

demand their removal from the climate, otherwise they will gradually assume a bloated, unwholesome appearance from enlargement of the spleen, or of the liver, together with dyspeptic ailments and a tendency to general dropsy, until at last they sink, fairly worn out by the repeated attacks of the disease.

"The health of men employed on boat service is also much influenced by the nature of the locality in which they may be exposed. Rivers with wide and almost imperceptibly sloping banks, upon which the dwarf mangrove is abundant, are much more insalubrious than the open sea, although the exposure in the latter be in the immediate neighbourhood of extensive swamps, as along the entire coast of the bight of Benin; of the former, none seems to exert a more baneful influence upon health than the Pongos, Nunez, Sherbro, or Seabar, and the Gallinas, on the northern division of the station, although the Melacoorie, the Scarcies, and the Sierra Leone rivers, have also proved equally destructive to health. The deadly nature of the whole of the mouths of the Niger, from the Benin to the southernmost creek of the Old Calebar, together with the Cameroons, is so well known as hardly to require notice here. The rivers to the south of the equator have not been so frequently explored by the cruisers, unless, perhaps, within the last few years, as those to the north; their influence on the health of the squadron is not, therefore, so well understood; but it would appear they also abound in swamp emanation, and in all the other commonly acknowledged causes that give rise to remittent fevers, although it seems that they have less frequently assumed the malignant form peculiar to those contracted on the opposite side of the equator: this, nevertheless, may depend entirely upon accidental circumstances, as fever of a very violent character has been known to assail casual visitors in the Congo since the time of Captain Tuckey's expedition, and has lately shown itself on board several of the cruisers, as well as amongst boats' crews, when they have remained there for a few days at a time. Loango also possesses a fever soil. The Gaboon, on the other hand, although much nearer the equator, is considered to be more healthy; but this, with the experience we have, is not to be relied on.

"It is also obvious that the nearer boats approach the shore, the greater the risk of contracting disease; this, again, is much increased by landing, and still more so by sleeping on shore, whether on dry or marsh ground—whether in the bush or out of it—under cover, or without cover: such imprudences are generally followed by fever of a most virulent and dangerous character.

"The time occupied upon boat expeditions has varied from one day to thirty, or even forty. A curious circumstance has been observed in men who have been away so long as the last-mentioned periods—namely, that when they returned and reached the deck of their own vessel, they have been seen to reel and stagger, as if they were under the influence of spirits, from weakness, giddiness, and loss of balance in the muscles of the limbs, affording unequivocal proof of the severity of the service. The boats, moreover, when long absent, have sometimes become so sodden with water, and their bottoms so covered with sea-weed, that they have been with great difficulty dragged through the water by their exhausted crews."—pp. 200-204.

Many examples, illustrative of the dangerous consequences resulting from boats' crews ascending rivers, and being detained there during the night, or for several nights, might be adduced from the pages of this Report; but we conceive that the foregoing general remarks will be all that are necessary to set the question in its proper light. Boat-service in the rivers is not only dangerous on its own account, but also because it includes all the causes of fever—to wit, insolation, night-exposure, intemperance, over-exertion, and the influence of the depressing passions. It needs but a moment's thought to show in what way all these causes may be combined with that of boat-service in the rivers in inducing disease, nor can there exist a doubt as to the severity of the attack, when resulting from the combined effects of so many predisposing causes. Boat-service has, in fact, been repeatedly the cause of remittent fever of a peculiarly malignant type.

Prize-crews are stated by Dr. Bryson, for reasons already alleged, to be peculiarly subject to fever; but this remark appears to apply principally to those who convey their prizes to Sierra Leone. "They generally arrive, worn out by excessive labour, broken rest, and exposure, both by night and

day, on the deck of a small vessel, probably crowded with slaves, in a loathsome state of misery and disease." When landed, the crew take up their residence in a building appropriated for their reception, called the barn; and being freed, in a great measure, from the control of their officers, plunge into every kind of excess—the consequence being, a severe invasion of fever, affecting them either while still at Sierra Leone, or else soon after embarkation on board ship. At St. Helena, it appears, where prizes are also now sent for adjudication, the crews are landed without the slightest risk of contracting any serious ailment. The danger of the occurrence of fever among prize-crews, after landing, arises from their own excesses and carelessness, in recklessly exposing themselves to the influence of the causes which have been so repeatedly shown to be capable of generating that disease. As a means of prevention, the "Conflict" gun-brig, roofed over, was moored in the river, for the reception of prize-crews; but they could not be prevented going on shore, and also committed many irregularities on board. "The vessel, at the same time, appeared to have acquired within herself the power of generating disease. The same was observed to have occurred in the "Magnificent," moored in the harbour of Port Royal, in Jamaica, and it is believed to the "Serapis" before her. The "Grampus" hospital-ship in the Thames, at one time, seemed to have acquired similar properties, or to have become impregnated with some principle obnoxious to health."

