

The hospital being situated on a higher level than the principal spring, the water is forced up by a steam-engine. The baths are spacious, and so contrived that the paralytic may be gently let down into them, sitting in an arm-chair. The patients are generally made to stay, daily, about twenty minutes in them. For skin diseases the waters are not taken internally, but the contrary is the case in gout and rheumatism, besides the bathing, and it is not usual for diarrhoea to set in. In rheumatic pains a local application is often made of tincture of iodine, four times the strength of the Pharmacopœia tincture, with very satisfactory results. Galvanism is likewise resorted to, and has been observed in some cases to promote the cure in a marked manner, especially in cases of drop-wrist.

BATH UNITED HOSPITAL.

Surgical Cases.

(Under the care of Mr. NORMAN, Mr. GORE, and Mr. BROWN.)

WE beg to offer to our readers a succinct account of a few cases and interesting surgical facts with which we became acquainted in paying a short visit to this hospital.

In the out-patients' department, we perceived a child about two years old, the whole of whose right cheek was invaded by an erectile tumour, the latter being far too large to permit of an attempt at removal. The eye was almost closed, and Mr. Norman, under whose care the patient was placed, was trying a plan which we have seen put in practice at St. George's Hospital—viz., to promote by setons, not so much suppurative as adhesive inflammation. The frightful hæmorrhage which almost certainly ensues when excision is tried, precludes any idea of using the knife; but such tumours are sometimes treated by tying the main arterial trunk, this operation being especially resorted to in cases of erectile tumour of the orbit. In the case at St. George's to which we have alluded, the erectile tumour was situated in the upper lip; Mr. Hawkins used the setons, and after several months the abnormal growth was much diminished.

Mr. Gore lately had a case of subclavian aneurism, which would tend to show that in similar cases it is important to operate early. Mr. Gore tied the subclavian artery, and it is probable that the patient would have progressed favourably had not the aneurism become diffuse. As to the operation itself, Dr. Harrison says, in his work on the Arteries: "As yet the records of surgery do not furnish many cases of success attending this operation; they are, however, sufficiently numerous and satisfactory to prove, not only the practicability of the operation, but also its expediency in many cases of aneurism." Dr. Harrison is likewise favourable to *early* deligation: "The operation ought not to be delayed; and as soon as the surgeon sees that the disease is fully established, and that it is increasing, he should recollect that delay is dangerous, and that if the operation be performed early, there is no peculiar reason to dread an unfavourable issue." Mr. Druitt states in his "Vade Mecum," that Mr. Partridge tied the right subclavian in 1841; the patient died four days afterwards, apparently from irritation of the pneumo-gastric nerve.

We perceive that Mr. Norman is favourable to early operation in cases of strangulated hernia; in commenting upon a female patient just recovering from an operation for strangulated femoral hernia, we heard Mr. Norman state that if reduction cannot be effected after about one hour's trial, every subsequent hour before the operation is a great loss to the patient.

Mr. Brown had lately under his care one of those cases which have recently caused much discussion in France—namely, the rupturing of the connecting substance of an ankylosed joint, to obtain a better position for the limb. M. Bonnet, of Lyons, has advocated the division of tendons and muscles about the knee-joint, and breaking the callus to bring a leg bent at right angle into a straight position. Semi-successful cases have been adduced. For the arm, the flexed position seems to answer best; we saw, however, an agriculturist at St. Bartholomew's Hospital, under the care of Mr. Stanley, with a stiff elbow-joint, the forearm being in a straight line with the arm; and the patient stated that for all *agricultural* purposes he found his arm extremely useful.

Mr. Brown's patient, a boy about ten years of age, had suffered, in the country, compound comminuted fracture of the elbow-joint, and consolidation had taken place, with the jutting forward of the displaced head of the radius, the whole limb being fixed in a straight line. When Mr. Brown saw the boy, whose arm in the then state was almost useless, he resolved to remove the head of the radius, and bend the arm. This was done, the connecting substance easily gave way, and the boy had a good recovery, with a properly flexed and ankylosed arm.

On the 31st of July we saw Mr. Norman amputate the forearm of a woman of sixty-eight, for diseased carpus. The bones had run into caries, though no fistulous tract communicating with the external surface had been established. It was rather remarkable, that in a subject somewhat advanced in years a mere strain had brought on the disorganization of the wrist-joint, whilst such pathological changes are unfortunately not rare with the young.

Amputation is no doubt the proper course in such cases. We were present, however, on the 16th inst., when a great effort at conservative surgery was made by Mr. Fergusson, at King's College Hospital. In a case of diseased wrist-joint, Mr. Fergusson excised all the bones entering into the articulation, leaving the hand attached by the soft parts only. We shall soon have the pleasure of reporting the case in detail. We should not omit to mention that Mr. Gay, at the Royal Free Hospital, has obtained, in several cases, cicatrization and ankylosis by free and deep incisions into the joint, the parts being largely laid open, and then granulating from the fundus of the wound. We shall soon have to recur to the subject.

