

applying freely to the core of the festering pimple the acid nitrate of mercury, go far to prove the truth of this opinion.

It is extremely unfortunate that the carbolic acid cannot always be brought into sufficient contact with carbuncles in their early stage—partly because of the insufficiency of the sieve-like openings, and partly because the parasite-studded (?) growth may have already extended beyond the central portion over which these are situated. But even with a very imperfect application I have observed a distinct retardation of the circumferential spread when the acid has been carefully introduced into these holes, conveying to my mind the impression that some destructive influence had been exerted upon the central root or stem of the diseased mass; and in all cases which I have hitherto observed, no extension of the disease has taken place from any part to which the acid has been fairly applied. Hitherto I have only applied it through the natural openings, or after the mass has been exposed by incision or caustic; but I think it extremely probable that a beneficial effect would be produced by the subcutaneous injection of a watery solution of the acid around its edges (after the manner in which it has lately been employed in the case of spreading erysipelas and some other diseases), or possibly the spread of a large carbuncle might be stayed by drawing through it some small loop-holed drainage-tubes, and allowing the carbolised fluid freely to percolate through these.

The strength of the solution of carbolic acid which I have employed has been about one part of the acid to four or five of the solvent (oil or glycerine), and its efficacy, I would repeat, has appeared to be limited almost absolutely to those parts with which it could be brought into actual contact; and although it appears occasionally to have produced injurious effects when used in large quantity, yet I have kept a large sloughing and granulating surface for days together constantly covered with the carbolised oil, without any harm arising, although the urine soon presented the peculiar blackish colour which has been several times observed during its employment.

I will only further add that, in looking over the various methods of treatment which have from time to time found favour with the profession, there seems to have been a constant under-current of feeling in favour of such remedies as have a more or less caustic or antiseptic (? parasiticide) influence. Terebinthines, resinous applications, caustic potash, and several other caustics have been held by various competent authorities in high esteem, and their partial usefulness would seem to fortify the theory of the vital, the living nature of the disease—a theory which I think is greatly supported by the decided influence upon it of carbolic acid, a substance so well known to possess a special power of preventing the increase and development of low forms of life and cell-growth.

Norwich.

CONCERNING THE EARLY DAYS OF OVARIOTOMY.

By JOHN GORHAM, M.R.C.S.

IN the year 1839 a paper of mine was published in the pages of THE LANCET, entitled "On the Propriety of Extirpating the Cyst in some Cases of Ovarian Dropsy." I am anxious to revert to that paper for several reasons, which I shall now as briefly as possible specify. At the time to which I refer (1839) I was a pupil at Guy's Hospital, occupying an advanced post, and not unfrequently taking Dr. Thomas Addison's out-patients when he left for the recess in the autumn. The patients suffering from ovarian dropsy were then, so far as Guy's Hospital was concerned, in a curious, not to say somewhat perilous position: things had come to this crisis, that no medicines, topical or internal, had been found to have any good effect, but rather the reverse, the health of the patients being deteriorated by the large doses of iodine, with not unfrequently mercurial and purgative treatment, while eventually tapping was had recourse to just for the sake of saving the patient's life, or to be repeated should the accumulation in the sac again take place.

This was the state of things in Guy's Hospital in 1839, when the late Dr. Thomas Addison stated to me, before leaving his out-patients in my charge, "Should ovarian dropsy cases present themselves, *do nothing*." I believe that in this hospital nothing was done at that time, saving only a palliative treatment, nor am I aware that at any other hospital in London was there any other treatment more successful. At this juncture I received from Mr. William West, surgeon, Tunbridge, a huge ovarian cyst just filling a large bandbox, and capable of containing, when recent, upwards of twenty pints of fluid, which cyst he had removed from a patient of his near Tunbridge. This cyst was placed in the museum of Guy's Hospital, and a paper was written and read by myself at the Physical Society of Guy's Hospital, stating the nature of the operation, and advocating its performance in future cases. The late Mr. Bransby Cooper was present at its reading, and suggested to me to take the paper up on the following Monday to the late Sir Benjamin Brodie, which I did. A few weeks after the reading of this paper the operation for the removal of an ovarian cyst was performed in Guy's Hospital for the first time, and I am not aware that any other operation had been performed in London prior to this. Unfortunately the patient died, complications attending the case. Still the operation was planted in London, and with what success the labours of Mr. Isaac Baker Brown and the more recent achievements of Mr. Spencer Wells will abundantly testify.

