

G. D., aged 55 years, with an old hernia of some years standing, stated that, while engaged before Christmas last, he fell against a table, and injured his rupture. He went to work again, as if nothing had happened; but then began to complain of symptoms of incarceration. He was admitted October 17th into the London Hospital. The tumour was then quite irreducible. The intestine during operation gave way, and he was ill for weeks; a singular protrusion of the gut, with the remarkable and beautiful peristaltic action quite visible, continually going on. Had this accident occurred without opening the sac, and had the intestine burst into the peritoneal cavity, Mr. Adams thought that death would have been inevitable.

It is very remarkable how widely surgeons of the very first eminence differ on the question of operation with or without opening the sac. Two of the chief surgeons of the two Borough hospitals lately met together in Guy's, at the bedside of a hernia patient. One surgeon said he would not think of operating without opening the sac; to which the Guy's surgeon replied, that he could not see how his friend could even use the taxis, or return the intestine at all, without opening the sac, and seeing it; for the operation was only intended to assist the taxis. To this the St. Thomas's surgeon answered, that he thought all or a great deal of the fatality of hernia cases arose from abuse of the taxis, and a very great deal from not opening the sac, but returning mortified intestine; and that, as far as his experience went, backed by that of St. George's Hospital, Charing Cross, and others, he would in all cases open the sac early. That was the chief, if not the only point: *it would do no harm if the intestine were sound*; it would save many lives, if it were not sound, which are now sacrificed to a theory, and some imperfect statistics. The age of patients is perhaps the only other element of essential moment.

NEW NEEDLES IN CLEFT PALATE.

In one of his recent operations for cleft palate, Mr. Ferguson explained the steps of the operation, and showed three forms of needle in common use in holding the ligature. The earlier steps of the operation consisted in a free division of what Mr. Ferguson conceives to be the levator palati and palato-pharyngeus muscles by a peculiarly shaped knife, which can sink into the pterygoid fossa. Two ligatures were used, and a peculiarly formed curved needle, with a single eye, simple, like an ordinary sewing needle. A second form of needle, known as "Gibson's needle", is also occasionally used; but it "hitches" sometimes in the parts. A third needle, the most recent improvement, is a needle made by Weiss, in which a notch in the needle is converted into a closed eye by pushing up another piece. Mr. Ferguson seemed to prefer the simple needle with the simple eye.

Original Communications.

OBSTETRIC CASES IN PRIVATE PRACTICE.

By GEORGE BELLASIS MASFEN, Esq., Surgeon to St. Mary's Hospital, Manchester.

ON THE CONNEXION BETWEEN HYSTERIA AND OVARIAN LESION.

A SHORT time since, I brought before the members of the Association (JOURNAL, December 14th, 1855, page 1105) a few cases illustrative of ovarian disorder as one of the causes of hysteria. I have observed these two diseases, or rather forms of disease, so frequently associated, that I cannot but think that they have a more intimate connexion than has generally been supposed.

Though the influence of the sexual system in the production of hysteria has always occupied an important position among the various theories which have been framed on this subject, the uterus, not the ovary, has been the

organ specially alluded to; and at the present day, the greater prominence which has been given to the psychological symptoms has caused this influence to be, in great measure, overlooked; at any rate, the relation between them is still somewhat obscure. Dr. Tilt speaks of hysteria as being caused by functional disorders of the ovario-uterine organs, and, again, as being a symptom of the inflammatory affections of the ovario-uterine apparatus; and my friend Dr. Whitehead relates cases of fatal hysterical apoplexy, in which the ovarian bodies were found greatly enlarged. Nevertheless, cases are recorded by eminent practitioners, in which pain referred to the ovarian region was described as merely hysterical, and in which the idea of ovarian mischief was distinctly repudiated. I purpose, therefore, from time to time, to bring forward the details of such cases as seem more particularly to bear upon the points in question. At the same time, I must not be understood as asserting that ovarian disorder is present in every subject of hysteria, for I have myself seen cases in which, though my attention has been especially directed to the subject, I could not detect any symptoms of the kind. Neither do I wish to assert that the simple treatment of a local affection is, in all cases, sufficient to produce a satisfactory result. In this, as in most other ailments, attention to the general health is the first consideration; and, in the majority of cases, occurring as they do in anæmic constitutions, the continued use of ferruginous tonics is frequently requisite.

