

two on the right elbow. The leg is much swollen, rather hot, and very tender. No deprivation of vegetables; marked debility; tongue rather coated; appetite tolerable; bowels open; pulse feeble. The eruption on the elbow came out with a sensation of heat or burning. She was ordered citrate of iron and quinine, chloric ether, and citric acid, three times a day; rest in bed, good diet, and wine.

Sept. 12th.—The eruption and swelling have almost disappeared; bruise-like stains are left; tongue clean; complains of stiffness in the loins, and pain in the right forearm down to the fingers.

14th.—Ate some pears on the 12th; worse since. The right hand is swollen and rheumatically inflamed; much pain in the epigastrium, keeping her awake for the last two nights; local tenderness; bowels open; no appetite; pulse 120, not weak. Nitre with bicarbonate of potash taken effervescing with citric and hydrocyanic acids, four times a day; mustard poultice over the stomach.

17th.—Inflammation of the hand almost quite subsided, but the pulse is quick—110 to-day, 120 yesterday. She is feverish, very low, and grumpy; bowels open; bad nights. She takes her medicine every two hours. Calomel, one grain and a half; extract of henbane, four grains: at bed-time.

18th.—She was delirious all last night and evening; this morning is rational, but somewhat confused; pulse 135, weak; heart's sounds sharp, but no abnormal bruit—endo or exocardial; tongue coated as before; complains of stiffness of the arms and legs, but there is no inflammation or swelling. To have a mixture of one ounce of acetate of ammonia and three grains of carbonate of ammonia, every four hours; half an ounce of brandy directly; broth diet and beef-tea.

19th.—Last night she was very feverish and thirsty; no delirium, but not much sleep in the night; great pain complained of in the upper part of the right arm, but there is no appearance of inflammation; heart's sounds normal; good breathing in all the posterior parts of the lungs; urine alkaline, and deposits a sediment containing some casts.

It would be tedious to detail the further progress of this case, which exhibited very markedly the shifting, variable character of subacute, asthenic rheumatism. The patient improved very gradually, and was not discharged till about the beginning of November.

CASE 2.—E. D—, aged thirty-three, a female servant, was admitted on the 13th of March. She suffered from rheumatism sixteen years ago; was attacked a week or ten days since with pain in her foot, which extended to the knee; has now pain in the knees, arm, and shoulder—worse at night; great perspiration; first sound of the heart prolonged; wanders and talks incoherently; bowels regular. Eight leeches to be applied to the præcordia. To have one grain of calomel and two grains of Dover's powder, every four hours; one scruple of bicarbonate of potash to an ounce of water, every three hours; senna draught immediately.

March 15th.—Still incoherent; right hand swollen, red, and very painful. Apply one leech. To take half a grain of extract of opium and three grains of calomel pill, at bed-time.

16th.—Had a pretty good night with five grains of compound soap pill; can with difficulty be made to answer questions rationally.

17th.—Face red; covered with perspiration; wanders; soft systolic bruit—loudest at the junction of the third rib with the sternum.

18th.—Pulse 102; is still delirious; thinks her head as big as a bed-post; strives to think, but cannot make out what she wants to think about; wakes up from dozing in a fright.

19th.—Somewhat quieter; answers questions more readily; passes her urine in bed; pulse 92; double bruit heard below and a little to the left of the nipple. Ordered, carbonate of ammonia, five grains; spirit of nitrous ether, twenty minims; camphor mixture, one ounce: every four hours.

21st.—Had a better night; answers questions more readily; tongue clean; is tranquil, but still stuporous; puts her tongue out after being repeatedly desired; sounds of heart clear at the base; pupils equal; head rather hot.

24th.—Quiet nights since the 22nd; is quite sensible, but answers slowly; face flushed; pulse soft, quick. Takes bark instead of camphor mixture.

27th.—The left hand very markedly affected by rheumatism this morning. To take a scruple of bicarbonate of potash, every four hours. This was continued till April 21st, when she was quite convalescent.

CASE 3.—Mr. L—, aged about twenty-five, of delicate appearance, seen Dec. 13th. Ill about ten days, suffering with

rheumatic pain, and recently with pain in the epigastrium, and flatulence, which has been relieved by leeches. Has now pain on both sides of chest, chiefly on left. Signs of pleuro-pneumonia of both posterior bases, most marked and extensive on the right. Respiration very quick and shallow, 60 in the minute; pulse 108, weak; skin cool; no cough; no expectoration; extreme thirst; tongue thickly coated upon a red surface; some diarrhoea from castor oil, given for constipation; urine free. An effervescing citrate of potash draught, with six minims of tincture of opium, a grain and a half of iodide of potassium, and three minims of chloric ether, every four or six hours; a grain of opium directly.

