

ART. XXV.—*St. Thomas's Hospital Reports.* New Series, Vol. I.
Svo. pp. 706. London: John Churchill and Sons, 1870.

THE opening paper in this volume contains *A Short History of Old St. Thomas's Hospital*, written by W. H. STONE, F. R. C. P. From this we learn that in the year 1207 the canons of the Priory of St. Mary Overies erected a hospital in which to celebrate divine service, till their monastery, which had been destroyed by fire, could be rebuilt. A few years later, 1215, the said hospital was removed by Peter de Rupibus, or de la Roche, Bishop of Winchester, who endowed it with land to the amount of three hundred and forty-three pounds per annum. During the reign of Henry VIII. the hospital passed from under the control of the monks and into that of a board of governors. Successive sovereigns added to its revenues, which were also increased by donations and bequests from private individuals, but the hospital, though added to and improved from time to time, was not moved from the site chosen by the Bishop of Winchester until the recent purchase of the property by a railway company.

We shall direct attention first to the medical papers in the volume, the first of which is entitled—

Remarks on the Different Forms of Pulmonary Consumption, by THOMAS B. PEACOCK, M. D. The author begins this paper by expressing his dissent from the very commonly received opinion that "there are few diseases more simple in their character, more easy of detection, and of which the result can more readily be predicted, than pulmonary consumption," having found in his experience "that there are few diseases which differ more in their features, of which the diagnosis is sometimes more obscure, and the precise prognosis more open to doubt, than those which may be classed, and are generally understood to be embraced, under the general term of pulmonary consumption." This is an opinion which we are sure a majority of practical physicians share, but it is very rare indeed that we see it or hear it so frankly expressed. The term pulmonary consumption is applied to affections which, according to our author, present themselves under the following different circumstances:—

"1st. Where the disease of the lung is of constitutional origin, and may pursue its course without being necessarily materially modified by the presence of inflammation.

"2d. Where the disease, though originating in or closely connected with constitutional predisposition, is always greatly influenced in its symptoms, progress, and results by the existence of inflammation; and—

"3d. Where the disease commences in inflammatory action, but where, generally from impaired constitutional power, phthisical symptoms have subsequently become developed."

It will be seen from the above, that although recognizing the fact that phthisis can often be traced to inflammation of the lungs, Dr. Peacock is not prepared to adopt the views of those pathologists who hold that tuberculosis is a disease developed invariably from the absorption of caseous matter into the blood. It is somewhat noticeable, however, that of the three cases of acute tuberculosis reported by him in this paper, two are, to a certain extent at least, confirmatory of the correctness of the opinions held by Niemeyer and his school, for in the account of the autopsy of one of those it is stated that the bronchial glands did not contain tubercle, but were softened so as to form a dirty brown-coloured pulp; and in that of the other, at the apex of the right lung there were three or four small cavities about the size of split peas.

The points involved in the diagnosis and prognosis of this disease are discussed at considerable length, and we think with eminent ability. Dr. Peacock is not disposed to attach much value to the employment of Hutchinson's spirometer as an aid in the diagnosis of pulmonary disease, and says: "I have found that making the patient count aloud is for all practical purposes a more available means of estimating the breathing power. Thus, a person of average height, not too stout, and with healthy lungs, should count, without drawing a fresh breath, to from thirty to thirty-five; but the precise number will vary consider-

ably, much in the same way as the vital capacity varies in different persons, as estimated by Hutchinson's spirometer. In cases of disease, and even of early disease, the power of counting is very strikingly reduced, and this furnishes a ready means of detecting any defect in the breathing power, and of ascertaining approximately the extent to which it has gone." When speaking of the influence exercised by pleurisy upon the progress of phthisis, Dr. Peacock expresses the opinion that it is generally a serious complication, especially if both sides of the chest be involved, but that a serous effusion limited to one side may occasionally exercise a beneficial effect, and "may even by compressing the lung arrest the morbid process, so that, as the fluid becomes absorbed, the patient may temporarily recover with contraction of that side of the chest." Dr. Peacock, moreover, believes that imperfect aeration of the blood, giving rise to cyanosis, such as obtains in bronchitis and emphysema of the lungs, cannot be regarded as a condition opposed to the deposition of tubercle, and cites cases in confirmation of this view. A plate accompanies this paper.

On the Existence of Continued Currents in Fluids, and their Action in certain Natural Physical Processes, by GEORGE RAINEY, M. R. C. S. This paper is one of the most elaborate and interesting in the volume, and is evidently the result of much thought and labour; it does not, unfortunately, admit of condensation. By a series of experiments Mr. Rainey has succeeded in demonstrating that the particles of fluids, even under circumstances where they might be thought to be most at rest, are in constant motion, describing among themselves circular or elliptical currents. It is satisfactorily shown that these movements cannot be due to chemical action nor to the effects of temperature. The following explanation of the currents is adopted by the author as probable. Every fluid, no matter what its quantity or what form it may have been forced to assume, would have a tendency to assume a spherical figure if the force of attraction which acts upon particles of matter at apparent contact or at insensibly small distances were uninterfered with; but there is another kind of attraction, that of gravity, which is also, under ordinary circumstances, acting upon fluids, and the action of which is opposed to that of the former, inasmuch as one attraction draws the particles of any fluid mass towards its own centre, and the other draws the same particles towards the centre of the earth. In this way "the fluid particles will be brought into a condition of tension, or constrained and temporary stasis; the perfect balance of particles, as produced under the first hypothesis, that is, by the attraction acting at apparent contact, is replaced by one maintained under unstable conditions." But, to a much less extent than the attraction of the earth, the attraction of the celestial bodies is also believed to have some share in the production of these currents.

