

age. I had watched the progress of the disease for many weeks. She died, and on examination the matter was found to have involved the entire surface of the venter illi.

I have been greatly interested in the case of a man in St. Bartholomew's Hospital, who was admitted on the 25th of January with a large abscess over the left trochanter major, and a second collection of matter occupying the upper and inner side of the left thigh. This latter abscess had a very palpable impulse on coughing, which did not extend to the larger collection over the trochanter; neither could I detect the slightest communication between them. The source of the lesser abscess, with its impulse on coughing, might clearly be traced to the abdominal walls. It might not unreasonably be termed "psoas," originating in disease of the lumbar vertebræ; but what was the explanation due to the presence of the larger abscess on the trochanter? Was that "psoas" also? The man had had no lumbar pain. He could walk and jump without difficulty. As he lay in bed, he could kick out with each leg with force and rapidity, and his person presented none of the conditions of vertebral disease. On examining his abdomen, I detected a large solid mass occupying the left iliac fossa, pressure on which conveyed an impulse to the abscess in the thigh, but not to the larger one. Still I felt persuaded the two communicated, it being highly improbable that the man should be the subject of two abscesses, occupying such close relations to the pelvis. On the contrary, it was probable that the large abscess on the trochanter had derived its matter from the primary disease within the pelvis, from which it had escaped through the sacro-ischiatic foramen. And so it proved, for on evacuating the contents of the larger abscess, which consisted of healthy matter, the distended integuments over the lesser one became flaccid and loose, and the tumour within the abdomen also diminished, though not materially, in size. The opening over the trochanter was enlarged, and the discharge of matter was copious, and a free incision was made into the collection on the thigh; but the tumour within the abdomen gradually increased, and the matter had obviously burrowed behind the peritoneum to the opposite side of the abdomen, for it extended downwards on the femoral vessels into the thigh. Its presence was audible on pressure, as though it contained air. However, in the course of some weeks, the man's health improved, the abdominal tumour diminished, and the fluid in contact with the vessels retired into the abdomen, or became absorbed; the structures consolidated around the vessels, and the disease appeared to be receding. Without any symptoms of pyæmia, he became ill, lost appetite and sleep, his pulse rose, and he died on the 9th of April.

On examination, the psoas region of the left side was implicated in a large collection of matter, which had extended in all directions downwards into the thigh, outwards through the sacro-ischiatic foramen, and upwards to the vertebral origins of the psoas, the bodies of the vertebræ being extensively ulcerated on their surfaces, and the intervertebral substances destroyed. There was no softening of these bones to warrant the application of the term *caries*—no primary disease of the bone-structure, but that condition only which prevails in bones long exposed to the contact of pus. The matter had extended across the abdomen to the opposite side, and passed down the thigh, under Poupart's ligament, and along the outer side of the vessels. The psoas muscle of the right side was entirely destroyed, so entirely as to justify the belief that the diseased actions had originated on that side, but for the yet greater amount of disease that occupied the left, coupled as it was with the concomitant features of large extension through the sacro-ischiatic notch, and the diseased condition of the vertebræ, which had evidently commenced, and made greater progress on the left than on the right side. Looking to the great extent of the disease within the cavity of the abdomen, one is not astonished at the fatal issue.

The indication to which the treatment in such cases clearly points is that which will most readily convert a chronic into an acute abscess. Any attempt to "resolve" or "discuss" these morbid deposits would be futile, and quite unworthy the advanced progress of scientific surgery. To what end would mercurial ointment and iodine and similar agents point? What is their power? Do they possess any? and if they do, could mercurial inunctions induce the circulating system to reverse its action by taking up the morbid deposit it had previously got rid of? In large chronic abscess, whether in the primary thickening or the confirmed stage of fluidity, every function of the body is stamped with indications of debility. Can we hope to infuse healthy actions and promote vital power in a part while the whole remainder continues weak? The condition is that of weakness. Why matter or lymph was deposited in

this or that locality it may not be easy to solve, but we can readily conceive that if not deposited there the morbid condition would present itself elsewhere in the system. In order to obtain absorption of the deposited mass without passing into suppuration we must convert the present stage of debility into the highest condition of vigorous health, and that is impossible. All that we can hope for, all that the best resources of art can achieve, is to change the chronic into an acute abscess, to advance the formation of pus, and to compel the abscess to select that locality through which it can most readily discharge its contents on a surface of the body. To effect this the appetite must be improved, and gratified with as large a quantity of nutritious food as can be digested; force and vigour must be given to the pulse by means of stimulants,—and the capacity for stimulants in these cases of debility is very great,—while the lungs should be supplied with an ample quantity of fresh air for the thorough oxygenation of the blood.

