

distance; and he advises to tie above and below, as has been done by Mr. Hilton.

3. Touching the cause of death it seems to lie between pneumonia and purulent absorption; it is not easy to say whether the leaving of the sac and its contents had much influence on the subsequent deposition of pus in the neck, as purulent matter was not found in other parts; but it should be observed that cases of phlebitis and purulent absorption had recently occurred in the hospital.

It is worthy of record that the knife, although its point fell vertically on the front of the arm, wounded the artery in its external and posterior portion; and it may be inferred from this slanting direction of the blade, that the wound of the vessel was originally but very small. This peculiar direction of the knife will also account for the great distance which was found to exist between the external wound and the injured portion of the artery.

#### LONDON HOSPITAL.

##### *Hydatid Cyst in the Parietes of the Abdomen.*

(Under the care of Mr. ADAMS.)

A VERY common deviation from normal nutrition is the formation of cysts containing a clear fluid, some of these being nothing but serous bags generated in the intimate texture of certain organs, others possessing a distinct existence, and classed by pathologists among the entozoa, under the name of hydatids. The presence of the latter in the brain, lungs, liver, kidneys or other viscera of the abdomen, is very often observed, and these parasites come so frequently under the cognizance of the physician, that the possibility of their existence in the various kinds of swelling which it is incumbent for him to diagnose, is always taken into consideration. We lately reported a case, under the care of Mr. Hilton at Guy's Hospital, which afforded a good example of the disease, as occurring in the liver, (See LANCET, March 29, 1851, p. 353.) Indeed, so many as four such cases have been treated by Mr. Hilton within the last few years, in each of which the tumour had not yet formed connexions with the parietes of the abdomen. In all these, an incision was made into the abdominal walls, and the sac emptied of its parasitic contents. Two of the patients recovered, the two others died. No pathognomonic signs of the occurrence of hydatids have been yet thoroughly made out; such an advance would certainly be useful in a scientific point of view, and the knowledge of the existence of hydatids in a given swelling might have a great influence on practice.

The treatment of hydatids falls more frequently to the share of the physician than that of the surgeon, if we except such cases where the development of these entozoa in bony structure is made out; nor is this the only exception, for it would appear that hydatids may likewise take their origin in the interstices of the fibres of certain muscles. We lately saw a patient, under the care of Mr. Adams, who presented a good example of such a parasite slowly growing and developing in the muscles of the abdomen; and this circumstance will at once bring before the mind of the surgeon acquainted with the difficulties attending the diagnosis of tumours of the abdomen, the obscurity which must necessarily have hung over the present case. The patient was luckily of the male sex—a fact tending materially to simplify the investigation, as will be seen by the following details:—

Henry N., a young man of fair complexion, spare make, and intelligent look, was admitted Nov. 19, 1850, into Baker ward, under the care of Mr. Adams. The patient is twenty years of age, but looks hardly fifteen, and is of the Jewish persuasion. He is seeking advice for a swelling of the left side of the abdomen, which is giving him no pain, and has been growing for the last five years. A little previous to the period just mentioned, patient had perceived a small tumour on the left side of, and a short distance below, the umbilicus; it was then soft and yielding, and gave no pain or uneasiness on pressure. The swelling increased very slowly, and it caused so little inconvenience that the boy did not mention its existence to any one. He was at last alarmed at the size it was attaining, consulted a surgeon, and was advised to repair to the hospital. The patient distinctly states that he is not aware of any blow or injury to the abdomen, nor of any violent strain in that region.

On admission, a tumour was discovered situated on the left side of the abdomen; it extended from the umbilicus round to the spine, and from the floating ribs to very near the pubis. The swelling was soft and yielding to the finger, and at once gave the sensation of fluid; but it was difficult—not to say

impossible—to make out whether the tumour was connected with the cavity of the abdomen, or merely situated in its walls. Nor was it easy to determine with what kind of fluid it was filled. The first supposition would of course be, that the accumulation was composed of purulent matter, as psoas abscess does sometimes point above Poupart's ligament, ("Mirror," January 12, 1850, p. 65;) but the time which had elapsed, the absence of pain or inflammation, the very slow growth, and the patient's excellent health, were one and all against abscess.