14th.—Slept well last night; respiration 30; pulse and chest signs the same. Enjoys his brandy-and-water and beef-tea.

15th.—In the middle of the night the attendant practitioner was sent for, as the patient had become "raving mad." A dose of five grains of calomel and one of opium was given, and in the course of two hours repeated. In the middle of the day following, when he called, he found the patient quite rational, and better than he had yet been. From this time convalescence went on steadily, a generous diet being allowed, and bark and ammonia administered.

Remarks.—The chief point for notice in these cases is the supervention of delirium in rheumatic patients, under conditions of system evidently betokening debility. The treatment employed and the progress of the cases show plainly that this delirium was not the result of inflammatory action. It seems that the debility of the cerebral structure in such instances is as material a "moment" in the disorder as the supposed poison in the blood. We know very well that a strong and previously healthy individual may have rheumatic fever severely without being affected with delirium. The robust organ tolerates that which the feeble and therefore more mobile cannot. Successful management of these cases must aim not so much at the elimination of the poison as at sustaining the failing power. It is scarcely necessary to remark that the class of cases just referred to must be carefully discriminated from those in which the delirium is connected with grave visceral inflammation.

Green-street, Park-lane, March, 1862.

REPORT OF A

CASE OF TRAUMATIC TETANUS.

By S. CARTWRIGHT REED, Esq., M.R.C.S.,

Surgeon to the Western City Dispensary.

ALTHOUGH considerable toil and attention have been given to tetanus, yet little is known of this disease. It is one of those serious affections to which the human frame is liable, stealing on the patient when his friends consider he is favourably progressing, and almost invariably terminating fatally. Owing to its pathological obscurity, and its usual obstinacy in resisting all treatment, it is desirable that the particulars of every case in which success has crowned the efforts of the surgeon should be made known to the profession.

The following case recently came under my observation:—

R. W—, aged seventeen, a lad of healthy appearance, whilst attempting to cross a crowded thoroughfare, was knocked down by a cart, and the wheel of a passing omnibus grazed the side of his head, nearly tearing away the right ear, and at the same time fracturing the inferior maxilla at its symphysis. By means of sutures the ear was carefully replaced, simple dressing, pad, and bandage being applied to the part, the bandage at the same time supporting the jaw, which was set in the usual manner. After the lapse of twenty-four hours, the dressing was removed, when gangrene was found to have supervened, which necessitated the removal of the ear. A linseed-meal poultice was now applied to the part, and saline aperients administered internally.

On the third day the wound looked very unhealthy, the discharge being extremely offensive. The boy complained of stiffness about the neck, and experienced great difficulty in opening his mouth; this, of course, was partially accounted for by the jaw being fractured, and the contused state of the side of the head and face. The muscles on the left side of the neck were observed to be slightly more tense than those of the right (the injured side); his countenance presented a peculiar smile; deglutition was performed with difficulty; the bowels were constipated; pulse full, quick, and irregular; the wound was extremely painful, even the application of the poultice

causing him to shudder. To have an aperient draught immediately; crushed linseed poultice, with a drachm of opium powder, applied to the wound; and half a drachm of tincture of opium to be taken at night.

Fourth day.—The draught was not given last night, owing to the decided effect produced by the opium in the poultice. The patient is somewhat refreshed, but the jaw is quite closed; the muscles of the neck (more especially the sterno mastoid) as well as the abdominal muscles are extremely rigid, the latter feeling like boards; deglutition can hardly be accomplished; the smile has given place to a grin; the bowels have been freely relieved. Belladonna mixed with glycerine was substituted for the poultice; and one grain of opium powder with two grains of mercury given at night.

On the following day the patient was enabled to swallow with less difficulty, the other symptoms remaining as before. Mercurial ointment and belladonna were ordered to be put to the wound, which now assumed a more healthy appearance; the calomel and opium repeated at bedtime.

After the sixth day the tetanic spasm gradually disappeared, and the boy rapidly recovered. He is now enjoying excellent health. The absence of the external ear does not apparently affect his power of hearing.

The chief points in this case, with reference to the treatment, are—first, the active aperients, which seemed greatly to relieve the patient; secondly, the steady and continued application, first of opium, then of belladonna combined with mercurial ointment, which allayed the irritability of the wound; thirdly, the opium at bedtime, first alone and then with calomel, the latter being continued (as also the mercurial ointment) until the gums were slightly affected.

Bloomsbury-square, March, 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. Procerum.

GUY'S HOSPITAL.

CASES OF VESICO-VAGINAL FISTULA; OPERATION AND RECOVERY.

(Under the care of Mr. THOS. BRYANT.)