If there be one therapeutic agent more valuable than another in promoting suppurative action, it is bark, and it should be given throughout the treatment in full quantities. At the earliest moment at which fluid can be detected near the surface the abscess should be freely opened. It most commonly points through the abdominal muscles, but the rule equally applies should the abscess point towards the rectum, or, when occurring in the female, towards the vagina, or on the nates or region of the trochanter.

Grosvenor-street, April, 1861.

#### ON THE

### TREATMENT OF UTERINE INFLAMMATION BY THE ACID NITRATE OF MERCURY, POTASSA FUSA CUM CALCE, & POTASSA CAUSTICA.

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It is certainly singular that when strong caustics are applied to wounds they do not always add fuel to fire; and nevertheless, while steel-made wounds are often followed by erysipelas, phlegmonous inflammation, and purulent absorption, such diseases seldom attend wounds made by caustics. By letting flow the blood, the knife reduces the temperature, and leaves the surrounding capillaries and lymphatics more or less open to absorb the decomposing fluids in which they bathe; whereas caustics do not lower the temperature and obliterate the capillaries before the formation of pus and fetid fluids—a circumstance which may explain the great rarity of fatal results from caustic wounds.

The caustics that I have to comment upon are evidently *substitutive* agents; for besides destroying a diseased surface, they replace it by a healthy, acutely inflamed ulcer, in which the standard of vitality is raised to a restorative pitch, so as to cause it to heal rapidly. Upon this point Lebert observes that "la vie et la nutrition prennent toujours une nouvelle vigueur dans les endroits où elles ont été momentanément interrompu; ce qui peut expliquer la rapidité de la guérison de certaines ulcères intérieurs après l'application de la pâte de Vienne." The healthier action of the cauterized surface, and the fact of its healing rapidly and promoting the solution of subjacent fibro-plastic deposits, seem to be little understood, as will appear from the following passage in a recent work:—"It is said that an hypertrophied cervix can be melted down by the use of this destructive agent: but this simply means that portions of the os and cervix uteri may, like other soft tissues, be destroyed by caustic; for it cannot be contended that when violent escharotics are applied to the uterus the morbid elements are alone affected, the proper structure of the organ remaining intact." Here is an explanation which was never given. What has been repeatedly said is, that escharotics have a twofold action,—first, the removal of a certain portion of redundant tissue; secondly, the stimulation of the absorbents, so as to enable them frequently to dissolve such portions of fibro-plastic tissue as had not been removed by the caustic. Thus I have often applied potassa fusa c. calce to the surface of ulcers having a hard hypertrophic substrate, so as to produce a superficial eschar, without destroying much of the hard

tissue; and nevertheless, while the wound was healing, or soon afterwards, I have seen the induration soften by degrees, and, as it were, melt away, the morbid elements being removed by the more active circulation of the blood in healthier capillaries, the proper structure of the organ remaining intact.

My experience tallies with that of Mr. Wade, who observes: "Potassa fusa appears to me to act beneficially upon structure by relieving irritability and inflammation, by promoting absorption, and stimulating the congested vessels to contraction, and also by its dissolvent powers." And again, page 105: "It has always appeared to me that the great value of the caustic potash consists in its powerful solvent effect upon the tissues forming the obstruction;" and he very truly adds, "Had potassa fusa been called a solvent instead of a caustic, it would have been accepted by those who are too prejudiced to adopt it." So much on the twofold effects of strong caustics—destruction of redundant tissues and the softening of hypertrophied tissues; and now I must briefly relate the uses and abuses of the strong caustics.

