

of local injury, and which was obviously limited in extent, since there was no swelling or pain, either in the ankle-joint, or the heel, or the sole, or the anterior part of the foot. Yet she had been allowed to remain deprived of the use of the foot for seven years, and was suffering, as I believe, quite as much from the consequent want of natural exercise as from any other cause. Is there not the greatest reason for supposing that if, when she was an in-patient of a large hospital for two months, the treatment adopted had been based on a recognition of the local nature of the disease, and of the feasibility and advantage of completely removing the diseased parts, the child would have had four years of healthy activity added to that period of life when healthy activity is of the greatest importance, and that the atrophy of the limb, which is now so perceptible, would have been obviated? It is clear that the surgeon who first treated this child must have acted under the idea that the disease was a constitutional one, or he would not have dismissed his patient after two months of treatment with the disease still untouched. I think it most certain that in all such cases, unless the evidence of general struma be clearly given in the lungs or in other parts of the body, the removal of the carious tarsal bone is decidedly indicated, and if the removal is total it will usually be successful. When the patient is phthisical, I am inclined to abstain from operative measures, unless the pain be great and the discharge exhaustive, in which case I think amputation of the foot is, on the whole, the best course; but these are cases of a different class from those which I am now speaking of. On the whole, this is an interesting example of the perfect success which may attend extensive removal of the bones of the tarsus, and a strong encouragement to more persevering attempts to preserve the foot in caries of the tarsal bones in children.

Excision of the First Metatarsal Bone.

In the metatarsus it is rare to find any single bone diseased, except that of the great toe; but this bone is very frequently affected, and its affection is often very extensive. When this is the case, the limb is as useless as if the caries had attacked a more important part of the foot, since pain is felt whenever the ball of the toe is put upon the ground. I have often tried the gouging plan on this bone, and have never, so far as I can recollect, found it to succeed; whilst of all the cases in which I have excised the bone totally, by cutting through its joints with the phalanx and the cuneiform bone, in every one the wound has healed rapidly, and I believe permanently. The operation is a very simple one. An incision is made along the whole length of the bone, and crossed by one in front running at right angles to it over the metatarso-phalangeal joint. The little flaps are raised, and the superficial surface of the bone is cleaned; the position of the joint with the cuneiform bone is now defined, and its anterior ligaments divided. The bone is next to be completely severed from the toe, and it should now be raised with the lion forceps, and the knife carried along its deep surface, the posterior part of the tarso-metatarsal joint being divided last. In doing this, if great care be not taken to keep the edge of the knife on the bone, the plantar arch will be wounded. This will be a matter of little consequence if it occur just at the last, because the artery can easily be secured when the bone is removed; but if it is done at an earlier part of the operation, the bleeding is apt to be troublesome. I have, however, never seen a case where it did any serious harm. When the wound heals, which it does rapidly, the great toe is found to have fallen back a little, so that its point is behind that of the second toe; but no other defect exists, and I have not noticed that there is any observable difference in gait produced by the mutilation. I make this observation because I perceive that this point is left very doubtful in so recent a work as the new edition of Cooper's Surgical Dictionary. In the article on "Bones, excision of," the writer quotes Mr. Liston's opinion that "the operation of removing the metacarpal bone of the thumb or the metatarsal bone of the great toe is not an advisable proceeding, because the rest of the thumb or toe is left without support and is useless." The author of the article does, indeed, go on to refer to two cases in which the metatarsal bone of the great toe was removed, and in which "the result was in every respect successful;" but, as he leaves this opinion of our great English surgeon unrefuted, except by a cursory notice of two cases quite unsupported by any details, and one of which is rendered rather suspicious by the addition that the operation was performed "on account of dislocation," he must be taken to coincide in Mr. Liston's judgment. It is, however, erroneous. The affection is a common one in children, and not uncommon, I think, in adults; it usually implicates the whole thickness

of the bone, so that it cannot be removed without cutting through the bone, and frequently it would be necessary to remove a large part of it. The consequences of removing the whole bone cannot be more serious, and the success of such an operation is nearly certain if the joints be (as they usually are) healthy.

I have performed this operation more than half a dozen times, I believe, in four years, at the Hospital for Sick Children. I cannot give the details of the cases, even if I thought it necessary, for their success is so much a matter of course that the registrars have not considered them worth noting; but the following short account of the last case of the kind which has been under my care will serve as a specimen of the whole:—

Jane L—, aged five years and a half, was admitted into the Hospital for Sick Children on Sept. 28th, 1864, with a swelling on the anterior and inner part of the left metatarsus. The disease had existed for two months. No history was given of any injury. A sinus led down to the head of the first metatarsal bone, which was carious.