At the Bath United Hospital, the dressing of the wounds made at operations is of great simplicity: the flaps are kept together by sutures, and no application made but that of wet lint. The surgeons of the institution have found that this mode of treating wounds conduces with more certainty to cicatrization than the many other ways which have in turn been advocated.

We shall conclude this cursory sketch by mentioning one of those cases of ovarian dropsy which so often puzzle the pathologist. Mr. Norman had lately operated in a case of ovarian tumour, with a view of removing the cyst; but the adhesions were found so numerous and so firm, that the wound was closed without attempting the removal. Strange to say, the tumour from that time went on diminishing, and has since completely disappeared. We did not hear whether there had been any very large amount of urine evacuated, either suddenly or at different periods.

HISTORY OF A

CASE OF CONGENITAL OVARIAN TUMOUR, WITH CYSTS, FATTY MATTER, HAIR, AND BONE, IN WHICH OVARIOTOMY WAS PROPOSED.

By ROBERT LEE, M.D., F.R.S.

I WAS requested by Mr. Gaskell, in November, 1842, to see Miss F—, about twelve years of age, who had not long before suffered from an attack of mumps, followed by pain and enlargement of the abdomen. The whole abdomen, and especially the hypogastrium, was large, hard, and irregular. It was supposed by the mother of the patient that sufficient attention had not been paid to the regular evacuation of the bowels while at school, from which she had recently returned. The catamenia had not appeared, and there were none of the symptoms of puberty present. Active cathartics were given, but the enlargement and hardness of the abdomen continued after the bowels had been thoroughly evacuated. I saw the patient with Mr. Gaskell thrice at short intervals, and formed the opinion that some obscure organic disease, not glandular, existed.

Dr. Merriman was then consulted, and I am indebted to his kindness for the following account of the case from the 22nd December, 1842, till the month of May, 1843:—

"On first seeing this young lady, I was sensible of a fluctuation low in the cavity of the abdomen, and a feeling of tightness within the pelvis, which led me to believe that the pelvic viscera were involved in the disease, and I ordered diuretics as principal remedies. Miss F— was from time to time brought to my house; and on the last day of her paying me a visit, the opinion I gave of the case was so unfavourable as to induce her parents to wish that Dr. Paris's opinion should be taken. Dr. Paris met me, and a plan of treatment was adopted and acted upon for about a week. Meantime her parents had been urged to consult the late Mr. A. White, who saw her with me January 23rd, 1843, and on this occasion a tumour, evidently ovarian, was distinctly to be seen emerging out of the pelvis. She was now put upon a course of hydriodate of potash, which, together with change of air and more advanced season, appeared to improve her general health. Throughout the month of March her health remained much the same, but the tumour did not diminish, and in April Mr. Aston Key was called in. He continued to give the hydri-

date of potash, and had the parts fomented, without much benefit. She was brought to me in the month of May, and, I believe, went to the sea-side."

About the end of October, 1843, nearly a year having elapsed from the time I first saw Miss F— with Mr. Gaskell, her parents again consulted me respecting her, and as the abdomen was then greatly distended with fluid, I recommended that she should be tapped, and that Mr. Aston Key, under whose care she had been for some months, should be requested to perform the operation. This was done on the 2nd of November, and a quantity of dark-coloured, gelatinous fluid, evidently the product of an ovarian sac, was drawn off. As no case of ovarian dropsy at the age of thirteen had ever before come under my observation, and before the appearance of the catamenia, I had been led to conclude that the fluid was contained in the sac of the peritonæum, and that the case was not one of encysted dropsy. After the fluid had been drawn off, the lower part of the abdomen was still hard and irregular, and a solid mass, about the size of a hen's egg, was distinctly felt the day after the tapping in the epigastric region.

From the 3rd of November, 1843, to the 7th of February, 1845, I was never consulted by the parents of Miss F—, nor obtained any information respecting the state of her health. On the morning of the 7th of February she was brought to my house by her father and mother. The abdomen was again largely distended with fluid. I was informed by them that they had been induced to consult Dr. F. Bird, and that he had given it as his opinion that their daughter's case was in all respects most favourable for the operation of ovariectomy. They further stated that Dr. Locock had been consulted the day before, and that he considered the case highly favourable for the operation, and urged its immediate performance. It had, in fact, been determined, before they came to me, that the operation should be performed, and they seemed confident that their daughter would speedily be restored to perfect health. Apparently their purpose in calling upon me, was not so much to obtain my sanction to the proceeding as indirectly to reproach me for not having long before recommended or performed an operation which they believed to be so efficacious and devoid of danger. Instead of offering any observations on the propriety of the operation, I took down Vol. xxvii. of the *Medico-Chirurgical Transactions*, and turning to Mr. B. Phillips' Table of "Operations for the Extraction of Ovarian Tumours," begged them to run their eyes along the column of results. In this they saw the word "death" repeated twenty-eight times, thrice three times running, and once four times without any intervening case of "cure" or "recovery." Nothing further was said respecting the operation on that day.

