

The extract of hemp sometimes answers admirably; indeed, were its effects more uniform, it might often be advantageously substituted for opium itself.

In all cases, the return of the convalescent from gastric ulcer to his ordinary diet, should by no means end his precautions with respect to the disease. Many months after a complete recovery, I have known a single excess bring back the whole train of symptoms, with all their attendant dangers. It is therefore only after the lapse of a long period of perfect health that we are justified in suspending the system of diet now described. And no lapse of time will permit the person who has once suffered from this disease to lay aside many of the above rules. The patient ought, in fact, always to retain the habit of taking food in small quantities; making up, if need be, for this by a greater frequency of meals. His food ought not only to be well chosen, and good of its kind, but well cooked and carefully masticated, so as to secure its reaching the stomach in a proper pulpy consistence. And hot food or drink ought to be systematically avoided.

We may end these allusions by offering two precautions respecting the mechanical treatment of gastric ulcer which ought never to be neglected. Firstly, as regards its situation, it is very important to avoid all pressure on the epigastrium, especially where there is much tenderness of this region to such interference. The injurious effect of tight stays, or of any hard substance (such as the end of the last used by shoemakers) is of course obvious enough; though I have reason to believe such pressure may rupture a stomach without its habitual application previously producing much pain. But in the examination which the physician has to make (and which is sometimes imitated afterwards by the patient), we are ourselves bound to remember this injurious effect of pressure; and to be not only very gentle in our manipulations, but very sparing in our repetition of them. Secondly, all violent exercise must be avoided. In cases where life was threatened by hæmatemesis, or by constant vomiting, few would forget to adopt this precaution; in-

deed, the feelings of most patients would soon enforce the recumbent attitude, even if the medical attendant did not prescribe absolute rest in the supine posture. But in persons who merely regard their complaint as an aggravated indigestion, it becomes more necessary to state such a rule;—a rule the infraction of which may be punished at a moment's notice by the terrible accident of perforation, and is almost always attended with both local and constitutional results in the form of pain, vomiting, fatigue, or exhaustion.

Brook-street, Grosvenor-square, Oct. 1856.

THE READY METHOD IN ASPHYXIA.

By MARSHALL HALL, M.D., F.R.S., &c.

A YOUNG friend of mine has proposed to designate the postural treatment of asphyxia the *ready method*, no apparatus of any kind being required. I have adopted the suggestion.

Several important additions and improvements having been made in this mode of treatment, I think it right to lay the last and best form which it has assumed before your readers.

It will be obvious to all, that our main objects are—to renew respiration and improve the circulation. Our *means* are physiological and physical; our *RULES* as follow:—

All obstruction of the glottis being removed by placing the patient in the *prone* position, in which any fluids and the tongue itself fall forward (*Rule I.*) our *first* effort is to *excite* respiration physiologically (*Rule II.*); our *second*, if this fail, is to *imitate* the acts of respiration mechanically (*Rule III.*); our next object is to endeavour to improve the circulation, which is done by promoting the flow of the venous blood, and to restore warmth, in the limbs (*Rule IV.*); we again, as we proceed, revert to the physiological principle of *exciting* respiration from time to time (*Rule V.*)



RULES.

1. Treat the patient *instantly*, on the spot, in the open air, freely exposing the face, neck, and chest to the breeze, except in severe weather.

2. Send with all speed for medical aid, and for articles of clothing, blankets, &c.

I.—To Clear the Throat,—

3. Place the patient gently on the face, with one wrist under the forehead;

[all fluids and the tongue itself then fall forwards, and leave the entrance into the windpipe free.]

II.—To Excite Respiration,—

4. Turn the patient slightly on his side, and
- (i.) Apply snuff or other irritant to the nostrils, and
 - (ii.) Dash cold water on the face previously rubbed briskly until it is warm.

If there be no success, lose no time; but,—

III.—To Imitate Respiration,—

5. Replace the patient on his face;

6. Turn the body gently, but completely, on the side and a little beyond, and then on the face, alternately; repeating these measures deliberately, efficiently, and perseveringly, fifteen times in the minute, *only*;

[when the patient reposes on the thorax, this cavity is compressed by the weight of the body, and expiration takes place; when he is turned on the side, this pressure is removed, and inspiration occurs.]