Mr. Rainey is convinced by the results of his experiments that, for the diffusion of fluids to take place, it is not necessary, as has been hitherto thought, to bring together fluids of different densities, although such a difference in density will undoubtedly promote this result. Molecular motion is also believed to furnish us another instance in which the existence of fluid currents may be adduced in explanation of a well-known physical process, and it is probable that the processes of exosmosis and endosmosis are to be explained in the same manner.

On the Mechanism of Articulate Speech, by J. S. BRISTOWE, M. D. The great attention which is now being paid to defects of speech in connection with various forms of cerebral disease, makes it specially important, Dr. Bristowe thinks, that the mechanism by which articulate utterance is effected should be well understood, particularly as comparatively few, even well educated men, have given much thought to the subject, or are capable of analyzing off-hand the compound words which they speak, far less, therefore, of using that power readily as a test of an aphasic patient's capability of speech, or for his education. He further thinks that a thorough comprehension of the mechanism of literal sounds would enable us very frequently to teach patients with aphasia, especially in those cases in which the mental powers are unimpaired, and there is preservation or restoration of the power of reading and writing, and control over all the voluntary movements of the organs which are used for speech. The tongue and lips in these cases can be used accurately as organs of touch

and as organs of mastication, and can be put into those various positions which respectively determine the several articulate sounds. It is clear that there is here not a loss of the memory of words, but a loss of the memory of how to say them; and it is simply ignorance on the part of the physician as well as of the patient of the mechanics of articulate speech which prevents patients with this degree of aphasia from being taught to speak. Dr. Bristowe's object in writing the paper is, first, to examine our own alphabet; second, to consider the construction of a complete alphabet, so far at least as to form a basis thereon; third, to discuss the mechanism of literal sounds and the mutual relations of letters. The paper does not admit of condensation, and we will simply say of it that all those interested in the subject of aphasia will find in it much matter for reflection.

Observations on the Diseases of the Skin which are generally supposed to be due to the Growth of Vegetable Parasites, by J. S. BRISTOWE, M.D. This, although a well-written paper, does not contain much that will be thought new by those of our readers who are interested in dermatology. The diseases considered are *Tinea tonsurans*, *Tinea favosa*, *Tinea versicolor*, and *Tinea decalvans*. The first three are thought to be dependent upon the presence of a vegetable fungus in the hair and epidermis; but inasmuch as in the last the presence of a parasitic growth has never been demonstrated, the author holds that it is due to some modification of nutrition and growth which renders the hairs brittle and peculiar in structure, a change which is followed by their loss. Dr. Bristowe believes that the parasitic growth invades the epidermis equally with the hair, and "doubts if the root or root-sheaths of the hair are to be regarded as being in any special way liable to the invasion of the fungus, excepting in so far as they constitute collectively a comparatively large accumulation of epidermic structures." Entertaining these views, it is not surprising that he does not regard epilation as so necessary a part of the treatment as the majority of dermatologists consider it. This paper is illustrated by four plates.

Infantile Paralysis, by RICHARD BARWELL, F.R.C.S. There are very strong reasons, Mr. Barwell thinks, for believing that this form of paralysis is independent of any central lesion of the nervous system, and for attributing it to some alteration of the nerves of the part affected just at the point of distribution to the muscles. If a nerve be divided in the upper part of its trunk, the muscles supplied by it very soon lose their sensibility to the induced current, and acquire an abnormal sensibility to the galvanic current; but after a time the muscles, which were at first flaccid, become rigid, and the rigidity is not lost until the nerve has reunited. If we cut the nerve a little lower down there will be less stiffness, and scarcely any if we divide it at the point where it enters the muscles, while the loss of irritability to the induced current is more rapid.

Now the loss of sensibility to the induced current, the abnormal sensibility to the galvanic, together with a flaccid condition of the muscles of the paralyzed part and a loss of reflex contractility, are prominent characteristics of infantile paralysis, and occur in no paralysis having a central origin. Much importance is attached to the fact that the sensibility of the muscles to the continuous current is preserved, and it is believed to furnish an important indication in the treatment of the disease. No time should be lost; but after the lapse of twenty-four or forty-eight hours, which may be occupied with attention to the secretions, the continuous current should be applied to all the muscles which do not respond to the induced current. It does not appear to be a matter of much importance which way the current runs, so that muscular movement is produced. At the same time hypodermic injections of strychnia are to be given. Mr. Barwell says that the injection under the skin of any drug must be intended for one of two purposes, for the production either of a general effect or of a local effect. If our object be the former, we should use a weak solution; if the latter, a strong one. Mr. Barwell has succeeded in obtaining a solution of one grain of strychnia in fifty of fluid,¹ and has used of

¹ "The strongest solution is this: Strychnia gr. ij; acid. hydrochl. ℥v; spirit. rect. ℥xv; aq. ℥lxx."

this solution in children, and in fact babies, five and even seven and a half minims; that is to say, one-twentieth or one-fourteenth of a grain; and if it were necessary to give a larger quantity of strychnia, he should not hesitate to use it in a still more concentrated form, but thinks that the doses given above should not often be exceeded.

In regard to the nature of the change in the nerve-fibrillæ, Mr. Barwell has of course little to say. He does not believe that any organic change is to be found at the outset, although such change may arise in the further progress of the case. "On the contrary, the attack is at the outset so rapid and complete that there has been scarcely time for degeneration; its essence lies probably in some subtle derangement in relationship between the ultimate muscular and terminal nerve fibres, perhaps from some inflammatory; perhaps merely from some chemical or nutrient change."

There is an admirable description of the disease given, and the points involved in the differential diagnosis between it and paralysis dependent upon spinal lesions are discussed with great clearness and at considerable length.

