

crane and the swan made fashionable dishes at Rome till Augustus's time; then the stork succeeded. Young cocks which had been drowned in Falernian wine, (the most esteemed wine of that time,) and afterwards macerated in it, were reckoned a luxury; the liver of the goose, made into a paste with milk and figs, was an invention of the consul Metellus, and obtained repute; the thrush and the blackbird were, by the ancient Romans, as by the modern Italians, particularly prized; in the bills of fare in the Roman eating-houses, they still appear, and the writer can bear testimony to the excellency of the dish: the Romans kept them in large aviaries, and fed them with wheat in ear, figs, and flour. The lark and the becafigo, a small bird, still used in Italy, were anciently much employed. They did not use frogs, though, as we have said, they ate lizards.

In the earlier ages of Greece and Rome, fish were considered an effeminate sort of food; but at a later period, they became a principal part of the diet of fashionable Romans, and immense expense was lavished in procuring and maintaining them. Sometimes single fishes were sold at a greater price than the cost of a slave. The herring, cod, and, I rather think, the salmon, were unknown or unused by the ancient Romans; but the fresh-water lamprey brought immense sums; the sturgeon was thought worthy of the tables of the emperors and noblest Romans, and was always served up with great pomp. The eel called *murcena helena*, and the conger eel, were greatly used; the liver of the whiting was greatly prized, and its flesh thought next in rank after that of the sturgeon; the turbot, flounder, plaice, sole, and what is called the sea-sparrow, were thought excellent dishes. Freedmen only were allowed to eat the flounder, and it and the sole were regarded as the fishes most easy of digestion. The mackarel and tunny were much sought after, and were eaten with rue and assafœtida. But the roach or mullet would appear to have been regarded as the *facile princeps*—the *ne plus ultra* of Roman luxury. As they did not succeed in rearing it in their reservoirs, it sold at an extravagant price. Three cost about 25*l*. The liver and head were esteemed the most. It was from this fish that Apicius compounded his celebrated sauce. I do not find what was the fish for which the epicure just named made his voyage to Africa, and am not aware if it has been ascertained.* The anchovy was used, as it now is in Italy, pickled in vinegar. It was then considered a delicacy—an opinion which any one who has eaten it in Leghorn or Genoa, along with a flask of good wine, will not be slow to believe.

Pottages or soups were used little by the Romans.

Finally, as regards condiments and wines. In general, their dishes were greatly spiced. Almost every dish was impregnated with rue, coriander, cumin, myrtle, privet-berries, fennel, smallage, spikenard, leaves of the laurel, cassia and of asarabacca, sumach, elder, mastic, fenugreek, onion, leeks, cresses, rochet, the Egyptian plant called seseli. To common salt they often added nitre and sal ammoniac, and to their sugar confections they added pepper.

The wines of Scio, Lisbon, Tarentum, and Falernia, were most esteemed. They were often drunk by the Greeks and Romans, mixed with warm water, as this was thought to develop better their flavour. They also impregnated their wines with absinthia, roses, pennyroyal, myrrh, rosin. They also added honey to wine, and had wines diluted with barley and white of egg. To prepared wine they occasionally added raisins or the juice of the fresh grape. They had also an acidified milk as a drink. Iced and hot water for mixing with wine were sold in shops corresponding to our ale-shops.

What were called voleries were extremely numerous (as we are informed by Varro and Columella) in the vicinity of Rome. In these were reared and fattened, thrushes, blackbirds, ortolans, quails, &c. What is singular, oxen and hogs were fed on the excrements of these birds. Each fat thrush cost about two shillings—a large sum. They were fattened on millet and on a paste formed from flour, mixed with bruised figs; and the flavour of their flesh was raised by supplying them with the berries of the ivy, myrtle, and lentiscus. As may be seen in some of the bird enclosures in the Zoological Gardens, Regent's-park, they were supplied with water by means of a little stream running through in a stone gutter. Although light was admitted to these voleries, yet a prospect of the fields &c. was carefully prevented, in order that the feathered prisoners might not be agitated by a view of their familiar and natural haunts, but fatten in lazy content.