Mr. Adams ordered a soothing treatment; and after having watched the patient for a few days, a very small trocar was carefully introduced into the tumour; this caused the escape of a small amount of clear, straw-coloured fluid. It was, however, perceived that the tumour was not being freely emptied. Mr. Adams therefore made a transverse incision through the skin, about two inches long, cut carefully through a thin layer of muscular tissue, and came down upon a hydatid cyst, which was carefully but very easily enucleated. The fluid, to the extent of about two pints, was retained in the sac, and taken out with it. This took place on the 29th of November; and six days afterwards, the wound having been carefully dressed, and pressure applied, union by the first intention had taken place.

The cyst was rather thick, of a pearly-white, and gave the finger the sensation of consolidated albumen; its size was globular, and when distended measured about six inches in diameter. The internal and secreting membrane was perfectly smooth, and somewhat lighter in colour than the external. Dr. Letheby examined the intimate texture of this cyst, and found that the tissue contained nearly nine per cent. of solid substance, which consisted of fatty matter, albumen, (soluble and insoluble,) and salts. The liquor secreted by the hydatid contained echinococci, and it furnished twenty-five per cent. of solid residue, formed chiefly by a peculiar kind of albumen, together with alkaline chlorides, phosphates, and sulphates.

The patient did not present any unfavourable symptoms; his health had always been and remained excellent; but it was soon perceived, that in spite of the removal of the parasite, a re-accumulation of fluid was taking place in the same locality. Mr. Adams, being unwilling to subject the patient to a second tapping so soon after the first, advised him to leave the hospital for a little while, and then return, when he would again be placed under treatment.

Towards the middle of January, 1851, the young man presented himself again, with the tumour pretty well of the same size as it had been originally. He remained for some time under observation, and Mr. Adams deemed it prudent to endeavour now to dispel the fluid by means of pressure. This was carefully applied, and the patient, after remaining about one month in the hospital, was discharged, and recommended constantly to wear an ingeniously contrived belt which had been constructed for his use, and which exercised a gentle but steady pressure on the tumour.

Mr. Adams had at one time harboured the idea that some disintegration of the fibres might have occurred in a portion of the abdominal muscles, and that some of the contents of the cavity were being protruded through the fissure, forming a ventral hernia, but no positive opinion could be given on the subject.

#### OBSERVATIONS ON THE CÆSARIAN SECTION.

By G. B. KNOWLES, Esq., F.R.C.S., F.L.S., &c.

PROFESSOR OF BOTANY AND MATERIA MEDICA IN QUEEN'S COLLEGE, AND SURGEON TO QUEEN'S HOSPITAL, BIRMINGHAM.

In the discussions which have recently taken place at the meetings of the Medico-Chirurgical Society on the subject of Cæsarion section, as reported in THE LANCET, I perceive that allusion was made to my successful case of Cæsarion operation. As some years have now elapsed since the publication of that case, it may not, perhaps, be uninteresting to some of your readers to be made acquainted with a few particulars respecting it. The operation was performed in May, 1835, and in the autumn of the same year brief notes of the case were read in the medical section at the meeting of the British Association in Dublin.\* By some unaccountable mistake, it was announced that the operation had been performed by Mr. Knowles, of Manchester, instead of Birmingham, and was so reported in

\* The case was afterwards published in the *Transactions of the Provincial Medical and Surgical Association*, vol. iv.

