syphilis to the fœtus within the womb, it remained now to inquire, if the infection of a nurse by the infant is possible. I have no difficulty in maintaining that syphilis is eminently contagious, in spite of what some authors have asserted to the contrary, inasmuch as persons daily present themselves to claim the assistance of science, who, during the enjoyment of most perfect health, are attacked with diseases which, with more or less intensity and slight variations, determine that contact has taken place between healthy and diseased organs. The transmission of syphilis cannot, therefore, be an exception to this rule, nor can it be combated with the notion that mercury produces symptoms analogous to venereal infection; nor can it be said that cases of spontaneous venereal symptoms have arisen—that is, without mediate contact, nor much less that the virus taken from syphilitic patients has not produced the like symptoms in others; the organism requires for every act which it effectuates certain conditions, and every phenomenon recognises a cause, which, either from our means of investigation being defective, or from an indisposition on our part to inquire, we fail to recognise. Thus, with the majority of medical men, I am satisfied that syphilis is communicated by the contact of healthy with diseased parts, and even by means of inert and inanimate bodies, upon which the contagious principle is deposited. The nipple is one of the points most obnoxious to this disease, as during suction its delicate skin, perforated by the lactiferous ducts, is irritated, and is therefore readily disposed to be in-

* Had the patient been examined by the speculum I doubt not that primary venereal sores would have been discovered, situated either in the vagina or on the os uteri. It is to be regretted that this mode of examination was not adopted; for had the existence of such sores been proved, the syphilis in the infant might have been caused by direct contact, and not through the medium of the circulation.—G. B. C.

fectured with the virus contained in the salivary deposit of the infant. This liquid, mixed with the pus secreted by the ulcers on the mouth of the infant, undoubtedly produced the chaps on the nipple of the nurse, and later, the vesicular eruption and copper-coloured spots.

Remarks.—I do not think that the author of the above paper has valid grounds for supposing that the syphilitic affection was communicated to the infant by the mother through the medium of the circulation. It does not appear that the parent was examined by the speculum; had this mode of examination been resorted to, I am inclined to think that primary venereal sores would have been detected in some portion of the vagina, or on the os uteri. I see no reason, therefore, for believing otherwise than that the disease in question was communicated to the infant by direct contact. The points on which the author seeks to establish his opinion are not to my mind sufficiently clear to carry conviction; thus, it is not stated whether the symptoms of the disease were apparent immediately on the birth of the child; and surely the blennorrhagic ophthalmia spoken of was more likely to have been occasioned by direct contact with the vaginal discharge than from any other cause. Of course, I do not deny that the infant may become tainted in the womb with the syphilitic virus; such cases are not uncommon, and frequently come under the notice of the surgeon. But M. Ricord's experiments tend greatly to counteract any opinion which may prevail respecting the contagious properties of secondary syphilis, and I am not aware that there are any cases on record of sufficient force to subvert the conclusions arrived at by that eminent authority. In my opinion, therefore, the case stands thus:—1st. The mother, at the time of her accouchement, was affected with primary venereal sores, either in the vagina or on the os uteri. 2ndly. The sores on the child's lips were primary ulcers, contracted during the period of labour. 3rdly. The chaps or fissures on the nipples of the nurse were also primary venereal sores, caused by contact with the child's lips. 4thly. In each case secondary symptoms followed.

Foreign Reviewers.

WE insert with much pleasure the following translation of a review of Dr. Tyler Smith's work on Parturition and Obstetrics, which appeared in *L'Union Médicale* of Feb. 24th, as showing the high estimate formed of the labours of our excellent contributor on the other side of the Channel. This lucid exposition is not the only article of the kind which has appeared in the Parisian medical press. In France, medical reviewers commonly authenticate their productions, and the present article is from the pen of Dr. Achille Chereau, himself the author of an important and well-known work, (*Maladies des Ovaïres*) which qualifies him for judging of the merits of Dr. Tyler Smith's doctrines. We may mention, that the review has been kindly translated as literally as possible for our pages by Dr. Marshall Hall.