While writing my paper for the Physical Society of Guy's Hospital, it was by a curious coincidence that I alighted upon a description of the identical operation which had been performed by Mr. West. This description was contained in an old book which I accidentally turned up on a bookstall in Lambeth New-cut. I copied it then and there, and introduced it in my paper; and from its important bearings, added to the fact that it was written by no one less than Dr. William Hunter, it may not be out of place to transcribe it word for word:—"If it be proposed, indeed, to make such a wound in the belly as will admit only two fingers or so, and then to tap the bag, and draw it out, so as to bring the root or peduncle close to the wound of the belly, that the surgeon may cut it without introducing his hand, surely in a case otherwise so desperate it would be advisable to do it, could we beforehand know that the circumstances would admit of such treatment." Here, then, in all essential features was Mr. West's operation—the short incision, the emptying of the sac, the pulling it through the opening, and then cutting the peduncle. These four procedures have formed the basis of all the operations which have since been performed, the principal addition being the enlargement of the incision to enable the operator to separate the adhesions, if such existed prior to the withdrawal of the sac. Nothing more needs to be advanced, it is conceived, to show that Mr. William West, of Tunbridge, was in 1839 in advance of the London accoucheurs, for even after he had proved the possibility of success of the operation by demonstrating the sac at Guy's Hospital, his patient being then alive and enjoying excellent health,* still the thing was regarded with grave suspicion in the metropolis, and the first case that was treated by his plan died in Guy's Hospital after an operation by Mr. Morgan, thus offering no strong inducement to a repetition of the experiment. Even Sir Benjamin Brodie returned me my paper without note or comment, thinking, it is more than probable, that as he had nothing practically to offer on the innovation, he might as well be silent altogether. Thirty-four years have now elapsed, and ovariotomy is in this year (1874) an orthodox thing, and takes its rank with the other operations in surgery.

There is another aspect of this subject. It is a painful one; but I do not deem it right to withhold it from the members of the profession. Mr. West has been dead now many years. An only daughter survives him, who is in straitened circumstances. This lady resides at Gravesend, has a small ladies' school which scarcely keeps her, and is also an agent for governesses; but her health is bad, and she has great trouble to live. Should any member of the profession choose to lend her a helping hand, he may do so by sending direct to her address—13, Darnley-street, Gravesend. I believe that some members of the profession are

* This patient lived many years after the operation.

receiving as much as one hundred guineas for a single operation for ovariectomy. May it not be fair to ask these gentlemen to contribute a trifle to the daughter of one who stood foremost in introducing this operation to the metropolis of London, and so to the whole world?

Tunbridge, Kent.

A Mirror

OF

HOSPITAL PRACTICE,

BRITISH AND FOREIGN.

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.

ST. GEORGE'S HOSPITAL.

EPILEPSY AND HEMIPLEGIA IN A GOUTY SUBJECT;
ARTICULATING GLOSSOPLEGIA FOR SOME
DAYS; RECOVERY.

(Under the care of Dr. OGLE.)

THE nature of the lesion causing the paralysis which is sometimes associated with an attack of gout is not yet fully known. It is, however, only reasonable to suppose that it varies in different cases—being sometimes an embolus, sometimes a thrombus, and sometimes a hæmorrhage; and in a few instances the hypothetical metastasis may probably have an actual existence. The groupings of the external signs can only be explained by the aid of the light which comparatively recent researches have thrown on the hitherto almost unknown regions of cerebral physiology and pathology.

The patient, William W—, aged sixty-seven, a stableman, was admitted into hospital June 13th. He had been subject to gout, and drank beer, but had not been a hard drinker. About three years previously he had had a "fit," and a second one before Christmas in 1871; both attacks occurred in the night, and after the fits he was for some time unable to do any work.

On admission, though he could be partially roused, he was unconscious, having been found in his stable in an insensible condition. He was breathing heavily, with the jaws firmly closed. The face was quite motionless. The right eye was drawn *outwards*, and the right pupil was smaller than the left one. The right arm and leg were evidently paralysed as regards motion, and the thumb of one hand was swollen, owing to an attack of gout which he had had a week previously. The heart-sounds were distant and muffled, but no valvular or other bruit existed. The subchloride of mercury, followed by castor oil with a drop of croton oil, was administered, and produced free action of the bowels; and strong beef-tea was given. Soon afterwards he regained consciousness.

