

in parturition, or tearing of the parts by the application of instruments. Now our patient has had no child, and acknowledged to some one yesterday, that the injury was produced at the time she lost her virginity. How this should have happened, I cannot pretend to say. She has been in this lamentable state for some time; escharotics and other various local applications had been made by the medical men whose care she had been under; these means were, however, of no avail. Now it is a most difficult matter to succeed in closing these openings. It is desirable for the surgeon to know at least how to relieve the sufferings by closing up false passages in this region; and the cases of this kind are not so very uncommon; I have had as many as four cases of vesico-vaginal fistula at one time under my care in the Edinburgh Hospital. There is no doubt, that if the case be at all favourable, it may be, through time, considerably relieved by the plan I pursued in this case. Having brought into view, then, and ascertained the size of, the opening, by the use of the speculum, the parts were cleared of discharge, and the finger being introduced into the bowel, protected by an old-fashioned instrument for fistula ani, a sort of gorget of horn, a sound, heated to whiteness was passed into the track so as to touch every part of its course. The contraction following this practice is much greater than any you can obtain by escharotics. You have it more in your power to limit the extent of the application, it being desirable merely to make the surface raw with as little loss of substance as possible. I am no advocate for the actual cautery, but in such cases as this, the application of a heated wire is less painful and more effectual by far, than any other means for a permanent cure. In order to favour the contraction of this false passage during the granulating process, to leave no excuse for any foreign matter passing into the vagina, the sphincter ani was divided freely on both sides, towards the tuberosity of the ischium. The profession is much indebted to Mr. COPELAND for the suggestion of dividing this muscle. It is a proceeding of very great use in a variety of cases, as I have again and again stated to you here. The paring of the edges of an opening through the parietes of the vagina into the bladder or rectum, or any attempt to bring about adhesion by the insertion of sutures, can scarcely be expected to answer any good purpose. Many circumstances are opposed to the adhesive process. The walls are thin; composed, in a great measure, of a tissue which does not readily furnish plastic secretion. Irritating fluids, which the cavities and canals contain, get insinuated betwixt the edges. The mere circumstance of the parts being kept moist, is enough to account for the failure of union; but as well as all this, the parts are in con-

stant motion, and cannot by any means be put altogether at rest. To return to our case. Even now the opening is all but closed, an astringent injection, a decoction of valonia has been used, to moderate the discharges, and the consequence is, that neither feces nor flatus have passed through the opening, since a few days after the operation; in fact, the patient is nearly well. Now you must not be annoyed that you did not see this patient examined or operated upon. She had a very decided and natural objection to have more than one or two persons present; indeed had you been present, you would not have been able to understand the mode in which I proceeded, nearly so well as from the explanation I have given you on the plan of the parts. I shortly intend to make some observations on hydrocele; also on fractures, when I shall particularly allude to the case of disunited fracture, which is interesting in many respects; after that I shall say something respecting those tumours of the mouth and jaws, and endeavour to make you aware of the means of forming a correct diagnosis betwixt such as are tractable, and removable by operation, and those which, in their advanced stage, you had, both for the sake of humanity and your own reputation, better leave untouched.

[April 9. The patient with recto-vesical fistula is perfectly well; the opening having become totally and firmly closed, and the discharge having ceased.—*REP. L.*]

CASE OF
EMPHYEMA,
IN WHICH THE OPERATION OF
PARACENTESIS THORACIS
WAS PERFORMED.

By J. W. MACNEE, Esq., Surgeon, Glasgow.

ON the 27th of February I was requested by a clergyman to visit Alexander Pettigrew, aged 16, residing at 47 Dale-street, Tradeson.