On the Action of Quinia, by EDWARD CLAPTON, M.D. The author's object in writing this paper is to give the results of his experience amongst the out-patients of St. Thomas's Hospital, in prescribing large doses of quinia for the purpose of arresting epileptic seizures. A rather meagre report of its action is given in seventy cases, in most of which it seems to have had a marked effect in diminishing the number of the paroxysms. In a few, however, its administration appears to have been followed by an aggravation of the disease. "It has no power," the author says, "of preventing the seizures when they arise from the effects of syphilitic diseases or of injuries to the head, and it generally fails in highly hysterical young women; but in other cases in which the periodic epileptic seizures depend on blood disease solely (as is doubtless the case in the majority of instances), and in which the fit is preceded by a distinct aura or warning, it is almost certain to succeed."

"It is not easy to determine what the altered condition of the blood is in those who are epileptic; nor the pathological state of the nerve-centres, for no lesion and frequently no morbid appearance whatever is found after death. From the way in which quinia acts in these cases, the altered condition is, in my opinion, dependent on some chemical change, in all probability the gradual abstraction of animal quinoidine and its substitution by some special morbid matter, which has as gradually formed, and which periodically, when sufficiently accumulated, exerts its own specific influence on the brain or spine (as the case may be) in an impulsive manner, thus imparting its own peculiar character to the convulsive attack, whether epilepsy, tetanus, hydrophobia, or the like. It is possible, therefore, in such cases to prevent these sudden and tumultuous symptoms by rapidly cinchonizing the patient." The dose of quinia necessary to prevent the occurrence of a paroxysm is about that usually given in intermittent fever, and it should all of it be given during the warning, if this is sufficiently long.

Dr. Clapton believes that quinia will be found not less efficacious in tetanus and hydrophobia than in epilepsy. In looking over the notes of the seventy cases reported, the success has not appeared to be greater than would have been obtained if the bromide of potassium had been the drug administered, which certainly cannot be supposed to replace the animal quinoidine—a fact which, so far as it is worth anything, seems opposed to the acceptance of the author's explanation of the action of quinia in this disease.

Partial Spinal Paralysis with Locomotor Ataxy, by SAMUEL SOLLY, F.R.S., and J. LOCKHART CLARKE, M.D., F.R.S. This paper is the joint production of Mr. Solly and Dr. Clarke, the former furnishing the clinical history of the case, and the latter the result of the microscopical examination of the spinal cord. Dr. Clarke believes that ordinary spinal paralysis is often associated with locomotor ataxia, and that cases which we often consider as examples of one or the other of these maladies are, in reality, mixed cases.

Case of Aneurism of the Arch of the Aorta, opening into the Trachea; Tracheotomy, by T. S. BARKER, M.D. In this case the existence of an aneurism, though never positively diagnosticated, was suspected, in consequence of the

occurrence of paroxysmal attacks of dyspnoea, which appear to have been of unusual severity. The autopsy showed that the trachea had been much compressed by the aneurism, and that the left recurrent nerve had also been pressed upon, being involved in the tumour.

Some Experiments relating to the Forms assumed by Uric Acid, by W. M. ORD, M. B. Lond. This paper, as the title indicates, contains the results of experiments instituted for the purpose of determining whether the crystalline forms assumed by uric acid in the urine have a definite relation to the composition of that fluid. Solutions of uric acid were treated with different substances, such as egg-albumen, solution of gum-arabic, solution of brown cane-sugar, solution of starch, and hydrochloric acid was then added in excess, so as to cause the precipitation of the uric acid, which was thrown down in a different form in each experiment.

Fibrous Tumour of the Uterus and Pregnancy; a Narrative of two Cases, by LEONARD W. SEDGWICK, M. D. In the two cases reported by Dr. Sedgwick, fibrous tumours of the uterus, which in one case could be distinctly felt during pregnancy, and in the other after the completion of labour, disappeared during the involution of the uterus, and the subsequent changes which the organ undergoes after pregnancy. The cases are well reported, and will be found of interest.

Cases illustrating the Clinical History and Pathology of Effusions of Blood into the Peritoneum, with special reference to the so-called Retro-Uterine Hæmatocele, by ROBERT BARNES, M. D. Although it is some time since Bernutz, Nélaton, and other French pathologists first directed attention to the collection of blood in the pelvis, the importance of the subject, Dr. Barnes thinks, has not been fully recognized. This may be explained by the fact that few physicians are possessed of sufficient skill in diagnosis to distinguish between collection of blood in the retro-uterine space, and a retroverted gravid uterus. No difficulty can, however, possibly present itself, if the examination be properly made with all the aids which we at present possess for the recognition of morbid conditions of the uterus. In cases in which retro-uterine hæmatocele is suspected, the sound should be used. The instrument, slightly curved, is to be introduced into the cervix uteri, and the point being turned towards the umbilicus, will proceed until it is arrested by the fundus of the organ. In this way the length of the uterus is ascertained, and by carrying the handle of the instrument backward, the fundus may be made to project over the symphysis, so as to allow the outline of the organ to be distinctly traced.

Fifty-three cases are reported. The causes of the hemorrhage in these cases were:—

1. Rupture of the uterus.
2. Rupture of extra-uterine foetation cysts.
3. Rupture of diseased ovaries.
4. Injury.
5. Effusion of blood into peritoneum attending abortion.
6. Menstrual disturbance or difficulty, leading to effusions of blood into the peritoneum.

The group of cases included under the last head may be subdivided as follows:—

1. Cases of probable very early Fallopian gestation, and escape of ovum into peritoneum.
2. Cases in which there existed a mechanical impediment to the natural escape of the menstrual blood.
3. Cases in which there was disturbance or interruption of the menstrual flow from—
 - a. Cold and over-exertion.
 - b. From emotion.
4. Cases in which the immediate cause was obscure, the history in some being imperfect.
5. Cases in which the hemorrhagic character of the blood was increased by disease.

