

in whom menstruation has either ceased, or is disappearing. The erysipelas in either case cannot but be taken as an indication of a diseased or degraded state of the blood.

These considerations are undoubtedly interesting, as they have an extensive bearing upon pathology and treatment.

We have this year also observed at Guy's Hospital, under the care of Dr. Gull, a singularly remarkable case of purpura, quite bearing out these views of Dr. Barnes. It did not seem at all allied to scurvy, and has been most obstinate; but the exhibition of iron, and acids, and opium, was followed by good results.

GUY'S HOSPITAL.

LITHOTOMY AND LITHOTRITY.

(Under the care of Mr. Cock.)

We have encountered, within the last few weeks, three cases of lithotritry in the chief hospitals. We believe the collocation of, or placing briefly together, such cases, with their results, without long histories, (the latter obliged to be abridged for want of space,) may help to the decision of this long-agitated subject, as the general opinions or impressions in hospitals may sometimes correct a too rigid adherence to figures in a higher class of practice.

Our experience of lithotritry in hospitals, we must say, is not cheering. In the first place, the cases are remarkably tedious; and a chief recommendation of the new modification of the Marian operation for stone, by Mr. Allaston, cutting in the median line, seems to be that it does away with the tediousness of the recoveries under the old operations; the tediousness of lithotritry cases, except amongst the higher classes, is said to be a very palpable objection indeed. Middle-class patients are anxious to get well again, and cannot lie in bed for two or three months. We see a patient now and then go away from the hospital, as it were cured, but he comes back again with new fragments. In one case of Mr. Adams and Mr. Curling this year this occurred; in another case, lately under Mr. Cock, at Guy's, where the patient left the hospital convalescent after pyæmia, it is said he has since died; in a third case, at King's College Hospital, under Mr. Ferguson, some purulent or other local sporadic influence, inseparable from all hospital operations, seemed fatal, and prevented the repetition of the operation. In a fourth case, alluded to by Mr. Stanley this month, in a clinical lecture, he did not seem to favour the operation in preference to lithotomy, so much as Mr. Skey, Sir B. Brodie, or Mr. Coulson. Mr. Stanley mentioned an illustrative case, which occurred in former years, where an abscess had formed at the back of the bladder through the pressure of the lithotrite. In the case recently under treatment at St. Bartholomew's, the man had been three years previously cured as it were by lithotritry: whereas this year the operation has been repeatedly attended with very grave symptoms—abscess round the testis, gangrene of the testis, sloughing of the scrotum, &c.; but the man is once again out of danger, and may go home perhaps cured.

Sir B. Brodie lately, in a very admirable paper, confirmed the previous impression that deaths from lithotomy are double those after lithotritry. It seems still a question, however, how much the latter may be an operation adapted to hospitals, and to the very many additional chances of pyæmia or erysipelas, now, for instance, very prevalent: figures may show us one thing, but experience quite another.

feces; the perinæum was completely ruptured; and half the sphincter was gone. The upper wall of the vagina, and the floor of the bladder, had completely sloughed away; and the superior wall of the bladder fell down into the cavity, forming a tumour. Of course, in such a complicated and extensive injury, nothing was to be done with any expectation of a reparative process being established. The case was related rather as an instance of the effects of midwives' midwifery, than of any practical points which it presented.

Dr. SNOW recollected a somewhat similar case which had come under his observation some years since, in which the floor of the bladder had sloughed away from pressure. The patient had been under the care of an unqualified practitioner.

Mr. HENRY SMITH related

A CASE OF ACUTE ŒDEMA OF THE SCROTUM

which he had been called to lately, the symptoms of which had commenced previously by those attending ordinary swelled testicle, but, after a few hours, the characters of that affection rapidly merged into enormous inflammatory œdema of the whole of the scrotum. The case was very well marked. The swelling and inflammation did not extend either to the groins or to the perinæum; thus distinctive from infiltration of urine, for which at first it might have been mistaken. The gentleman in attendance had used antiphlogistic treatment, and had applied leeches to the scrotum; but so rapid was the disorganization of the part, that when free incisions were made by Mr. Smith, he found that sloughing of the cellular tissue had taken place. The result of this case showed the absolute necessity of free incisions; for all over the anterior and middle part of the scrotum, where the knife was carried, the sloughing was stopped; but at the posterior part, where the incisions could not be so well executed, rapid sloughing of both skin and cellular tissue took place to a great extent. The interest connected with these cases was great, inasmuch as most prompt treatment was required; and, moreover, the idiopathic acute œdema of the scrotum is not very often met with. The late Mr. Liston had deemed it right to dedicate a paper to this simple affection; thus showing the importance he attributed to a right knowledge of its pathology and treatment.

Dr. ROUTH recollected acute œdema of the scrotum as almost an epidemic at University College Hospital in the practice of the late Mr. Liston. Cutting freely into the tumour was universally resorted to, but this did not invariably prevent sloughing, which, indeed, was common. The recovery in these cases was usually very slow, typhoid symptoms presenting themselves towards the close of the case. There was no difficulty of diagnosis in these cases: the skin of the scrotum was distended, like anasarca; red, like erysipelas.

