

RETROSPECT OF THE MEDICAL SCIENCES.

FUNGOID DISEASE OF THE TESTICLE AND CHORD,
RESEMBLING AN OMENTAL HERNIA.

The patient had been since his birth the subject of rupture on the left side, which was always reducible. Had not worn a truss until he was seventeen or eighteen, and then only for a few months, but had recently resumed it. A few days prior to his admission into the hospital he had discontinued the use of the truss, and during violent exercise by pumping, the hernia descended, and could not be returned. He had no symptoms; the taxis had been used in vain. When admitted, there was a solid tumor on the left side, extending apparently from the external ring into the scrotum, and terminating in the perineum; the integuments covering it were tense, but not discolored; the bowels had not acted since the descent; the testicle on that side could not be detected. A post-mortem examination revealed the following appearances:—A portion of the omentum had a thickened, puckered appearance, as if it had at one time been contained in a hernial sac. From the internal ring a pouch descended about half way towards the external ring, where it terminated in a blind extremity, formed by adhesions of the sides, which did not appear to be of recent date. These adhesions, which gave the bottom of the pouch a puckered appearance, seemed to have separated the peritoneal cavity from the tunica vaginalis, and, in fact, to have closed up the mouth of what formerly appeared to have been a congenital hernia. A small passage existed between the bands of adhesion, through which a probe could be passed from the abdomen into the fungoid granulations below. On tracing the chord through the canal into the irregular diseased mass which occupied the scrotum, it appeared to terminate in a body which, from its shape, had probably been the testicle, but of whose original structure not a trace remained, it being converted into a pulpy, soft, fungoid structure, blending in with, and inseparable from, the surrounding mass of irregular fungoid growth. This diseased mass, which involved the testes, chord, tunica vaginalis, and scrotum, had extended upwards a slight distance into the inguinal canal, and was girt round, indented, and compressed, by the margin of the external ring. The chord above was perfectly healthy, and there was not a trace of disease in the pelvic or lumbar absorbent glands.—*Guy's Hospital Reports*, April, 1843.

NEW CAUSTIC.

M. Payan, senior surgeon to the Hôtel-Dieu of Aix, speaks favorably of a new caustic paste made with the sulphate of copper. A sufficient quantity of the sulphate, reduced to powder, is mixed up with the yolk of an egg, so as to form a soft paste of a deep green color. It is applied on a piece of lint, and when removed does not leave behind it the loss of substance, or unsightly scars, which commonly follow the use of other escharotics. In illustration of the efficacy of this remedy, M. Payan relates the case of a soldier, affected with malignant pustule of the cheek. A circular piece of diachylon was placed on the cheek, and a hole, about the size of a two-shilling piece, cut in its centre; through this the caustic was applied on

a bit of lint. For five or six hours the patient experienced some degree of pain, but this was not very severe, and subsided; the caustic was removed at the expiration of ten hours, when the surface of the pustule presented a blackish grey color; the adjacent parts were somewhat swollen and red. The local inflammation being thus modified, the eschar was allowed to come away of itself, and at the end of three weeks the wound was completely cicatrised, with scarcely any mark, save a very slight depression in the centre. M. Payan concludes that this caustic might be advantageously employed in certain cases of lupus; but it does not appear that he speaks from actual experience of its efficacy in this disease.—*Bul. de Therap.*, December 1842.

ERECTILE TUMOR CURED BY VACCINATION.

A child, thirteen months old (not vaccinated), had a small erectile tumor over the left eyebrow. M. Pigeaux inserted nine points of vaccine matter over its whole surface. The vaccine eruption was confluent on the tumor, but followed its usual course; on the 25th day the scabs fell off, and nine-tenths of the tumor had disappeared. The surface of the tumor was now powdered with alum, and the scab was removed every four or five days, to permit a fresh application of the powder. At the end of three weeks the whole of the erectile tissue was destroyed; the bottom of the wound threw up healthy granulations, and in seven weeks it was completely healed. For the success of an operation of this kind it is necessary that the points of insertion be sufficiently numerous to produce a confluent pock; and should any portion of erectile tissue remain, after the removal of the scabs, it must be destroyed by some caustic like the powdered alum.—*Ibid.*

GANGRENE.