It is probable, Dr. Barnes says, that in this group of cases the blood flows back from the uterus during menstruation, through the Fallopian tubes, into the

peritoneal cavity. An opinion which is sustained by the fact that there is always an increase in the amount of blood after each menstrual epoch. He recommends perfect rest, and counsels us against operative interference, except, of course, in cases of rupture of the uterus, in which an operation is urgently indicated. This paper contains several wood-cuts.

The Causation of Epidemic Disease, by ALFRED CARPENTER, M. D. Dr. Carpenter holds that all diseases have their origin in defective sanitary arrangements, and publishes in his paper several observations which show that typhoid fever may arise spontaneously from filthy matter at an early stage of putrefaction being allowed to poison the air or water, or both.

"The remedy," he says, "appears to be the rapid removal of *débris*, the rapid oxidation of the typhoid caecozyme, wherever produced, by a free and constant ventilation of every sewer, so that no stagnant air can possibly be present to become loaded with products of incipient putrefaction, which products carry with them the caecozyme, the propagator of disease."

The Medical Report and the Report of the Obstetrical Department will also be found to contain much interesting matter, principally in the form of tables.

We have thus passed in rapid review the various medical papers in this volume. Some of them may be thought scarcely practical enough for a volume of hospital reports, but of this our readers can, from the analysis given, judge for themselves. The manner in which the book is issued reflects credit alike upon the editors and publishers.

J. H. H.

Turning our attention now to those papers which may seem of special interest to such of our readers as engage in the practice of surgery, we shall consider in the first place—

A Clinical Lecture on Retention of Urine in Women, by ROBERT BARNES, M.D. The author begins his paper with the just remark that patients seldom trouble themselves about the pathological condition to which their symptoms may be due, but about the symptoms themselves from which they seek relief. Hence the practical value of the plan which he adopts in the present communication, of taking a particular symptom and tracing out by clinical records the various causes from which it may arise. The female urethra is short and of considerable calibre, so that it is rarely the seat of stricture, and hence retention of urine in women is commonly due not to disease of the urethra itself, but to its compression by some external body which flattens it against the pubic symphysis, or stretches and twists it so as to produce valvular or angular closures. Having described the mode of determining the existence of retention of urine, which in women as in men is often marked by incontinence or overflow, Dr. Barnes considers successively the various conditions to which the retention may be due, illustrating his remarks with numerous clinical histories. The limited space at our command will allow merely a simple enumeration of the causes of urinary retention, as set forth by the author, and we must refer our readers to the original paper for further information on the subject. These causes are: 1. Displacement of the uterus, as retroflexion, antelexion, or prolapsus; 2. Occlusion of the urethra by the impaction of a calculus; 3. Fibroid tumours of the uterus; 4. Distension of the uterus by accumulated menstrual secretion; 5. Distension of the rectum by impacted feces; 6. Retro-uterine hæmatocele; 7. Pressure of the child's head during labour, or exhaustion or perverted nerve-action during the same process; 8. The puerperal state, during which retention may arise from vesical paralysis, from swelling of the urethra, from peritoneal inflammation, from reflex irritation (as from clots in the uterus), from insufficient contraction of the uterus, or from the formation of a vaginal hæmatocele or thrombus; and 9. Hysteria, puerperal insanity, typhoid and typhus fevers, etc.

With regard to the condition ordinarily called uræmia, which may result from retention of urine, Dr. Barnes declares his belief that the poisonous element "is not urea as such, or carbonate of ammonia, the result of the decomposition of urea in the blood," and that "it is not one of the elements of the urine, which the chemist can identify, but that the urine as a whole must be considered."

Hence, instead of the term *uræmia*, the author much prefers the wider term *urinæmia*, which he believes to be the most common cause of death in cases of retroversion of the gravid womb.

On Wounds of the Heart, by JAMES F. WEST, F.R.C.S., etc. This is an interesting and valuable communication, founded on a study of thirty-four cases (references to which are appended in a table) chiefly recorded by British surgeons, and two of which came under the author's own observation. The elaborate statistics of G. Fischer, published in *Langenbeck's Archives* for 1868, are also referred to in a note. Mr. West considers in succession the pathology, symptoms, diagnosis, prognosis, and treatment of wounds of the heart, and illustrates his remarks by the quotation of clinical records. The following are given as the indications for treatment: "1. To favour the formation of a coagulum in the wound. 2. To prevent the separation of it when formed. 3. To moderate the force of the circulation, and to prevent the mischief which would occur from severe pericardial and endocardial inflammation." To meet the first indication, Mr. West advises the injunction of the strictest silence and rest, the retention of the patient in the recumbent posture, the exposure of the chest to the air, and, if there be much tendency to hemorrhage, the application of cold to the præcordial region. "The wound should be closed at once, and should not be opened unless the collection of blood in the pericardium becomes so vast as to cause intense dyspnoea and to interfere materially with the action of the heart. . . . Foreign bodies should be removed, if the removal can be effected without difficulty; but no violence should be used in attempting to withdraw them, lest a fatal hemorrhage should ensue. They may become encysted." To meet the second indication, the patient must be kept at rest and quiet, free from all irritation and excitement, and in the recumbent posture. Only the lightest and most digestible food should be taken, and in small quantities at a time. The following remarks with regard to the abstraction of blood in these cases seem to us eminently judicious: "It was formerly the practice," says Mr. West, "to bleed the patient from the arm until he was in a state of syncope, and to repeat the venesection as often as the pulse began to rise and reaction to set in. Experience shows that this extreme lowering of the amount of vital fluid does not effect the purpose aimed at, the heart becoming more irritable under the repeated abstraction of blood, and the process of repair hindered at the same time. Recourse may be had to leeches, occasionally, with advantage, but rarely can venesection, to the extent it was formerly carried, be justifiable." The author advises the employment of digitalis and acetate of lead, with the use of morphia by hypodermic injection. Should fluid accumulation in the pericardial cavity render paracentesis necessary, only a small quantity "should be withdrawn at a time, as less risk of disturbing the clot will arise from repeating the process than from suddenly drawing off a large quantity of the fluid which has been surrounding and compressing the heart." To combat the pericarditis and endocarditis which ensue in the later stages of the case (the third indication), Mr. West advises occasional leeching, the moderate use of calomel and opium or of mercurial inunction, with rest and a rather low diet. Iodide of potassium and the local application of iodine may be employed at a later period. The support afforded by a broad flannel bandage is also desirable in all cases.

