

the chloral hydrate, taken a short time before the threatened attack, by inducing sleep, prevents the recurrence of the paroxysm. This patient had previously taken all the remedies usually prescribed for mitigating the severity of asthma, but with very unsatisfactory results. Since she has been taking the chloral hydrate, the attacks, which before were both frequent and severe, have become much less so, and the breathing, which is permanently embarrassed, is certainly much relieved. The cough continues as severe as ever, but the patient expresses herself as "feeling quite a different person" since she has been taking this preparation.

I have little doubt that the chloral hydrate is much to be preferred, both as a hypnotic and an anodyne, to opium or any other drug with which I am acquainted; and I firmly believe that, as it becomes more generally appreciated by the profession and the public at large, it will be found one of the most valuable remedies of its class which we possess.

Maidstone, Feb. 1870.

## A Mirror

### OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

#### KING'S COLLEGE HOSPITAL.

#### TOTAL LOSS OF NOSE THROUGH DISEASE; RHINOPLASTY BY A NEW METHOD; SUCCESSFUL RESULT.

(Under the care of Mr. JOHN WOOD.)

COSMETIC SURGERY has not arrived at such a state of perfection as that a new process for the restoration of a lost nose will be unacceptable to those charged with the task of supplying so important a feature. The result in the following case was good.

John R—, aged twenty-seven, was admitted on the 13th September, 1869. The nose was entirely absent, the centre of the face presenting a large orifice, the margins of which were formed of tense cicatricial tissue. This hideous disfigurement was the result of a slowly spreading ulceration, which commenced in the summer of 1867, in the East Indies, after an attack of scurvy, and persisted up to November of the following year, in spite of caustic applications. The disease commenced at the left internal canthus, and finally invaded the palate bone, causing in its progress an almost complete destruction of the nose. The man's condition had been rendered more distressing by an unsuccessful attempt which had been made, before his admission under the care of Mr. Wood, to form a nose from the skin of the forehead. The patient, who seemed a healthy man, was extremely anxious to have something done for his relief, and expressed himself as willing to undergo any operation, however slight might be its chances of success, for he felt that his condition could not be rendered worse.

*Operation*, Sept. 18th.—The patient having been placed under the influence of chloroform, Mr. Wood took from the integument of the face, on either side of the central chasm, two large leaf-shaped flaps, the pedicles of which were directed towards the corresponding internal canthi, and made broad in order to permit a full vascular supply to the bodies of the flaps. A greater extent of flap was made on each side than seemed necessary at first sight for covering the nasal aperture, in order to allow for the subsequent shrinking of the skin, and the retractile action of the included muscles. After this stage of the operation had been completed, the upper lip was divided from above downwards, on either side of the median line, and an oblong flap formed, which was then elongated by a slit having been made between the mucous and cutaneous surfaces, as far as the free border of the lip, which was not cut through. The long and

thin flap thus formed was turned upwards, and fastened by a suture to the upper edge of the nasal chasm, and the external flaps were then carried inwards from the cheeks, and applied over its anterior raw and bleeding surface. The long strip of living and vascular tissue thus formed by the division of the outer from the inner surface of the lip, made a good base of support for the new nose. The lateral flaps were stitched together in the median line, and to the tissues at their outer edges, with the exception of a small portion on the left side, where the tissue was cicatricial, and too thin to allow of extension. The wound in the upper lip was then closed by pins and twisted suture. In the final stage of the operation, the edges of the large gaps formed by the removal of the lateral cheek flaps, were brought together, and towards the middle line, by sutures of thick wire passed from one side of the face to the other, and made fast at both ends to pieces of an elastic urethral bougie. The soft tissues of the cheeks were previously detached over a great extent from the bone beneath, in order to facilitate the inward gliding of the integument over the raw surfaces, and also to prevent the zygomatic muscles from acting on the new nose. Before the patient's removal from the operating theatre, a small apparatus, consisting of two pieces of elastic catheter, traversed by a piece of wire bent at an acute angle, was passed behind the newly-formed septum, and under the lower margins of the lateral flaps, in order to allow the passage of air, and to support the transplanted and flaccid alæ.

From the date of the operation the case made favourable and rapid progress. On October 30th the patient was shown in the operating theatre, and then presented a great improvement in his personal appearance. The large and unsightly aperture in the centre of the face had been covered over with sound and firm integument, and was somewhat elevated above the level of the surrounding parts, forming a very useful nose.