Bentinck-street, Manchester-square, June, 1847.

* I need not inform the reader that this was the man who committed suicide from a fear of wanting means of gastronomic indulgence. When he did so, he had still a fortune of 90,000*l*., but it was originally much greater.

CASES IN SURGERY.

By ROBERT STORKS, Esq., M.R.C.S.E.

Caries of the Carpal and Metacarpal Bones; Operation; Recovery without Amputation.

S. H.—, aged nineteen, a washerwoman, applied to me in December, 1845, for advice, giving the following history of her case:—Twelve months ago, the wrist and palm of the left hand began to swell, without any apparent cause. At times she suffered severely from pain, but not considering these symptoms of any importance, she neglected to apply for assistance until the month of May, 1845, at which period she had nearly lost the use of her hand, and was suffering severely from general constitutional disturbance. During this month she consulted a physician about her general health, and by his direction, an abscess, that had formed in the mesial line of the hand, was opened. A considerable quantity of pus was evacuated through this opening, and it has continued to discharge ever since. From this period up to the end of August, she poulticed her hand, and kept it in a sling. Hearing, however, of the "wonderful cures" performed by an individual residing in the neighbourhood of Camden-town, she placed herself under his care, and after numerous "cores" had been extracted from her hand, and a great deal of money from her pocket, she consulted me. At that period, the whole hand was much swollen, the tumefaction on the posterior aspect extending from above the wrist-joint to the distal extremities of the metacarpal bones below. On examining the palm, I discovered in the mesial line, nearly an inch below the attachment of the palmar fascia to the annular ligament, two sinuses, through which a probe could be passed down to carious bone, about the situation of the proximal extremities of the metacarpal bones of the fore and middle fingers. The soft parts, both on the palmar and dorsal aspects, were much thickened, she had entirely lost the use of the hand, but experienced no pain on pressure of the carpus against the extremities of the radius and ulna, and the most careful examination did not detect any enlargement in these bones. At the first glance, I felt that nothing but amputation could save the girl her life; for at this period she was losing flesh and strength, and was in every respect much out of health. However, upon a more careful examination of the parts, I decided upon making an attempt to preserve her hand, believing that the disease was confined to one or two of the metacarpal bones, and possibly the corresponding carpal bones in the inferior row of the carpus.

Jan. 9th, 1846.—An incision commencing over the end of the radius, and to the radial side of the extensor carpi radialis longior, and terminating at a short distance above the metacarpophalangeal articulation, was made through the integuments of the dorsum of the hand. Another incision, at right angles to the above, and across the carpus, marked out two flaps, which I reflected. The long extensor tendon, passing to the index finger, was carefully separated, and the metacarpal bone cut through by the bone forceps, about three-quarters of an inch from its articulation to the carpus; the tendon of the extensor carpi radialis longior, the dorsal and palmar ligaments being cut across, this portion of bone was detached. I found, as I had anticipated, that the palmar surface of the portion of bone excised was carious, and by the aperture I had thus made, I was enabled to ascertain, by means of my finger, that the trapezoid and the metacarpal bone of the middle finger were also diseased. I therefore cut through the metacarpal bone of the middle on a level with that of the index finger, dividing the tendon of the extensor carpi radialis brevior. On removing this portion of bone, I discovered that the os magnum, as well as the trapezoid, was involved in the disease, and with some little difficulty extracted them. No carious bone could now be felt by the finger, except a carious point on the lateral facet of the metacarpal bone of the ring, which articulates with a corresponding surface on the metacarpal bone of the middle finger. Being unwilling to sacrifice another metacarpal bone, I endeavoured to scoop away the diseased portion by means of a small gouge I had provided myself with. The flaps were now laid down, a strip of lint placed in the wound, and such portions of the incisions, in which there was the slightest chance of union, approximated by points of the interrupted suture. No hæmorrhage of any importance occurred; the knife was, however, used with the greatest caution in the vicinity of the trapezium, and in the deep parts of the wound. A considerable portion of the incisions united by the first intention, but the soft textures remained thickened, and with the probe I detected the metacarpal bone of the ring finger

still diseased. Under these circumstances, I decided, after the lapse of seven weeks, upon removing the portion of carious bone I had left behind.