Mr. West's paper is one which will always be classical in the literature of heart lesions.

On Lumbar Colotomy, with Remarks, by WILLIAM ALLINGHAM, F. R. C. S. This, too, is a paper of much interest and practical value. Mr. Allingham is well qualified to speak of the operation of lumbar colotomy, having himself resorted to it on eleven occasions. The following are given by the author as the various indications for the operation:—

"I. To relieve the distended bowel when an otherwise insurmountable obstruction exists in the rectum and sigmoid flexure.

"II. To remove or mitigate very intense pain, caused by the passage of fecal matter over a cancerous surface.

"Or when feces pass through a perforation in the gut into the male bladder.

"Or when motions pass into the vagina, causing, in addition to great pain and mental distress, an almost perpetual incontinence of feces.

"III. To relieve, and perhaps cure, an otherwise incurable case of stricture and ulceration of the rectum."

The difficulties of the operation, which, if the gut be distended and the patient thin, are very slight, are, under opposite circumstances, materially increased. Failure to find the colon has, however, usually resulted from the incision being made too far from the spine, the peritoneum being consequently opened, when a coil of small intestine presents itself, and impedes the remaining steps of the operation. From more than fifty dissections made by the author, he has come to the conclusion that the descending colon is normally situated "half an inch posterior to the centre of the crest of the ilium (the centre being the point midway between the anterior superior and posterior superior spinous processes)," and hence he advises that, before operating, this spot should be marked on the crest of the ilium "either by a piece of adhesive plaster or a touch of strong iodine paint."

Mr. Allingham gives full and precise directions as to the mode of performing the operation, and then proceeds to a narration of his cases—ten in number, the eleventh having occurred so recently that its result cannot as yet be definitively stated. In six of the ten terminated cases the operation was for malignant disease of the rectum, the immediate result being unfavourable in but one; the patient in this case, a man aged sixty-four years, dying on the twelfth day from erysipelas. The other five patients were all decidedly benefited by the operation, though, by the progress of the disease, death ultimately ensued, after intervals varying from eight weeks to four and a half years. Of the four patients operated on for stricture and ulceration (non-malignant), two are still alive and in good health, after intervals of three and four years; the two others, though temporarily benefited, dying, one after nine weeks from exhaustion, and the other after nine months from pulmonary phthisis. These results must certainly be considered as very satisfactory, and their publication will, we trust, aid in dispelling the prejudice which, it is to be feared, still prevents the general recognition of lumbar colotomy, as not only a legitimate operation, but as one which, in suitable cases, should be strenuously urged by the surgeon.

On Operations for the Cure of Vaginal Fistulae, by T. SPENCER WELLS, F.R.C.S., &c. The name of the author is sufficient assurance of the excellence and value of this paper. It is didactic rather than clinical, and gives in a clear and forcible manner the writer's opinions as to the best method of treating vesico-vaginal, recto-vaginal, and vesico-utero-vaginal fistulae. Beginning with a brief description of the anatomy of the vesico-vaginal septum, Mr. Wells points out that the ureters, one or both, are often involved in fistulae of this part, and that occlusion of these tubes in an operation for the closure of the fistula may, and occasionally has resulted in the production of fatal uræmia. The best mode of *paring the edge* of the fistula is still a matter of dispute. In 1861, Mr. Wells "insisted upon the importance of not cutting away any of the mucous membrane of the bladder" in this part of the operation, and taught that the edges should be bevelled obliquely, so as to afford broad surfaces for adhesion; the stitches being passed "close to, but not through the vesical mucous membrane." Simon, on the other hand, deprecates beveling, recommends that the edges should be pared in a direction almost perpendicular to the plane of the septum, and advises the employment of two sets of sutures—one passing deeply through the vesical mucous membrane, and a second or superficial set, interposed between the others, and embracing only the mucous membrane of the vagina. Langenbeck's and Collis's plan of splitting the edges of the fistula, so as to get a broad surface for adhesion without removing any tissue, "may be adopted occasionally when the edges of the fistula are not hardened; but they are often in so altered and unhealthy a condition that it is better to cut them away." With regard to the material of which the suture consists, "I soon learned," Mr. Wells says, "that the various clamps, buttons, and bars which had been devised by Sims, Bozeman, Simpson, and myself, were of no use, and often did harm; and I began to doubt whether metal had much if any superiority over silk." Simon and others have entirely