The other causes, nature, symptoms, and treatment of the fever, with the means of prevention, will be considered on a future occasion.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

JUNE 29.—J. M. ARNOTT, Esq., F.R.S., PRESIDENT.

FATAL CASE OF DYSPHAGIA, PRODUCED BY A POLYPOUS GROWTH IN THE ŒSOPHAGUS. By R. ARROWSMITH, M.D., Senior Physician to the Coventry and Warwickshire Hospital.

THE patient, a ribbon-weaver, aged forty-eight, not previously unhealthy, came under the author's observation at the Hospital, in March last, having much difficulty of swallowing, with frequent, and, at times, severe cough, (always excited by attempts to swallow, but occurring independently of them;) copious frothy expectoration; fever, but no dyspnoea. The dysphagia gradually increased until deglutition became nearly impossible. Attempts were made to pass a tube into the Œsophagus, but without success, and they occasioned at the time so much spasm of the glottis, as to endanger life. It occurred to the author, that if tracheotomy were performed, respiration might be carried on through a tube left in the trachea, while more persevering attempts were made to pass instruments into the Œsophagus. This operation was therefore performed, and a tube left in the trachea. After this, the attempts to pass a tube proved equally unavailing, though the power of swallowing was improved for a few days. The dysphagia, however, shortly increased, and death ensued on the 14th of May, purely from inanition, about fourteen weeks from the apparent commencement of the disease. On examination after death, a polypous growth was discovered at the commencement of the Œsophagus immediately behind the glottis; it was rather larger than a walnut, and attached by a short fibrous base, commencing about half an inch from the posterior commissure of the glottis, and extending for the same distance in a straight line in the axis of the Œsophagus. The tumour formed, on the one hand, a mechanical obstacle to the perviousness of the Œsophagus, and on the other, by passing under the epiglottis during attempts to swallow, prevented the closure of the glottis, and thus allowed fluids to pass down the trachea. The author, in conclusion, refers to various writers who have related cases of polypus in the Œsophagus, but remarks that the one now recorded, differs from any he has seen referred to, in the dysphagia being complicated with, and greatly increased by, the tendency of food to pass into the glottis.

A CASE IN WHICH A LARGE POUCH WAS FORMED IN THE ŒSOPHAGUS, IN CONNEXION WITH CONTRACTION OF THE CANAL.
By W. C. WORTHINGTON, Esq., F.R.C.S.E., Senior Surgeon to the Lowestoft Infirmary, &c.

The author commences by observing that this lesion has been noticed by Sandifort, Mechel, Copland, and Rokitsansky, and refers more particularly to two cases described by Mr. Ludlow, of Bristol, and Sir Charles Bell. The case now related was that of a gentleman aged sixty-nine, of robust constitution, who experienced slight dysphagia for three years before his death. In January, 1846, deglutition became more impeded, accompanied with emaciation. In July the author was consulted, when there was great difficulty in swallowing, especially solids, and the passage of any food by the Œsophagus was attended with a gulping noise. After consultation with Mr. Crosse, of Norwich, attempts were made to pass bougies, but they proved abortive. From this time the patient gradually lost flesh, though he continued to take food, and it was often observed that a portion appeared to be swallowed, and for a time retained, but was shortly returned by regurgitation, little changed. For some weeks before death the patient was sustained solely by nutritious enemata. On examination after death a pouch was found behind the Œsophagus, opposite the cricoid cartilage, hanging down between the trachea and Œsophagus, three inches and a half long, and two inches and a half in circumference. Immediately behind the cricoid cartilage, and on a level with the commencement of the pouch, there existed a stricture formed by a transverse fold of mucous membrane, admitting only a large-sized urethral bougie; the Œsophagus below was contracted, but the mucous surface healthy. The author concludes with some remarks on the diagnosis of these cases during life, and the best mode of treating them.