It appeared, that two years before, he had been attacked with inflammation in the chest. As far as I could now judge from a description of the symptoms, he had on that occasion been affected with pleuro-pneumonia of the left side. The pain is said to have been principally confined to one spot, and was of such an extent as could be covered with the hand. By the medical man who attended him at the time he was bled, blistered, and had taken the various internal remedies usually employed under such circumstances. The acute symptoms were by these means relieved, but his general

health continued indifferent. His appetite was deficient, and although so weak as to walk about with reluctance, he was under the necessity of returning to his employment in a printer's field, where he remained for some weeks, until his now rapidly declining health no longer permitted his continuance. From this period he fell off, and about twelve months ago occasional shiverings were experienced, accompanied with increase of the difficulty of breathing, and the left side of the thorax was shortly afterwards observed to be more prominent than the right. All these symptoms increased in severity, until about six months ago, when, after experiencing a violent paroxysm of dyspnoea, a large quantity of pus was discharged by the mouth. The immediate relief that followed was great, so far as respiration was concerned, and for a month afterwards the mother described him as expectorating a considerable quantity of purulent matter daily, amounting, she said, sometimes to nearly a pint. It has since decreased.

During his illness he has been seen by various medical men, but I visited him as a pauper patient for the first time to-day; his condition was then as follows:

I found him reclining on the left side, with an emaciated anxious expression of countenance, and unable, without experiencing a considerable aggravation of his cough, increase of dyspnoea, and expectoration, to turn to the right. The left side of the thorax was much enlarged, measuring from the spine to the sternum fully two inches more than the right; there was no œdema of the chest, face, or upper extremity.

On examination by the stethoscope no sound was detected over the entire left side, and so much distress was occasioned by any attempt at turning him, that the state of the posterior part of the chest could not at this time be ascertained. While making the attempt, however, two mouthfuls of pure pus were expectorated. The *tintement métallique* was imperceptible. Percussion at this time was dull throughout. As was to have been expected, respiration in the right lung was puerile, and at the upper portions bronchophony was heard, but in no place was pectoriloquy detected. The heart was situated an inch and a half to the right of the sternum. On inspiration there was no movement whatever of the left side; the respirations were 36 per minute. Several members of the family had died of phthisis.

There were neither diarrhoea nor night sweats, and the evening exacerbation was but slight; but these were the only favourable features that the case presented. In every other respect it was most hopeless, and as it was evident that the patient, under the circumstances, could not survive many days, it was deemed proper to propose

having recourse to the operation of paracentesis thoracis. However small our hopes of ultimate success might be, evidently his only chance of even temporary relief depended upon its being performed.

In the meantime he was ordered an occasional glass of port wine, with a cough mixture.

Feb. 28. My friends Messrs. Panton and Wort saw the patient with me to-day, and entirely concurred in the propriety of the operation. An incision was accordingly made between the sixth and seventh ribs, to the extent of two inches, and the cellular membrane and muscular fibres were divided. A canula was then introduced, and the cavity of the pleura penetrated by means of a trocar. Four quarts of pus of a healthy appearance were evacuated. Towards the conclusion, and when the matter no longer entirely filled the tube, during inspiration, a stream of air, sufficient to extinguish a candle, was emitted from the chest. It was not in the least degree filled. The lips of the wound were brought carefully together by means of a compress and bandage. He had an anodyne, and was desired to continue the wine. A tablespoonful of the following mixture was likewise given every third hour.

℞ *Sulphatis Quinini* gr. xxx.
Acid. Sulphur. Arom. ʒi.
Aquæ ʒvi. M.

At 10 in the evening he was found to have vomited the wine, which was therefore discontinued, and spirits substituted. He felt easy and comfortable, but complained, to use his own expression, of occasional "bocking." It seemed to be occasioned by a spasmodic action of the diaphragm. Had coughed none since the operation, and the pulse was 90.

Feb. 29. Had passed a good night, and been able to turn on his back and right side, which he had not done for months before. Has no cough, and even expresses an inclination for food, but the bocking continues. For this he was desired to take three drops of prussic acid. It did not return again.

Under this treatment and nourishing diet, he seemed for a time to improve. Till the 15th of March he could not be said to suffer from cough; his appetite was good, and even his appearance was more promising; but these favourable symptoms from this period speedily disappeared. He fell off, lost all inclination for food, and began to experience a return of cough and dyspnoea when he attempted to recline on the right side. The bowels continued regular, and there were neither rigors nor night sweats.