Mr. MILTON had seen two or three cases of the disease, which appeared to be closely related to, if not, erysipelas. He had not found incision more effective than the local application of evaporating lotions, &c.

Mr. MARSON had seen many of these cases in the Small-pox Hospital, and regarded them as of an erysipelatos character. He had frequently employed incisions; but he could not say much in favour of that practice. The parts usually sloughed. In two cases the scrotum had sloughed entirely away; but the patients recovered, having good scrota afterwards. Ammonia, bark, and tonics were indicated. It was essentially a hospital disease.

Mr. I. B. BROWN read a paper

ON THE TREATMENT OF OVARIAN DROPSY BY THE INJECTION OF IODINE.

The author said that the injection of the tincture of iodine into ovarian cysts was almost new in London practice; not so, however, in Paris or Edinburgh. He mentioned that the injection of the tincture of iodine into the tunica vaginalis for the radical treatment of hydrocele was prominently brought before the profession many years since by Mr. Ranald Martin, and that it is now the regular practice amongst English surgeons; but the French surgeons have carried their experimental inquiries much further in this direction. Velpeau first suggested its application for effusion into large joints. Bonnet, of Lyons, however, made the first trial, and with perfect success; this success was soon followed by many others in the hands of Velpeau, Robert, and some others. Then Boinet, of Paris, took up the subject, and applied the injection of iodine into ovarian cysts, and published several successful cases in the *Gazette Médicale de Paris*. Others followed his example; amongst the number, Monod, one of whose successful cases Mr. Brown said had fallen under his own observation. The author further said the French surgeons have also used this in-

Medical Societies.

MEDICAL SOCIETY OF LONDON.

SATURDAY, MARCH 31st, 1855.

DR. SNOW, PRESIDENT.

MIDWIVES' MIDWIFERY.

Mr. I. B. BROWN related some particulars of a case of serious injury consequent upon the long impaction of the head of the child at the brim of the pelvis, producing pressure on the soft parts. The poor woman was under the care of two midwives for three days and nights with her first child. At the end of this time, a surgeon was called in, and had to remove the child piecemeal. When admitted into the hospital, under Mr. Brown's care, the poor creature presented a most melancholy condition. There was perfect incontinence of urine and

jection of iodine for peritoneal dropsy, and it appears, from various discussions and trials, with undoubted success. Our intelligent neighbours have gone further, especially Velpeau, Jobert, Maisonneuve, and Ricord, and have injected the peritoneal sac of hernia, and have obtained by it the radical cure of ruptures. Mr. Brown observed that lately his colleague, Mr. Coulson, in St. Mary's Hospital, had tried this plan. The author said that the first real practical application of the injection of iodine into ovarian cysts that he knew of in this country was by Professor Simpson of Edinburgh, who with his usual zeal and industry has pushed his acquirements and experiments very freely. The result of his investigations Mr. Brown said he would allude to fully when he gave his own practical remarks. The author then said he would relate a case which he had lately treated in St. Mary's Hospital, and then offer some practical remarks for consideration of the fellows.

Mary B—, kindly sent him by Mr. Coulson, was admitted into the Boynton ward on the 9th of December, 1854. She stated she had had two children, and one miscarriage. She was twenty-seven years of age at the birth of the first, and twenty-nine at the birth of the second, child. From the latter period, she had noticed herself getting bigger around the waist, and troubled much by flatulency; she has been regular in menstruation all through her illness; she has no pain, but suffers considerable inconvenience from leucorrhœa. Mr. Brown examined her on the 12th of December, and found a well-marked ovarian cyst, apparently unilocular, and fluctuation distinct; the measurement around the abdomen was twenty-nine inches below the umbilicus, and twenty-eight above. He placed her under medical treatment, with a view to improve her general health, which was much impaired by the secretion of the fluid into the cystic cavity. On the 20th, Mr. Brown proceeded to empty the sac. First placing the patient in the horizontal position, he then introduced a large trocar through the semilunar line, and evacuated twenty pints of a thin, turbid fluid, which was found to be strongly albuminous—almost solidified by the joint application of heat and nitric acid; it also contained abundant crystals of cholesterine. Mr. Brown then introduced a long, flexible catheter, and through it injected five ounces of the tincture of iodine (of the Edinburgh Pharmacopœia), which is about double the strength of ours. The pain experienced was very trifling, described by the patient as merely smarting. The wound having been closed by strapping, he applied appropriate pads, and one of his many-tailed bandages. The patient was then placed in bed, two grains of opium given, and four ounces of port wine ordered for the next twenty-four hours. In the evening, the patient felt very comfortable, and had no pain or tenderness in her abdomen, only a nasty taste in her mouth, like sea-weed; her breath smelt of iodine. The amount of urine voided for the first two days was more than the fluid taken, but afterwards less. Mr. Brown then ordered a diuretic mixture, and the effect on the secretions was, that the amount of fluid taken corresponded to the amount voided. There was now an apparent refilling of the cyst, but it proceeded very slowly; the patient's appetite was good; she slept well, and felt no pain.