the various periodicals of the day. The same error has been repeated even a few months ago, in the *Edinburgh Journal of Medical Science*, and also in the new edition of Dr. Churhill's *Midwifery*. I have thought it right, therefore, that the error should be corrected, and I am induced more especially to bring the case again before the notice of the profession, in consequence of a remark made by Dr. Lee, in his speech at a recent meeting of the Medico-Chirurgical Society, already alluded to. (See THE LANCET, page 154.) Dr. Lee, after excluding (and apparently with great propriety) the case of Mary Dunally, and that of Mr. Barlow, proceeds to state that "Mr. Knowles's case, and that of Mr. Cluley, related by Dr. Radford, are the only two real cases of recovery out of the fifty performed in Great Britain and Ireland; and whether these persons are now alive, and in what condition they are, no one can tell." My patient, Sarah Bate, at the time she underwent the operation, was thirty-six years of age. She had had four labours and four miscarriages in about eight years, and it was during the period in which these miscarriages took place that the disease in her osseous system was supposed to have commenced, as she became very lame, and complained of constant pain about the hips and loins, which she believed to be rheumatism. In her last, or ninth pregnancy, I did not see her till labour had commenced at the full period of utero-gestation. After a most careful examination, (in which I was assisted by my friends, Mr. Wood, senior surgeon to the General Hospital, Mr. Wickenden, and the late Dr. Ingleby,) it was ascertained that the space left by the distorted bones was only *two inches in the transverse by less than one in the antero-posterior diameter*. The sacrum and lower lumbar vertebræ had, in fact, so far projected and descended into the cavity of the pelvis as to occupy the greater portion of its space. This will readily be imagined when it is stated that after her recovery she was found to have diminished in stature full *nine inches*. In such a case there could be no question as to the mode of practice to be adopted, and even Dr. Lee, I should think, must admit that in such a degree of deformity the Cæsarion section was the only alternative. Of the propriety of inducing premature labour in certain cases of deformity (a mode of practice to which Dr. Lee very justly attaches great importance) there cannot be a doubt in the mind of any experienced practitioner in midwifery. I had recourse to it myself many years ago, and with the happiest results. But at the full period of utero-gestation the choice will sometimes lie between craniotomy and gastro-hysterotomy. To decide upon the *possibility* of delivery by craniotomy in cases of *extreme* deformity is, doubtless, a point of no small difficulty; for let it not be forgotten, that under such circumstances it is one thing to extract, and another to extract with *safety*. My experience, in fact, leads me to believe that craniotomy has often been attempted, and perhaps effected, when gastro-hysterotomy might have afforded the patient an equally good, nay, probably, a better, prospect of recovery; for I am of opinion that if all cases of craniotomy were recorded that have terminated unfortunately, they would form a most fearful and appalling catalogue. Baudelocque, indeed, does not hesitate to assert, that if practitioners had recorded all those cases in which they have delivered, or attempted to deliver, by the use of the crotchet, as has been done with regard to those who have undergone the Cæsarion section, it would not be difficult to prove that many more women have died from the use of the crotchet than from the Cæsarion operation. At the same time it must be freely admitted, and should be regarded, indeed, as a general rule, that where there is sufficient space to admit of delivery by the crotchet, and with a reasonable prospect of safety to the mother, we should never hesitate to have recourse to this mode of practice in preference to the Cæsarion section. This, in short, is a *general rule*, which is invariably kept in view, and acted upon by every experienced and well-informed practitioner; inasmuch as the life of the mother must always be considered as more valuable than that of the child. I cannot but wonder, therefore, that Dr. Lee, in his reprobation of the Cæsarion section, should have so far forgotten himself, and the courtesy that is due to the profession, as to have made, in the course of his speech already alluded to, the following unwarrantable observations:—"This rage for cruel and bloody operations (says Dr. Lee) has spread far and wide, and attempts are being made on all sides in this country, at the present moment, to pervert and corrupt the sound and fundamental doctrines of English midwifery. As a public teacher, and holding a public position, my conscience will not permit me to remain a silent witness of such abominations."

