her skin capable of producing them in immense numbers, and who was in the habit of rubbing herself with cotton wool to relieve the itching. He succeeded at length in convincing her, by means of the microscope, that what she conceived to be pediculi were merely little pieces of cotton wool which had separated from the mass during the friction.

The Memoir of Dr. George Wilson, Professor of Technology in the University, by his sister, has lately been published. It is a thick octavo volume of great interest, though somewhat prolix.

The Life of Professor Edward Forbes, upon which Dr. George Wilson was engaged when he died, is being completed by Mr. Geikie, and will be published soon. It will be read with interest, both on account of the subject of the memoir, and as in part the last work of the graceful pen of George Wilson.

Reports of Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, JANUARY 8TH, 1861.

F. C. SKEY, Esq., F.R.S., President, in the Chair.

ON THE PATHOLOGY AND TREATMENT OF ECZEMA.

BY J. L. MILTON, M.R.C.S.

(Communicated by J. SIMON, Esq., F.R.S.)

THE author began by examining the general opinion that eczema was a vesicular disorder,—a view adopted by all writers, with the exception of some faint dissent on the part of M. Devergie and Mr. Wilson, who, however, had not sought to interfere with the classification so long established and so generally received. After pointing out that the explanation of M. Devergie—that the development of the vesicles is only momentary—is untenable, and that in reality vesicles, so far from being fleeting, are able to bear considerable pressure and friction, he proceeded to state his conviction, and the grounds for it, that true eczema is not vesicular at any period of its existence. Three circumstances, however, were noticed which may have contributed to support the view usually received. The first was, that on parts slightly furnished with hair the discharge of eczema accumulates in minute drops; but neither the course, situation, nor form of these correspond with those of real vesicles. The next was, that in the vicinity of eczematous patches genuine vesicles are occasionally found; they last, however, but a very short time; their return or disappearance is very uncertain, and they are not at all dependent on the state of the eczema: it was difficult to say whether they arose or not from the friction of the clothes, irritation of lotions, etc. The third was, the confounding of a genuine form of herpes with eczema. This variety of the disorder was marked by the itching and stinging pain; acute, regular course; and *firm*, genuine, irregular vesicles. The author considered this as one of the exanthemata, the course of which could scarcely be materially checked by any kind of treatment. It was to this form that he ventured to refer eczema,—solare and mercurial eczema. Eczema solare, indeed, he considered, was no more eczema or herpes than scabies or blistering from cantharides. He divided eczema into the acute form, in which a large portion of the skin—that of the face, for instance—becomes red, swollen, and stiff, with desquamation, weeping, and crusts; and the chronic. He wished to reject eczema impetiginodes, considering it a different form of inflammation. For the reason that eczema is not vesicular, its vesicles cannot become pustular. He admitted two varieties of the disorder: one in scrofulous children —an elevated and tubercular state of a tract of skin, covered with loose, soft scales, very refractory, and followed by cicatrices; and the ulcerative form, which attacks the ankle and leg in persons of mature and advanced age, often laying the foundation of ulcers. He considered that eczema was essentially a desquamative inflammation of the true skin, and rather to be classed with pityriasis and lepra than amongst the vesiculæ; pityriasis, indeed, and ringworm, were closely allied affections.

As to the treatment, he had always found that in severe chronic eczema antiphlogistic treatment was useless as a curative means, and lowering measures were hurtful. They were only serviceable in moderation in the acute form. Of mercury he could not report more favourably; and as, when given to excess, it would bring on a state allied to eczema, as well as a disorder very like scurvy, its value in large doses must be very doubtful. Of iodine and iodide of potassium, except in the scrofulous form of the disorder, he could not speak in any better terms. When rheumatism was present, iodide of potassium, especially if aided by colchicum, was often extremely serviceable, and it would sometimes induce diaphoresis when the skin was harsh and dry. But it was simply to be looked upon as an auxiliary; the author had never been able to cure a single bad case with it alone. Arsenic had not proved of such value as was anticipated, except in the dry stage; and in most persons soon induced such purging, nausea, and irritability, that it had to be abandoned. The tincture of steel, prepared by Mr. Thomas of Pall Mall, had answered best in his hands. It should be given in full doses, as from half a drachm to a drachm, twice or thrice daily. It should be conjoined with mild aperients; a plain, light diet, containing plenty of fresh vegetables, and active exercise. As to baths, the author placed no reliance whatever on them, except insofar as they contributed to cleanliness, which could not be too scrupulously enforced. Of all the external applications recommended, he had never met with but four on which reliance could be placed. These were, nitrate of mercury ointment, diluted with cold cream, for the head; the oxide of zinc ointment, for any part not covered with hair; the chloride of zinc in the form of lotions; and glycerine, for eczema of the ear. He denied that it was dangerous to check the discharge, even in old persons; in fact, he did not believe it was possible to effect this, except by means which improved the health and cured the disorder.

