

with me. I found a tolerably large scrotal rupture; it was tense and somewhat sensitive to handling, and attended with a sensation of dragging in the abdomen. The patient had been the subject of hernia for many years, but had always been able to reduce it till about fourteen hours before I saw him; from this time all the efforts both of himself and his surgeon had proved unavailing. I put him under the influence of chloroform, and tried the taxis for about fifteen minutes, but was not successful in returning the rupture. I declined, however, to operate, because there were really no symptoms of strangulation present: the hernia was for the time irreducible, but it was not strangulated. A pill of two grains of opium was therefore prescribed, and ice was directed to be applied to the tumour. Before eight o'clock the next morning the hernia had gone back of its own accord.

Were I not restricted to brevity I might cite case after case of a similar character, in which, under like treatment, the rupture went up within twenty-four hours of its becoming irreducible. In other cases, however, several days and even weeks may elapse without this desirable consummation occurring; still the patient's life is not endangered; his general health even is not interfered with; he takes his food as usual; his bowels act regularly, and he can pursue his ordinary avocations: in short, beyond the existence of a tumour, which heretofore could be made to disappear upon pressure, there are absolutely no symptoms.*

Let us now look on the reverse picture. The patient, instead of being treated as in the case just cited, is operated on; and I am free to admit that the majority of patients so treated recover. But even then, under the most favourable circumstances, the cure is less expeditious than where no operation has been done, while the patient has been needlessly subjected to all the risks which are inseparable from such a procedure. Operations for hernia do not, however, always terminate so favourably. In one case I was witness to, sloughing of the wound and of the entire scrotum followed the proceeding; in another, peritonitis, in which the patient's life for several days hung in a balance, and though he eventually recovered, it was after many weeks of suffering and anxiety; and in another, death followed within twenty-four hours of the operation, from the bowel having been cut during the division of the imaginary stricture, and the escape of its contents into the peritoneal cavity. These examples, though few, are, I trust, sufficient to prove the truth of the proposition with which I set out—namely, that operations undertaken for the reduction of recent irreducible herniæ, unaccompanied by the general symptoms of strangulation, are both unnecessary and unjustifiable.

George-street, Hanover-square, July, 1870.

ON A CASE OF COMPOUND FRACTURE TREATED WITH CARBOLIC ACID; AND OF TETANUS TREATED WITH CALABAR BEAN.

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FROM numbers of THE LANCET received during the past year I observed that the reports from some of the London and provincial hospitals have not been quite favourable to the antiseptic treatment of compound fractures, &c., brought before the profession by Professor Lister. As a former student of that distinguished surgeon, and an observer of the first cases which he treated with carbolic acid, I have been much interested in the question, and the following case, which bears directly upon it, and at the same time upon another point now before the profession—viz., the use of Calabar bean in tetanus, may be deemed worthy of publication.

L—, a young chief of a village about six miles from this, was brought to me about 1 P.M. on Dec. 3rd, 1869.

About 6.30 the same morning he climbed a bread-fruit tree to pick some of the fruit, and while in the act of doing so he missed his footing, and fell from a height of about thirty feet to the ground. He alighted on his left foot, the right leg bending under him. Both bones of the leg snapped, and the upper fragment of the tibia was forced through the skin. The bone was replaced by some of the natives, and the wound roughly bandaged.

On removing the bandages I found a wound of about six inches in length and an inch and a half in breadth, running transversely across the leg rather more than two inches above the internal malleolus. The tibia and fibula were both fractured about the same level. There had been a good deal of bleeding. The wound was at once thoroughly sponged out with liquid carbolic acid, and then completely covered with a double fold of lint soaked in a mixture of carbolic acid and linseed oil (one to three). Over this was carefully placed a covering of sheet lead, and well padded lateral splints were applied and secured by looped bandages, the limb resting on its outer side, and the knee bent. Immediately after the dressing the patient felt the leg quite comfortable; pulse 68.

Dec. 4th.—Patient slept well during the night. Tongue clean, appetite good, pulse 64. He complained of slight pain and starting of the limb.

5th.—No pain in leg; appetite good; pulse 70.

7th.—Patient complained of great pain in the leg; I therefore removed all dressings from the wound. It was found to be quite healthy; there was no sign of pus, nor any swelling of the limb. At one spot, however, about six inches above the wound, a blister seemed forming. On inquiry, I found that, in falling, his leg struck several times against branches of the tree. This blister was evidently the effect of one of these blows, as the skin over it was very much scratched. The wound was again carefully dressed with the carbolic acid and oil (one to three). Pulse 80.

