

and is followed by pains in the pelvis, with sensation of weight and bearing down. At the same time the general functions suffer, the appetite is lost, there is frequent bilious vomiting, and obstinate costiveness. The abdomen, if examined after evacuation of the rectum and bladder, is found to be somewhat tympanitic and tender on pressure. A tumour will be perceptible in one or other inguinal region, round, smooth, and indistinctly fluctuating. The finger introduced into the vagina will discover a tumour in the recto-vaginal septum, which gives a sensation of fluctuation, more distinct than that of the abdomen. It generally causes more or less displacement of the uterus, pushing it sometimes so high that the os uteri is beyond the reach of the finger. That the swelling above the pubes is connected with that of the vagina is clearly ascertained by the mobility and fluctuation which is perceived by the alternate movements of the finger in the vagina, and the hand placed on the abdomen.

The progress of these tumours depends upon the course of treatment pursued. If they are opened early the tension of the abdomen declines, the vomitings cease, and the bowels resume a natural action; but if the incision be not sufficiently free fresh accumulations take place, and the relief is but partial. M. Viques, who has published the above remarks, (*Theses de Paris*, 1830.) advocates the early puncture of the tumour in the vagina, with a large sized trocar, and the frequent use of injections of warm water, to facilitate the expulsion of the coagulated blood.

The etiology of these tumours is very obscure. They occur during good health, and in robust as well as in feeble women. The author considers it most probable that they are connected with the ovarian congestion which occurs at the catamenial period.

Treatment of Lepra and Psoriasis.

M. Cazenave has published some observations on the successful treatment of lepra and psoriasis by sesquicarbonate of ammonia. The dose is about five grains three times a day in some diaphoretic mixture.

Nasal Articulation in Children.

In the *Union Médicale* M. Trousseau speaks of an affection to which children are subject, which is principally characterised by a nasal intonation of the voice. The complaint frequently dates from an antecedent attack of angina, with difficulty of swallowing, and often leads, at first sight, to the suspicion of imperfection in the palate. The chief appearances found on inspecting the throat are patchy congestion of the pharynx, enlarged tonsils, and pendulous uvula, which latter the author believed to be due to a species of paralysis. His treatment consists in the topical application of the nitrate of silver.

Pyelitis followed by Renal Abscess during Pregnancy; Nephrotomy; Urinary Fistula.

M. Reimoneng (*Journ. de Med. de Bordeaux*) narrates the case of a woman, who, after frequently passing gravel for several months in succession, was seized with fever. When seen the pulse was quick, she

had profuse perspiration, frequent vomiting, and had emaciated to a marked degree. On examination of the abdomen two large tumours, were found, separated by a furrow in the median line. That on the right side was solid and of a round shape; that on the left was oval. In the right iliac fossa a distinct intermitting bruit was heard *per vaginam*. The neck of the uterus was discovered to be high up, and turned to the left; the os was patulous, readily admitting the tip of the index finger. The patient, who had borne several children, believed herself pregnant, so that little difficulty was found in referring this tumour to the gravid uterus.

But what was the nature of the large tumour on the left side? After due deliberation the author pronounced it to be a renal abscess, the result of calculous pyelitis and obliteration of the ureter. This opinion was based upon the evidence of frequent nephritic attacks, with the passage of concretions prior to the commencement of the swelling.

Having determined to evacuate the abscess which projected in the lumbar region, the potassa fusa was applied, and two days after a bistoury was plunged through the eschar, and gave issue to a large quantity of sero-purulent fluid. After this the abdominal tumour subsided, and the boundaries of the enlarged uterus became plainly defined; at the same time the perspirations diminished, and the woman recovered her health and strength, with the inconvenience only of an urinary fistula in the loins. She was delivered four months subsequently.

General Retrospect.

ANATOMY AND PHYSIOLOGY.

On Impregnation.

Two papers have been read before the Royal Society having for their object the elucidation of the mysterious process of generation. In one by Mr. Newport, the author has recourse to a new force which he calls *sperm force*, residing in the spermatozoon, to explain the phenomena appertaining to the process. This force is, he thinks, peculiar, and quite distinct from that by which the spermatozoon itself originates and is developed. He also distinguishes it from *muscular* and *nervous* force. In proof of his views he endeavours to show that the spermatozoon has a definite anatomical as well as chemical composition, which differs in different animals. He has ascertained that motion of the spermatozoa is a necessary element in fecundation, as they were unable to impregnate after motion had ceased.

Dr. Henry Nelson studies the same subject in a paper on the reproduction of the *Ascaris Mystax*, a parasite which infests the intestines of the common cat in which the important fact is noticed, that the spermatozoa gain direct admission into the interior of the ova. In this paper, with reference to the male, the author traces the gradual formation of the semen, its development into a cell, its investment with an envelope, the solution of the latter, and the appearance of granular structure in the nucleus of the seminal cell. The ex-

ternal granules are then seen to coalesce, to form a membrane, which ultimately becomes a curved coecal tube.