This is truly a most serious, and, I must add, a most unwarrantable charge. Are not accoucheurs in general as anxious for the welfare of their patients as Dr. Lee? Would

they venture upon the hazardous operation of the Cæsarion section, except as a *dernier ressort*? Certainly not. Where, then, are we to look for *this rage for cruel and bloody operations*? Where are *attempts being made to pervert and corrupt the sound and fundamental doctrines of English midwifery*? Nowhere, I verily believe, except in the angry mind of Dr. Lee. Nor am I disposed to admit that Dr. Lee's conscience is more sensitive upon these points than are the consciences of those against whom he has directed his attack. And what, after all, are the circumstances that have called forth these severe animadversions? It appears that the Cæsarion section has been performed lately in two or three cases in which, according to Dr. Lee, the operation was unnecessary. In Mr. Skey's case, for instance, Dr. Lee maintains that he could have effected delivery with the perforator and crotchet, although the diameter from the base of the sacrum to the symphysis pubis was only an inch and an eighth. I have no doubt of the adroitness of Dr. Lee in the use of these instruments; yet I much question the possibility of effecting delivery by cephalotomy in such a case with safety to the patient; and such appears to have been the opinion of the distinguished practitioners who met Mr. Skey in consultation. It seems that neither Dr. Lee, Dr. Collins, nor Dr. Joseph Clarke have ever met with a case in which the Cæsarion section was necessary. This is remarkable, and yet very possible, even in the very extensive practice in which these gentlemen have long been engaged. That cases do sometimes occur, however, in which delivery *per vias naturales* is utterly impracticable, and in which the Cæsarion section offers the only possible means of relief, is a fact that cannot be denied. The necessity for this operation, says Baudelocque, is no longer a problem; it cannot now appear doubtful to any persons, except to those who are interested in opposing it, whatever may be the motive by which they are actuated. Its necessity is as fully established as that of lithotomy, to which no one will dare to object; because it is, in some instances, as impossible to extract a child through the natural passage, as to bring from the bladder a large stone through the urethra. The Cæsarion operation has this peculiarity, that it is always urgent; whilst lithotomy is scarcely ever so; that the least delay in the former may render it useless to the child, and more dangerous to the mother; whilst the latter may perhaps be deferred without any material inconvenience.

It is more than probable that recourse has been had to the Cæsarion section, when the patient might possibly have been relieved by cephalotomy: but has no limb ever been removed by amputation which might have been saved by other treatment?

In the case of deformity at Cupar, in which Dr. Simpson was consulted, and in which it was decided that the Cæsarion section would be necessary, the patient was very unexpectedly delivered, and even without instrumental assistance. Dr. Lee exults in this unexpected termination of the case; and so must every one who possesses the common feelings of humanity; but has it not frequently happened that a case of hernia, after resisting all attempts to return it, has receded spontaneously, while the surgeons were deliberating upon the probable necessity for an operation?

But Dr. Lee does not seem to be aware of the fact (or else he withholds it) that the operation has been much more successful on the continent than in this kingdom. The statistics in this matter are, in all probability, not strictly correct; and yet if allowance be made for various fatal cases not recorded, we shall find, even then, a considerable number of well-authenticated cases, amply sufficient to prove that recovery after this operation is not so hopeless as Dr. Lee would wish to make it appear. M. Simon, in his "*Recherches sur l'operation Cæsarienne*," has investigated the subject with great labour and accuracy, has proved the possibility of operating with success on the living mother, and pointed out the peculiar circumstances under which it ought to be performed. The successful cases enumerated by him amount to seventy-three; among which are four instances in which the same woman had undergone the operation twice; two, three times; one, five times; one, six times; and one, seven times. The successful cases enumerated by Baudelocque as having occurred since 1750, amount to *one hundred and thirty-nine*; the unsuccessful ones to *ninety-two*. There is no doubt, however, that this statement is incorrect, as regards the number of unsuccessful cases. But among modern practitioners, no one seems to have performed this operation so frequently, and with such extraordinary success, as Dr. Hæbeke of Brussels, who is stated to have performed it thirteen times, and thus to have succeeded in saving ten mothers and nine children.