8th to 15th.—During this week I was unavoidably away from home. Two of my native assistants, Seru and Afele, had charge of the case in my absence. They dressed the wound daily with the carbolic acid and oil. On the 9th the patient caught cold, having carelessly exposed himself to a current of wind while he was heated. His friends thought he was about to die; and, as Samoans have a great dread of dying away from their own village, they took him home. My assistants followed, and dressed his wounds there. He got better, was brought back on the 14th, and on the 15th a little pus escaped from the place where the blister had formed.

16th.—On taking off the dressings, I found that an abscess had formed above, and pus was welling out from a minute opening. This I enlarged, and squeezed out about three ounces of perfectly laudable pus. This abscess was quite unconnected with the wound over the fracture, which was still quite free from anything more than a very small amount of imperfect pus, produced from its surface. Both wounds dressed with the carbolic acid and oil. Pulse 72.

17th to 30th.—During this period the wounds were dressed daily with the carbolic-acid solution. The abscess kept discharging a little pus, which had at no time the slightest trace of fetor. It was diminishing in quantity, and seemed about to cease entirely. Wound over fracture quite healthy, and rapidly healing. I measured it on the 24th, and found it reduced to less than four inches in length. Pulse during this period from 70 to 86.

31st.—A messenger came to me, a little after 6.30 A.M., to say that tetanic symptoms had set in about three hours previously. I saw him at 7.30 A.M., and found tetanic spasms quite marked. The risus sardonicus was very distinct, the jaws could not be opened more than one-eighth of an inch, and the muscles of the back were violently contracted. I at once determined to try the Calabar bean. A tincture was made by dissolving fifteen grains of the officinal extract in ten drachms of rectified spirits of wine; so that one grain of the extract was contained in every forty minims of the tincture. Of this I gave the patient ten minims at 8.30 A.M., ten minims at 9.30 A.M., twenty minims at 10.30 A.M., forty minims at 11.30 A.M., and so on, forty minims being administered every hour thereafter up till 4.30 P.M.; by which time he had taken seven grains, with no perceptible effect. At that time his family, fearing that he was about to die, took him home in a canoe. I at once sent down after him my assistant Seru, with directions to

* For further illustrations of the above facts, see my work on Hernial and other Tumours, pp. 66—72.

keep up the administration of the drug, having first carefully explained to him the physiological effects which I wished to produce. At 7 P.M. forty minims were again given, and so on hourly up till 11 P.M.; by which time he had taken in fourteen hours and a half what was equivalent to twelve grains of the extract. After taking about eight grains, he was noticeably easier after each dose, and even seemed about to fall asleep; but this effect was very transient, the spasms speedily recommencing. About midnight he sank rapidly, and died. After death the pupils were observed to be dilated.

The above facts speak for themselves. The antiseptic, antipurulent, and healing properties of carbolic acid were very marked in this case; and such cases speak volumes in its favour. The tetanus, it will be noticed, occurred twenty-eight days after the injury, and, as is common in tropical climes, was very rapid in its course. This case shows well the wonderful tolerance which the tetanic patient has of the Calabar bean. It being the first case in which I have tried the remedy, I was afraid to give larger doses; but in any future case I would feel inclined to push the administration of the drug more rapidly, seeing that the disease progresses in these climates with such enormous strides.

Samoa, South Seas, Feb. 1st, 1870

AFFECTIONS OF THE THROAT AND LARYNX.

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(Continued from page 82.)

Ulcers of Tonsil, Palate, &c.

Of the nineteen cases of ulceration of parts within ocular view, thirteen were traced to syphilis, and all occurred in adults. In eleven cases the tonsils alone were affected, either one or both; and in eight cases the ulceration occurred upon the palate, tongue, and gums, extending in some instances to the epiglottis. Two only were complicated with an affection of the larynx.

The prominent symptoms were pain on swallowing, of a tearing, lancinating character; and in many instances a loathsome breath. The pain was decidedly more severe in those cases that were not of a syphilitic origin, and in many cases that were not due to syphilis. Although large and deep excavated ulcers existed, little or no pain was present. The pain seemed, indeed, to vary, not so much with the character of the ulcer itself as with the amount of surrounding inflammation. Fetid breath was chiefly in the cases of syphilitic ulceration, for in those the type of the ulcer was phagedænic. The constitutional symptoms varied greatly. In many the constitution was unaffected; whilst in others, and more particularly in those of a syphilitic taint, there was considerable nerve and mental depression. In three cases the soft palate was perforated, a round aperture the size of a crowquill passing completely through the substance of the velum palati.