"Two admirable discoveries in physiology have marked modern times; the first, *the theory of reflex action*, has led to an immense progress in the knowledge of the nervous system, and the explanation of a crowd of functional and pathological phenomena, relative to this system; the second, *the ovarian theory of menstruation*, although it meets with some recalcitrant opponents, proceeds boldly towards the sanction of all physiologists. It is upon these two theories that the foundations of the work before us are laid.

"All our readers know *the ovarian theory of menstruation*, which has given origin to so many splendid works, both in France and other countries, and which is now, we may affirm, definitively demonstrated. They know that at the epoch of puberty the ovaria, in becoming developed, exert an extraordinary action upon the whole female economy, and become a centre, whence proceed all those synergic physical and moral energies which at this time takes by surprise as it were the young female; that menstruation, much more *ovarian* than *uterine*, is owing to the periodical excitation of the ovaria, and to the catamenial elimination of ovules formed by the Graafian vesicles; that this great phenomenon, which is simply the parturition of an *ovule*, instead of the parturition of an ovum, presents the greatest analogy with the œstrum of mammalia, and the oviposition of oviparous animals; and that the uterus, in a word, plays, pathologically speaking, a very secondary part in the female economy, and is but a receptacle, or pouch, in which the ovule is engrafted, nourished, and developed. Dr. Tyler Smith investigates this mode of viewing the catamenia with the greatest care, develops its complete history, and enriches

it with new facts. The nerves of the uterus, of the ovaria, of the Fallopian tubes, of the vagina, and of the external parts of generation; the enlargement of the nerves of the uterus during gestation; the principal phenomena of pregnancy; abortion, and its causes, viewed in a manner quite original; remarks full of interest respecting periodicity, respecting the physiological relations between the ovaria, the uterus, and the mammæ; a complete analysis of parturition, the relation between this great act and the reflex phenomena of the nervous system; the asphyxia of new-born infants; rupture of the uterus; puerperal convulsions; the physiology of sleep; uterine inertia; the displacements of the uterus; uterine hæmorrhage and its treatment, based on the rational study of the nervous system and of "*reflex action*," &c.;—such are the principal topics which are passed in review by our author.

"It will not be expected of us that we should make an analysis, even incomplete, of this work—an impossible analysis, indeed, of so great a mass of facts and so happy an admixture of practical observations, philosophical reflections, and questions of high physiology. All that we can do within the limits imposed upon us here is to choose, without premeditation, one from among the thousand flowers spread over this book, and to present as brief an analysis of it as possible to our readers. We allude to the *Cause of Parturition*—a question long agitated, never resolved, which has exercised the sagacity of the deepest thinkers, and which caused Avicenna piously to exclaim, 'Dieu ordonne, et le travail commence.'

"The regularity with which the uterus, passing from the state of torpor in which it had been plunged, begins all at once, after nine months, or, to speak more exactly, after 280 days of inertia, to assume its activity, to contract and to exclude the fœtus, now become for it a foreign body, is, indeed, a remarkable phenomenon. And yet nothing is more easy to explain, when we understand precisely the part which the generative elements of the female performs, their mutual synergies, and the influence which they exercise upon each other by means of the nervous arcs brought into activity by the reflex power. In reality, there exists between the three great sexual apparatuses, the uterus, the mammæ, and the ovaria, a remarkable synergic balance or equilibrium. In the virgin, the state of the ovaria, at each ovarian period, excites the uterus to secrete the catamenia. When impregnation has taken place, the modifications induced in the uterus react upon the ovaria, and so oppose the ovarian periodicities, that these are masked during the time of utero-gestation. At parturition the ovaria and the uterus are the seat of a special excitement, and it is this excitement which urges the mammæ to secrete the milk. After delivery, the uterus speedily returns to a state of relative repose; but now the activity of the mammæ prevents the periodical activity of the ovaria. Lastly, when lactation has ceased, the uterus, the mammæ, and the ovaria, all resume their ordinary periodicity, and ovulation, with the catamenial flow, proceeds regularly, until conception again takes place. Thus the catamenial cycle of twenty-eight days is replaced, on impregnation, by another cycle (the cycle of utero-gestation) of 280 days, or of ten minor cycles. When gestation has arrived at its termination, a new cycle—that of lactation—begins, and is replaced by the simple catamenial cycle. These cycles and these epicyclic periods are themselves enclosed in a great period comprised between puberty and the definitive termination of the catamenia.