7. When the *prone* position is resumed, make equable but efficient *pressure* along the spine; removing it immediately before rotation on the side;

[the first measure augments the expiration, the second commences inspiration.]

IV.—To induce Circulation and Warmth,—

continuing these measures:

8. Rub the limbs *upwards*, with *firm pressure* and with *energy*, using handkerchiefs, &c.

9. Replace the patient's wet clothing by such other covering as can be instantly procured, each bystander supplying a coat or a waistcoat.

Meantime, and from time to time,—

V.—Again,—to Excite Inspiration,—

10. Let the surface of the body be *slapped* briskly with the hand; or,

11. Let cold water be *dashed* briskly on the surface previously rubbed dry and warm.

The measures formerly recommended and now rejected by me are,—removal of the patient, as involving dangerous loss of time; the bellows, or any *forcing* instrument, and the warm bath, as positively injurious; and galvanism and the inhalation of oxygen, as useless.

The inhalation of dilute pure ammonia has in it more of promise.

For the treatment of stillborn children, excitement of the skin, the alternate cool and hot bath (the temperatures being 60° and 100° Fahr.), postural respiration, and rubbing with pressure upwards, are *the* remedies; but I propose to treat this subject more at length hereafter.

October, 1856.

TRUE ANCHYLOSIS OF BOTH ELBOWS IN A NEARLY EXTENDED POSITION,

IN WHICH RESECTION WAS PERFORMED ON THE LEFT.

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MAHOMET —, aged thirty-nine, a strong, healthy-looking Turk, of Smyrna, consulted me, on the 30th July, 1855, for ankylosis of both elbow-joints. The forearms formed an angle of about 160° with the arms, and were completely immovable in this position, so that he was unable to put his hands to his head or his mouth, and could only partly dress himself. The movements of pronation and supination were perfect, and he had full command over, and great strength of, the wrist and fingers, as well as free movement of the shoulder and other joints. The triceps, anconeus, biceps, and brachialis anticus muscles were much wasted. *History:* Eighteen years ago he had small-pox, which was followed by inflammation in both elbow-joints, and this terminated in the complete ankylosis just described.

August 7th.—The patient having been put under chloroform, an incision was made across the back of the left elbow-joint, from the outer to the inner condyle, a little above the extremity of the olecranon process, and another parallel with it about two inches below; these were connected by a third incision; and the flap thus made being turned aside, bony matter was found to connect the condyles with the olecranon process, so as firmly to unite the humerus and the ulna, and effectually prevent the slightest movement. The ulnar nerve having been drawn out of danger, the united bones were sawn through from behind forwards, from one condyle to the other, and the remaining bridge of bone, which, for want of the necessary instruments, could not be divided without injuring the soft parts, was broken by placing the knee in the hollow of the elbow and bending the arm across it; small angular portions of bone were removed with the forceps, and the forearm was brought close up to the arm. Two or three vessels were tied, and the flap of skin was replaced, and loosely retained in situ by a few sutures. The limb was then placed on a splint; a pad of wet lint, lightly bound on by a wet bandage, was applied, and the patient sent home, a draught containing sixty drops of laudanum having been given him to take at bed-time. Supination and pronation of the hand, and extension and flexion of the wrist and fingers, were as perfect after the operation as before.

8th.—The patient walked to see me, this morning, a distance of nearly two miles, and looked as well as he did before the operation. He had slept soundly during the night, and felt but little pain this morning. Some venous hæmorrhage took place in the course of yesterday evening, which had now quite ceased; and the bandage was so firmly glued on by the blood that no attempt was made to disturb it. A draught containing thirty minims of laudanum was ordered to be repeated every night.

11th.—The patient had slept well every night, and had walked to see me every morning. The wound looked healthy, and two of the ligatures were removed from the flap, which had already nearly united; but those on the arteries still remained firm. The opiate at night was ordered to be discontinued.

16th.—All the ligatures had come away, the wound looked perfectly healthy, and the patient had not experienced a bad symptom. The position of the limb remained at the angle at which it was placed after the operation—viz., about 80°, but no passive motion had yet been made.