Mr. Stafford, in an article on Mortification, published in the "Medical Gazette," says he has seen within the last few years a description of gangrene, which does not appear to be common. It breaks out in patches on different parts of the body, and more particularly on the lower extremities, the places being perhaps about the size of the palm of the hand. The part at first is extremely hard, and its circumference is well defined, feeling almost like a foreign body introduced into the cellular structure. There is a slight red blush at first upon it, and the part is somewhat elevated, but it does not appear to be attended with great pain. The redness of the skin increases, and it becomes of a deep purplish blush. In a few days the whole mass which was hard becomes a slough, resembling a rotten pear, being shreddy and pulpy, and of a dirty brown or yellow color. The slough is gradually separated from the living part, and a deep rocky irregular sore is left, with indurated edges. It generally happens that these patches of gangrene occur in more than one spot at a time, and they go on breaking out one after another for a continuance; and while one ulcer made by it heals, another spot makes its appearance. It is evident that this disease, like carbuncle, arises from a lowered state of constitution.

TANNIN, AN ANTIDOTE TO POISONOUS MUSHROOMS.

According to Chausarel, the application of vinegar in cases of poisoning by mushrooms is inadvisable, because the active principles of these plants are dissolved by it, and the parts, already inflamed by the action of the poison, are thereby still more irritated. The application of salt and aether is attended with the same disadvantage; and tartarised antimony also can only be of use, provided the poison has not been already absorbed. Tannin, however, which forms with many vegetable poisons an insoluble combination, is likewise an antidote for poisonous mushrooms; and Chausarel observed the best effects in several cases of poisoning by mushrooms from the administration of a weak decoction of gall-nuts (one ounce of gall-nuts to one measure of water and a sufficient quantity of mucilage), or of a solution of tannin (pure tannin from thirty-six to forty grains in one measure of water).—*Wachenrod. Arch. de Ph.—Annals of Chemistry*, March, 1843.

THE PHOSPHATIC DIATHESIS.

The state called by Dr. Prout the phosphatic diathesis, and which he has so graphically described, has been considered as a result of cachexia, its essence to consist in a super-secretion of the urinary phosphates, and its treatment in the regulation of diet, the exhibition of opium, and the encouragement of hope. Dr. Aldridge, in his notes on urinary diseases, considers, however, that in place of there being an increased secretion of the phosphates in this disease, the quantity of these salts in the urine is for the most part diminished, and he judges from the results of a series of experiments instituted by him in 1839, which were conducted on the principle that the proportion of phosphates must be regulated by that of the phosphoric acid, the quantity of which was estimated by the following process:—by precipitating the sulphuric and phosphoric acids from four ounces of each specimen of urine, by nitrate of barytes, collecting the precipitated phosphate and sulphate, separating the phosphate by dilute nitric acid, and then neutralising and throwing down the phosphoric acid by acetate of lead. As the result of the experiments thus conducted, it was ascertained that instead of being increased, the quantity of phosphates in the urine is actually generally diminished in the so called phosphatic diathesis. The essential character of this kind of urine Dr. Aldridge believes to be not an excess of phosphates, but an alkaline, neutral, or feebly acid condition; the cause of its tendency to alkalinity depending upon an existing subacute or chronic nephritis.

Still there may be cases occurring in which an increased quantity of the phosphates may be present, such as old diseases of the bladder, long continued catarrh, fungoid growths, &c., but in these instances, Dr. Aldridge believes the super-quantity of the phosphates to be secreted by the lining membrane of the viscus itself. He has also seen cases where crystals of the neutral ammoniaco-magnesian phosphate were deposited in considerable abundance from an acid urine, and he instances the case of a ricketty boy with fractured thigh in whom this occurred. The fracture took long to reunite.—*Dublin Med. Journ.*, March, 1843.

TAPPING THE BRAIN.