"This succession of actions being well comprehended, it is easy to understand that *parturition is but in reality a menstrual epoch*, owing to this mutual reaction of these principal elements in the generative system. A crowd of facts concur to prove this analogy, which is unveiled in all its philosophic unity, when we study *ovi-expulsion* in the zoological series. We deeply regret that we cannot follow Dr. Smith in his remarks relative to the generation of animals; but we must content ourselves with the proofs which he draws from the study of parturition in the human subject. Thus, everybody knows that utero-gestation in the human species is a multiple of the catamenial period, and that in the rare cases in which the duration exceeds the ten menstrual periods, it is sometimes delayed to a subsequent period, so as to complete the eleventh period inclusive. On the other hand, it is known that premature delivery takes place very commonly at the period when the catamenia would have occurred, so that in women generally, there is during utero-gestation a greater tendency to abortion at the catamenial dates. Moreover, when the placenta is inserted over the cervix uteri, the hæmorrhage which supervenes in the later months of pregnancy generally occurs at periodic dates. Lastly, the sexual excitement which has been known to accompany the first pains, and which has proceeded

occasionally to erotomania; the manifestation of this excitement in some parturient women who have been subjected to chloroform, and have not, therefore, been restrained by a sense of shame; the slight sanguinolent discharge which precedes labour, and which has been erroneously attributed to the laceration of certain hypothetical vessels of the cervix uteri, and many other circumstances which we cannot now enumerate, prove indubitably that the ovaria, after having been the exciting cause of the catamenial periodicity, are also the exciting cause of the uterine contraction at the expiry of the 280 days of gestation; that, in a word, parturition should be arranged in its ætiology with all those remarkable phenomena to which the ovaria give origin in the female sex.

"We assuredly do not imagine that we have given even an imperfect sketch of all the valuable observations, of all the interesting facts, which Dr. Smith has, if we may be allowed the expression, *scattered* throughout his work, relative to this single question of the cause of parturition. We advise such of our readers as are familiar with the English language to refer to the work itself, where they will find an ample harvest of high philosophical reflections, ingenious analogies, comparisons full of interest, and of practical deductions of immediate application in the exercise of our profession."

An Anti-democratical Thesis.

A medical student of the Faculty of Berlin lately took the following subject for his thesis:—"De Morbo Democratico, Novâ Insanie Formâ." As soon as the fact became known, there was great stir among the democrats of the capital, who immediately appointed a deputation to go and carry on the disputation with the candidate, and catechize him severely for being a renegade from the tenets of his fellow-students. It appears, however, that the young man did not like the contest, or that the professors interfered, for the ceremony was postponed *sine die*.

A Monument to Larrey.

A statue of the celebrated LARREY will shortly be raised in the court-yard of the Val de Grâce. The pedestal will be of marble, and on each of the four faces bronze basso-reliefs will be placed, the subjects of which are taken from the principal deeds of the life of this illustrious surgeon. The statue will be solemnly inaugurated in the course of the present month.

Treatment of Chorea.

M. FAIVRE D'ESNANS mentions in the *Journal de Médecine et de Chirurgie Pratiques*, that he has obtained the happiest results from the prussiate of iron in chorea and epilepsy, and he gives several cases where the cure was obtained in between four and eight days. He uses the following formula:—Prussiate of iron, fifteen grs., extract of valerian, forty-five grains; make twenty-four pills. One pill to be taken three times a day, at six hours' interval, each pill to be followed by a wine glass of infusion of valerian. The author was induced to try the prussiate of iron, from having seen M. Jourdes use it, at the Military Hospital of Strasburg, for intermittent fever. As he considers that both diseases (chorea and ague) have their seat in the medulla spinalis, he thought that the same remedies would prove efficacious in both complaints, in which supposition, according to his statements, he was not deceived.

