

able to walk upon it until seven months ago, when severe pain, coming on at irregular intervals, compelled her to lie up. Six weeks afterwards swelling ensued. Subsequently, there formed a small abscess, which burst, discharged a quantity of matter, and left a fistulous passage, which is now open. Admitted into Treasurer ward, December 10, 1846, under Mr. Lawrence.

The right ankle is swelled and somewhat hotter than natural; the integuments covering it are brown and discoloured; the toes are pointed downwards; the slightest flexion or extension causes intense pain, but she bears without inconvenience considerable steady pressure of the astragalus, against the articular extremity of the tibia; the appetite is good, but she sleeps badly at night. To take three grains of soap and opium pill at night time.

19th.—The leg was amputated just above the malleoli by Mr. Lawrence: the flaps were united by sutures; water-dressing was applied to the wound.

Examination of the morbid parts.—The articular cartilage covering the opposed surfaces of the tibia and the astragalus and os calcis was removed by ulceration. From the denuded bones, which were slightly softer than natural, large pallid granulations arose; the synovial membrane was much thickened and of light-brown colour; the fistulous passage extended into the joint. Upon making a section of the tibia, there was found, near the inner malleolus, an abscess about the size of an almond, lined by pallid granulations, and containing a small bit of dead bone; the surrounding osseous structure was healthy; that portion of bone interposed between the cavity of the abscess and the joint was of dark colour, and destitute of granulations. The synovial membrane, examined microscopically, seemed thickened by numerous large cytoblasts, floating in a gelatinous fluid, deposited between the epithelial and the vascular layers; not otherwise materially altered in structure. In the course of a few days there ensued some slight inflammation, which was encountered by the usual means.

28th.—The wound is granulating healthily.

Feb. 20th.—Still in the hospital; wound cicatrized.

DISEASE OF THE ANKLE-JOINT; AMPUTATION AT THE INFERIOR THIRD OF THE LEG; EXAMINATION OF THE MORBID PARTS.

CASE 3.—A. B.—, aged twenty-two, a delicate-looking girl, sprained the left ankle eleven months ago. Although she kept quiet in bed, and paid attention to the injury, severe pain came on at intervals, her rest became disturbed, the appetite failed, and she lost flesh and strength. Admitted into Lucas ward under Mr. Stanley, about the middle of November, 1846.

It having been ascertained that ulceration of the articular cartilages of the ankle-joint had taken place to a considerable extent, it was agreed, in consultation, that amputation was the only means of relieving her from suffering.

Dec. 19th.—The leg was amputated at the inferior third by Mr. Stanley. The vessels having been secured, the flaps were united by sutures; water-dressing was applied to the wound, and the patient was conveyed to bed.

Examination of the morbid parts.—The articular cartilage was removed by ulceration from the opposed surfaces of the tibia and the astragalus; the denuded bones, of their natural firmness, were covered with a mass of pink-coloured granulations; the synovial membrane was converted into a thick, light-brown coloured, pulpy mass. A long fistulous passage extended from the fibrous sheath of the flexor longus pollicis into the joint. The wound healed without an unfavourable symptom.

In the beginning of February she left the hospital to stay with her friends for a few weeks, that time might be given for the stump to become sufficiently firm for the adjustment of an artificial foot.

The construction of the boot used in St. Bartholomew's Hospital remains the same as was described in a preceding report. Accidental excoriations, from pressure against the hard leather case in walking, are obviated by two wedge-shaped lateral pads, buckled on to the extremity of the stump, before its insertion into the boot.

The histories of Cases 2 and 3, and the morbid appearances observed in the amputated limbs, suggest a few points worthy of consideration. In both instances, an accident of trivial character excited inflammatory disturbance of the bones; ulceration of the articular cartilages ensued; the ligaments became softened; the synovial membrane thickened; and the structure of the joint was destroyed. But conjointly with these morbid actions, processes of reparation were going on.