discarded the metallic suture; Ulrich, of Vienna, uses "a fine, smooth hempen suture or twine;" while Simon himself prefers "a fine, well-twisted, and well-waxed silk, as stout as strong horsehair." Neugebauer, of Warsaw, on the other hand, has, after many comparative trials, returned to the general use of silver wire; while the iron wire is preferred by Wagner, of Königsberg. "My own mind," Mr. Wells adds, "is not yet fully made up; but my present feeling is that it matters very little whether smooth, well-waxed silk or twine or silver or iron wire is used; success depending far more upon the regular and complete removal of the edges of the fistula, and the accurate adaptation, without tension, of raw surfaces freed from cicatricial tissue, than upon the material used for the suture." To expose the fistula, Mr. Wells places the patient in the lithotomy position, on a table fitted with a padded double-inclined plane, and employs a modification of Emmet's speculum, so arranged that the fenestrated blade can be fastened upon the back instead of the hip, as in the original instrument. If there be no special contraindication, *anæsthesia* should be induced in resorting to the operation for vesico-vaginal fistula; the bichloride of methylene being preferred by the author as "quite as effectual and much safer than chloroform, while it is less often followed by vomiting, and headache, and depression." To secure a good light, if bright daylight cannot be obtained, Mr. Wells employs a reflector which may be used with either natural or artificial light. The edges of the fistula are most conveniently fixed with one or more hooks, and pared by transfixing with a double-edged knife, the blade of which is bent at an angle of 45° about an inch from its point. Hemorrhage should be checked by torsion, by injections of iced water, or by pressure with dry sponge or cotton wool. The sutures may be introduced by small curved needles held with forceps, or by a needle such as is used in cases of nævus. A short needle may be threaded on each end of the suture, and passed from the vesical outwards to the vaginal border of the fistula; or an armed eyed needle may be passed through one edge, and a notched needle through the other; the silk or wire being then caught in the notch and drawn through. When one needle only is used, "a short blunt hook, or one where the short end is bent at a right angle," may be used to fix the second pared edge, and thus facilitate the passage of the needle. "When wire is used, it should be drawn over the end of a small forked stem, in order to avoid the danger of cutting the tissues between the point of exit of the needle and the edge of the fistula—an accident by no means rare if this precaution is not taken." The sutures should be passed about a quarter of an inch from the pared edge of the fistula; and the number of sutures—if but one row of equal depth be used—should be not less than six to the inch. The sutures, if of silk, are to be tied in an ordinary knot on one side of the line of union; and if of wire, are to be simply twisted, the ends being brought together in a bundle, a full inch from the united edges. "If wire be used, the vagina is protected from any irritation by passing a short piece of India-rubber tube over the end of the bundle of wires, or a small ball of wax may be pressed on to the ends of each separate suture." The accuracy with which closure has been effected should be tested while the patient is still on the table, by injecting a few ounces of water (or milk, as preferred by Simpson) into the bladder, and by passing a fine probe between each of the stitches. "If a probe passes into the bladder at any point, or if the water escapes from the bladder, one or more additional stitches should be introduced." With regard to the use of the catheter during the after-treatment, Mr. Wells says: "My present practice is to introduce a small vulcanite catheter, curved like that of Sims's, immediately after the operation; and to leave it as long as the patient does not complain of it, and no irritation of the bladder is set up; but on either of these signs being observed, the catheter is at once removed, and is either used every two or three hours, or not at all if the patient can empty the bladder without effort." When all goes well, no examination should be made for six or seven days, when the sutures, if of silk, may be removed; wire ones may be allowed to remain eight or ten days, or even longer. In the event of failure, "if the ununited edges of the opening, when cleared of urinary deposit, appear to be covered by healthy granulations, the sutures may be at once reapplied, or the granulating surfaces may be held together with *serre-fines*."

In cases of *vesico-utero-vaginal fistula* it may occasionally be necessary to unite the posterior lip of the cervix uteri to the neck of the bladder, sterility, of course, resulting, and the menstrual fluid being subsequently evacuated with the urine. Mr. Wells has done this successfully upon three occasions, and believes that the supposed risk of urine entering the peritoneal cavity through the Fallopian tubes is purely imaginary. In many cases, however, the anterior lip only of the cervix uteri may be used to close the fistula, leaving the cervical canal free.

Where the destruction of parts has been very extensive, Simon's operation of *transverse obliteration of the vagina* may be the only available resource.

We have devoted a good deal of space to Mr. Wells's paper, in the belief that an exposition of his views upon the important subject of vaginal fistula would be of interest to our readers; and we will now terminate our analysis by quoting his remarks as to the *paths for future improvement*. These lead—"first, to more exact experiments on the relative value of the different materials used for sutures; secondly, to the real value of the catheter in the after-treatment; and, thirdly, to the attempt to cure vaginal fistulae without either cutting-instruments or sutures. If the edges of a fistula are destroyed by the actual cautery or by caustics, and the granulating surfaces are pressed together by *serre-fines*, I have proved that union may be obtained. . . . My experience of union of ruptured perineum after the use of nitric acid and the application of the quilled suture and the ordinary suture, convince me that when there is much fear of bleeding, or any other objection to the use of cutting-instruments, the principle of obtaining granulating surfaces by the use of the cautery or caustics, and retaining these surfaces in apposition either by suture or some form of *serre-fines*, may be carried out in practice with very encouraging results." Mr. Wells's paper is illustrated with numerous well-executed woodcuts.

Cursory Observations on Lithotomy, by THOMAS CARR JACKSON, F.R.C.S. This paper does not contain anything new, nor does it strike us as being either very interesting or very valuable. Mr. Jackson advocates free section of the prostate, and declaims against the use of the sharp-pointed knife in making the deep incisions, asserting that those who use it endanger the safety of their patients for the sake of "brilliancey." But we do not know that Mr. Jackson's opinion upon these points is of any greater authority than the opinions of Ferguson, Erichsen, Thompson, Gross, and others, who advise a limited section of the prostate, and who use the sharp-pointed knife, which indeed, in our limited experience, we have ourselves employed (though making no profession of "brilliancey"), and which we can scarcely conceive to be productive of mischief in the hands of any one who is fit to operate at all.