On Oct. 15th I made an incision on to the bone, and, finding it extensively diseased, removed the whole of it. The cartilage, both in front and behind, was perfectly healthy; but the whole of the bone was diseased. In front it was nearly disintegrated, only a thin shell of softened bone remaining; behind it presented three deeply ulcerated spots. It will be seen from this account that the bone could not have been removed by gouging except at the expense of a tedious operation, which would have entirely destroyed the continuity of the bone and have involved a protracted suppuration.

The child showed no symptom of suffering from this little operation. The wound is noted as having entirely healed, except the original sinus, ten days afterwards, and the sinus itself soon closed; so that she was discharged on Nov. 2nd, eighteen days after the operation.

Queen-street, Mayfair, 1865.

ON THE CONNEXION BETWEEN PHTHISIS AND UTERINE DISEASE.

By J. HENRY BENNET, M.D.,

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IN my work on "Uterine Inflammation" I long since pointed out the connexion that is often observed between phthisis and chronic uterine disease. (See p. 122, 4th ed.) I therein state that the anæmia and debility which uterine diseases so constantly produce, are, through their reaction on the digestive and nutritive functions, powerful predisposing causes to pulmonary consumption, especially when there pre-exists any constitutional tendency.

During the many years that I have practised in London as a consulting physician I have frequently seen cases illustrating this fact—cases in which women whose health was debilitated by uterine affections have become victims to consumption. But it has only been since my own failing health has thrown me, during the winter, among a population of consumptive patients at Mentone that I have become aware how extremely frequent is this connexion between the two. So frequent, indeed, is it that I find quite a field for uterine ministration among the poor consumptive sufferers by whom I am surrounded; and my special knowledge of uterine pathology has proved in their cases a powerful means of succour, and an important addition to the therapeutic agencies by which the battle for life has to be fought. Finding that the experience of each successive winter corroborates, and gives weight to, that of the preceding one, I am anxious to draw, even more forcibly, the attention of the profession to these important facts.

Phthisis is essentially a disease of debility. It principally attacks those who have received organizations deficient in vitality from their parents, or who have injured the vitality of an originally good constitution by excesses of any kind, or in whom such a constitution has been impaired by social hardships and privations, independent of their own will. In a word, phthisis is a disease of defective vitality, and lesions which lower vitality, such as uterine lesions, both lead to its development and prevent its arrest and cure when once it has established itself.

Of this latter fact I have become profoundly convinced through my Mentone experience. With the assistance of sunshine, a dry bracing atmosphere, a mild temperature, and rational sthenic treatment, hygienic, dietetic, and medicinal, I find pulmonary consumption in this favoured region, especially in its earlier stages, by no means the intractable disease which I formerly knew it in Paris and London. After six winters passed at Mentone, I am now surrounded by a little tribe of cured or arrested consumption cases, among which, perhaps, my own is the most remarkable. This curative result, however, has only been attained, in every instance, by rousing and improving the organic powers, and principally those of nutrition. If a consumptive patient can be improved in general health, and thus brought to eat and sleep well, thoroughly digesting and assimilating food, the battle is half won; and in helping the physician to attain this end is the principal benefit of the dry, sunny, cool, bracing climate of the Riviera. But what can be done with a patient who is sick, nauseated, loathes the name and sight of food, and will not, cannot eat? How is organic power to be renovated in such a case; how are anæmia and debility to be removed, and how is the tubercular disease of the chest to be checked and conquered? It is all but impossible; and yet such is generally the condition of consumptive women who labour under uterine disease.

These facts have been absolutely forced upon me. I have been unwilling to recognise the existence of uterine mischief. Fully alive to the reproach so often cast upon those who have much studied a subject, that they see it everywhere, I endeavoured at first rather to shut my eyes to evidence. I tried to think that I had merely functional disturbance to contend with, until the familiar train of symptoms positively commanded my attention, and made it an obligation and a duty to investigate and treat what I knew was an all-important element for the patient's welfare.

That subacute and chronic inflammatory affections of the mucous membrane of the uterus and of its cervix should often coexist with phthisis is not surprising when we reflect that chronic disease of the mucous membrane is one of the main features of the strumous constitution, in which tubercular disease is most prone to show itself. We must recollect also that the period of life during which pulmonary consumption is the most frequently manifested is from twenty to forty. This, in the female, is also the period of chief uterine activity, during which inflammatory disease of the uterine organs is most likely to show itself.