On the 16th of July, 1845, I was requested to meet in consultation, Dr. S. and W. Merriman, Dr. H. Roe and Dr. F. Bird, to consider the propriety of the operation of ovariectomy in this case. I pointed out the necessity of having the patient again tapped, and the condition of the ovarian cyst and tumour, and of all the pelvic and abdominal viscera, carefully determined before any operation was attempted. After some opposition, I succeeded in obtaining the acquiescence of all to this proposal. During the tapping, the canula being obstructed, the fluid ceased to flow, and on inquiring into the cause of this, it was discovered to have arisen from a quantity of fatty matter and long hair. It was at once obvious that the dark-coloured viscid fluid was not escaping from an ordinary ovarian cyst, but from a cyst containing, along with the fluid, long hairs and fatty substance, and probably a jaw-bone and teeth, as in numerous recorded cases of congenital malformation of the ovaria. After the fluid, fat, and long hairs had been drawn off, a large irregular mass remained in the hypogastrium, and the small tumour in the epigastric region was still to be felt. At this consultation "it was the opinion agreed to, that the operation was not immediately necessary, and might with propriety be deferred three or four months." Dr. W. Merriman made this memorandum the same day.

To the best of my recollection I never saw the patient again, and, until about the end of August, 1846, could not learn what had become of her. I was then accidentally informed that Miss F— had died at Ramsgate, but after much trouble I have not succeeded in ascertaining precisely when this took place. The body was, however, brought to London, and a post-mortem examination made by Dr. H. Roe, Dr. F. Bird, and Mr. B. Holt. Mr. Holt did not preserve any notes of the morbid appearances, and does not know the date.

On the 6th of Sept., 1846, Dr. F. Bird very kindly gave me the following description of these, which I took down in writing in his presence, and the same day copied into my journal of cases, from which it is extracted.

"Abdomen greatly enlarged. On opening the integuments, adhesions equal to a space of six inches, the centre where the puncture had been made, from which the adhesions radiated. No other adhesions elsewhere. Slight attachments above to the omentum. A great ovarian sac came into view, connected with the right ovary, involving the whole of it, the pedicle formed by the broad ligament and Fallopian tube, which was eight inches long; the chief vessel was the spermatic; the anterior half of the tumour presented a spherical outline, but, posteriorly, nodulated throughout; the sac an inch thick anteriorly, whereas behind it was extremely thin, like tissue paper; within this a soft vascular mass, which had ulcerated, and this had poured out a great quantity of blood; the sac having given way, hæmorrhage had also taken place into the peritonæum. On laying open the sac, it was multilocular, but one large cyst, with a number of small ones; patches of inflammation on the lining membrane. One large and hard mass existed on the left side, where we felt the hardness traced up on the left side, eight inches long, four wide, and two in thickness; consisted of numerous small condensed cells, having a centre of bone, with hairs—not yet examined."

I obtained permission to examine this mass, by making an incision into it. The structure was that usually termed by pathologists malignant disease of the ovary. The tumour had interspersed throughout its substance numerous long hairs and pieces of bone.*

A case in some respects analogous to the preceding occurred several years ago in the United States of America, in which the operation of ovariectomy was performed, and was followed by a fatal result. I am not aware that any other case resembling this has yet been recorded.

4, Savile-row, Burlington-gardens, Aug. 1851.

ON PERIOSTEAL DISEASE AFFECTING THE DURA MATER.

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(Continued from p. 152.)

Periosteal disease; name—why not periostitis. Inductive laws—

1. Definition; 2. A specific disease; 3. Exciting causes; 4. Antidote; 5. Susceptibility; 6. Influence of age and sex as well as habits of life; 7. Symptoms; 8. Locality of development; 9. State of the periosteum; nodal deposit. Diagnosis in less obvious situations: shoulder-joint; treatment; nitric-acid issue; hands and feet after gout; fangs of the teeth; dura mater; statistics; may co-exist with other morbid forces.

HAVING endeavoured to show, in the last number, that periosteal disease of the dura mater is a frequent cause of a very severe form of headache, and leads occasionally to serious consequences, such as epilepsy and paralysis, I now purpose to offer the results of a more general induction from cases of *periosteal disease*. In adopting the name *periosteal disease*, I must disclaim any intention of asserting a theory as to the seat or nature of the disease itself. I have rejected the usual term *periostitis*, because I do not consider that there is any ground for concluding that the periosteum is more than secondarily affected, and certainly it is not always inflamed; and with every reluctance to change names, from the confusion necessarily attendant on such changes, I think we cannot too soon abandon those which are theoretical and involving doubtful theories. Without venturing to assert positively that the disease in question has its seat more properly in the bone than in the membrane, I can refer to cases where inflammation and suppuration of bony structure without nodal deposit, have been attended with intermittent pains of great intensity, relieved only by the trephine; and as far as we can form an opinion of pains endured by others, the quality of the pain seems to be very similar, although we have no positive proof of inflammation of bone in nodal disease.

The following laws are the inductions of my own clinical observations.

1. There is a morbid condition of the human body, giving rise to congestion of the periosteum, including the dura mater, with deposits of earthy matter between the membrane and the bone.
2. This morbid condition is properly a specific disease exist-

* Had a full examination of all the parts of the tumour been made, it is probable that teeth would likewise have been discovered.