*Acid nitrate of mercury* was introduced by Recamier, the founder of modern uterine pathology, and was the only caustic used by Lisfranc. It is a strong caustic, and should be used with care. It is an anti-hæmorrhagic, like all acid caustics, and coagulates the blood that may exude from the surface of an ulceration, and is therefore well suited as an application to fungous or varicose ulcers, and to those which have an unhealthy aspect. I sometimes apply it to the inner cavity of the neck of the womb when nitrate of silver has been found insufficient to effect a cure. To apply this caustic, after carefully drying with cotton-wool the ulcerated surface, I place near the rim of the speculum a pledget of cotton-wool, moistened in a solution of bicarbonate of soda to protect the vagina from the risk of being touched by the acid; then I steep a small pledget of cotton-wool in the caustic, and after well pressing it against the neck of the bottle, I apply it firmly to the diseased surface. A white eschar is thus made, which should be left to dry for a minute or two. If the caustic is to be applied to the cavity of the cervix, a small sable-hair pencil should be used. With some patients this caustic has not a stronger action than nitrate of silver; others soon experience a metallic taste in the mouth, just as some taste iodine when it has been applied to the womb. Salivation or an attack of dysentery has been observed in very susceptible subjects, and when the caustic has been applied at once to a large surface; and should this be necessary, only a portion of the ulcer should be successively touched, at a few days' interval. Orfila has stated, from experiments on animals, that metallic caustics, when absorbed, seem to work their way out of the system by increased intestinal secretions. In the case of a lady, who had been off and on for a year under treatment for inflammation of the cervical mucous membrane, I applied the acid nitrate of mercury with due care; but in the evening she was taken with severe pelvic pains and incessant passing of blood by the bowels. This lasted two days, notwithstanding the exhibition of opium, mercury, and acids. The patient was convalescent in a week, had purulent uterine discharge for a few days, but never suffered from uterine disease during the following eighteen months. The possibility of such accidents occurring shows the utility of recommending the patient to keep very quiet after the application of the caustic. If this little operation leaves brides in the vicinity of the os uteri, it shows that the caustic has been allowed to run on to the vagina by an unskilful operator.

*Potassa caustica, and potassa fusa c. calce.*—Potassa caustica was first used for the removal of cancer from the neck of the wound by Recamier. Gendrin first tried this caustic in non-malignant diseases of the womb. It is still habitually used for the same purpose by Prof. Simpson and Dr. Whitehead (of Manchester). Vienna paste—that is, potassa c. calce, or powdered caustic potassa, mixed with from thirty to fifty per cent. of quick lime—had been used by Recamier for the treatment of uterine disease; but Dr. Filhos had the happy idea of melting two portions of lime and one of potash into the shape of a stick, which, being solid, could be easily handled. This caustic has been principally used by Amussat and its inventor. Without rendering it less manageable, Dr. H. Bennet increased the efficacy of this agent by combining two portions of potassa with one of lime. This is a caustic which I prefer to the caustic potash; but I shall discuss the merits of both caustics at the same time, because their chemical action and their therapeutical results are similar, although not identical. They differ as the concentrated differs from the diluted sulphuric acid, and as this latter is generally used for medicinal purposes, so I prefer the potassa fusa c. calce for surgical use.

The use of potassa fusa c. calce, in the treatment of uterine disease, always suggests to those who have not given much attention to diseases of women, the scooping out of a cavity in the uterine tissues, or their more or less extensive mutilation. That such erroneous notions should be generally entertained is not surprising, since some who profess to be conversant with the action of this caustic confound it with that of potassa caustica, speaking of them both as of agents that are only used for the wholesale destruction of the tissues of the neck of the womb; but I distrust the testimony of those who talk of being able to melt down the neck of the womb by potassa fusa c. calce, simply because I have been unable to do so. In cases of fungous or unhealthy ulceration on a hard, hypertrophic basis, I have repeatedly found how very difficult it is to cause a sufficient loss of substance by means of this caustic; and in such cases, instead of the potassa fusa c. calce, I occasionally use potassa caustica, a much more powerful agent, and one which really does at once melt down tissue. My experience on this point is evidently that of Prof. Simpson, and has led him to adopt potassa caustica in preference to the potassa fusa c. calce in most cases of uterine disease requiring caustic treatment. The fact is, that in potassa fusa c. calce the caustic is fettered by the thirty per cent. of chalk with which it is combined, and which, however, causes it to be so valuable an agent, permitting of our using it with the same facility as the lunar stick. One can thus let loose at will the corrosive agent, graduating its application to the surface where it be wanted. Thus potassa fusa c. calce is an agent to be used superficially; and even when more energetically used, one can only destroy tissue, layer by layer, as the surgeon cuts through tissues when opening an abscess implicating a vital organ. I do not, of course, deny that it would be possible by the long-continued friction of a large piece of potassa fusa c. calce against the neck of the womb to cause considerable loss of substance; but the very difficulty with which this result would be obtained, and the time it would take, will amply convince anyone that this caustic is little calculated for the speedy destruction of tissue, and that it can only be used advantageously as a superficial caustic.