Dr. COLEY stated that he had met with a case somewhat analogous to the first case—to that detailed by Mr. Worthington. The patient was a medical man, who suffered from the symptoms of dysphagia for sixteen years. He consulted the late Mr. Cline, by whom the existence of a preternatural pouch in the Œsophagus was discovered, but who overlooked the principal cause of disease—a stricture of the upper part of the Œsophagus. The patient was under Dr. Coley's care only during the last three months of his life. Whalebone bougies, of a peculiar construction, similar in form to those used by Sir Charles Bell, were employed, but appeared to produce considerable irritation. The patient died from inanition and excessive thirst, he being totally unable to swallow liquids even. There was one symptom which was present in this case, which has not been mentioned by writers—excessive congestion of the velum pendulum palati, the tonsils, and, indeed, of the whole throat. At the post-mortem examination, there was found a pouch three inches long, and one in diameter, at the lower part of the pharynx, and a stricture at the upper part of the Œsophagus, in an advanced state of carcinoma. The stricture, Dr. Coley thought, was the primary disease; the pouch of ulterior formation, the result of a process similar to that which takes place in the bladder, by the separation of its fibres, from severe and long-existing stricture in the urethra. A case of stricture of the Œsophagus was published in one of the medical journals many years since, which was cured by mercury; and he (Dr. Coley) believed that a similar result would follow the exhibition of mercury and iodine, in the treatment of incipient stricture of the Œsophagus, providing it were not dependent on carcinoma. He thought there was some analogy between these cases and the stricture in the lower part of the intestinal canal. Dessault published the particulars of a stricture in the lower bowel, cured by the internal use of mercury. The disease was supposed to be of syphilitic origin, but of that there was not any positive proof. He (Dr. Coley) had at that time under his care a case of stricture of the rectum, with copious offensive discharge, which was getting well under the use of mercury; and in that instance, the disease was decidedly not syphilitic. He thought this plan of treatment should be had recourse to in all cases, before employing local remedies, the use of which he deprecated, as likely to cause great suffering and irritation, such as marked their application in the case he (Dr. Coley) had detailed.

Mr. ARNOTT remarked that the late Mr. Cline had the reputation of being one of the ablest surgeons this country had ever produced. Dr. Coley had stated that Mr. Cline had detected the existence of the pouch in the Œsophagus, but not that of the stricture. He (Mr. Arnett) wished to know how long a time elapsed between Mr. Cline's attendance on the case, and that of Dr. Coley, and also how Mr. Cline had ascertained the existence of the Œsophageal pouch?

Dr. COLEY replied, that the patient was seen by Mr. Cline

about sixteen years before his death, before the more distressing symptoms of stricture had occurred. The only symptoms of the disease were, regurgitation of fluids, and difficulty of swallowing. The existence of the pouch was recognised by the bougie.

ON THE STATE OF THE NERVOUS SYSTEM IN PARALYZED LIMBS.
By R. B. TODD, M.D.

In this paper Dr. Todd demurs to the views of Dr. M. Hall, which ascribe an increased irritability to the muscles of paralyzed limbs, where the lesion is in the brain, and make a distinction between spinal and central palsy in the loss of irritability of the paralyzed muscles in the former case, and its augmentation in the latter. Dr. Todd adduces a series of trials, on cases of hemiplegic paralysis, by means of galvanism, in the great majority of which the palsied muscles respond less to the galvanic stimulus than the healthy muscles; while in others the paralyzed muscles are more excitable; and in others, again, they are equally excitable with the muscles of the sound limb. The author adduces proofs to show that the difference in the excitability of the muscles, in cases of paralysis, is due to the different state of the nervous force in the nerves of the palsied limbs: in one class of cases it is in a minus condition, in the other it is in a plus condition, and in a third it is unaffected by the cerebral lesion. The author further points out, that, in his opinion, the muscular irritability has nothing to do with the phenomena in question; that that power is always in direct proportion to the nutritive condition of the muscles; and that the effects of galvanism, when propagated through the nerves, is not a true test of the state of the irritability of the muscles, but rather of the excitability of the nerves themselves. Dr. Todd offers a new explanation of the tendency of strychnine to affect paralyzed limbs first. According to his view, the strychnine accumulating in the blood is attracted in greatest quantity to the side of the brain on which the lesion exists, and excites irritation there, which, according to the usual law of cerebral influence, is propagated to the opposite side of the body, or to the paralyzed muscles.

CASE OF POPLITEAL ANEURISM. By W. H. JUDD, F.R.C.S.E., Surgeon in Ordinary to His Royal Highness Prince Albert, Surgeon-major Scots Fusilier Guards, &c.

(Communicated by Dr. WEBSTER.)