Dr. Woodroffe, of the Louth Infirmary, Cork, was consulted respecting a boy, sixteen months old, presenting symptoms of hydrocephalus. The case being far advanced, the operation of tapping the brain was performed as follows:—The integuments having been divided with a lancet, a trocar was introduced about three-quarters of an inch external to the mesial line, near the junction of the edge of the fontanelle with the margin of the parietal bone. The instrument being inclined a little inwards, it was directed into the lateral ventricle of the right side; no sooner was the stylet withdrawn than the fluid flowed out freely through the canula. The quantity drawn off amounted to eleven ounces. After the discharge of so large a quantity of fluid, the head lost its tension and globular form, and became so flaccid as to allow the remaining quantity of water to gravitate backwards, giving the head a very elongated appearance. Severe symptoms set in for a short time, but were removed by appropriate treatment. The operation was repeated on the left side four weeks afterwards. The child continued to improve for the next week, after which time it became uneasy and restless, and died in convulsions. On inquiry, this state of irritation was found to be owing to the mother having given the child wine for several days prior to the fatal change, hoping “to hasten the cure.”

On examining the head after death, the different places where the ossific matter was wanting were filled up by a membrane, which was almost entirely converted into bone. The sutures were greatly closed in, being not more than the eighth of an inch apart. All the parts within the lateral ventricles appeared in a healthy state; there was not any softening of the structure of the brain whatever, no over-gorged condition of the vessels, nor increase in vascularity.—*Ibid.*

LEUCORRHOEA CURED BY IODINE.

M. Ch. Van Steenkiste has published the details of two cases of leucorrhœa treated with iodine injections, in the “*Annales de la Société Médico-Chirurgicale de Bruges.*” The first case in which he tried it was that of a sempstress, twenty-two years of age, of a scrofulous constitution, who had labored under leucorrhœa three years. The discharge was thick and abundant, and of a milky or slightly yellow color. The patient presented all the symptoms of anæmia; the mucous membrane of the vagina was very pale, the cervix uteri red and tumefied. The genitals were excoriated. An injection, containing four scruples of iodine, sixty of alcohol at 25°, and 125 of common water was ordered for her, of which about thirty scruples were thrown up into the vagina. Heat and irritation were immediately experienced in the parts, and the discharge ceased entirely for three hours, returning then in larger quantity than ever, accompanied for a few minutes with very severe pain in the genitals, headache, and general spasms. These symptoms soon disappeared, and the discharge did not again return till the next day, when the same quantity of iodine was injected, less severe symptoms following its use. The catamenial secretion, which had been absent seven months, appeared towards evening, and continued for three consecutive days, unaccompanied by any other discharge. On its cessation, the leucor-

rhœa again showed itself, but less in quantity than before. M. Steenkiste, desirous of retaining the iodine more in contact with the vaginal mucous membrane than it had been previously, introduced a speculum, with the assistance of which he filled the vagina with five pieces of charpie, soaked with the iodine, and left them there, intending to remove them in an hour's time. Four of these pledgets were expelled by pains which came on in the interval, and when the surgeon sought to withdraw the fifth he could not introduce the speculum, the vagina was so contracted. The cure thus induced has been permanent, and the catamenia have again appeared. The second case was equally satisfactory.

CANTHO-PLASTIE.

Under this title Dr. Ammon, of Dresden, describes an operation he has practised by the transplantation of the conjunctiva of the eyeball to the external angle of the palpebræ, in order to establish the normal dimensions of the external canthus, when it is too small, either from malformation or disease. The former of these contractions he calls phymosis of the palpebræ, or congenital blepharophymosis, the term phymosis signifying any contraction of the orifice of an excretory canal, while he designates the acquired variety blepharostenosis.

In some cases the palpebral fissure is really too small; it may be sufficient to allow of the movements of the cornea, and even to permit some part of the sclerótica to be seen; but the patient cannot open the eyes widely, nor can the internal surface of the lower eyelid be seen, for, as soon as it is attempted, pain and a dragging sensation are experienced at the external angle. The slightest palpebral inflammation induces spasm of the orbicularis, which soon becomes habitual, and may cause entropion with all its annoying consequences, together with ulceration of the external canthus, which secretes a puriform matter, and bleeds when the lids are separated.