CASE. On May 1st, 1855, I was called to attend Mrs. M. E. W., a dark complexioned, healthy-looking young lady, aged 25 years, in her second confinement. At her first labour, she had been delivered of twins by a respectable neighbouring practitioner, after which she had had fever, and, as she said, her life had been despaired of; she had kept her bed for upwards of six weeks. About a month previous to my being sent for, she had fallen down stairs, and hurt herself severely, but had not called in medical aid. She remembered once or twice in the course of her life to have had a fit of hysterics, but was not generally predisposed to such symptoms, and did not consider herself hysterical.

The labour was terminated without any remarkable circumstances, except that the after discharge was rather more copious than usual; and she was delivered of a healthy male child. She continued for three or four days without any bad symptom, but after this she did not appear to gain ground. The pulse was 104, thready, and easily compressible. She complained of no pain, but did not appear to gain strength, and had no appetite. I ordered an occasional dose of colocynth and hyoscyamus, and a vegetable bitter three times a-day. She was excessively irritable and peevish, and on the 12th her state of health appeared to act so prejudicially upon the child, that I recommended her to wean it; and this proceeding was followed by a marked improvement both in it and the mother. She now began to complain of considerable pain in the back and loins, and also at the lower part of the abdomen: and on the 15th she told me that the white of an egg, which she had eaten in the morning, had come away undigested, and had caused a great deal of pain. I requested to see the next discharge of the kind, and on the 17th I was shown a watery offensive motion, containing two portions of thick glairy mucus, about equivalent in appearance and quantity to the raw white of an egg, also a few streaks of blood. I prescribed a mixture of nitro-hydrochloric acid, and ordered to be injected, every night, creasote, acetic acid, and tincture of opium, of each fifteen minims, suspended in a pint of gruel. Under this treatment she continued to improve, the bowels being relieved every other day by colocynth and hyoscyamus, as the injections were retained. The mucous discharge was repeated every three or four days in diminishing quantity, its last appearance being on June 2nd. The pain in the back and loins was quite gone, but there remained a good deal of tenderness at the lower part of the abdomen, on either side. This was increased on pressure over the region of the ovaries, the part corresponding to the uterus being quite free from pain. The former remedies were discon-

tinued, and I ordered a small portion of the following ointment to be rubbed in over the seat of pain, night and morning.

R Unguenti hydrargyri fortioris, unguenti camphoræ, aa ʒss; extracti belladonnæ gr. iv. Fiat unguentum.

June 6th. (Her sister was married on this day.) She had a violent hysterical attack, which gave way to the usual remedies, quiet and opium. Pulse 96; rather better in character, but still feeble. The ointment was ordered to be continued.

June 9th. Pain diminished; she was able to sit in a chair comfortably for the first time.

June 13th. She had a slight hysterical attack for half an hour, which subsided without medical interference.

June 20th. The abdominal pain had materially abated, indeed was not perceptible, except on pressure over the part. Her appetite had been failing for the last two or three days, and she complained of a feeling of heat at the stomach. Continue the ointment.

R Potassæ bicarb. ʒij; acidi citrici ʒiss; acidi hydrocyanici diluti mʒij; aquæ destillatæ ad ʒvj. Fiat mist. Capiat ʒj ter quotidie.

June 30th. She was now entirely free from pain; her general health improved; appetite good, and she had no bad symptom of any kind. She had no return of hysteria since the 13th.

REMARKS. The above case presents no features opposed to the views which I advanced in my last paper concerning the etiology of hysteria, that a peculiar condition of the nervous system is a predisposing cause, and that the ovarian lesion is very frequently an exciting cause. This patient had never observed any irregularity in the ovario-uterine system, and she had not been habitually liable to hysteria. She had once had an attack of this nature, and it is not unreasonable to suppose that, synchronous with this, at the age of puberty, or soon after, there may have been some slight disorder of the generative system, which had escaped her notice. On the present occasion, we find her suffering from both ailments, and the one disappearing simultaneously with the other. The immediate cause of the ovarian inflammation remains a question. It was not improbably owing either directly to the accident before mentioned, or indirectly to the enteric affection in the neighbourhood. Though the ovarian lesion had probably existed for several weeks, hysterical symptoms did not take place until the marriage of her sister, which, occasioning her considerable excitement, disturbed the whole nervous system. As regards the treatment of such cases, I have found leeches, and the milder preparations of mercury, to be among the most efficacious, and the use of the latter is seldom required to be pushed so far as to affect the gums. In this case, leeches were not applied, as there had been a sufficient drain upon the circulating system at the time of the confinement. The sanguineous and nervous systems were well balanced; but if there was any tendency to an abnormal state, it would be to the hyperæmic condition.