The coexistence of uterine disease with phthisis is to be recognised by an attentive consideration of the uterine phenomena. The persistent presence of leucorrhœa, of dysmenorrhœa, of menorrhagia, irregularities in the periodicity and nature of the menstrual phenomena, ovarian and lumbar pains in the interval of menstruation, &c., render the existence of uterine disease probable. That probability becomes a certainty if there is also loss of appetite, nausea, and vomiting. Amenorrhœa in advanced phthisis merely implies poverty and paucity of blood, not the existence of uterine complications.

Uterine disease coexisting with consumption must be treated, in justice to the patient. If chronic inflammation is present, it should be removed; if ulcerations, they must be healed by appropriate local means. Otherwise the patients have not a chance of recovery. They cannot eat, and if they cannot eat they must necessarily die. These facts are another proof of the solidarity of the profession—of the self-evident fact that a sound medical practitioner must make himself acquainted with every department of medicine. My experience at Mentone has proved most indubitably to me that many consumptive women must every year succumb to this dire disease without being afforded a chance of recovery, owing to the non-recognition of serious uterine lesions. Such lesions are the more likely to remain unrecognised because the chest symptoms form the prominent features of the case, and monopolize attention, to the exclusion of the uterine ones. The latter are supposed, if noticed, to be merely functional, to be the result of general ill-health, and are left to nature. Moreover, the consumptive patient does not apply to the physician-accoucheur, who is familiar with all the phases of uterine maladies, but to the pure physician, whose attention has often not been much directed to this class of diseases, and who is frequently inclined to think that a great deal too much has been made of them of late years. Thus this element is neglected, and its neglect is all but necessarily fatal to the poor patient. The following illustrative cases will show the bearing of these facts. They are purposely chosen to illustrate the influence of uterine disease when complicated with phthisis at different phases of the female existence.

CASE 1.—A lady, fifty years of age, mother of a large family, in delicate health for many years, became subject to a harassing and continued cough last winter. In the spring she came up to London and consulted a physician, who recognised a considerable tubercular deposit at the apex of the left lung. She was advised to winter abroad, and came to Mentone. Erroneously expecting climate to do everything, she took no advice until the winter was far advanced. Finding herself worse instead of better, she sent for me. I found a mass of softened tubercles at the upper region of the left lung, with the usual symptoms. The general health was much broken down, the appetite bad, and the patient liable to severe attacks of spasm in the stomach. The menses were irregular, from impending menopause, and there was much uterine disturbance—more, indeed, than appeared natural under the circumstances. This lady had seen an eminent accoucheur some years ago for uterine symptoms, and had had leeches applied to the cervix. She appeared to have a confused idea of her state at that time, and had evidently failed to follow out the directions given. I insisted on an examination, and found extensive ulcerative disease of the cervix, with a mucous polypus the size of a grape. In this instance uterine disease had set in years before, in connexion probably with a confinement or a miscarriage, had persisted in an obscure form, had broken down the general health through sympathetic reaction on the nutritive functions, and was evidently preventing the patient deriving that benefit from climate and constitutional treatment otherwise to be expected.

CASE 2.—A lady, aged thirty-five, mother of a numerous family, placed herself under my care in November. She had been confined a few months previously; a cough she had had for some time became much worse, and on examination of the lungs a well-marked tubercular deposit was found under the right clavicle, with softened tubercle. The journey to Mentone was borne with great difficulty, and when I saw her there was much constitutional disturbance. There was more especially great stomach and liver derangement; tongue loaded, complete anorexia, nausea and frequent vomiting after food. The persistence of these symptoms led to more minute inquiry, and to the conviction that there was uterine disease. On examination I found extensive cervical ulceration and enlargement, and a uterus three times the natural size and weight, retroverted on the rectum. The treatment has been very tedious, and my patient has been very ill; but the uterine lesions have gradually given way, and the general symptoms have subsided *pari passu*. The vomiting has quite ceased, and as the chest symptoms are not only stationary but improving, I have great hopes of the final issue. What chance would this patient have had if the uterine condition had remained undiscovered?

