

NOTES OF TWO CASES OF
SEVERE DIARRHŒA CURED BY SINGLE
DOSES OF CHLORAL HYDRATE.

By EVAN CAMERON, M.B., C.M.

CHLORAL is at present claiming great attention from the profession. Day by day its sphere of usefulness is increased; but I am not aware that it has as yet been tried in those severe cases of diarrhœa which are so common at this season, and this year so unusually fatal.

(1) J. S—, a labourer, about fifty-five years of age, was attacked early on the morning of August 21st with severe vomiting and purging. Domestic remedies were employed for a few hours without any effect, and when I was sent for I found the patient much exhausted—so much so, indeed, that he could with difficulty maintain his seat on the stool from which he had not moved for hours. The vomiting was incessant. I prescribed twenty grains of chloral with fifteen minims of chloric ether in two ounces of water. In ten minutes or so the patient felt easier, and was able to lie down in bed, when he immediately fell asleep. He slept for five hours, and on awaking said he felt quite well, though feeble. He never vomited after taking the chloral, neither did he pass any more loose stools.

(2) J. L—, a tailor, seventeen years of age, was taken ill about 3 A.M. on the 27th of August with vomiting and purging. This state of matters continued without intermission till 9 o'clock. At this hour I was sent for, the messenger stating that the patient was dying. I found him in a state of collapse; the whole body was cold, more especially the extremities, which, together with the lips, were of a livid colour; the face wore a pinched expression; pulse imperceptible. Hot-water bottles, hot flannels, friction, &c., were employed with success, and in twenty minutes or so the patient commenced to rally. Brandy was administered with great benefit. At 9.30 he took a draught containing fifteen grains of chloral and fifteen minims of chloric ether. In a few minutes afterwards he fell asleep. He awoke about 1 P.M., when he expressed himself as feeling very comfortable. By evening he had rallied so much that he insisted on getting up. Both the vomiting and purging ceased entirely on the exhibition of the chloral.

Denholm, Sept. 5th, 1870.

A Mirror

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

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

OPERATIONS.

On the 19th inst. the following operations were performed at this hospital.

(By Mr. JAMES ADAMS.)

Removal of an Epithelioma of the Tongue with Electric Apparatus.—This growth was situated on the side of the tongue, and presented a surface of about the size of a small almond. The tongue being held forwards by means of a thread passed through the tip, a wire was passed through the organ a little behind and to the inner side of the base of the growth, and connected by its extremities with the battery. The wire was then drawn first forwards and then outwards, so that the part containing the growth remained attached only by a small isthmus posteriorly; the operation was completed by dividing this with the noose of a galvanic écraseur. No loss of blood occurred throughout the operation, except that due to the introduction of the thread and the wire.

(By Mr. COUPER.)

Operation for the release of a Strangulated Inguinal Hernia.—The patient was a man of about middle age. The hernia had been strangulated since the morning, with the development of no other symptom than vomiting. An endeavour (made under chloroform at the time of admission) to reduce it by taxis had failed. The attempt was renewed on the table, but not persevered in lest violence should be done to the parts. Mr. Couper then proceeded to expose the sac and incise both the internal and the external rings, after which the hernia was returned. A point of some interest in connexion with this case was that the hernia appeared to be complicated with undescended testis, until, after its reduction, a small atrophied gland was discovered in the scrotum; the other gland, though rather larger, was unusually small. Mr. Couper thought that the early stage at which the operation had been performed gave the patient a good chance of recovery, but feared that he would afterwards experience some difficulty in confining the gut to the abdomen, on account of the size of the inguinal aperture.

(By Mr. MAUNDER.)

Excision of a Carcinomatous Mammary Gland.—Mr. Maunder said that those who are commencing their studies would perhaps be surprised to learn that the diagnosis of tumours was a task of very considerable difficulty, so much so that not unfrequently even accomplished surgeons were found to hold different and opposite opinions as to the nature of a particular tumour. The case before them, however, admitted of little doubt, notwithstanding that the growth itself was exceedingly small. They would observe that, though it was freely movable on the pectoral muscle, the skin over its site was adherent and puckered, and presented a small scab; there were in addition one large and some smaller lumps in the corresponding axilla. With regard to the history of the tumour, the patient had only been aware of its existence since six months, and during this time it had been, night and day, without any special attack of inflammation, the centre of severe darting pain; she had also during this period undergone a considerable loss of flesh. These circumstances, and its own physical characters, Mr. Maunder said, indicated that the growth was a cancer of the hard variety, notwithstanding the absence of cachexia, and the comparative youth of the patient, who was only thirty-eight years of age. Two incisions, extending obliquely downwards and forwards from the upper boundary of the anterior margin of the axilla, to a point about two inches below and a quarter of an inch to the inner side of the nipple, were so directed as to include an elliptical piece of skin from two to three inches broad at the widest part, and contain the part involved by the cancer; both incisions passed to the outer side of the nipple. The mammary gland having been removed, Mr. Maunder extracted with the fingers one large and two smaller affected lymphatic glands from the axilla, exposing by this proceeding about one inch of the course of the axillary vein.

In remarking on the operation, Mr. Maunder said that although the cancer was a small one, the extent to which it had already involved the neighbouring glands bore testimony to the propriety of immediate interference. One of these lymphatics had been completely infiltrated, and was undergoing fatty degeneration in the centre. He drew particular attention to the perfect safety with which, by laying aside the knife, and making use of his fingers, he had been able to remove glands from the immediate neighbourhood of the axillary vein and numerous other vessels of considerable magnitude. He also advised that, in operations about the breast, the nipple should, if possible, always be saved.

CASES UNDER THE CARE OF MR. COUPER.

After the operations, Mr. Couper showed us, among others, the following cases at present under his care:—

A Case of Skin-grafting on an Ulcer of twenty-four years' standing.—This ulcer was on the leg of a man who is now sixty-six years of age. For several weeks before the operation of grafting was performed, he had been confined to his bed while under treatment for stricture of the urethra; but, though he was thus placed under comparatively favourable circumstances, the ulcer showed no disposition to heal. Portions of skin were transplanted on Sept. 21st, Oct. 1st and 15th. The first were almost indistinguishable for about a fortnight, and then began to grow rapidly. The