His condition appeared every day less favourable, and by the 23rd the difficulty of breathing had much increased. On a careful examination with the stethoscope, the

presence of both air and fluid was detected, but any attempt at relief by repeating the operation, not only from the rapid manner in which reaccumulation had taken place, but the now evident sinking of the patient, was deemed improper. The left side of the chest, which had visibly contracted for two weeks after the performance of the operation, now rapidly increased, and along with it a proportionate increase of the difficulty of breathing. He gradually sank, and died on the evening of the 25th.

Inspection.—On opening the chest a quantity of foul air escaped. The left cavity of the thorax was nearly full of matter. The quantity removed was estimated at two quarts and a half. The pleura throughout was covered with false membrane, two or three lines in thickness. The lung was compressed into about a tenth of its usual size, and was of a perfectly firm texture. It was bound down to the spine by firm adhesions. When cut into, it was found of a healthy appearance. No fistulous communication could be detected after the most careful examination. The heart was situated about an inch and a half to the right of the sternum. The pericardium externally was lined with a thick coating of lymph. The right lung was contracted by means of firm adhesions with the entire costal pleura. In its substance several small cavities were found, and tubercles in their various stages.

In this case, as well from the advanced stage of the disease in the left side of the chest, as from the tuberculous condition of the right lung, it was, of course, impossible to expect any thing but temporary relief from the operation. It was performed, indeed, rather to avert immediate suffocation, than with any hope of permanent benefit, but it shows in a very striking manner how nature will occasionally rally for a time, while suffering from the most extensive and complicated mass of disease.

Clyde-place, Glasgow, March 29, 1836.

QUACKERY.

INFLAMMATION OF THE BOWELS CAUSED
BY MORISON'S PILLS.

To the Editor of THE LANCET.

SIR: The following case of poisoning by *Morison's Pills* I have just seen in a letter from the sufferer himself; and as its authenticity is undoubted, I think its publication in your excellent journal may be useful. Before copying it, I have an observation to offer on the abstract question of quackery, and its supposed influence on the *interests* of medical men. According to popular opinion, quackery is especially prejudicial to

medical men; they are supposed to be more directly concerned in its suppression than their fellow citizens, and on this ground have been called upon by you, Sir, to form an Anti-Quackery Society. This opinion, founded on the circumstance that patients often resort to quacks instead of qualified persons, seems plausible, and at first sight true; but a little observation and reflection will convince any one, that although empirical remedies, indiscriminately taken, may afford occasional relief, they must, on the whole, increase the total quantity of severe sickness treated by medical men. They enfeeble the constitution, and convert slight disorders into diseases of structure. If the profits of the medical profession depend, then, on the average number of patients, quackery must augment those, in proportion as it multiplies these. It has been ascertained at some of the benefit societies, that about three or four in a hundred is the mean proportion constantly on the sick list; now let the members of six clubs take no quack medicines at all, and let the members of six others take them on every occasion, and there is not the least risk of error in affirming, that the state of the last would be the worst, and that instead of four, at least six or seven would require medical attendance. On this account I cannot help thinking it was your zeal for the public health, and for the good of the community generally, rather than any particular regard to our interests, that induced you to call upon the medical profession to oppose quackery; and I entirely agree with you that the opposition ought to originate with medical men, not because their interests are affected, but because they are best aware of the insidious evils of quackery, and are bound in duty to make them known to the Government and the country.

I do not know that any solid objection can be raised to the above statement, further than that violent nostrums diminish the *quantity of sick people*, by carrying off very rapidly those afflicted with organic diseases of the brain, the heart, the lungs, or intestines, while judicious treatment and regimen would protract their life for an indefinite time; and the force of this objection must be admitted.

I now come to the case, related in simple language by the patient himself, a very strong young handicraft workman in the country.

CASE.—“Last week I was at work at Mr. R——’s, of H——, and saying I had been rather poorly, he advised me to take *Morison's Pills*. So I began last Saturday, and have taken till now *six* or *seven* night and morning. They have operated very well to *seem to*. They have brought away a great deal of bile, and nasty mucous matter [which they formed], more than I should