Feb. 28th.—A longitudinal incision being made over the metacarpal bone of the ring finger, its extensor tendon separated, the bone was cut through on a level with the remaining portions of the index and middle fingers, and its ligamentous connexions being divided, it was separated. Subsequently two or three spicula of bone were discharged, soon after which the wound closed with a firm cicatrix, and the swelling subsided. When I last saw her, (October, 1846,) she had, to a great extent, recovered the use of her hand, which she has found, in following her occupation, to be both strong and useful. The restoration of her general health has kept pace with the improvement in her local disease, she having gained both flesh and strength.

The treatment of caries, although clearly enough defined by every systematic author upon surgery, is, from such experience as I have had, but rarely applied to a large class of cases occurring daily in practice. I allude to those forms of the disease, limited in extent, occurring in situations not implicating large joints, and therefore cases to which amputation is inapplicable. In such an example, the surgeon may leave his patient to suffer from a disease which will undermine his health—he may resort, in amputation, to an operation unnecessarily severe, mutilating, and perfectly unjustifiable—or he may adopt a similar proceeding to that employed in this instance, which will, as far as I have seen, if the case is properly selected, be often attended with the very best results. It is indeed unnecessary to illustrate the position, by alluding to the frequent examples which are met with in the practice of surgery, when the disease is situated in the os calcis, the head of the tibia, the trochanter major, or, indeed, in any bone where the cancellous structure abounds.

Nature, unaided, but rarely effects a cure in these cases; and although many members of the profession, from their practice, appear to think that a small portion of carious bone exercises but a slight effect in deteriorating the general health, I am quite convinced that such views are erroneous. Surgery is deeply indebted to those authorities who have inculcated proceedings which, though painful to suffer, and it must be admitted often difficult to execute, give to the patient as the result a limb but little impaired either in form or efficiency. Excisions admit of no fixed rules being laid down for their performance, and this, perhaps, constitutes the great objection to their general adoption: the difficulty is to be overcome by the surgeon bearing in mind the anatomy of the part, the extent of the disease, and employing the proper instruments to effect the object he has in view.

From the complicated nature of the articulations in the carpus and tarsus, most surgeons recommend and adopt amputation, in cases of caries affecting the bones, entering into their formation without, I believe, duly estimating the possibility of successful excision, although recorded examples of the good results attending such a practice, when adopted by eminent authorities, are not wanting. In the tarsus, this is not of the same importance as in the carpus, as the partial amputations of M. Chopart, and the operation at the ankle-joint recently recommended by Mr. Syme, enable the surgeon, with certainty, to remove the whole of the disease, and but slightly impair the useful powers of the limb.

All treatises upon surgery inculcate the importance of the practitioner, in cases of injury requiring amputation, preserving for his patient the smallest remnant of the hand, (a single finger, for example,) but it does not appear to me that they have, (with some few exceptions,) even distantly, alluded to the importance of carrying out the same principle in examples of disease. The instance narrated above is interesting, as affording an illustration of the class of cases likely to be benefited by such a proceeding; the disease, it will be remarked, although extensive, fortunately did not implicate the upper row of the carpus; the thickening of the soft parts was such as to render the operation troublesome to perform, and the result as satisfactory as the surgeon could possibly expect. I was at first disposed to sacrifice the hand, and I believe most surgeons would have recommended amputation; but with the result I have obtained, I shall, in future, regard any similar examples that may occur to me with great care. It is always agreeable and satisfactory to the surgeon to reflect, that, by the proper application of the principles of his art, he has preserved a member which, in the higher ranks of life, is necessary to the comfort of his patient, but which, in the humbler walks, is essential to his existence. The most crippled hand is far more useful than the best contrivance of the most ingenious mechanic; indeed, to the working classes, the preservation of this

member involves the question of a life of independent industry or wretched mendicancy. To every well-regulated mind, any practice that affects such an alternative will possess interest.