Contribution towards the Surgical Treatment of Diseases of the Joints, by SYDNEY JONES, F.R.C.S., M.B., etc. This paper gives details of five cases (all successful) of excision of the knee-joint. With regard to the indications and contraindications of the operation, Mr. Jones believes that it is not adapted to "those so-called strumous cases, occurring in children especially, where not only the soft structures, synovial membranes pecially, are diseased, but where, without any special necrosis indicated by sinus, by long continuance of disease, or by pain locally persistent, the whole articular extremities have become enlarged by so-called strumous osteitis, and so changed that any repair of their cut surfaces can hardly be expected to occur. . . . The vitality of the bone seems so low that damage is more liable to be induced than a tendency to repair. In such cases, on resecting, one finds the cancellous structure very loose, easily indented and broken down, comparatively non-vascular, and more or less loaded with fat. . . . The appearance of the resected surfaces in the so-called strumous cases above noticed is very different from that found in the cases to be referred to, and which seem to be more especially adapted for excision. In these typical cases the same surfaces are dense; the cancellous tissue is firm, not capable of indentation; and bleeding takes place from the cut surfaces of bone."

The splint which was used in the cases reported, and which, Mr. Jones says, is commonly employed at St. Thomas's Hospital, appears to resemble in all

essential points that devised by the late Mr. Price. The author lays stress upon the importance of not removing the splint for six weeks after the operation. This paper is adorned with a handsome lithographic plate.

Delirium Tremens in Surgical Cases, by J. CROFT, F.R.C.S. This is an interesting paper founded on a study of thirty-one cases, all but four of which recovered. The factors which combine to produce delirium tremens in the class of patients which comes under the care of the hospital surgeon are, according to the author, "1st, a peculiar impairment of the normal chemical and functional condition of the essential elements of the nervous structures; 2d, deprivation or stinting of stimulants; 3d, shock and its reaction." The change which ensues in the nervous structures in consequence of the deprivation of alcohol, must be the first of an upward series towards the normal condition. The effect of alcohol on the nerve-tissues being to retard their metamorphosis (which is assumed to be of the nature of oxidation), there must be, in persons who render themselves liable to delirium tremens, an accumulation of imperfectly oxidized and depraved elements in the nerve-tissues. During the reaction from previous habits and shock, quickened oxidation takes place, entailing accelerated circulation, and consequently involving a state of unrest. Upon the subsidence of this increased activity of change, the circulation becomes slower, repose ensues, and the repair which that state implies. "The nature of the disease," Mr. Croft adds, "is such that the disorder spontaneously tends to a favorable termination in restorative sleep. If I am right, then, the principle a surgeon should have in view, in treating this malady, is the promotion of the oxidation of the nervous tissues, and, at the right time, the induction of the much to be desired sleep." In the early stage of the disease, opium, "whether in small or large doses, is not adapted by its mode of action to have a curative influence. . . . When the affection arrives at a certain period, ranging from the third to the seventh day, then is the time to employ a soporific with advantage."

On the Temperature of Shock in Surgical Cases, by W. W. WAGSTAFFE, F.R.C.S., etc. Mr. Wagstaffe, it appears to us, errs in regarding shock as caused by concussion of the brain, hemorrhage, etc. A patient may, as the result of injury, suffer at the same time from shock,¹ plus loss of blood, plus cerebral concussion, plus mental emotion, etc. etc.; but these several conditions are in no degree necessarily connected, nor dependent one on another. This is, however, a question chiefly of theoretical interest, for a case of uncomplicated shock is seldom met with in practice. Mr. Wagstaffe has noted the temperature in over 80 cases of injury of various kinds, and finds that a marked difference exists in the depression in temperature observed during collapse in fatal and non-fatal cases. Taking the temperature of the body as 98°·4, the cases recorded show in—

	NOT FATAL. A mean fall of	FATAL. A mean fall of
A. Burns and scalds	0.1°	3.5°
Severe fractures	1.6	2.1
Operations (without undue hemorrhage) .	0.3	nearly 3.0
B. Concussion of brain	1.2	6.1
Injury to spinal cord	—	5.6
C. Visceral injury (extravasation into peritoneum)	3.3	3.8
D. Hemorrhage	—	2.2

The lowest temperature recorded by the author was in a fatal case of fractured spine, in which the temperature fell 16.65° in forty-eight hours. The lowest temperature in a case which recovered was in a patient with cut-throat, where the temperature on admission was 91.2°, or 7.2° below the normal standard. From a table given at the end of the paper, we find that of 47 cases in

¹ The best definition of shock with which we are acquainted is that given by Longmore, who calls it the "sympathy of the whole frame with the part subjected to serious injury, expressed through the nervous system." (*Holmes's Syst. of Surgery*, 2d ed., vol. ii. p. 136.)

which the fall of the temperature was less than 2° , 40 recovered, and only 7 died; while of 34 cases in which the fall was more than 2° , only 9 recovered, and 25 died. Thermometrical observation, it is thus seen, may be a valuable means of forming a prognosis in cases of surgical injury.

Cases Illustrative of Shock and Visceral Lesions, by FREDERICK CHURCHILL, with Remarks by F. LE GROS CLARK. These cases are published as constituting an appendix to Mr. Clark's *Lectures on the Principles of Surgical Diagnosis*, etc., which it was our pleasant task to review in the number of this Journal for July, 1870 (p. 231). Twelve interesting cases are narrated in the present paper, and commented upon in a most judicious and instructive manner.