From the denuded bones there arose granulations, which, under favourable circumstances, would have eventually formed a bond of union between the opposed articular surfaces, and have been the means of establishing complete bony ankylosis. It may be asked,—Then why were these joints removed? Why was not time allowed to Nature to complete a cure which she seemed so ready to effect?

It has been remarked by Mr. Stanley, that bony ankylosis of the ankle-joint is an extremely rare occurrence. There are but three specimens contained in the pathological collections of London—namely, one at the museum in the Royal College of Surgeons, a second at Guy's, and a third at the London Hospitals.* The explanation of this seems to be, that the ankle, composed of an assemblage of bones, between which a certain though limited amount of motion readily takes place, cannot, without the utmost difficulty, be maintained in that state of repose essential to the formation of a soft uniting medium, and its subsequent conversion into bone. When, therefore, in these cases, the bones are extensively denuded of their articular cartilage, and the patient's health is suffering from the severity of the disease, experience does not justify us in postponing the operation of amputation with any fair expectation of bringing about a stiff joint.

In Case 2, the inflammatory disturbance, excited in the tibia led to the formation of an abscess, which contained a small portion of mortified bone. These abscesses, which, as has been remarked by Sir B. Brodie, occur most frequently in the tibia, are productive of severe pain. Their hard, unyielding walls, lined by a vascular surface, secreting pus, offer a firm resistance to pressure from within, and hinder the matter, for years, from making its way to the surface. When in close proximity to a joint, they may themselves prove an exciting cause of disease in the articular cartilages, or in the synovial membrane; or may prevent the establishment of those reparative processes which, under other circumstances, would have taken place.

Original Papers.

ALPHABETICAL NOTICES

OF SUBJECTS CONNECTED WITH

THE TREATMENT OF DYSPEPSIA.

By ROBERT DICK, M.D.

(Continued from p. 199.)

Colic.—Colic is a generic name for several diseases of various origin and nature, and only agreeing in having their common seat in the intestinal canal, and perhaps, also, in being each accompanied by the symptom—pain.

We do not revert to cardialgia, sometimes named, and not inexactly in some respects, stomachic colic; it we have already noticed in THE LANCET of Jan. 23rd of the present year.

The principal varieties of colic are—bilious colic; spasmodic and flatulent colic; a third variety, for which we would suggest the name scybalous; lead or painters' colic; vegetable, Poitou, or Devonshire colic; and lastly, infantile or meconial colic. In this enumeration, we have left out volvulus or ileus, because this is often, or always, but an aggravated form or consequence of some one or another of the varieties now named. Nor have we thought it necessary to allot a separate place to colic arising from intestinal or hepatic concretions, and other rare causes.

1. Bilious colic is generally the consequence of a profuse action of the liver, the bile being, at the same time, of morbid quality, and irritating in its effect on the mucous membrane. In some diseases, as is remarked by Dr. Prout, the bile is acid: in some instances, it is so to such a degree as almost to excoriate the lips when vomited, and to cause severe *ardor ani* when evacuated downward. This change may depend on some excess or morbid alteration in the oleic acid. Again, the bitterness of the bile sometimes increases to an acrid degree, depending on some morbid change in the biliary resin. It is easy to understand how a fluid so corroding in its action will irritate, if not inflame, the mucous surface of the intestine, and provoke spasmodic contraction or violent peristaltic or anti-peristaltic efforts, in its muscular coat.

The treatment is simple: Total abstinence, *pro tempore*, from stimulant food and drink; the ample use of warm diluents, which, on first being taken, may act as emetics, and

* No history is attached to any of these specimens.

no harm, but rather advantage, if they should; then, gentle oleaginous laxatives and enemata. Both the laxatives and enemata may have, if griping is severe, a few drops of the tincture of hyoscyamus or of opium added to them. In France, infusions of chicory, taraxacum, and lettuce, to which acetate of potass is added, are recommended.

In severer cases of bilious colic, a chillness, like the cold stage of fever, sometimes comes on. Against this, a hot bath is the best means, by which also the colicky pains are generally much alleviated.