An Abscess in the Neck requiring the Operation of Tracheotomy.

A strumous child, E. N—, aged seventeen months, came under the care of Dr. Thomson, of Charlotte-street, Fitzroy-square, on the 15th of Feb., 1847, for a swelling beneath the left angle of the lower jaw. For this affection such treatment was adopted as the symptoms at the time appeared to require, from which, however, no benefit accrued, the swelling increasing in size, the child becoming more feverish, and the breathing laboured. The case continued to progress thus unfavourably until the 19th, when Dr. Thomson was called, at an early hour in the morning, to his little patient, whom he found breathing with so much difficulty that he at once requested my assistance. On arriving at the house, I found the child threatened every moment with complete asphyxia, inspiration being accomplished with great effort, and the countenance becoming livid. On inquiry, I learnt that the symptoms connected with respiration had commenced on the night of the 16th, and that they had rapidly increased during the twelve hours preceding my visit. A large inflammatory swelling beneath the left angle of the lower jaw at once attracted my attention, and under the impression I could detect deep-seated fluctuation in the tumour, I did not hesitate to plunge a bistoury into its substance. After the instrument had penetrated some depth, a small quantity of pus issued by the side of the blade; and on enlarging the opening, about a drachm and a half of matter escaped. I was from this led to hope that the symptoms would subside; but so far from that being the case, they continued unabated, and I expected every moment would be the child's last. On passing my little finger into the pharynx, I found a tumour blocking up the fauces, which would not admit the passage of the smallest instrument, and the larynx and trachea were thrust out of the mesial line towards the right side. After waiting a few minutes, and finding the bulk of the tumour unaffected by the evacuation of the pus, and the little patient's symptoms unrelieved, I did not hesitate to recommend that the operation of tracheotomy should be performed. To this the parents at once assented. With a small scalpel, an incision commencing over the cricoid cartilage, and terminating in the inter-clavicular space, was made, the sterno-thyroid and hyoid muscles separated, the point of the trachea just below the thyroid body cleared of some cellular tissue, and the trachea at this point opened by the division (as I have since unfortunately had an opportunity of ascertaining) of four of its cartilaginous rings. Air issued forcibly from the opening thus made; the hæmorrhage, which was free at the commencement, ceased ere the trachea was opened, and the child appeared to receive immediate relief from the operation. Some difficulty was experienced in keeping the wound patent; a piece of elastic gum catheter was employed, but it excited so much distress that I was compelled to remove it. I at length attained my object by bending a director into the form of a hook, so as to hold the edges of the wound asunder. The warm-water dressing was applied around the wound made in the operation, as well as to the puncture communicating with the abscess. In the evening, the child had had several hours' sleep throughout the day, but was much exhausted.

Feb. 20th.—Had passed an easy night, having slept for several hours; the wound in the abscess had begun to discharge, and the tumour beneath the jaw is smaller. The bowels being confined, some castor oil was ordered, and nourishments, in the shape of beef-tea and jelly, were directed to be given frequently. Removed the director.

21st.—The child more feeble; passed a good night; some pus has issued from the wound in the trachea, which is granulating; the tumour has considerably decreased in size, and the natural respiratory murmur is audible throughout the chest. The bowels had been relieved by the castor oil. Stimulants, in the shape of wine-and-water, were ordered, and the beef-tea and jelly continued.

22nd.—From the last report the little patient continued to breathe freely, until about four P.M., when it died, apparently from exhaustion. No cerebral symptoms occurred, and the child appeared conscious, to the termination of its existence, of everything that was going on around it.