Amputation Statistics, 1862-1869, by FREDERICK CHURCHILL, M.B. The following are the results of amputations of limbs at St. Thomas's Hospital for the eight years during which it has occupied its temporary quarters at the Surrey Gardens:—

Thigh	44 cases, 18 deaths, or 40.91 per cent.
Leg	26 “ 10 “ 38.46 “
Arm	11 “ 4 “ 36.36 “
Forearm	17 “ 2 “ 10.53 “

The death-rate, according to the circumstances under which the amputation was performed, was—

For primary amputations	1 death in 4.1 cases.
“ secondary “	1 “ 2 “
“ amputations for disease	1 “ 5.5 “

Report of the Obstetrical Department of St. Thomas's Hospital, by HENRY GERVIS, M.D. Lond., etc. From this report, which is chiefly statistical, we learn that from December 30, 1868, to December 7, 1869, 1291 cases of midwifery were attended by the students of the hospital; 1280 labours resulted in single births and 11 in twin births, the whole number of children born being 1302. Of these, 1248 (654 boys and 594 girls) were born alive, and 54 (34 boys and 20 girls) were stillborn. Of the 1291 mothers, 169 were primiparæ, and 1 was eminently a multipara, the labour here noted being her sixteenth. Of the 1302 births, 1271 were instances of vertex presentation. There were but 7 maternal deaths, 4 from puerperal fever, 1 from peritonitis, 1 from *post-partum* convulsions, and 1 from ruptured uterus. Of the labours, 1220 were natural, 39 were difficult, and 32 were complicated. No less than 520 vaccinations were performed during the year.

Medical and Surgical Statistical Tables. These tables occupy over 180 pages, and constitute, in our judgment, by no means the least valuable portion of the volume. The statistics are for the years 1866, 1867, 1868, and 1869, following thus without interruption on the *Report of Patients treated in St. Thomas's Hospital, from 1861-1865*, of which we furnished a bibliographical notice to the pages of this Journal, in the number for July, 1869 (p. 225).

The volume concludes with a list of the officers of the hospital, of the students who have taken prizes, etc.

Thirty-five years have elapsed since the appearance of what we suppose must now be called the “old series” of *St. Thomas's Hospital Reports*, a series which expired prematurely with its first volume. In the same year (1836) appeared the first volume of *Guy's Hospital Reports*, which has already reached its 30th volume, and constitutes a surgical repertory of the very highest value. Whence the difference? The great secret, it seems to us, of the success of the *Guy's* reports, is that *all* the officers of that hospital, seniors and juniors, take an active interest in the reports, and not only constantly contribute to their pages, but put *hard work* into their contributions. We observe, with regret, that the surgeons of St. Thomas's do differently. Surely, since 1836, there must have accumulated sufficient material of interest, for every one connected with the hospital to be able to contribute something towards establishing the “new series” of reports on a firmer basis than the old; and yet, of the three surgeons of the hospital, but one has anything to say, and he confines himself to a few desultory remarks upon twelve cases recorded by the Surgical Regis-

trar. We close the volume with a feeling of disappointment; excellent as it is—and our comments in the preceding pages show how excellent we deem it—we cannot help feeling that it does not inaugurate a new enterprise in a manner which promises ultimate success. We sincerely trust that the medical and surgical staff of St. Thomas's Hospital will not suffer their "new series" to be added to the melancholy list which already contains the "old series" of the reports, together with those of the London Hospital, and, alas, some others published nearer home.

J. A., Jr.

ART. XXVI.—*Insanity and its Treatment; Lectures on the Treatment, Medical and Legal, of Insane Patients.* By G. FIELDING BLANDFORD, M.D. Oxon., F.R.C.P. Lond., Lecturer on Psychological Medicine at the School of St. George's Hospital, London, etc. With a Summary of the Laws in force in the United States on the Confinement of the Insane. By ISAAC RAY, M.D. 8vo. pp. 472. Philadelphia: Henry C. Lea, 1871.

THIS book supplies a want in the medical literature of our time, created, no doubt, by the peculiar relation of the profession to the subject of which it treats. Since the establishment of hospitals for the insane, no disease of equal frequency and equal gravity has been so imperfectly studied by the general practitioner as insanity. And, therefore, when some occasion obliges him to resort to books in this department of his art, he is unable to find precisely the information he needs, not being familiar enough with the subject to avail himself readily of the help they would otherwise afford. In the ponderous treatise of Bucknill and Tuke he finds a mountainous mass of learning, very correct and thorough, no doubt, that appalls rather than helps; while the work of that accomplished scholar and sagacious observer, Dr. Pritchard, however calculated to instruct and to please the intelligent reader, will do but indifferent service in the exigencies of every-day practice. Even the work of Dr. Maudsley is more likely to excite the admiration of the student for its indications of remarkable ability and culture, than to reward his search for help in an actual emergency. Books like those fail to place him in that relation to the disease which renders him equal to the situation, and complete master of his resources. They do not enable him to recognize clearly in his patient any of the phases of mental disease which they so elaborately describe, and place him at once on the proper course to be pursued. What he needs is to be able, by the light of some graphic touches, to see the disease in actual operation, as it were, as displayed in the men and women of ordinary life, to catch its essential aspects, and to discriminate and generalize as he would in disorders of the stomach or lungs.

Dr. Blandford's book well meets the prevailing deficiency, and is one of that class, unhappily too small, which prove a real blessing to the busy practitioner who has no other time for reading but those odd moments which he can catch in his brief intervals of leisure. He gives us the fruit of his own observations, in a plain, familiar way, with just enough of method and elaboration to make his instruction intelligible. He lays no claim to originality, but he can claim the merit, no less rare, perhaps, of recognizing the value of other men's ideas. He presents his subject as it appears to an intelligent and acute observer, who has enjoyed some facilities for study, and is well informed respecting the labours of others; who is never deceived by the moonshine that generally plays over the surface of the favourite notions of the day, but regards every point in the light of a strong and healthy common sense. He shows no turn for metaphysical discussion, and eschews the refinements of modern physiology, but he is thoroughly familiar with the various aspects of disease, and his teaching is singularly clear and reliable. Unlike that too numerous description of writers who can never fully appreciate a truth till twenty years after it has been admitted by almost everybody else, he is able and willing to understand the merits of a doctrine, notwithstanding it may be new and much spoken against. It is a great thing to be reasonably sure that the book to which one resorts for in-