A few years ago, I was favoured by Professor Gibson of Philadelphia with notes of his two interesting cases of Cæsarian operation, which were performed by that distinguished surgeon upon the same woman, and were both equally successful. The first was in March, 1835; the second in November, 1837. It appears, according to Dr. Gibson's account, that these were her third and fourth labours; and that in her two previous labours she had been delivered with great difficulty, after the destruction of the child by cephalotomy. Here again the Cæsarian operation was not performed until it was ascertained that delivery by cephalotomy could not be effected with safety to the patient. I do maintain, therefore, (notwithstanding Dr. Lee's condemnation of the Cæsarian operation,) that where the deformity is such as to make it scarcely possible for cephalotomy to be performed with safety to the mother, we are bound to consider the safety of the child, and are perfectly justified in having recourse to the Cæsarian section.

But it is unnecessary to carry the argument farther;—and I will merely add, for the information of Dr. Lee, and others who may feel interested in this matter, that my Cæsarian patient, Sarah Bate, *lived five years after the operation*, when she died of pulmonary consumption; her husband having died about twelve months previously of the same disease. The child *lived ten months*, when it was suddenly taken off by a fit of convulsion.

#### CONTUSED AND LACERATED WOUND OF THE SPHINCTER ANI AND LOWER PART OF THE RECTUM, EXTENDING ALONG THE ANTERIOR AND POSTERIOR PERINÆUM.

By E. W. TUSON, Esq., F.R.C.S. &c.

On the evening of the 26th of October I was sent for by my friend Mr. Tucker, of Berners-street, to see a case he had been called to. On my arrival at the patient's residence, in Long-acre, upon examination, I found that the external sphincter ani muscle had been torn through; that the rectum had been lacerated, both at its anterior and posterior boundary, the wound extending to more than an inch towards the os coccygis, being deeper at the fore part of that bone than at other parts of the laceration; anteriorly it extended more than half an inch, but the urethra was quite free from injury; there was prolapsus of the mucous membrane of the rectum, which presented a lobulated appearance. The patient was forty-two years of age, and occasionally of an irregular mode of living. The accident had happened by his falling (while he was getting through a trap-door in a loft) upon the post of a French bedstead which had a knob at the upper end, which must have entered the rectum through the sphincter ani; the patient then falling to the ground, the knob of the bedpost lacerated the sphincter and rectum, reflecting a portion of the nates, on the right side, to an extent of some inches laterally. The whole wound presented a very formidable appearance, which the prolapsus ani increased. A question arose—What plan of treatment should be pursued? Should a portion of the wound be brought together by sutures, or not? It was impossible to bring the whole of the wound together without closing the anus. I resolved to return the prolapsus, which was done with some difficulty, but it protruded immediately after I removed my fingers; and as its reduction caused considerable pain, and as it was evident that owing to the division of the sphincter it could not be retained in its natural situation, no further attempt was made. I next brought the anterior and posterior parts of the wound together by two sutures, one being placed between the anus and os coccygis, and the other between the anus and scrotum; water dressing was next applied, a graduated compress, and a T bandage. There had been some loss of blood, which had stopped before we examined the wound. An opiate was given to the patient. On the following morning, we found he had passed a very restless night. He complained of pain in his chest, over the region of the heart, also at the pit of the stomach; the skin was dry; tongue furred and clammy; pulse 80, feeble, intermittent, and compressible. He was allowed a glass of port wine and water, some beef-tea during the day, and was ordered a draught, composed of solution of acetate of ammonia, half an ounce; decoction of bark, one ounce; compound tincture of cardamoms, one drachm; to be taken every six hours.