Forty-eight hours after death, I reflected the integuments from the side of the neck, and removed the tongue, pharynx, œsophagus, and lungs, for more careful examination. On passing a probe into the puncture through which I had

evacuated the pus, it passed by a tortuous course into a cavity situated beneath the hyoglossus and mylo-hyoid muscles. The mucous membrane of the pharynx covering the articulation between the great cornu of the os hyoides and the thyroid cartilage, was extensively destroyed, and these parts projected through two ragged openings. The thyro-hyoid ligament, as well as the perichondrium and cartilages, remained intact. Another aperture communicating with the sac opened into the larynx, just above the left vocal cord, and beneath the fold of mucous membrane, connecting the epiglottis with the arytenoid cartilages on that side. Four rings of the trachea, below the isthmus of the thyroid body, had been divided; the wound was covered with flabby granulations, but the mucous membrane lining the bronchial tubes was perfectly normal, except immediately around the incision, where it was slightly injected; the structure of lungs was everywhere healthy.

In the valuable work of Dr. Porter, on the Larynx and Trachea, the consequences and treatment of abscess, in the neighbourhood of these important structures, is fully treated of. As such cases are of rare occurrence, it is interesting to observe how far the general observations of so eminent an authority are borne out by an individual example. When the respiratory symptoms are not of so intense a character as to require an immediate operation to relieve the lungs, Dr. Porter recommends that an incision should be made by the side of the larynx or trachea, as the case may seem to require, and that the surgeon, having divided the deep fascia, should, cautiously dissecting, proceed as far back as he can, with due regard to the important parts in the vicinity, until the abscess is opened. Should he not obtain so fortunate a result, Dr. Porter, in his own experience, has found, that the patient is shortly relieved by the abscess bursting into the wound. That such a practice, in many instances, will be attended with the very best results we might, indeed, *à priori*, expect, had we not the experience of such an authority to prove it; but whether such a practice is applicable to every case, either from the difficulties that must attend upon its safe and efficient performance in the very young subject, when the parts have become much altered by inflammatory action,—or that the evacuation of the pus will relieve the symptoms connected with respiration,—are both very questionable propositions, upon the latter of which the case narrated above distinctly bears. The uncertain advantages to be gained by its adoption offer no argument in favour of delay, when, from the intensity and persistence of the symptoms connected with respiration, the question of the propriety of an artificial opening into the trachea is under consideration.

The non-subsidence of the symptoms, upon the evacuation of the abscess, was the most interesting practical feature in the history of my little patient—a fact only to be accounted for by the supposition, that the difficulty of respiration arose rather from the presence of the surrounding inflammation than from the collection of matter, and proving that the escape of pus under such circumstances does not necessarily relieve the pressure on the respiratory tube, and consequently will not in some cases obviate the necessity for tracheotomy.

The profession as yet appear undecided upon the operation to be employed in cases of obstructed respiration; at the same time there appears to me to be a strong feeling (if I may judge from the frequency with which it is practised) in favour of laryngotomy. That it is more easily executed, and that the dangers attendant upon its performance are not equally great with those that accompany tracheotomy, I am ready to allow, but I cannot admit that they offer any valid objection to the latter operation, when its advantages are fairly estimated. The possibility of the vocal cords being wounded in the performance of laryngotomy, the proximity of the opening to the seat of disease for which the operation may be required, the uncertainty (in cases of tumour, abscess, &c.) as to the portion of the tube compressed, and the difficulty that may be experienced in dividing the cricoid cartilage, should it be necessary to enlarge the opening in that direction, are all forcible arguments against its adoption, unless a foreign body be fixed in the rima, in which case it would most probably be the best operation. Nor must it be forgotten that the accident which is the bugbear of tracheotomy—hæmorrhage—may take place in this situation from the division of the crico-thyroid artery, when unusually large, a rare occurrence, it is true, but which has been known to prove fatal.