Mr. Wood, in his remarks upon the case, stated that the man had been retained in the hospital for a short time, as he intended to devise some small instrument for insertion behind the newly-formed organ, in order to render it more prominent.

#### LONDON HOSPITAL.

#### THE USE OF OPIUM IN STRANGULATED HERNIA.

(Under the care of Mr. MAUNDER.)

In a recent case of strangulated hernia, where the effect of a single subcutaneous injection of half a grain of morphia had been very marked, Mr. Maunder took the opportunity of pointing out the danger that might result from the use of opium in such cases. "This drug should never be administered," he said, "to a patient the subject of strangulation, unless the surgeon has determined to resort to operative interference for the relief of the latter within the space of from three to four hours subsequently, provided that the taxis, aided by chloroform &c., fails to effect reduction. In the case alluded to the patient had vomited up to the moment of the administration of the drug; abdominal pain and tenderness in the neck of the tumour ceased after its use, the stomach retained half a basin of beef-tea, and the patient felt 'quite relieved.' But strangulation persisted, as was known by the unaltered condition of the tumour, and by the absence of expansive impulse on coughing. In this way the soothing effect of the drug might ultimately lead to the death of the patient, unless the medical attendant fully understood that during this apparent improvement serious pathological changes were occurring in the contents of the hernial sac." With regard to the seat of stricture in femoral hernia, while operating on another case, Mr. Maunder remarked that, although in very many cases Gimbernat's ligament was its source, yet sometimes, as in this instance, some tight fibres on a deeper plane were the cause. He accordingly advised care in the use of the knife, lest this structure be unnecessarily cut, and the crural ring be thereby enlarged. To avoid this error, if the director be passed between the ligament and the neck of the sac, and can then be moved somewhat from side to side, the ligament is not the seat of stricture, and must not be cut; but it must be looked for either in some

deeper fibrous bands or in the sac itself. In reference to chloroform as an aid to taxis, Mr. Maunder had observed that reduction was often effected just when the breathing became stertorous, in cases where similar means without chloroform had failed.

### LOCK HOSPITAL.

#### TREATMENT OF CHRONIC URETHRAL DISCHARGES.

(Cases under the care of Mr. BERKELEY HILL.)

OUT of 1282 males who had urethral discharge in 1869, 245 had allowed the discharge to become chronic before they applied at the hospital. In most of them a persistent, scanty discharge constituted the symptoms. In such cases the canal was first examined with the endoscope or with the olive-headed bougie. The endoscope has been very unsatisfactory in use, notwithstanding that Mr. Hill employs a light, handy instrument, fitted with a fish-tail gas jet, instead of the cumbrous paraffin lamp commonly used; but the surface which can be illuminated is so small, and the tube excites so much soreness or discomfort, that latterly the olive-headed bougie has superseded the endoscope. This can be passed without distressing the patient, and gives very exact indication of the condition of the urethra, distinguishing the diseased from the healthy localities. The bougies used for examining the urethra are of black gum, very flexible and slender in the stem, which is marked with a ring at every successive inch from the base of the olive. The head, usually shaped like an olive, Mr. Hill has had made conical, one-third of an inch long from the point to the base, where the head corresponds to some number of Weiss's catheter scale. The most convenient series is from No. 4 to No. 16. When passing along the urethra this conical head is impeded by any inequality in the mucous membrane, and causes a little smarting as it passes over an excoriation or inflamed part; but when the obstruction is passed by the head, the slender stem allows the instrument to travel along without inconvenience till the next thickening is reached. In withdrawing the bougie, the base of the olive strikes the impediment first, of which the position may be ascertained by noting how much of the graduated stem is within the urethra.

So accurate is the olive bougie in revealing the inequalities of the interior of the canal that a No. 6 will often stop at an obstruction that a No. 9 or 10 ordinary bougie, and a still larger tapering probe-pointed one, will slip past. Thus the position and length of patches of chronic inflammation, where the mucous membrane has lost its pliancy to only a small extent, but which ultimately become indurated masses that seriously contract the canal, are detected by the olive bougie at a stage when the ordinary bougie gives no evidence of their existence. In the urethras examined in this way the following conditions were found: stricture, 62; tender points or excoriations, 30; false passage, 1. The urethra was not examined in all the cases, and in six of those examined a No. 14 or 16 olive-headed bougie traversed the canal without causing any soreness, or experiencing any impediment.