Dr. H. Bennet has advised the application of potassa fusa c. calce to the hypertrophied womb, so as to produce a deep slough; but he does not admit that any good is effected by the destruction of tissue that ensues, and he depends solely and entirely on the inflammation subsequently set up by the caustic for any diminution in the size of the hypertrophied cervix. In this it seems to me that my esteemed friend is over-anxious not to wound the prejudices against the caustic treatment of uterine disease, for I cannot understand how a deep slough can be obtained without real loss of substance in the first instance, and a subsequent loss by the suppuration which follows.

Having thus explained the gradually destructive action of potassa fusa c. calce as distinguished from the more sudden melting down of tissues, for which potassa caustica is more suitable, I shall state what are the cases of uterine disease in which I have found it right to use potassa fusa c. calce.

When there is an unhealthy condition of the lining membrane of the neck of the womb without ulceration, so far as it is possible to ascertain, but nevertheless undermining the patient's health by the severity of the symptoms it determines, I try in succession tincture of iodine, nitrate of silver, and the acid nitrate of mercury; and if they fail I pass the stick of potassa fusa c. calce into the neck of the womb, leaving it in contact from five to fifteen seconds. When there is a more or less extensive fibro-plastic deposit or hypertrophy in the vicinity of the os uteri, leading to repeated ulceration and to the persistence of uterine symptoms,—of which ulcers Lebert truly says that they will not heal of their own accord; that they require the knife, compression, or caustics,—they may be often healed over by the nitrate of silver and the acid nitrate of mercury, but the surface will frequently break out into ulceration unless a layer of the unhealthy uterine tissue be removed by potassa fusa c. calce. The disappearance of the hardness depends, however, not only on the destruction of tissue, but also on the subjacent absorbents being stimulated to increased and healthy action. If after the subsidence of all inflammation, hardness still remains, I renew the application, for until the fibro-plastic deposit be absorbed, the superposed mucous membrane will break out into ulceration on the slightest morbid impulse.

In those forms of ulceration with soft hypertrophy, which are differently described by authors as soft engorgement of the neck of the womb, with frequent sanguineous discharges, as a doughy, boggy swelling of the womb, as an erectile condition of the womb, it would be very bad practice indeed to irritate

\* Stricture of the Urethra, fourth edition, p. 99.

the diseased surface by occasional applications of the solid or liquid nitrate of silver, which would increase the suffering, the discharge, and the extent of ulceration. The speedy destruction of an unhealthy surface, and the extra vital power with which the subjacent tissues then become endowed, is what is wanted in such cases, and there is no better agent than the potassa fusa c. calce. In diphtheritic ulceration of the neck of the womb, there is no better application than the potassa fusa c. calce, dressing the sore afterwards with tincture of iodine. Simple hypertrophy of the neck of the womb, without any morbid condition of its mucous membrane, may cause many distressing symptoms, and be so little influenced by leeches, scarifications, astringents, mercury, and iodine, that it may be advisable in some cases to seek to effect a cure by applying an issue to the hypertrophied tissues. I wish it, however, to be distinctly understood that I do not advise this mode of treatment in ordinary cases of hypertrophy, but only in exceptional cases. Then I apply an issue to the solid uterine tissues, in the same way as an issue is applied to the skin; and, as I want to produce a speedy and a deep loss of substance, I use potassa caustica. While the wound is healing I freely saturate the tangible portion of the womb with tincture of iodine every third or fourth day. It will thus be seen that I seldom use potassa caustica, and I strongly advise those who are feeling their way in the treatment of uterine disease by real caustics, not to try it at all until they have familiarized themselves with the use of potassa fusa c. calce, which is so much more manageable.

Grosvenor-street, April, 1861.

## A Mirror

### OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

#### ST. BARTHOLOMEW'S HOSPITAL.

##### TREATMENT OF HOUSEMAID'S KNEE BY THE THREAD SETON.

(Under the care of Mr. SKEY.)

At the present time three girls, of the respective ages of fifteen, sixteen, and seventeen years, are to be seen, in one ward of the above hospital, who are the subjects of enlarged bursæ over the knee, brought on by kneeling on a hard floor or stone steps whilst following their occupation as servants. The occurrence so early in life is unusual; but there is no reason why females of all ages should not be subject to this affection if exposed to the causes which give rise to it. We recollect an instance, in University College Hospital, of a young man, under Mr. Erichsen's care, with an enlarged bursa over one of his knees, the result of his peculiar calling, which was that of a tacker down of carpets.