Unfortunately for this poor man, I was obliged at this date to leave Smyrna for Constantinople, and did not see him again till the beginning of the following month. At this period the wound made by the operation had healed, except at one point, where I was informed some small pieces of bone had come

away. Very slight movement now existed at the elbow, which altogether ceased in a few days, and the arm was again firmly ankylosed, in a position too extended to permit him to place his hand to his mouth. This *contretemps* appeared to be the result, partly of the rapid healing of the wound, and partly of the want of perseverance in making passive motion of the limb by the gentleman who had charge of the patient during my absence. Under these circumstances, I determined on making another attempt to place the limb in a better position, and accordingly, on the 12th of September, the patient was again placed under chloroform, and forcible flexion employed, with my knee placed in the hollow of the elbow, but without success. Forcible extension was then tried, and the bones at length gradually yielded, till the arm and forearm were brought nearly into a line with each other; force being then applied in the opposite direction, I this time succeeded in completely flexing the forearm. Flexion and extension to their full limit were repeated three or four times, and the limb was then put up with wet strapping, and a wet bandage in a tin splint, at an angle of about 80° degrees. A drachm of laudanum was administered, and he was sent home.

Sept. 14th.—The patient had no sleep last night, and was in much pain this morning, though the arm and elbow looked well, and were not swollen. He was somewhat low-spirited, and made signs that he could not now use his hand or fingers. A drachm of chloric ether and a drachm of laudanum were ordered to be taken every night at bedtime, and the limb to be kept constantly wet with cold water.

18th.—Inflammation of a severe character, attended with great pain, had at this time set in, and pus made its way through a portion of the original wound, which had remained uncatarized. Hot fomentations and a warm bread-and-water poultice were ordered instead of the water strapping.

20th.—A small abscess formed in the neighbourhood of the joint, into which I yesterday inserted a lancet, and to-day he was considerably better. The swelling of the arm and forearm had subsided, and he was more free from pain; the hand could be brought to the mouth, and he was able to bear slight passive motion. As he felt more ease from the water-strapping than from the poultice, the latter was ordered to be discontinued.

25th.—Three days ago, the opening made by the lancet having healed, and all inflammation having nearly disappeared, passive motion was again tried, and repeated daily; inflammation, however, was again set up in the part, and matter once more formed in the old situation. This caused a good deal of constitutional disturbance, and took away the patient's sleep and appetite. It was let out by a free opening, and a pledget of lint inserted. An effervescing draught, with tincture of opium and aromatic spirits of ammonia, was directed to be taken every three hours, and half a grain of morphia in a pill at night.

Oct. 2nd.—A sinus formed, and threatened to prove tedious, but a dossil of wet lint being bound tightly on the part by water strapping, it had now quite healed. A little matter, however, pointed yesterday on the outer side of the joint, into which a puncture was made. The inflammation had now subsided, and the wound seemed ready to heal. All constitutional disturbance has disappeared; the arm is in a favourable position, so that he is able to sweep his head and his face with his hand, and a slight movement exists at the joint.

13th.—The arm was now nearly well, and the patient seemed quite satisfied. Flexion and extension of the elbow could be performed passively to a slight extent, while that of the wrist and fingers, and pronation and supination of the hand, remained as perfect as before the operation.

October, 1856.

ST. MARK'S OPHTHALMIC HOSPITAL, DUBLIN, (FOR DISEASES OF THE EYE AND EAR.)—We learn, from the Ninth Annual Report of this excellent charity, that 114 patients were admitted as inmates, and 2427 persons received medicine and advice at the dispensary, during the year: this is exclusive of 367 renewals from month to month; and 180 operations were performed. Of these patients, 1933 were affected with diseases of the eye, and 494 with those of the ear. Since the publication of the last report, the hospital has been endowed with a parliamentary grant, which helps greatly to extend the benefits of the charity. It is acknowledged as one of the necessary medical institutions of the country, both as a portion of the Irish school of medicine, and an institution for the treatment of a class of diseases which have of late years become of more than ordinary frequency in that portion of the United Kingdom.