Jan. 20th, 1855.—There appeared about two quarts of fluid in the cyst, but it did not seem to increase, and the patient was decidedly better in health. Mr. Brown then ordered her to wear one of his ovarian bandages, to keep up gentle pressure over the whole abdomen, so as to give support to the whole parietes, and to arrest the refilling of the cyst. In a few days she left the hospital, considering herself much improved, and showing no external signs of the disease. Mr. Brown said he had lately examined her, and could find no increase of fluid, but great improvement in her general health, and she says she is in excellent health and spirits.

The author then said, before offering any practical remarks, he was desirous of drawing the attention of the Society to the important fact of the iodine being taken up into the system, as evinced by the breath and taste in the mouth. He was anxious to ascertain whether it was to be found in the urine, and therefore requested the dispenser, Mr. Copney, to examine some for him on the day after the injection. The urine gave unmistakable evidence of the presence of iodine by the following tests:—

1. The formation of the blue iodide of starch.
2. By its forming, with the salts of lead and mercury, the characteristic iodides of those bodies.
3. By the production of the iodide itself.

Three days afterwards he examined the sweat, but found no trace of iodine; but he thought that if he had tried it sooner he would have found evidence of elimination. Mr. Brown then said, the first question, in a practical point of view, was, Had the treatment in this case been successful? The answer

was, that it had been only partially so at present; for although it had not prevented some return of that fluid, still it had evidently controlled the refilling of the cyst, and the general health had much improved. Further time was required to test the extent of benefit. Mr. Brown's opinion was, that in such a case the injection of iodine was not likely to effect a complete cure, yet that it would arrest the refilling. He believed that those cases which were radically cured by this plan were the more simple form of unilocular ovarian dropsy—i. e., where the cyst is thin, and its contents non-albuminous, or slightly so. The dropsy of the broad ligament was especially favourable to this plan; but then so it was for simple tapping and pressure, and the latter plan was less hazardous than the former. Mr. Brown observed that we could not expect to solve the whole question until we knew more of the pathological structures of the different cysts in each form of the disease. He stated that he was investigating this question by aid of the microscope, and hoped to arrive at some certain facts as to the peculiar condition of the secreting surfaces, and peculiar fluid from those surfaces, so that by drawing off a small quantity of the fluid we might be so certain of our diagnosis as to recommend with greater confidence the adoption of any mode of treatment best fitted for the especial case. Mr. Brown said in the next case he would use ten or twelve ounces, so as to ensure the complete covering of all the cystic surface.

A discussion ensued, in which several fellows took part.

NORTH LONDON MEDICAL SOCIETY.

MR. QUAIN, PRESIDENT, IN THE CHAIR.

Mr. FILLITER exhibited specimens of

OBLITERATED ARTERIES TAKEN FROM TWO CASES OF SENILE GANGRENE.

Hannah S—, aged fifty-seven, the subject of senile dementia for about six years. Seven days before death, swelling of the legs was observed; four days later the left leg was mottled with red and purple as high as the calf, cold and œdematous, with bullæ around the ankle; the line of demarcation marked on the outer side; purplish discoloration of the sole of the foot; tips of the toes black; right foot dusky red, cold and œdematous; pulse very feeble; the patient in a semi-comatose state. She died three days afterwards. The treatment employed was warmth to the extremities, bark and ammonia internally, a nutritious diet, and a moderate use of stimulants.

Post-mortem Examination.—Heart fatty to some extent; no valvular disease worthy of note; aorta atheromatous throughout its whole extent; in many parts, and especially for three inches above its bifurcation, the lining membrane was fissured and destroyed, exposing large calcareous plates; a pale fibrinous clot, the size of an almond, was firmly attached to the left side of the vessel in this situation; the main arteries of both lower extremities were removed as low down as the popliteal space. The left was the most diseased; the whole of the femoral artery was atheromatous; its calibre at the origin of the profunda was diminished by a calcareous deposit; the lining membrane was pale, the middle coat much thickened, containing many calcareous and horny plates; the popliteal artery for the space of two inches was completely obliterated by a dense, fibrous-like substance, of pale yellow colour, below which it was pervious, and retained its natural calibre and healthy appearance; no adherent clot was found above the seat of obstruction. The artery of the right side was thickened and atheromatous; from the origin of the profunda to the popliteal artery the vessel was blocked by a dark, jelly-like clot, which varied much in consistence and extent of adhesion to the walls of the vessel; below this the artery was pervious as far as examined; the coats were increased in thickness, and separated readily from each other; the calibre of the artery was much diminished from the origin of the profunda downwards; the lining membrane was stained, of a dark-red colour; the lower lobe of the left lung was in a state of grey hepatization, and recent lymph formed on the pleura. The other organs were healthy; the brain was not examined.

Eliza W—, aged sixty-two. Fifteen days before death she became delirious, fell out of bed, and it was supposed bruised the left leg; two days afterwards she became more restless and incoherent, and was admitted into the Marylebone Infirmary. There was then livid discoloration of the right leg half way up the calf; the toes and foot were not so much discoloured, but the surface was cool; the toes of the left were also becoming livid. The same plan of treatment as in the