The trocar has been recommended by many able surgeons as the instrument which may be most safely employed to effect an opening in the trachea. In the adult, supposing the hæmorrhage to be very free from the wound made to expose the trachea, and that the case did not admit of any delay, I

might be induced (were it at hand) to use the trocar, but under no circumstances would I venture to employ it in the *child*. The yielding structures, so small and so difficult to recognise in the very young subject, (that a surgeon has been known to give up the operation, being unable to find the trachea,) are insuperable objections to its use, did not the proximity of the carotids, and the dangers of a random thrust, afford additional arguments against its employment.

The flow of pus from the wound in the trachea on the third day, is readily accounted for by the aperture communicating with the abscess above the left vocal cord, previously alluded to in the description of the post-mortem appearances.

It is to be regretted that the practice adopted in this case was not attended with a more favourable result; the unfortunate termination was, I believe, to be attributed mainly to the shock a naturally weak system, impaired by an excess of food of an improper character, received from the influence of a large abscess, interfering with so important a function in the animal economy as that of respiration. The condition of the lungs and trachea prove that the sequelæ of the operation did not in any degree affect the result; and the absence of cerebral symptoms after its performance, indicate that the sensorium escaped the consequences that occasionally ensue from obstructed circulation and imperfect arterialization in the lungs.

If there is one line of practice more fatal to the success of bronchotomy than another, it is (as in the operation for hernia) the delay that precedes its performance. Not only has the surgeon to combat with the exhaustion necessarily produced by laboured respiration, and the changes accompanying a disease unchecked by medical treatment, but he has to encounter affections of the cerebrum dependant upon a supply of imperfectly arterialized blood—affections which, when they have taken place, are generally irremediable, and which render the operation, as far as the preservation of life is involved, futile.

Gower-street, Bedford-square.

Original Contributions to The Lancet in Abstract.

MEDICINE, SURGERY, MATERIA MEDICA, &c.

Ether Inhalation in Hysteria.

MR. WILKINSON of Barton, Lincolnshire, describes the case of a female, 29 years of age, who laboured under symptoms of hysteria for six years, together with great irritation of the spinal marrow in the dorsal and lumbar regions, and who had occasional attacks of clonic spasm of the trunk and upper and lower extremities—the fingers and toes being permanently contracted. The attacks of spasm lasted for a variable period of time. Mr. Wilkinson was called to see her in one of these attacks, which was said to have continued for four days and nights. He had recourse to the inhalation of ether, and in one minute the arms were still, in another all spasmodic action was arrested. Sleep ensued soon afterwards, and continued for nearly eight hours, the spasms not recurring when she awoke. Two or three days afterwards however, another attack came on, but was speedily subdued by the inhalation of ether.

Ether Inhalation in the Horse.

MR. BARLOW of the Edinburgh Veterinary College, in referring to a paper by Messrs. Henderson and Cherry, published in THE LANCET, in which certain experiments with the ether inhalation on animals are detailed, draws particular attention to the fourth experiment, which was performed on a horse, and contends that the animal died of asphyxia, and not from the ether inhalation acting as a poison. The instrument that was used was so constructed, that atmospheric air could not be admitted; the horse fell in one minute and a half after inhalation commenced, "symptoms of violence" were evinced, the air-valve was opened for a minute and then closed, intensely laborious breathing ensued, and the animal died in six minutes after the commencement of the experiment. The quantity of ether consumed was six ounces. The principal post-mortem appearances were, a rupture of the diaphragm to the extent of a foot and a half, several pounds of blood in the pericardium, from an angular rent an inch in length, immediately above the origin of the aortic semilunar valves, and the lungs turgid with black blood. The reporters consider these lesions to be the result of powerfully excited respiration. Mr. Barlow, however, holds a different opinion; he considers that the careful exclusion of atmospheric air during the experiment, except for a single minute when the air-valve was opened, induced asphyxia, and he regards the condition of