Some of these obstructions were also examined with the endoscope, and were then seen to be deep-red patches on the mucous membrane, or, in a few instances, actual excoriations of the surface were observed. The following are examples:—

CASE 1.—Muco-purulent discharge for the last two months; no congestion of the meatus urethræ; no pain or scalding. A small patch of redness was seen at five inches down the urethra; elsewhere the canal had the normal pink colour.

CASE 2.—For several months flocculent discharge in the urine; irritation in the perineum, where induration for one inch along the middle line is felt externally. At five inches an excoriation, or shallow ulcer with defined edges, which bleeds when touched, is seen.

CASE 3.—A stricture at three inches, which allows No. 3 to pass, but stops No. 4. The endoscope showed redness of the membrane, but no peculiarity of the passage, though the tube was abruptly stopped at three inches.

Besides the ordinary remedies of cubebs in frequent doses, &c., many of these cases were treated by injecting a few drops of caustic solution (one scruple to an ounce) of

nitrate of silver directly on to the diseased points by a syringe contrived for the purpose. A straight silver tube, the size of No. 8 catheter for one inch of its length, is perforated at the nozzle with fine holes on all sides, the remainder of the tube being only as large as No. 4 catheter, and marked at each inch from the nozzle. Along this slender part a little clip slides backwards and forwards; at the outer end a small glass graduated syringe fits on. When the instrument is to be used the clip is slid along the stem as far from the nozzle as the tender point or obstruction is from the meatus urethræ. The instrument is then introduced, and one or two drops of caustic injected on to the point of disease. A few applications in this way have cured discharges that have lasted several months, and resisted multifarious treatment. If the canal is contracted as well, the treatment is continued by passing bougies until the calibre of the canal is restored. The bougies employed for this purpose are almost always of black gum, with tapering ends and probe-points.

### MIDDLESEX HOSPITAL.

#### CASE OF MORBUS COXÆ.

(Under the care of Mr. HULKE.)

A BOY, aged ten, who had been admitted under Mr. Shaw's care in March, with disease of the left hip-joint, was transferred by him to Mr. Hulke in May. Mr. Norton, house-surgeon, has supplied us with the notes of his case.

The left thigh and leg at this time were very wasted, the limb one inch shorter than the other, and the foot everted. There was much swelling over the front of the joint, filling the hollow of the groin, a large fluctuating swelling in the buttock, and three copiously-discharging sinuses on the front, inner side, and back of the upper part of the thigh. The slightest movement gave great pain; his rest was much broken by starting of the limb, and his strength was fast failing. His liver was not large, there was not any albumen in his urine, and he had no diarrhoea.

May 27th.—Mr. Hulke excised the upper end of the femur (the caput and cervix femoris had almost disappeared), and removed some exfoliated sequestra from the acetabulum, through the curved incision (Billroth's), which he now always adopts. This cut is begun at the centre of an ideal straight line drawn from the anterior superior iliac spine to the upper border of the great trochanter, and it ends behind and below this latter process. The wound was washed with a solution of chloride of zinc, a drainage-tube was passed from it through the lowest sinus in the thigh, and after this a De Morgan's extension-splint was put on. He slept better the same night. Much of the cut healed by first intention. The discharge was always inodorous, and moderate. His appetite improved, and he gained flesh and strength.

In September, with a leather splint, which fixed the thigh to the pelvis, he was able to go out into the garden, and in October he was dismissed, comparatively robust, able to flex and extend the thigh through a considerable range, and to bear some weight on the limb, which was only one inch shorter than its fellow. The girth just above the knee was also only one inch less than that of the other thigh at the same place. The foot was quite straight, neither everted nor inverted.

## Provincial Hospital Reports.

### NORFOLK AND NORWICH HOSPITAL.

#### CASE OF POISONING BY CORROSIVE SUBLIMATE.

(Under the care of Dr. EADE.)

J. C—, aged forty-nine, was admitted on Sept. 19th, 1869. At 10.30 P.M. on the preceding day, whilst under the influence of drink, he had swallowed a small lump of corrosive sublimate, which remained in his stomach about an hour, and was then ejected by an act of vomiting. An hour later he was seen by a medical practitioner, who gave an emetic, and used the stomach-pump. On admission the