2. *Spasmodic, or nervous and flatulent colic.*—These have many points of resemblance. If no signs of inflammation are present, they are to be treated by antispasmodic and carminative draughts and enemata, and by warm abdominal frictions. The following are the substances we must principally rely on: valerian, assafoetida, musk, castoreum, galbanum, belladonna, camphor, the aromatic waters and oils, as those of anis, fennel, pimento, carraway, &c.

3. *Scybalous colic.*—In this variety, irritation of the mucous membrane of the bowel, even of a sub-inflammatory or inflammatory kind, may be caused by the prolonged contact of scybalæ; and either obstinate torpor of the gut, with constipation, may ensue, or, what is more to be dreaded, anti-peristaltic action may commence, ending in dangerous or fatal ileus.

In this case, oleaginous laxatives, such as castor and olive oil, must be given, and that in a manner least likely to excite nausea; since thereby the tendency to anti-peristaltic action may be increased. Copious oily enemata, aromatised so as to excite the downward action of the bowels, should, at the same time, be assiduously employed. All drastic purgatives should be abstained from.

4. *Lead or painter's colic.*—The treatment of this disease, practised in a principal hospital of Paris, and which is often successful, is as follows:—

First day.—In the morning, a purgative enema is administered, consisting of the following various ingredients:—An aromatic electuary, containing scammony, thirty parts; jalap powder, four parts; senna, eight parts; syrup of buckthorn, thirty parts; boiling water, 125 parts. During the day, a tisane, made from cassia, sulphate of magnesia, and tartar emetic, is taken; and in the evening, an anodyne (?) enema of walnut oil and red wine, succeeded by a *bolus calmant*, consisting of a drachm of theriaque (a senseless medley of almost every known antispasmodic, tonic, and narcotic) and one grain of opium.

Second day.—This day commences with an emetic, consisting of two-thirds of a grain of tartar emetic in eight ounces of water, divided into two doses, and taken at the interval of an hour. In the course of the day, a sudorific tisane is drunk, composed of a decoction of somewhat more than six ounces of rasped guaiac in one pound and a half of water; this being boiled down to half that quantity. In the evening, the "calming bolus" (see first day) is repeated.

Third day.—This day commences with a laxative sudorific tisane, consisting of an ounce of guaiac, half an ounce of sarsaparilla, a drachm or so of sassafra, the same of liquorice, half an ounce of senna, and so much water as to form, when boiled and strained, about half a pint of decoction. Soon after, a purgative potion is administered, consisting of an aromatic electuary, containing scammony, a drachm of jalap, two drachms of senna leaves, seven drachms of syrup of buckthorn, and one pound of boiling water. In the evening, the anodyne enema (see first day) and calming bolus (see ditto) are repeated.

Fourth day.—The same routine as the third.

Fifth day.—During the day, the sudorific tisane is given, (see second day;) at four in the afternoon, the purgative enema, (see first day;) at six o'clock in the evening, the anodyne enema, (see ditto;) and at eight o'clock, the calming bolus, (see ditto,) are successively taken.

If the disease has not now yielded, the above whole series of treatment is repeated, (only the emetic solution is omitted,) and is continued until the abdominal pains are removed, and the patient goes regularly to stool.

It must be owned that the treatment now detailed is very methodical, and is a not unskillful *melange* of means calculated to stimulate the bowels, and to quiet them and relieve their spasmodic action alternately.

Alum and sulphuric acid also undoubtedly possess something like specific powers in the treatment of lead colic. Kapeler recommends from two to four or five drachms of alum to be dissolved in five ounces of a demulcent julep, and this to be taken in doses of a spoonful every hour. In Germany, this is much used, and is very successful. Dr. Copland states that he has uniformly succeeded by means of alum,

which, however, he combines with camphor, cayenne pepper, and occasionally opium, and assists with oleaginous clysters. Gendrin recommends as a prophylactic to operatives engaged in lead mines or manufactories, a sulphuric acid, "lemonade," as he calls it, consisting of a drachm or two in a pint or more of water, sweetened so as to make it agreeable, and taken in quantities of twelve or sixteen ounces a day.