Corporal D—, aged thirty-two, was an agricultural labourer in 1827, when he suffered from a severe fracture of the right thigh, and the bone was again broken before the cure was complete. He came under the author's care in October, 1846, for a pulsating tumour, about the size of an egg, in the right popliteal space. This could be emptied, and the pulsation in it was arrested by pressure on the femoral artery; in short, it was clearly an aneurism. His health was good. He was bled twice to sixteen ounces, and purged; but the symptoms remaining unrelieved, it was decided to try the effect of pressure, with which view the Italian clamp was employed. This was worn irregularly, in consequence of the patient not being very tractable, for four days; and on the fifth, although forbidden to rise from the horizontal posture, he removed the clamp, and got up, and soon felt something give way, and a hot sensation extending down his calf. This was followed by swelling and pain in the leg, together with faintness and pallor. After a consultation with Messrs. Keate and Guthrie, the author determined on placing a ligature round the femoral artery in the usual position. The operation was forthwith performed, (Nov. 1st,) and followed by relief to the patient's suffering. On the third day, the wound was nearly healed, except where the ligature hung out; but the pulse was very rapid, and the temperature of the limb low. The calf also was blue, and the foot cedematous. On the fourth day, a blush appeared in the ham, and gangrene speedily supervened. On the eighth day, an incision was made through the slough into the aneurism, and putrid serum flowed out. Tonic treatment and support were continued. On the twelfth day, symptoms of trismus made their appearance; and on the fourteenth, the tetanic spasm had extended to the frame generally, when death put an end to his sufferings. On examination of the limb, the false aneurism was found to occupy the whole calf, and was lined by a dark-red and an inflamed membrane. The femoral artery was plugged above and below the ligature. The popliteal artery entered the upper part of the true aneurism, and projected about two lines within the sac, above and below, where it appeared like a tube broken irregularly across. The author concludes by some observations on the cause of mortification and tetanus in this case, and by ex-

pressing his opinion that the injury received in 1827 may have laid the foundation of the disease which ultimately proved fatal to his patient.

ON A PECULIAR INJURY OF THE UPPER END OF THE HUMERUS, ENTERING INTO THE COMPOSITION OF THE SHOULDER-JOINT, OBSERVED IN SIX CASES, WITH A DESCRIPTION OF THE APPEARANCES DISCOVERED SOME YEARS AFTERWARDS, ON THE DEATH OF ONE OF THE SUFFERERS. By G. J. GUTHRIE, Esq.

(Communicated by the President.)

The author commences by drawing attention to a clinical lecture delivered by him at the Westminster Hospital, in 1833, and subsequently published; and to a second, which he delivered in 1837; wherein he made some remarks on cases of an undescribed injury of the shoulder-joint. An opportunity having recently occurred, of verifying the diagnosis by examination after death, in the sixth case, he takes the opportunity of bringing the subject before the public, in consequence of the interest which naturally attaches to such cases, but especially because Mr. Smith, of Dublin, has expressed his belief that the injury in question was similar to one he had the opportunity of examining. After giving the report of Mr. Smith's case, from which it appears that "the greater tuberosity, together with a very small portion of the outer part of the head of the bone, had been completely separated from the shaft of the humerus," the author proceeds to describe the particulars of his sixth case. The subject of it was forty years of age, and his recovery was tedious; he, however, regained sufficient use of the arm for all useful purposes of his trade, except when he attempted to work above his head. In November last, the man died, and the humerus was removed for examination. The opinion expressed respecting the nature of the injury, when under treatment, was, that there was a longitudinal split of the humerus, by which the small tuberosity was separated from the head of the bone, the anatomical neck of which was broken. This diagnosis proved essentially correct; but, in addition to the above injury, a second split appeared to have extended downwards, partly separating the greater tuberosity, and extending underneath, towards the shaft of the bone. The bicipital tendon was probably torn through at the time of the accident, as the groove was partially blocked by new ossific deposit. The author concludes by referring to some clinical remarks, bearing on the point, by Mr. Hancock, and by repeating his persuasion that Mr. Smith was mistaken in supposing that his (the author's) cases were similar to those which he (Mr. Smith) had described.

ON THE SOURCE OF HÆMORRHAGE IN PARTIAL SEPARATION OF THE PLACENTA. By W. D. CHOWNE, M.D.

The paper defended the doctrine, that in such cases the hæmorrhage is essentially and mainly from the veins of the uterus, which become exposed at that part whence the placenta is separated. Several inferences are adduced from the influence of contraction and non-contraction of the uterus—from the relative effects of hæmorrhage on the mother and on the fœtus—from the character of the blood effused, and from analogical considerations in relation to the pulmonary circulation in extra-uterine life, and the placental circulation in utero. The paper adduces also inferences drawn from the anatomical structures, and the functions of the parts concerned; and, also, from the hæmorrhagic phenomena connected with *inversio uteri*, together with the diagnosis founded on these phenomena; and it cites, with regard to the source of hæmorrhage, as demonstrated to the observation, the experience afforded by Cæsarian operations.

