

granules as to be quite black; others, less granular, showed a large nucleus and nucleolus in their interior. On pressing the tumour, milky white fluid escaped in drops from the surface. In this fluid, as well as in scrapings from the tumour, were seen histological elements unmistakably cancerous.

I had been greatly aided in the diagnosis of the foregoing cases, by having a short time previously had one in many respects similar to it under observation in the great Florence hospital.

CASE. Faustina Franchi, admitted to No. 154 of Professor Regnoli's Clinique on the 18th of Jan., 1852, the mother of fourteen children, always enjoyed excellent health. No trace of hereditary predisposition to cancer.

The left nipple was slightly but decidedly retracted. In the upper part of the corresponding mamma, and inseparably connected with it, was an irregularly square shaped tumour, almost as large as a small orange, non-adherent to the skin or subjacent tissues, finely nodulated and very hard, except at its supero-anterior part, where a cyst, about as large as a walnut, rose from the hard base, so as to form a notable prominence on the surface. There was an indurated lymphatic gland, about three times its normal size, in the left axilla. The mammary tumour had occasionally been the seat of a dragging sensation, but never of pricking or stabbing pain. Handling it produced no inconvenience.

Interrogated as to the history of the tumour, the patient stated that, after her first and second confinements, abscesses formed in the left mamma, and for the time prevented her suckling with it: she had ever since been able to suckle with both breasts, but the left one had diminished somewhat in size, was generally harder, especially at the upper and inner parts, and yielded somewhat less milk. She stated positively that, when last confined (eleven months before admission into the clinique), the only difference between the two mammae consisted in the smaller size and greater hardness of the left one, especially at its upper and inner part. She suckled even her last infant with both breasts; they both contained a good deal of milk when I first examined her, and on admission. It was not until seven months after her last confinement, and four months before admission in hospital, that she became aware of the existence of the tumour: its size had since then rapidly increased.

The history of this case was obscure; and though the very hard base of the tumour, retraction of the nipple, and enlarged axillary glands, indicated its scirrhus nature, I was only positive of it after the operation, which was performed by Professor Regnoli on the 13th of February. On section, the cyst at the upper and anterior part proved to be filled with a limpid serous fluid. The cut surface of the tumour typically presented the appearance of scirrhus, and microscopic examination unmistakably confirmed the judgment based on the naked eye characters of the section.

I cannot close these remarks without an expression of regret that we should still be obliged to make use of the term *cystic sarcoma*, which is for all useful purposes meaningless. It, like many others in pathology, is the heritage of ignorance, and will only be aptly replaced when knowledge is fully attained. A new nomenclature, before the facts are known to render classification possible, would only add confusion, and have in its turn to be swept away. What we want are plenty of correct facts and severe reasonings to ensure progress at the desirable rate in the road now being so auspiciously trodden by a considerable number of scientific labourers. Meanwhile, the least possible use should be made of the most objectionable terms, and their signification be defined by the addition of circumstantial information. If every one who contributed a single fact or idea to the common stock reflected that its utility is often more than counterbalanced by admixture with an imperfect observation or lax argument, the march of knowledge would be more rapid, even though the number of facts discovered continued in the same ratio.

Vienna, 127 Alservorstadt, July 26th, 1854.

LACTIC ACID IN DYSPESIA.

By C. HANDFIELD JONES, M.D., Assistant-Physician to St. Mary's Hospital.

As far as I am aware, lactic acid has not as yet been employed to any extent in medicine. It was originally recommended by Magendie, as Dr. Pereira mentions, but it does not seem to have found much favour, in the eyes of British practitioners at least. The idea suggested itself to me some time ago, before I was aware that it had been recommended by others, of employing it as a remedy in dyspepsia. I have tried it in several instances, and have been so well satisfied with its effects, that I cannot but regard it as an useful addition to the *materia medica*. I have taken it myself, and experienced no unpleasant results, but on the contrary, as it seemed to me, the digestive faculty was invigorated. I have chiefly given it in cases of irritable dyspepsia where the digestion was painful and imperfect, and had been so for some time. I should not advise its being given quite at the commencement of the treatment in a severe case of the kind, but after the irritation and vascular erethism had been somewhat reduced. The remedy should be given in doses of \mathfrak{xxv} - \mathfrak{xx} in \mathfrak{ss} of water, and it should be taken *at* meal times. It seems to mingle with the food, and supply one of the constituents of healthy gastric juice which is probably imperfectly produced. Its use need not be confined to cases of dyspepsia, but may be extended to all cases where it is desirous to improve the tone and power of the stomach. It is a pleasant medicine, occupies but a small space, and may almost be placed on the table as one of the ordinary condiments. In the management of a tedious case of dyspepsia and debility, where patients and doctors are getting tired of formal bottles of physic, I can sincerely recommend a little vial of lactic acid to be brought on the table with the meal, as an agreeable and efficient substitute. The only objection to its use is that it is rather expensive; but if a demand for it should be created, the price would no doubt be lowered.