A case of this kind is narrated by Ammon, in which he operated successfully. A girl, sixteen years of age, affected with ophthalmia, and spasm of the lids from infancy, which had induced well-marked entropion of each eye, together with thickening and opacity of the corneal conjunctiva, had that membrane transplanted from the two sides to the external canthus, whence resulted the widening of the palpebral fissure, the cessation of the orbicular spasm, and the removal of the principal cause of the ophthalmia—viz., the severe compression exerted on the globe of the eye. The operation was not easily performed, because the spasm of the eyelids impeded the enlarging the external angle by the incision of the integument, but as soon as that was effected it was easy to draw the conjunctiva of the eye into the enlarged angle, and fix it there. Union took place in a few days, and the canthus was well-formed on either side. A fortnight afterwards a fold of skin was removed from each eyelid, for the cure of the entropion, which was also effected, and by the use of proper treatment the thickening and opacity of the corneal conjunctiva were gradually got rid of.—*Annales de Chirurgie*, January, 1813.

CRUSHING OF THE OS CALCIS.

M. Malgaigne has published three cases of fracture of the os calcis, with crushing of the bone (*fracture*

par écrasement), which occurred in his practice at the Biqûtre. The first was that of a man, sixty years of age, who fell on his feet from a considerable height. He got up directly, and was able to walk, but lamely. He was admitted into the hospital several days afterwards, when the right leg and foot were very much swollen, and it was almost impossible to form a precise diagnosis. The injury was supposed to be a dislocation, with fracture of the fibula. The patient dying from cerebral disease while under treatment for the fracture, the limb was examined, when both bones of the leg, as well as the astragalus, were found to be uninjured. The os calcis alone was fractured; it was separated by a horizontal fracture into two halves, lying upon each other, the upper one being driven, especially anteriorly, into the spongy tissue of the lower portion to the depth of two or three lines. The upper fragment was also broken lengthways, the two pieces being separated to the extent of two or three lines, the space filled up by coagulated blood. The second case presented the symptoms of this injury, but its actual occurrence could not be proved, as the patient survived. The third instance was that of a madman, forty-five years of age, who sprang from a height of seven or eight yards, alighting on his heels. The man died forty-eight days after the accident, from disease totally unconnected with the fractures, and on examination the ossa calcis were ascertained to have been crushed from above downwards, the pieces being driven in upon each other, and the transverse diameter of the bones being greatly enlarged, chiefly on the inner side.

The symptoms of fracture of the os calcis by crushing are an intense pain, sufficiently severe to prevent walking, and tumefaction of the ankle around the malleoli and part of the back and sole of the foot, so completely masking the deformity of the foot, and being so much greater around the malleolus externus as to draw the surgeon's attention principally to that part. But the swelling is soft and compressible over the malleoli, as it is on the dorsum of the foot, whilst under the internal malleolus, by pressure can be distinguished an abnormal osseous projection, caused by the inner and upper fragment of the broken bone. Ecchymosis shows itself in a few days, and gradually increases; it may reach a third up the leg, but is principally situated below the malleoli, which are also the parts most painful on pressure. The principal characteristic deformities are the increased width of the os calcis, evident to an educated eye, but especially to the touch, below the internal malleolus, and the sinking in of the arch of the foot, always recognisable by the hand when the swollen, soft parts of the dorsum are pressed down, and sometimes discoverable by the eye. Crepitus is obscure; the best mode to procure it is to grasp the heel with one hand, while with the other the foot is moved to and fro in a lateral direction.

This fracture may be mistaken for a fracture of the fibula without displacement, but complicated with dislocation. The error may be avoided by ascertaining correctly the seat of pain on pressure, by obtaining crepitus by the means indicated, and more especially by the inner projection of the os calcis, and the sinking in of the pedal arch. Even after the fracture of the os calcis has been recognised, it is possible to

be deceived by the appearance of the tumefaction, and to suspect the presence of complications which do not exist, such as fractures of the malleoli or astragalus; in such a case it is better not to give a decided opinion until the swelling has been considerably diminished.