CASE 3.—A German lady, aged thirty-two, who had borne four children in five years, was sent to Mentone for consumptive disease recognised last summer. I found a well-marked softened tubercular deposit extending from the left clavicle to the precordial region, and, as in the preceding case, considerable constitutional disturbance. The most prominent symptoms, apart from those of the chest disease, were the complete absence of all desire for food and constant vomiting after its ingestion. This symptom had attracted great attention in Germany, but was considered to be the result of the cough, which was severe and harassing. It was, however, much too severe and frequent for this explanation to satisfy me, especially in a child-bearing woman. On inquiry I found decided rational evidences of uterine mischief, and, on examination, a laceration of the cervix from labour, extensive ulceration, and considerable enlargement of the uterus. In this, as in the preceding case, the uterine symptoms had existed for several years. The uterine treatment in this case also has been tedious but successful, the vomiting has all but entirely ceased, and my patient is now entering a more hopeful phase of her malady.

CASE 4.—A young French married lady placed herself under my care last November for tubercular disease of the lungs. She had softened tubercles in the upper region of both lungs, but not extensively developed. The disease had been discovered four months previously, soon after her first confinement. Before her pregnancy she had an attack of pleurisy, and whilst pregnant a constant cough. She was very pale and thin, had a white tongue, and no appetite. A few weeks later my attention was arrested by a very painful menstrual period, and on minute inquiry a whole train of uterine symptoms revealed themselves, extending up to a year before marriage. She was healthy and well as a girl, living in the country. She menstruated at fifteen, and did so regularly for three years, the menses lasting four days, being normal in quantity, and

free from pain. At eighteen, without any cause she can appreciate, menstruation became painful and irregular, and she got into bad health. She was married at eighteen, and a few months afterwards had a miscarriage. This was followed by menorrhagia, which no treatment modified. Then ensued a stage of great debility, the pleurisy, the bronchitis, the pregnancy and confinement, the discovery of the tubercular deposit, and the winter sojourn at Mentone. I saw at once that the case was one of unrecognised uterine disease, that the uterine affection must have commenced before marriage, was envenomed by marriage, was the cause of the miscarriage, of the dysmenorrhœa, of the menorrhagia, of the constitutional debility, and thus indirectly of phthisis. On examination I found much uterine and vaginal inflammation, with ulceration of the cervix. The case has proved tedious, but is now doing well. The uterine malady is all but cured, the appetite improved, and the chest affection arrested.

CASE 5.—A Russian lady, aged forty-five, mother of several children, came to Mentone in the early period of the winter, and placed herself under my care. She had extensive tubercular disease in both lungs, and gradually sank, as the season advanced, without suffering, thanks to the mildness of the climate and to the power of getting out in the air and sunshine. The first month she drove out every other day, the second she went out in a Bath chair, the third she sat out in the sun on a terrace, and then peacefully departed. This lady had considerable uterine irritation when she arrived, the remains of severe uterine mischief which had followed her confinement, was long ignored, and then long treated by some of the most eminent accoucheurs of the day. It was her impression, and is also mine, that her constitution was undermined by the reaction of uterine disease, and that this was the origin of her final break down, and death from consumption.

CASE 6.—Four years ago I was consulted by a young lady, aged twenty-four, who had extensive tubercular disease in the upper part of the left lung, and slight in the right. She had great difficulty in eating and in retaining food or cod-liver oil, often vomiting; she had leucorrhœa; and menstruation was too profuse, lasted too long, and returned too often. I suspected from the first uterine disease, but wished to try constitutional treatment, hip-baths, injections, &c. After following this course for some months without any improvement whatever, either in the chest or in the uterine symptoms, I felt it my duty to go further, and to make an examination. I found, as I expected, much inflammation of the vulva, vagina, and cervix, with ulceration of the latter, passing into the cervical canal. This case gave me great anxiety and trouble. The slightest examination or attempt at local treatment brought on vomiting and fever, so that I had to steer as well as I could between these difficulties. To leave the uterus alone was to abandon her to certain death; for it was clear to me, from the antecedents, that the uterine malady had preceded the development of phthisis, had probably occasioned it, and indirectly kept it up: whilst to touch her was to make her worse for the time. However, I at last succeeded in curing the uterine affection; and from the moment it was removed—three years ago—the chest disease became stationary. I saw this young lady at the end of the winter, in London, in consultation with Dr. Williams, and we both concluded that she could scarcely be expected to survive more than a couple of years. The two years have elapsed, and she is now much better and stronger than she was at that time, and will, I hope, eventually recover completely.