Besides the means now enumerated, elaterium, croton oil, calomel, and many things else, have been suggested and tried, in lead colic, with various results. We should, however, ourselves prefer the French treatment above detailed, or the aluminous treatment, which, it may be observed, "more certainly" (to use Dr. Copland's words) "opens the bowels than any other."

5. *Vegetable, Poictou, or Devonshire colic.*—This has been erroneously supposed to arise from the use of cider or acerb fruits. While, no doubt, such may be occasionally its origin, yet a colic precisely similar arises from totally different causes, as cold feet, &c. We must combat it by hot fomentations and the conjoint use of mild laxatives, as castor oil, and opiates, or at least anodynes, and by oleaginous and anodyne enemata.

6. *Meconial colic.*—Castor or olive oil, with hot fomentations to the abdomen, and mucilaginous injections, will usually speedily relieve this species. Indeed, half an ounce of syrup of the rose in the evening, and the same quantity in the morning, will often be all that is required. Sometimes, however, what Canstatt calls "deutero-pathic" eclampsia is the result, demanding more active treatment. See the chapter entitled "Topographische Pathologie einzelner nerven und nervengebiete," in his *Special Pathology and Therapeutics*, pp. 370 et sequentes.

We do not refer to colic from unhealthy lactation in the mother or nurse, nor to colic which has passed, as every species of it occasionally does, into ileus, enteritis, and peritonitis. The treatment of these severe forms of disease was not contemplated in this series of papers. I may observe, that in *THE LANCET* for March 25, 1843, Mr. Doughty, of William-street, Knightsbridge, reports a very serious case of ileus which I treated, and fortunately with success. On referring to the details of the case, I notice that the following were the principal points of the treatment:—calumba and opium to arrest vomiting, an object of importance in all such cases; then a turpentine enema, with castor oil: on the following day, six ounces of quicksilver, (by mouth,) and sixteen ounces of the tobacco enema, administered by Mr. Doughty; this caused syncope and cold sweat. On the following day, eight more ounces of quicksilver were given, and tobacco-smoke to the extent of five or six whiffs, on that, and again on the following day, by Mr. Doughty. Lastly, an assafoetida enema. "After the latter," writes Mr. Doughty, "we began to have copious stools, and the whole of the mercury passed."

I may observe, that before I was called to this case, stercoraceous vomiting had decidedly set in. My object in ordering the tobacco infusion and smoke enemata was to favour the reduction of any obscure hernia or muscular spasm of the bowel which might exist. I also directed that the attendants of the girl should, after she had taken the crude mercury, frequently raise her up in bed, (she was too feeble to raise herself,) to alter her position from one side to the other, from the back to the belly, and *vice versa*, with the view of favouring the gravitation of the mercury to the lower bowels. The issue of this case was extremely gratifying to me, inasmuch as I had despaired of a successful one. Had it proved unfavourable, I should now, at least, perhaps have been disposed to blame some parts of the treatment as too energetic. However, the desperate aspect of things appeared to justify a prudent rashness, and as the issue was fortunate, I am not called upon, on this occasion at least, to practise the duty of self-stricture.

Bentinck-street, Manchester-square.

ON THE CAUSES, SYMPTOMS, AND TREATMENT OF UTERINE HYDATIDS.

WITH CASES.

By CHARLES EDWARDS, M.D., M.R.C.S.E., Cheltenham.

I BEG to submit the subjoined remarks on uterine hydatids, accompanied by a case illustrative of the causes, symptoms, and treatment of a morbid condition or degeneration, much disputed as to its origin, and of so comparatively rare occurrence as to render its records most valuable and interesting.

* This is, of course, secondary, as contradistinguished from idiopathic eclampsia.