The next questions are, should there be made any attempts at reduction?—should it be attempted by direct traction of the foot to restore its proper height to the crushed bone? Upon this point M. Malgaigne is still in doubt, but would rather not do anything except prevent any deviation of the foot inwards or outwards, by the application of an apparatus, on account of the slowness and want of energy with which the process of consolidation is carried on, and because there is not any provisional callus thrown out.

Boyer, speaking of fracture of the os calcis, describes only that which is the result of muscular contraction, and which, according to Malgaigne, is exceedingly rare, the more frequent cause being a fall from a height direct upon the feet, the os calcis supporting the entire effect, and being crushed when the bones of the leg and astragalus are uninjured.—*Journal de Chirurgie*, January, 1843.

METEOROLOGICAL JOURNAL,

KEPT AT SIDMOUTH.

By W. H. CULLEN, M.D.

March, 1843.

Mean of External Thermometer at 9, a.m.	45.40
" " " at 9, p.m.	40.75
Maxima	50.15
Minima	36.52
Mean daily Range	12.57
Absolute Range—Highest	56.25
" " Lowest	26
" " Range	30.25
Mean of Barometer at 9, a.m.	29.829
" " at 9, p.m.	29.616
Dew Point at 9, a.m.	39.8
" at 9, p.m.	36.3
Number of Days on which any Rain fell .	12

PREVAILING WINDS.

N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.
—	10	—	12	2	4	1	2

SPERMATOZOA WITHIN THE MAMMIFEROUS OVUM.

Dr. Martin Barry states that he has again detected the presence of spermatozoa in the ova taken from the Fallopian tube of a rabbit within a few hours after coitus.

MEDICAL APPOINTMENTS.

Dr. Richard Budd, of Barnstaple, a brother of Dr. Budd, of King's College, has just been elected physician to the North Devon Infirmary, in the room of Dr. Britton, resigned.

Mr. Wallis has been elected one of the surgeons to the Hull General Infirmary, vice Mr. Cooper, retired.

ROYAL COLLEGE OF SURGEONS IN LONDON.

Members admitted Wednesday, April 12, 1843.

T. Morris, J. Kilner, J. Machen, J. Stevens, A. Eccles, A. W. Williams, J. Whitteron, H. H. Radcliffe, T. P. Bowen.

APOTHECARIES' HALL.

Licentiates admitted Thursday, March 30, 1843.

Arthur Taylor, Nether Crawley, Linton; Smetham Lee, Sunderland; Thomas Cattell, Braunston, Northamptonshire; George Paul Atkinson, Wakefield.

Thursday, April 13, 1843.

A. Lloyd; T. B. Stone, Leighton Buzzard; E. H. Peters, Fairford; E. Jones, Dolgelly; R. Brown, Cobham; H. Callaway, Tottenham; T. Graham, Pinner, Middlesex; R. Worsley, Blandford; B. V. Asbury; T. H. Baker, Kirkby-de-la-Parks; T. B. Oldfield, Warley, Yorkshire; J. A. Carr.

Thursday, April 20, 1843.

George Taylor, Derby; George Dincock, Sussex; Thomas Young, South Shields; Edward John Newcomb, Kidderminster; Henry Hodgson Parrott, Yorkshire; Russell Augustus Lafargue, Yorkshire; Robert Whitfield, Biddenden; Samuel Fenwick, Newcastle.

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TO CORRESPONDENTS.

Communications have been received from Mr. Alfred Hamilton and Mr. Butler Lane.

We have availed ourselves of Mr. Crosse's communication.

The *Eastern Counties Herald* and the *Chester Courant* have been received, but we have not been able to discover any medical news in the latter paper. We take this opportunity of again saying that we shall thankfully receive any newspaper containing local information which might not otherwise reach us.

JOURNALS AND BOOKS FOR REVIEW TO BE FORWARDED (CARRIAGE PAID), TO THE PUBLISHER, 356, STRAND. LETTERS AND COMMUNICATIONS TO DR. HENNIS GREEN, 58, MARGARET STREET, CAVENDISH SQUARE, LONDON.