I would remark, in conclusion, that in all cases of this description the treatment of chronic uterine inflammation is exceedingly tedious and harassing. The patient is constitutionally below par, under a constitutional cachexia, and does not respond to treatment as others do. Again, the local surgical appliances, which must be used if the disease is to be cured, however carefully chosen and tenderly applied, are apt to increase discomfort at first. It thus requires great courage and great faith, both on the side of the physician and of his patient, to carry on, perhaps for months, a treatment which often appears to make her worse. And yet, I again repeat, it is absolutely necessary that the uterine disease should be treated and removed, if climate and treatment are to have a chance of success with the lungs. What hope is there of the recovery of a poor sufferer from tubercular cachexia when digestion is always out of order, and when both medicine and food are constantly repudiated, as is the case with nearly all the consumptive patients I meet with who are also suffering from uterine inflammation?

Grosvenor-street, May, 1865.

CHRONIC IDIOPATHIC GLOSSITIS.

By JOHN RICHARD WARDELL, M.D., M.R.C.P.,

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THE above-named is one of those rare forms of disease which are so uncommon as to constitute mere exceptions in the long catalogue of ailments with which the physician has to deal, and of which those of the largest experience, even during a lifetime, observe but few examples. I do not mean those partial and superficial instances where one or both sides are inflamed, without the voice or taste being interfered with, or without the functions of respiration and deglutition being affected, as such are common enough, and are generally referable to some not very occult cause; but I mean when the major part, or the entire organ, becomes large, tumid, hard, and painful; when neighbouring textures become implicated, and when these morbid conditions are persistent, nor readily amenable to treatment. In all such cases the diagnosis is difficult, for whenever the tongue becomes, without assignable cause, gradually large and indurated, it is expedient to give a guarded prognosis. We know that such a state of this organ is ominous, that it is a frequent forerunner of malignant disease.

M. W.—, aged fifty-five, married, had six children, a tall and powerfully-made woman, the wife of a farm-servant, residing at a distance. Stated that until the supervention of this affection she had always enjoyed excellent health. Countenance haggard, dusky, and cachectic. No syphilitic history nor any suspicion of that disease ever having been contracted. In June, 1862, she began to have pain and a sense of weight and fulness at the epigastrium, which were attributed to indigestion. The appetite began to fail, the general health to be undermined, and she gradually lost flesh. Under these circumstances she was recommended to seek further advice, and with this view she presented herself at the Tunbridge Wells Infirmary, and became an out-patient in the latter part of July following, when the pains in her tongue and throat were, in her own words, "shooting, burning pains." During the subsequent sixteen months she was under the physicians of that institution (which was prior to myself being attached to it), and these gentlemen tried a variety of remedies without much relief. Both regarded the case as one of malignant character, and feared a fatal termination, which from a review of all the appearances was a reasonable prognosis. This unfavourable opinion being made known to her, and fancying the organ to be still increasing, she was recommended to consult myself. I first saw her Nov. 10th, 1863. She was then emaciated; looked most desponding; spoke thick and imperfectly, as if something were in her mouth; said she had lost two stones of flesh; could swallow nothing but liquids, and dreaded death by starvation. On protrusion of the organ, it was large, as if filling the mouth, pale, dry, convex, smooth, and tense, without fissure or raphé, and appearing as if divested of papillæ, even the V-shaped circumvallate lines being obliterated; sides and tip not notched, red and irregular as often noticed, and there was a lack of the ordinary secretion in the entire buccal cavity. On taking the organ between my fingers it felt of cartilaginous hardness, and moderate pressure gave lancinating pain, which radiated into the throat and neck. No ulceration nor any marked amount of injection either in the tonsils, isthmus faucium, pharynx, uvula, or other parts. Submaxillary glands larger than normal, and decided tenderness when moderate pressure was applied to the parotids. On a general examination of the patient, no other signs of disease. Reviewing all the facts of the case and the accompanying symptoms, I was most inclined to coincide with the opinion which had been given—viz., that it was probably malignant. There was, however, the possibility of its being a deposition of lymph, which as an inflammatory product had not been absorbed; and, knowing how the iodide of potassium promotes absorption, I ordered two grains of that medicine with ten minims of compound tincture of iodine three times a day; to live on new milk, eggs, cocoa, pounded beef or mutton made into thick soup, farinaceous food, and a moderate allowance of port-wine, all of which, she said, would be procured for her; vegetables, cheese, bacon, salt meats, and other indigestible articles being strictly prohibited. She came to see me again in the middle of December; I was then from home, but she left a message saying she was decidedly better.