The article which I have used has been prepared for me by Mr. Blades, 52, Edgeware Road.

London, August 1854.

CASE OF PUERPERAL CONVULSIONS IN WHICH TRACHEOTOMY WAS PERFORMED.

By E. WILLIAMS, M.D.

[Read at the Annual Meeting of the North Wales Branch at Rhyl, August 9th, 1854.]

I PROPOSE to make a few remarks upon a case of puerperal convulsions which occurred in my practice in the spring of the present year; not that the case itself merited especial notice, or differed essentially from this dreadful malady whenever it presents itself, but that I may direct attention to a means of relief which, as far as I am aware, has not previously been put into practice—that of tracheotomy.

CASE. Mrs. G—, aged twenty-nine, the wife of a farmer, a pale delicate little woman of dyspeptic habits, became pregnant, and had arrived at the full period of utero-gestation. During the early period of pregnancy she suffered considerably from stomach symptoms, and during the last fortnight laboured under severe cold, with cough and copious expectoration, to which she paid no attention. I should mention, as a fact bearing in some measure perhaps upon the case, that twelve days before her confinement her nervous system had received a severe shock from an unguarded expression of a neighbour, which caused her extreme anxiety, and no little fear for the life of her husband.

On the 7th of March last, at three o'clock in the morning, she was roused from her sleep by the escape of the liquor amnii, which was the first intimation of the commencement of labour. Parturition gradually advanced;

pain succeeded pain; and all appeared to proceed favourably. It was however observed, that during this early stage, her countenance was unusually pale and anxious, with headache, yawning and occasional vomiting. At half past 9 A.M. "a pain was taken" by my assistant. This digital examination of the os uteri appeared the immediate exciting cause of the first paroxysm of convulsion, which was sudden in its attack, and continued in a most severe form for a whole hour, during which period the face was very livid and suffused, the veins of the head and neck were much distended, the carotids beat violently, and the contortion of the countenance and general convulsions were most fearful, and the danger from asphyxia was imminent. To relieve this alarming state the lancet was immediately put into requisition, and a vein in each arm was opened; this appeared to shorten the duration of the fit, and the succeeding paroxysms, which recurred at short intervals, did not last more than about twenty minutes. They, however, followed each other in such rapid succession, that I resolved to empty the uterus. The os uteri and external parts being sufficiently dilated, and the head presenting, I determined upon perforating the head, and extracting the fetus by craniotomy; this was speedily accomplished, and the placenta was expelled by the natural uterine contractions in about five minutes. There was hardly any discharge, and the convulsions subsided; consciousness was restored, the patient took some gruel, and appeared comfortable; she, however, in reply to my inquiries, said that her head and her body generally felt hot. She remained in this quiet state for one hour, when she was again attacked suddenly with a most violent convulsion. The vein in the arm was again opened, and the external jugular, which was enormously distended (being quite as thick as my finger), was also punctured, and a considerable amount of blood was taken away. The head was shaved; ice was applied to it, and mustard cataplasms to the nape of the neck and legs, and hot applications to the feet, and cold water was dashed into the face, and a turpentine enema was administered. Still the convulsions persisted, and the frightful suffocation with livid lips and turgid countenance exceeded anything I had ever witnessed, and led me to reflect upon the parallelism (to my mind) between this case and epilepsy, and the possible relief tracheotomy might afford, as recommended by Dr. Marshall Hall in the latter dire disease. Having before me evidence of the spasmodic closure of the glottis, the constriction of the throat from contraction of its muscles, and the interrupted circulation from the cerebrum, under which I felt convinced the patient must shortly expire, I resolved upon opening the trachea. This, however, was no easy task in the middle of the country, and without the usual appliances for the performance of so delicate an operation; and, to add to the difficulty, the patient had an enlarged thyroid gland. I became desirous of having a consultation, and accordingly sent to Wrexham, a distance of five miles, for "Cooper's case" and my trachea pipe; and by the same messenger, I dispatched a note to request a medical friend to come over, and give me the benefit of his advice and assistance, being anxious to have a consultation upon the propriety of a such a step, as I was not aware of tracheotomy having been recommended by any authorities in precisely such an emergency. The persistence and threatening nature of the paroxysms, and the momentary expectation of death, made me resolve, at all risks, to adopt that measure which Dr. Marshall Hall recommends "as a preventative and security against spasmodic laryngismus and its effects, viz., convulsions, and the injury apt to be inflicted on the cerebrum and medulla oblongata."