In the female the author draws attention to a narrow portion of the coecal extremities of the generative apparatus, which is the oviduct, and the tube in which the ovule encounters the seminal particles. The coecal extremity of the ovary also, according to his observations, throws out a solid particle which forms the germinal vesicle. In watching the application of the spermatic cells to the ovule, as we have stated, he observed distinctly that the spermatic particles became embedded in the vitelline structure. — *Proceedings of the Royal Society*, 1851.

SURGERY.

Tracheotomy as a Remedy for Epilepsy.

A second case, in which tracheotomy has been performed in epilepsy according to the suggestion of Dr. Marshall Hall, has been reported by Mr. Anderson, the results have hitherto proved most satisfactory.

The woman, aged 36, had been epileptic 24 years, and her father had been afflicted in the same manner. The operation was performed three months ago, since which time she has had no formidable access of the disease.

It is satisfactory to be able to state that Mr. Cane's case has been completely successful. The patient, when seen in October, had not the slightest return of epilepsy. The operation was performed in March.

In reference to the easiest way of performing tracheotomy, Dr. Marshall Hall proposes a free incision through the integument, then a separation of the cellular tissue, with a director or other blunt instrument, and lastly to open the trachea with a trocar, the tube of which has a cutting edge. Instead of a tube to breathe through, he proposes an instrument made of wire. — *Lancet*, December 6th, 1851.

MIDWIFERY.

On Laceration of the Perineum and its Treatment.

By Mr. S. B. BROWN.

A paper on this subject has been recently presented to the Medical Society of London. The author classes the accident under four varieties, the first and second being different degrees of rupture of the perineum, without laceration of the muscles; the third consisting in rupture between the sphincter, vagina and the sphincter ani, a fissure being thereby formed, through which the author stated the child might, if small, pass. In the fourth, the muscles just named, together with the recto-vaginal septum, were torn, and thus the bowel and the vaginal tube were laid into one. In the first three varieties, drawing off the water frequently by the catheter, close apposition of the thighs, and the application of a suture or two, generally sufficed to cause union of the edges of the wound by the first intention. The last and severest requires a more complicated surgical procedure. The causes of the laceration are said by Mr. Brown to be three.

1. Sudden and violent contraction of the uterus, taking place whilst the os externum is still undilated.

2. An unusually weak and yielding construction of the tissues composing the perineum.

3. Improper and injudicious employment of instruments.

The results of rupture of the fourth variety Mr. Brown stated to be loss to a greater or less extent of the retentive power of the rectum over its contents; deprivation of the natural support offered to the pelvic viscera by the floor of the pelvis, causing great dragging pain from the hips, and sensation of hollowness; prolapsus of the uterus and bladder, the patient being unable to stand or use exertion of any kind.

The obstacles in the way of a cure are, the mobile nature of the structures; the necessity for functional action; the length of time that perfect quiet has to be maintained; the retraction of parts which has usually taken place before the operation has been attempted; the liability of irritation to internal organs; inflammation and sloughing; and the difficulty of regulating the action of the bladder and rectum. — *Reported in Medical Gazette*.

TOXICOLOGY.

A New Test for Mercury.—By ARTHUR MORGAN.

The following seems to be a novel and hitherto undescribed method of detecting the salts of mercury either in substance or solution:—

If a strong solution of iodide of potassium be added to a minute portion of any of the salts of mercury placed on a clean bright plate of copper, the mercury is immediately deposited in the metallic state, appearing as a silvery stain on the copper, which cannot be mistaken, as no other metal is deposited by the same means.

By this method corrosive sublimate may be detected in a drop of a solution unaffected either by caustic potash or iodide of potassium. In a mixture of calomel and sugar in the proportion of one grain to two hundred, a distinct metallic stain will be obtained with one grain, which of course contains 1-200th of a grain of calomel; in like manner 1-400th of a grain of peroxide of mercury may be detected, although the mixture with sugar is not in the least coloured by it.

With the preparations of mercury in the undiluted state, this process acts with remarkable accuracy, the smallest possible quantity of calomel or peroxide of mercury, such as would almost require a magnifying lens to perceive, placed on copper, and treated with iodide of potassium, will give a distinct metallic stain.

The advantages of this test may be briefly stated as follows:—1st. It is a delicate test, inferior only to chloride of zinc and the galvanic test of zinc and gold. 2nd. It is easy of application. 3rd. It requires a very small portion of the substance to be examined—a matter of no small import. 4th. Acting on the insoluble as well as the soluble salts, it obviates the intermediate process of solution. 5th. When it acts its indications are decisive.

As to the disadvantages, the only one which seems tenable is, that although it acts on minute portions, still that must be in a concentrated condition. For instance, though we may detect the 1-1000th of a grain of corrosive sublimate in a drop of water, we cannot

detect it in a drachm, but this may of course be remedied by evaporation.