AN ACCOUNT OF THE STRUCTURE OF A NÆVUS. By JOHN BIRKETT, F.R.C.S.E., Demonstrator of Anatomy at Guy's Hospital.

(Communicated by T. B. CURLING, Esq.)

The structure described by the author was a soft, bluish nævus, which was removed from the back of the hand of a young man, and consisted of areolar tissue, epithelium, with capillary and larger vessels. The mass was divisible into lobes, each possessing a distinct fibrous capsule. These lobes admitted of inflation, when isolated and encircled with a ligature; a subsequent section exhibited a reticular arrangement in their interior. The cells thus formed communicate with each other; but many of the lobes are isolated and distinct. The septa are composed of delicate fibrous tissue, covered by a tessellated epithelium; a basement membrane and yellow fibrous element are also present at various parts. The vessels

(which were not injected) could not be traced into the septa, nor did they appear to open into the cells. Vessels, however, were discovered, passing from the corium to the septa, upon which they were lost. Interspaces, or reservoirs, between the corium and lobes (communicating with each), have veins opening into them, and each lobe appears to possess two or three small arteries, which constitute its independent supply. The author remarks that these tumours are not exclusively entitled to the appellation of "vascular or bloodvessel tumours," and he regards them as more closely resembling the *corpora cavernosa* than any other tissue, and considers that they ought to be classed with the fibrous tissues, resembling them probably in their development and mode of nutrition. The author concludes with some practical remarks, and an enumeration of the different modes of treatment which should be adopted for the cure of the disease.

Foreign Department.

FRENCH MEDICAL JOURNALS.

Operation for Varicocele, by Torsion.

M. VELPEAU, in a clinical lecture, gives an account of the plan of operating for varicocele, by torsion, as devised by M. Reynaud, and modified and practised by M. Vidal de Cassis.

In the operation for varicocele, it is the object, not only to obliterate the veins of the spermatic cord, but also to raise the affected testicle, which, as is well known, sinks to a lower level than the other; for by so doing the danger of relapse is lessened. M. Vidal proposes to accomplish this end, along with the obliteration of the veins, by the plan he advocates. Although it is difficult to describe an operation in words, we shall endeavour to give a succinct description of the one in question. Two portions of silver wire, one double the thickness of the other, are threaded severally through a lancet-shaped needle: the operator then isolates, with his fingers, the *vas deferens* from the varicose spermatic veins, pushing the former backwards, whilst he draws the veins forward in a fold of skin. The larger needle, with the thicker wire, is now passed through the skin, between the *vas deferens* behind, and the varicose veins in front. This being done, the wire is slightly bent, so as to give it a concavity, looking forwards. The veins are then released from the grasp of the fingers, and a fold of skin pinched up from over those vessels through which the second needle, with the finer wire, is passed, and thus the wire occupies a position anterior to that of the veins. The needles are introduced and escape through the same openings, which, hence, are but two in number, and, consequently, the operation may be regarded as subcutaneous; and from their position, the wires embrace the dilated veins between them. All this having been accomplished, the wires are cut so as to leave about an inch projecting from each of the orifices made; and then, a very gentle movement of rotation and torsion is exerted on the greater wire. Now, it is easily seen that, in proportion as this torsion is made, the loop of wire in which the veins are engaged contracts in its dimensions, and so exerts a compression on the veins, and soon, these vessels, at first, only so compressed, become rolled around the thicker wire, like a rope round a roller, while the *vas deferens* remains intact behind. The more turns made, the higher is the testicle drawn up towards the abdomen, and thus the ascent of that organ is effected. The loose skin of the scrotum seems, also, to be a little rolled up, following the movement exerted on the spermatic veins by the torsion of the wires. A little circular pad is lastly placed on the skin between the two punctures which give passage to the wires; the ends of the wires are bent back over this pad, and twisted together by pincers.

Since this plan was devised, M. Vidal has operated on hundreds of cases of varicocele, and has never met with any accident, nor has had any failures or relapses. If such brilliant success has attended such practice, it is indeed worthy of the consideration of surgeons generally, and certainly deserving of trial. It is a very simple process, but very mechanical, and rather coarse in appearance; but on this account it should by no means be neglected, for as much may be said of many surgical manœuvres.

ACADEMY OF SCIENCES.

New Method of procuring Insensibility under Operations.

Our inventive neighbours, the French, have contrived a new plan of procuring insensibility. M. DUCROS is the surgeon who practises the method alluded to, and has communi-