Having searched the house in vain for a tube which would supply the place of a trachea pipe, I ultimately made use of an old silver tube belonging to a caustic case, the end of which I broke off, and securely attached it to a long tape. Thus provided, with the aid of the few things a small pocket-case contained, I succeeded in opening the trachea. The enlarged thyroid gland, and consequent great depth of the wound, added greatly to the difficulty, which

was in some measure increased by several veins passing in front of the neck; these happily escaped injury, and the amount of blood lost during the operation was very trifling. The trachea being opened, a vast quantity of mucous secretion was forcibly ejected; the tube was introduced, and secured in its place, and the breathing was immediately established through it, with a most decided improvement in the general appearance of the patient. The countenance lost its lividity, which never again returned; the features were more tranquil; and the veins of the head and neck collapsed, and did not again become distended. The convulsions did not, however, cease; but they became less frequent and less violent. In due course of time Mr. Lewis arrived, bringing with him a trachea pipe, which was substituted for my temporary contrivance. He expressed, in warm terms, his satisfaction at the relief the operation had afforded, and suggested further depletion; and as the jugular vein ceased to become distended, a vein in the arm was opened with manifest advantage. The turpentine enemata were repeated, and mustard cataplasms continued. Six leeches were applied to the temple, and the catheter was introduced. The convulsions did not cease until one o'clock in the morning, and a comatose state supervened; the limbs were motionless, the power of deglutition gone, and life seemed ebbing. Enemata were assiduously administered, composed of good broth, alternately with egg and brandy, and occasionally egg and turpentine (by my assistant, who remained the night); they seemed to revive the patient considerably. At eleven o'clock the next morning Mr. Lewis and I again visited our patient, and found her rather revived by a turpentine and egg clyster, which my assistant had just administered, and which seemed to restore her consciousness and improve her pulse in some degree. As she had sunk a good deal in the bed, we attempted to improve her position, and slightly and carefully elevated her head and thorax; and in a very few minutes she expired (having survived delivery twenty-four hours, and the operation about twenty-one hours). This event afforded me an additional instance of the fatal effects of disturbing or moving patients when the powers of life are in a very depressed state.

In conclusion I may observe, that the marked improvement in the lividity, and tumefaction of the face and neck, which was very great, has left a most favourable impression on my mind of the great utility of tracheotomy in such cases.

Wrexham, August 1854.

CASE OF LITHOTOMY IN THE FEMALE: WITH REMARKS.

By W. J. SQUARE, Esq., Surgeon to the South Devon and East Cornwall Hospital.

In a clinical lecture on calculus in the female bladder, reported in the *Medical Times and Gazette* of 29th July, Mr. Fergusson remarks:

"A very interesting and important problem remains yet to be solved,—which is the best way of extracting a stone from the female bladder?"

"I hope that the time may arrive, when a true solution will enable the operation to be performed without incurring the hazard or annoyance of an incontinence of urine, which I am sorry to say is but too apt to follow any operation involving the female urethra."

Such an observation, emanating from such a distinguished surgeon, appears to me to demand the publication of every case bearing upon the subject of lithotomy in the female.

I entertain the hope that the publication of the isolated case which I now record, together with Mr. Fergusson's remarks, may evoke from the profession such an aggregate of experience, as will in future warrant a more decided and constant rule of practice than at present exists.

CASE. Mary Cook, aged 30, was admitted into the South Devon and East Cornwall Hospital at Plymouth, June 3rd, 1850. She had suffered more or less from painful micturition for five years; during the last year her distress had