The treatment adopted was, in the syphilitic cases, iodide of potassium, five grains to the dose, and a gargle of perchloride of mercury (three grains to eight ounces); a wash also of carbolic acid or of chlorinated soda was given in those cases in which the breath was foul, or the ulcer was of the phagedænic type. In cases not connected with syphilis, a solution of chloride of zinc (a scruple to one ounce) was painted upon the ulcers, and a mixture of chlorate of potash and chinchona was administered internally.

Extensive ulceration of soft palate, fauces, base of tongue, and epiglottis.—A. M.—, aged thirty-two, a street coffee-stall keeper, stated that her business was to keep the stall through the whole night and early morning; she was therefore very much exposed to wind and weather. She said that she had not been able to swallow anything solid for more than a fortnight, and that even fluids gave her great pain. She was very low-spirited, and complained of great bodily weakness. On examination, all the structures at the junction of

the mouth with the pharynx were found to be ulcerated. The uvula was paralysed, indurated, and ulcerated, and, being much elongated, became the cause of troublesome retching and of a painful cough. The tongue was white, and the pulse 96 per minute. The ulcerated surface was washed with a solution of chloride of zinc (two scruples to the ounce); a mixture of citrate of iron and quinine was ordered, and an alum gargle (six grains to the ounce). At the following visit the debility of the patient had increased, and the mixture was therefore changed to carbonate of ammonia and bark. The uvula, by its elongation, had become so troublesome that it was considered advisable to remove a large portion of it. The alum gargle was still continued. The patient was told on no account to attend her nocturnal duties in the open air, but she persisted in doing so. The following week she had considerably improved in health, and the ulcerated surface was in some parts granulating. The mixture was again changed to quinine and iron. From this time she progressed favourably though slowly, and left the hospital after remaining under treatment from May 1st to the middle of July, no further change having been made in the medicine or gargle.

Phagedænic ulceration of tonsils.—M. C.—, aged twenty-eight, attended the hospital with extensive and deep phagedænic ulceration of both tonsils. The constitution was considerably affected. The tongue was foul and the breath fetid; the bowels were constipated; pulse 110. The patient was unable to sleep, and could not swallow any nourishment. There was no history of syphilis. She was ordered a mixture of carbonate of ammonia and spirit of chloroform, and a gargle of carbolic acid. By the following week there was great improvement: the ulcers were looking more healthy; the patient could take her food with less pain, and she felt stronger. The medicine was changed to citrate of iron and quinine, and the gargle repeated. She remained under treatment a fortnight, and was discharged cured.

Subacute pharyngitis and syphilitic ulceration.—H. P.—, aged twenty-five, a carpenter, attended the hospital on the 1st of April. He complained of dysphagia, of loathing of food, and of general debility. On examination, the pharynx was found to be dry and inflamed, and an ulcer of elongated form was found extending from the right side of the base of the tongue downwards to the epiglottis. The margins of the ulcer were elevated and reddened; but the surface was smooth, and showed no signs of granulation. A mixture of iodide of potassium and infusion of quassia was prescribed, and also a gargle of perchloride of mercury (half a grain to the ounce). At the following visit (one week) the appearance of the ulcer was improving, and it did not feel so indurated to the finger as at the first visit. The mixture was repeated; but the gargle was changed to chloride of zinc, as he complained that the mercury produced great dryness of the throat and soreness of the cheeks and gums. There was, however, no mercurialisation. On the 15th of May the patient complained only of slight pain on swallowing, and the ulcer was seen to be greatly reduced in size. At this time the lymphatic glands over the parotid region became enlarged and painful; for which a soap and ammonia liniment was ordered to be rubbed in. On the 5th of June the ulcer had healed; but the glands remained enlarged, though not now painful. They were, therefore, painted with compound tincture of iodine. He remained under treatment till July 17th, and was then discharged cured.

Perforating ulcer of palate.—M. C.—, a widow, applied with an ulcer perforating the soft palate. She complained that, on drinking, fluid passed into the nose, and caused a fit of sneezing. She denied the existence of syphilis. The treatment adopted was the application of nitrate of silver to the aperture, and a gargle of tannic acid (five grains to the ounce). Improvement commenced from the first; and in five weeks the aperture was completely closed, and the ulcer healed.

Epithelioma.

The two cases of epithelioma are still considered under treatment, though one of the patients has not made her appearance at the hospital for a considerable time.

In the case which has not been lately to the hospital, the disease commenced in the left tonsil, and advanced steadily to near the centre of the soft palate, and downwards over the left portion of the epiglottis to the left arytenoid cartilage.