Now, with regard to the theory of this process, the following seems most satisfactory, that the iodide of potassium forms a soluble and easily decomposed salt with the various salts of mercury,—that is, an iodide soluble in excess of the iodide of potassium.—*Dublin Medical Press*, December 24th, 1851.

Correspondence.

ON THE USE OF KOUSSO.

To the Editor of the *Provincial Medical and Surgical Journal*.

SIR,—Upon looking over some works upon Ethiopia and Abyssinia, I find the following accounts of the Koussou, and have extracted them under the impression that they may be of interest to some of your readers.

The first is taken from "A New History of Ethiopia. By the learned Job Ludolphus, Counsellor to his Imperial Majesty of Saxony, &c." The date of this, the second edition of the English translation, is 1684.*

"There is another Tree which Godignus praises, most excellent against the Worms in the Belly: a Disorder frequent among the Abyssines, by reason of their feeding upon Raw Flesh. For remedy whereof the Habessines Purge themselves once a month with the Fruit of this Tree, which causes them to void all their worms."

In the appendix upon natural history, published in 1790, with the large edition of Bruce's travels, there is a minute account of the tree which he calls *Cusso* or *Banksia Abyssinica*.

"The *Cusso* is one of the most beautiful trees as also one of the most useful. It is an inhabitant of the high country of Abyssinia, and indigenous there; I never saw it in the Kolla, nor in Arabia, nor in any other part of Asia or Africa. It is an instance of the wisdom of Providence, that this tree does not extend beyond the limits of the disease of which it was intended to be the medicine or cure."

"The Abyssinians of both sexes, and at all ages, are troubled with a terrible disease, which custom, however, has enabled them to bear with a kind of indifference. Every individual, once a month evacuates a large quantity of worms; these are not the tape-worm or those that trouble children, but they are the sort of worm called *ascarides*, and the method of promoting these evacuations is by infusing a handful of dry *Cusso* flowers in about two English quarts of *bouza*, or the beer they make from *Teff*; after it has been steeped all night, the next morning it is fit for use. During the time the patient is taking the *Cusso* he makes a point of being invisible to all his friends."

"* * * * The *Cusso* is planted always near churches, among the cedars which surround them, for the use of the town or village. * * * * The whole cluster of flowers has very much the shape

* This Ludolphus was the friend and pupil of the famous and learned Abyssinian Monk, Abbas Gregorius, whose life is shortly narrated as a preface to the work itself

of a cluster of grapes, and the stalks upon which it is supported very much like the stalk of the grape. The flower itself is of a greenish colour, tinged with purple; when fully blown, it is altogether of a deep red or purple."

Bruce gives two plates of the tree, and thinks it probable that it may be found in 11° or 12° north latitude in the West Indies or America. He also says:—"It is alleged that the want of this drug is the reason why the Abyssinians do not travel; or if they do, most of them are short lived."

The fact that both these writers allude to the monthly discharge of worms is very curious, and of course founded upon the truth, as they record it independently of each other, at an interval of more than a century, upon their own personal observation; and it is scarcely necessary to add, that if the plant was a cure for worms, there would be no occasion to take it so frequently; and, moreover, if the supply was as plentiful as described, the disease might have been destroyed, supposing it to have been curable by the Koussou.

Recent hospital records, founded upon long experience in this country, have proved that it is a useful remedy, but not more to be relied on as a means of radical cure than many others we have nearer at hand.

I remain, Sir,

Your obedient Servant,

AUGUSTIN PRICHARD.

Bristol, December, 1851.

WHAT OUR ASSOCIATION MIGHT DO.

To the Editors of the *Provincial Medical and Surgical Journal*.

GENTLEMEN,—I am sure that the readers of your *Journal* must have felt highly gratified with the perusal of the very able papers by Dr. Radclyffe Hall, of Torquay. I fear, however, that the excellent remarks and advice which they contain, will not produce the benefit which ought to accrue from them unless they appear in a form better calculated for occasional perusal. Doubtless the efficiency of this great Society, (the Provincial Association) is intimately connected with a proper understanding of the reciprocal duties of its members, and on the unanimity with which they carry out whatever tends to elevate and support the legitimate profession of medicine. As far as I am aware, Dr. Hall's is the first effort to call upon the Association in the way of friendly admonition, to remember its existence as a *collective body*, and bear in mind the capabilities of so large and respectable a number of professional men. The suppression of quackery would be best achieved by attention to such admonition. It is, as Dr. Hall well observes, the *grafting* of irregular practices on orthodox medicine which can alone support such follies; as soon as a broad division is made, they must fall to the ground. To make that division the regular practitioners must be united and firm in discountenancing any connexion whatever with quackery.

I think, moreover, that many medical men would find Dr. Hall's papers very useful for distribution amongst such patients as are willing to receive informa-