CASES OF LITHOTOMY.

By WILLIAM THOMAS BELL, Esq., Great Grimsby.

CASE I. *Lithotomy: Rapid Recovery.* Charles Pearson, aged 5 years, a widow's son, of fair complexion, light hair, blue eyes, and healthy appearance, came under my care in November 1855. He had suffered for twelve months from symptoms of stone, varying in intensity, with occasional difficulty in passing urine, and voiding it more frequently than natural, with pain at the end of the penis, which caused him to pull the prepuce. When passing his urine, he would have a desire to go to stool at the same time, producing prolapsus ani. During the last two months, his symptoms had kept increasing; he could not hold his water for long at a time. His urine was clear, and he passed no blood. His general health was very good. A sound was introduced into the bladder, but I could not de-

tect a stone. He kicked about much; and the bladder would not tolerate any water to be injected. A few days afterwards, under chloroform, I sounded him a second time, and readily felt one. As his mother was not in a good state of health, the operation was postponed for a time. In this interval, he took carbonate of soda and tincture of henbane, with mucilage; and kept his bowels open with castor oil.

January 13th, 1856. Under chloroform, I performed the lateral operation of lithotomy. There was no bleeding. The calculus was of about the size of a bean, long and soft, and would scarcely bear the forceps. Afterwards an opiate was given. During the night, he passed his urine by the urethra, and freely by the wound. At night, another opiate was given.

Jan. 14th. He slept well during the night; urine continued to pass as above. There was slight fever. I ordered a saline draught every four hours; and a powder, with calomel and Dover's powder, at bedtime.

Jan. 15th. Doing very well.

Jan. 16th. The bowels were not moved. I ordered a dose of castor oil. Urine passed freely by the urethra, and very little through the wound. The saline was continued.

Jan. 17th. Going on very well. I ordered him a better diet, and to leave off the saline.

In three weeks time he was perfectly cured.

CASE II. *Lithotomy.* James Lingard, aged 63 years, labourer, of short stature, much care-worn, came under my care in July 1855, with stone in the bladder. He had always enjoyed good health up to three years ago.

History of Disease. Thirty years ago, he passed a quantity of lithic acid sand; and three years ago he passed two small calculi without much difficulty; and ever since this had been getting worse, and for the last year had been incapacitated from work.

The symptoms were those usual to stone in the bladder. There was a considerable deposit of mucus in the urine upon standing. I sounded him, and found a stone of large size, measuring 14° of Ferguson's lithotrite. There was considerable enlargement of the prostate gland. He was anxious to have the stone crushed; but, taking into consideration the irritability of the patient, the hardness of the stone, and the enlargement of the prostate gland, with an assurance that he would not keep in bed for any length of time, I determined to perform the lateral operation of lithotomy.

July 2nd. Under chloroform, I performed lithotomy. The operation lasted two and a half minutes. There was rather free hæmorrhage at the time from the transverse artery of the perinæum and the veins of the prostate. To arrest this, I plugged the wound with sponge, and put an elastic catheter into the bladder; brought the knees together, and gave an opiate.

The after treatment consisted in low diet for a few days, with salines; then a good generous diet, with porter, and tobacco to smoke *ad libitum*. He made a good recovery, and walked to my surgery, a distance of a hundred yards, three days within the month after the operation, although the wound was not quite healed. In a few days after this, he went home, a distance of eight miles; and I lost sight of him for a time. Some time after the operation, a small fistulous opening remained in the perinæum, but he refused to have anything done for its relief.

The calculus was flat, and of the circumference of a full sized walnut, composed of distinct laminæ, and very hard.

CASE OF PLURAL BIRTH.

By R. COKER N. DAVIES, Esq., Rye, Sussex.

On the morning of December 14th, 1855, I was summoned to the union house, to attend — M., aged 19 years, single. On arrival, I found her to be in labour. The membranes had broken, and a head presented. The child was soon born; and after waiting a little time, and making