On the third day after the accident the wound sloughed, the sutures were torn through, and the whole of the exposed surface presented a very unfavourable appearance. The sloughing portions were dressed with a solution of chloride of carbon,

half a drachm to eight ounces of water; warm water dressing applied; a compress and T-bandage. He was to take mock-turtle soup, some game for his dinner, and about five or six glasses of wine in the course of the day. Ordered, decoction of bark, an ounce and a half; tincture of bark, one drachm; aromatic confection, one scruple, every six hours, with a pill of one grain of opium. The following day the slough evidently extended. The patient had passed a very bad night, was delirious; the hand was unsteady, and he suffered much in his chest. Delirium tremens was added to the sloughing of the wound. Four grains of quinine every four hours; a pill of opium, also every four hours, was taken, and a grain of muriate of morphia at night. The quantity of wine was increased and some bottled stout ordered. This plan produced a change for the better: some sleep at short intervals was procured, and a few days afterwards the sloughing parts began to separate, healthy granulations appeared at some places, but the slough towards the anus still remained. The same plan of treatment was followed, excepting the opium being so frequently taken, and a marked improvement was apparent.

Up to the eighth day the bowels had not acted. A pint of gruel, with two ounces of castor oil, was given as an enema, which was retained. On the ninth day, the injection was repeated, but it soon returned unchanged. An aperient draught was ordered to be taken the last thing at night, and the injection on the following morning produced a free evacuation. The prolapsus completely sloughed, and also the whole surface of the wound, at some places to a small extent, at other parts to a greater depth. The wound gradually contracted, and at the end of seven weeks he was quite well. The motions passed freely without pain, and he was able to pursue his usual occupation without any inconvenience.

It was interesting to watch the progress the wound made after the slough had separated, and it was doubtful what the condition of the parts would be when completely healed. The muscular fibres of the sphincter muscle have united; and it was remarkable that Nature restored this muscle with its normal power, particularly after so much of the muscular fibres, both at the anterior and posterior part of the wound, must have been removed. The prolapsus was also cured by the sloughing of the mucous membrane, which removed all appearance of any projection, and when the wound had healed, the parts were in a natural condition. The wound was brought together by sutures, for the purpose of preventing the edges becoming everted, also for producing a degree of support to the prolapsus, so as to prevent a greater portion protruding.

Harley-street, January, 1851.

#### ON THE DRACUNCULUS, OR GUINEA-WORM OF INDIA.

By J. BERNCASTLE, M.D., M.R.C.S., &c., London.

DURING a three months' stay in the Bombay Presidency, I had frequent opportunities of observing cases of this very remarkable disease. Its most common seat appears to be in the feet and legs, but other parts of the body are not exempt. Some pain is often felt; and a pimple appears, which becomes inflamed, and remains chronic, or terminates as a boil: this first calls the attention of the patient to the spot, and he seeks for medical aid, when the diagnosis is soon made out by the worm being distinctly traced with the finger in its course underneath the skin, and feeling hard like catgut. An incision is carefully made at the spot where it was first detected, and the worm being seized with the forceps, is drawn out gently, and wound round a quill, care being taken not to break it by any sudden pull, as it would be very painful to fish it out again from the wound into which it might have retracted. If, after having drawn out a certain portion, there is much difficulty in obtaining any more without using undue force, the quill, with the part wound round it, is carefully secured with a bandage to the patient's leg, and on the next day, he undergoes another sitting, and so on until the parasite is entirely extirpated: *sat cito si sat bene* is here the guide. The operation sometimes causes great pain, according to the nervous sensibility of the part. Some persons have more than one worm at the same time in different parts. Both Europeans and natives are subject to the affection: I met many of the former who had suffered from it, but they were residents. I never knew a casual visitor to India to be similarly affected. The origin of the *dracunculus* is very obscure, and nobody seems to have any idea of the cause of this parasitical animal locating itself in the human subject. Some have thought that bathing in the tanks might occasion it, but there does not appear sufficient ground to establish that as a cause. The disease is.