MR. BRYANT in November of last year brought before the notice of the London Medical Society a paper on this subject, and also an improved instrument which he described as a "pronged guide." Its object was to ensure to a certainty the free incision of the whole margin of the fistulous opening, and also to secure perfect accuracy in the width, length, and evenness of the incision. This portion of the operation all surgeons are well aware is the most difficult, and the following cases (the notes of which were taken by Mr. Stanper) appear to justify the opinion that the means employed were most adequate and of great value.

CASE 1.—Esther H—, a married woman, aged forty, was sent up to Guy's Hospital from Wales by Dr. E. Lloyd for operative relief. She was a healthy woman, and had given birth to seven children, the last being a year and a half old. The presentation was a cross one, and evisceration of the child was required after labour had existed eighty-four hours. Two weeks subsequently, she first observed that her urine came through the vagina, and since that period none had passed the right way. On making a careful examination, an enormous fissure was detected in the upper part of the vagina, readily admitting three fingers into the bladder, the neck of the uterus forming its upper boundary; the parts were, however, soft and healthy. The extreme size of the fistula, and the fact that the uterus formed part of its walls, were points which appeared to militate much against a successful result to any operative mea-

sure. Nevertheless, upon the strong recommendation of Drs. Oldham and Hicks, Mr. Bryant was induced to undertake the operation, with the hope that some benefit at least might be conferred upon the patient, even should repeated operations be required.

On May 8th, with the patient turned two-thirds over upon her abdomen, and under the influence of chloroform, the operation was performed. A free section of the edges of the fistula was made, (this part of the operation having been considerably simplified by the use of the "pronged guide,") three metal sutures were inserted some lines from the margin of the wound, one of which being passed through the neck of the uterus, and Bozeman's splint applied. A catheter was then passed and left in the bladder, and a grain of opium ordered twice a day. Everything appeared to be going on well till the fifth day, when the patient, fancying that her bowels should be relieved, strained violently, this straining being accompanied with a gush of urine from the vagina, and expulsion of the catheter from the bladder. The latter, however, was reintroduced, and the next day the whole of the urine appeared to pass through that channel.

Under these circumstances, it was not thought necessary to make any vaginal examination, fearing that such might again disturb the parts. The next night the catheter became stopped up; and in the morning at least ten ounces of urine were drawn off. This fact was satisfactory, as it clearly indicated a complete closure of the wound. The bladder also resisted the presence of the catheter. This was accordingly removed, and the urine was ordered to be drawn off at short intervals. From this date everything went on well. On the seventh day an elastic catheter was passed, and ten ounces of urine were withdrawn.

On the twelfth day after the operation, and seventh after the expulsion of the urine through the vagina, a careful examination was made, when the splints and sutures appeared to be firmly in position, and the tissues were free from all signs of inflammation. No indications of the passage of urine through the fistula could be detected. It was, however, deemed desirable to leave things as they were for a few days longer, as only seven days had expired since the urine had passed through the fistula.

On the fourteenth day after the operation the splint was removed, when the satisfactory result was proved that a perfect cure had been obtained. The edges were beautifully in apposition, and looked quite healthy, cicatrization having been nearly perfected. The bladder could retain half a pint of urine without inconvenience, and the vagina was as dry as natural.

The patient remained in the hospital another fortnight, and returned home cured. She has since been heard of, and the cure is still perfect.

CASE 2.—Mary H—, aged twenty-three, was admitted into the above hospital on April 3rd, 1861. She was a married woman, and had given birth to five children, four of whom were still born. The last confinement had taken place one year ago, and the presentation was a footling. Since that period her urine has passed freely from a fistulous opening in the bladder through the vagina. She had been operated upon twice previously, six and three months respectively prior to her admission, by a surgeon of great skill; both operations having been spoiled by profuse secondary hæmorrhage into the bladder, and rupture of the parts. When admitted, a careful examination was made, and a fistulous opening into the bladder, large enough to admit the finger, was observed high up; the edges were healthy, but the vagina at this spot was somewhat contracted.

On May 1st, with the patient turned two-thirds over on to her abdomen, and under the influence of chloroform, Mr. Bryant freely pared the edges of the fistula, using the "pronged guide;" three metallic sutures were introduced, and Mr. B. Brown's movable splints applied. A catheter was passed, and fixed in the bladder, and a grain of opium ordered to be given every six hours. Everything progressed favourably, and on the eleventh day the splints and sutures were removed, perfect cicatrization having taken place.

The bladder remained somewhat irritable after this date, and continued so when the patient left the hospital on May 30th, although in this respect, under the influence of tonics, she was gradually improving. She left to go abroad with her husband, who was a soldier.

The two cases just detailed must be regarded as most satisfactory. In the first, the fistula was very extensive, even involving the neck of the uterus; in the second, two operations had been previously performed with care, and both had failed. The success which had attended the operations in both in-