At the following day's visit the patient was sensible. He was then quite able to protrude the tongue when bidden. He could not, however, remember his own name, though he clearly understood what was said to him; and he fully knew when the bladder required relief. He had much regained the power of the right arm. There was some want of power in the muscles of the right side of the face, as evinced by imperfect ability to close the right eye as compared with the left; but there was no want of general equilibrium in either side of the face. There was some degree of want of sensibility of the skin of the right arm and leg. There was no difference in the temperature of the two sides of the body. The urine contained a large amount of albumen, and was very acid and very abundant. No urinary casts were found in it. On this day he became unable to protrude his tongue, though he constantly made efforts, and was able to open his mouth freely. The sensibility of the tongue was unimpaired. This inability to put out the tongue continued for five days. On the sixth day the tongue could be protruded as usual; and about this time the fingers of the left hand became affected by gout. This gradually subsided under the use of aperients and the citrate of pot-

ash, with wine of colchicum, every four hours. The patient soon left the hospital able to work, a little albumen in the urine only still remaining.

Dr. Ogle observed that the case was of a kind which in olden days would probably have been looked upon as an instance of metastasis of gout to the brain. The sudden access and the removal of paralytic symptoms on the approach of gout would, in the eyes of Dr. Pavy for example, have obtained for the case the designation of gouty paralysis.

Dr. Ogle spoke of other cases in which the inability to protrude the tongue remained after other paralytic symptoms had passed away. He pointed to some instances of this having occurred after accidents, dwelling specially on an interesting illustration given by a case recorded by Dr. W. Sinkler in Brown-Séquard and Sequin's "*Archives of Scientific and Practical Medicine*,"* of fracture of the lower dorsal vertebræ, with bruising of the head, in which convulsions and loss of speech and hearing occurred, and in which the patient became quite unable to protrude his tongue. He quite recovered, excepting headache by which he was affected, but remained still unable to put out the tongue.

CONSTANT VOMITING AND HÆMATEMESIS REMOVED BY
THE RELIEF OF CONSTIPATION BY APERIENTS IN
AN HYSTERICAL GIRL.

(Under the care of Dr. OGLE.)

The patient was a young girl, Eliza B—, somewhat hysterical, who had originally been admitted into the surgical wards, but was transferred to Dr. Ogle, who found great pain over the whole of the abdomen and much constipation to accompany the vomiting and hæmorrhage; but the state of the pulse, condition of breathing and of the skin, and also the temperature, were adverse to any supposition of the existence of inflammation. Under the use of purgatives—calomel and jalapine—and small doses of sulphate of magnesia, with enemata and suitable mild diet, all symptoms by degrees disappeared, the pain being greatly relieved by hot spongio-piline saturated with laudanum applied to the abdomen, and the vomiting by hydrocyanic acid draughts. The amount of alvine evacuation which was expelled under the use of the aperients was immense, and this abundant relief went on from time to time for two or three weeks, even when she was taking but little solid food, indicating the degree to which fecal accumulation had been going on. Under the subsequent use of valerian, with steel and quinine, and the use of the cold shower-bath, the patient perfectly recovered.

UNIVERSITY COLLEGE HOSPITAL.

CASES OF HERNIA.

(Under the care of Mr. BERKELEY HILL.)

THE following is the conclusion of Mr. Hill's series of hernia cases commenced at page 128, and continued at page 196.

The subjoined case illustrates the benefit which frequently follows the use of the pneumatic aspirator in cases of strangulated hernia. It may be remarked that, as a rule, when this proceeding fails to do good, it does not produce any injury, and in no way interferes with any subsequent operation. It may, therefore, be attempted as one of the preliminary tentative measures. In some instances, however, its effects have not been merely negative, and in a case in which Mr. Hulke used the aspirator liquid fæces escaped, and continued to flow from the wound after the needle had been withdrawn. This untoward event was accounted for by the fact that as a result of inflammation in the walls of the strangulated intestine the various tunics had become fixed and matted together, so that they did not glide over one another and close the puncture made through them, nor could the mucous membrane "pout" through the aperture and close it. It is accordingly desirable, before using the aspirator, to ascertain, if possible, the mechanical and physiological conditions of the obstructed portion of the bowel. It follows, therefore, that although the puncture of

* See No. IV., 1873, p. 311.