When Mr. Skey's patients were admitted, all the acute signs of inflammation had subsided; but the enlarged bursæ remained filled with fluid. Various plans of treatment are recommended for this affection, including, amongst others, repeated evacuation by punctures, until the bursal sac secretes no further fluid, or is obliterated by inflammation. Simple as this process is, however, fatal consequences have ensued by the severity of the constitutional symptoms. Mr. Skey's practice is to pass through the tumour a thickish thread, which is allowed to remain in. This sets up inflammatory action, known by a little redness around the entrance of the thread, and the swelling either subsides altogether, or, what is more common, an abscess forms, which is opened, and the cavity becomes obliterated. In these three patients this treatment was followed out, and suppuration took place in all, with the result of cure. In one—the girl of sixteen—erysipelas was contracted in the

knee, and in the foot of the same leg, from a patient in the neighbouring bed. An abscess formed in the foot, which was opened, and the erysipelas is disappearing under the use of quinine internally.

Mr. Skey applies the seton to all forms of housemaid's knee. He thinks it is perhaps better suited, however, to the hard and indurated bursæ.

There are some examples of this disease, wherein the walls of the cyst have become so thick and solid that no plan of treatment short of actual removal will prove of any avail. We have seen Mr. Fergusson, at King's College Hospital, dissect them out, under such circumstances, with good results. And we can call to mind an instance that came under our notice some months back, at University College Hospital, under Mr. Erichsen's care, of a girl who had a bursal tumour of this character wholly removed.

In October last, Mr. Quain had a girl, aged nineteen years, under his care in the same hospital, in whose left knee was a fluctuating bursal tumour, of the size of a small orange. This was treated by a thread seton, with the result of causing evacuation of its contents, mild suppurative inflammation, and obliteration. In that instance the tumour had been present ten months, and arose from kneeling while scrubbing.

##### GOOD RECOVERY IN THE CASE OF RECENT REMOVAL OF AN EXOSTOSIS FROM THE TRANSVERSE PROCESS OF ONE OF THE CERVICAL VERTEBRÆ.

(Under the care of Mr. COOTE.)

We are happy to be enabled to state that the patient who was the subject of a bony tumour growing from the transverse process of the seventh cervical vertebra, and whose case we briefly narrated in our number of the 13th inst., is going on remarkably well.

Many of the symptoms of which she complained, as we learn from the notes of Mr. Armstrong, her dresser, have disappeared. The warmth of the arm quickly returned after the operation of removal of the tumour by Mr. Coote; the numbness experienced in the fingers gradually abated; no pulsation can be felt either in the radial or ulnar arteries, but there is some in the brachial. Mr. Coote believes that the long-continued pressure on the main arterial trunk above has led to the obliteration of the radial and ulnar arteries. As the numbness, however, has quite disappeared, and the arm is of the same temperature as that of the opposite limb, it is to be hoped the good effects of the operation will prove to be permanent. The wound has almost completely healed up, and the patient is expected to leave the hospital in a few days, feeling quite well in every respect.

##### REMARKABLE SIMULATION OF A FATTY TUMOUR BY AN ABSCESS IN TWO INSTANCES.

(Under the care of Mr. STANLEY.)

The principal characters of the fatty tumour, as given by Professor Pirrie in his standard work on Surgery, are: "that it is painless, lobulated, elastic to the touch,—which elasticity sometimes simulates fluctuation,—exceedingly movable, and has the characteristic softness and pliancy of fat." These were mainly present in two cases under Mr. Stanley's care, and although the tumours were carefully examined by we believe nearly all the surgical staff, and pronounced to be fatty, yet on excision they turned out to be quite different. We refer to them because they are instructive to the student, and serve to show him that in diagnosis sometimes everyone is liable to error.

A female was admitted into Sitwell ward, with a tumour of the size of a fist over the sacrum. It was believed to be fatty by all the surgical staff who examined it. When Mr. Stanley proceeded to remove it in the usual way, his incision was followed by a spirt of pus for several feet. The tumour proved to be an abscess; and although the patient has had disease of the hip-joint for twenty years, it is impossible to say whether the abscess originated from it.

On the 13th inst., a man was given chloroform in the theatre, who had a tumour situated to the inner side of the left shoulder, which was diagnosed to be fatty; indeed there was apparently not the least doubt about it. Mr. Stanley grasped it firmly in his left hand, and with a scalpel in his right he made an incision across it, when the contents of an atheromatous cyst were ejected over him.

In some observations afterwards made, he stated that these cases showed the necessity for caution in making our diagnosis of the true character of tumours.