Reviews and Notices.

On Stammering and its Treatment. BY BACC. MED. OXON. London: Churchill. 1850. 8vo. pp. 64.

THERE is much in this little work to recommend it to the notice of all who are interested in the subject of which it treats. It is evidently the production of an accomplished mind, directed to the study of the causes on which stammering depends, by more than an ordinary or professional interest. The author divides his essay into three chapters or sections. In the first he reviews the plans suggested for the relief of stammering—viz., Dr. Arnott's plan, or the use of some little auxiliary expiratory sound; the stream of sound; due inflation of the lungs; alteration of letters; reading and recitation &c. The extent to which these different plans can be useful

and the points at which they fail, or are calculated to prove injurious, are very ably and fairly criticized.

In the second chapter the author states his own views of the nature of stammering. He believes it to be, so to speak, a chronic chorea of the "speech muscles" arising from a loss of the equilibrium between the mental and motor nervous energies. He shows that this may be the result of some inherent defect, perhaps exalted sensibility, in that "portion of the brain or ganglia, as well as their efferent nerves, which control the motions requisite for speech." He shows still further, that whatever this original defect may be, its effects may be kept up by habit, and even after the cause has disappeared, that it is nearly always aggravated by the state of the patient's mind in connexion with his malady. The relative share which these conditions—that is to say, the mental and physical—have, in keeping up and aggravating the phenomena, are clearly and pointedly illustrated. In the succeeding and last chapter, the author describes the remedies, moral and physical, applicable as each condition predominates. For information on these points, we must refer the reader to the work itself, which will be found most deserving the attention of all who suffer from this painful affection.

Objections to the Indiscriminate Administration of Anæsthetic Agents in Midwifery. By W. F. MONTGOMERY, A.M., M.D., M.R.I.A. Pamphlet, 8vo. pp. 20. Dublin: Hodges & Smith.

ALTHOUGH the periods are more smoothly and elegantly rounded, and the satire is a little more refined, the objections in this pamphlet are substantially the same as those in two or three previously published by other authors, under titles almost the same. This resemblance of argument arises, we believe, not from imitation, but from the necessity of the case. It is safe enough to write against the indiscriminate use of a medicine, as no one can, of course, be found to defend such a use of it. Dr. Montgomery's tract, as he admits, has been called forth by the perfect avalanche of pamphlets and publications urging the adoption of the new practice of giving chloroform in midwifery, and by the "overweening zeal, quite unparalleled" with which, as he says, it has been pressed, or rather forced, not only on the profession, but on the public. It is quite certain that medical men have a great deal to complain of in this respect. It was only the other day that a paragraph, emanating originally from Edinburgh, went the round of the chief newspapers in this country, charging the profession in London with the greatest prejudice regarding chloroform, and asserting that they were a century behind their brethren elsewhere. This paragraph did not distinguish between midwifery and surgery, and it was implied that chloroform was scarcely used in London for any purpose, whilst the truth is, that both in private practice, and in the various hospitals, it is used almost invariably in surgical operations, that would otherwise be attended with much pain. As regards midwifery, the practitioners in London, and, we believe, in the rest of the world, unless it be in Edinburgh, agree with Dr. Montgomery in restricting the use of chloroform to the more painful cases. He says,

"I fully acknowledge its value and utility in general in obstetric operations, such as instrumental delivery, turning a child in utero, or the removal of a retained placenta, and also in some peculiar circumstances of natural labour, independent of any operation."

Dr. Montgomery attaches no value to what are called the "religious objections" to the use of chloroform. In this we agree with him. We believe it to be just as certain that labour will always, as a general rule, be accompanied by sufficient anxiety and uneasiness to make it a time of sorrow, as that man will continue to have to earn his bread by the sweat of his brow; yet we see no more harm in attempting to diminish the pains of childbirth, than in inventing machinery to lessen manual labour. There is a great want of consistency