ON AN OPERATION FOR EXTRACTING A STONE FROM THE BLADDER BY URETHOTOMY AND DILATATION OF THE PROSTATIC URETHRA BY MEANS OF A DILATING-STAFF.

BY JOHN WOOD, F.R.C.S.

The author first called attention to some points in the relative anatomy of the pelvic viscera, important in estimating the value of the different perineal operations of lithotomy. These were illustrated by a diagram embodying the mean results of the dissection and measurements of upwards of forty subjects, and by drawings of the alterations produced by development from the period of birth to adult life, taken from actual dissection of subjects at birth, at two years and a half, eight and a half, and sixteen years, and in the adult. He showed that the surface of the perinæum lies in two planes, anterior and posterior, intersecting each other just behind the bulb of the urethra; and that a line drawn from the middle of the central tendon perpendicular to the posterior of these planes indicates the axis of the bladder when moderately distended, entering it at the urethral opening, and thus forming a safe guide for the finger and instruments in the perineal operations of lithotomy. In young children, this line is thrown more forwards, forming an obtuse angle with the posterior plane. He stated that the nomenclature of the pelvic structures in anatomical works had not had sufficient reference to their

actual position in relation to the axis of the trunk in the erect posture. He showed that the proximity of the bulb of the urethra to the anus and rectum varied, in the adult, from three-quarters of an inch to an inch and a half. At birth, they are in close contact; below the age of puberty, from half an inch to three-quarters distant from each other. This was not sufficient room for the performance of Allarton's operation without considerable section of the bulb, which he considered objectionable, if it could be avoided. He attached much importance to the preservation intact of the deep layer of deep perineal fascia, where it is blended with the fibrous capsule surrounding the prostate, forming the grooved sheath of the levator ani muscle; and attributed to the median class of operations a greater safety against extravasion of urine above the lavator ani, from their preserving this layer of fascia entire. In the lateral operation, it was fairly divided, together with more or less of the levator ani. He thought that if the levator were cut at all, it was better to cut it freely, to allow a free escape for the urine; but that it afforded a greater safety to the patient, in all cases in which the size of the stone rendered it practicable, not to open its sheath at all, but to proceed by dilatation from the urethal surface of the prostate.

The author then briefly passed in review the comparative merits and disadvantages of the lateral and median operations. The lateral operation had the advantage in celerity of execution, and, when practised with a free incision, in the more facile removal of a large or encysted stone, and in the free escape of the urine. In safety to the patient of adult years, however, it is inferior, from the impending dangers of hæmorrhage and pyæmia, by its extensive interference with vessels and venous plexuses; and from extravasion of urine into the layers of pelvic fascia above the lavator ani, by the section of this muscle, its fascial sheath, and of the prostatic fibrous capsule. When the limited prostatic incision is attempted it is more liable also to the accident of the finger slipping from the staff and forcing its way between the bladder and the rectum, especially in the yielding tissues of young children. In the free incision, on the other hand, accidental section of the ureter and other important deep-seated parts has had fatal results. The median class of operations, depending upon dilatation without section of the prostate and neck of the bladder, has the advantages—that no cutting instruments enter the bladder or prostate, and that the incision is confined to aponeurotic structures in the most direct way to the bladder, and does not interfere with arteries or veins of any importance at all. In Allarton's method he thought the means of accomplishing the dilatation were insufficient in the adult, and that additional dilators or gorgets were objectionable on the score of complication and loss of time; that the bulb was freely cut, especially in children, and that the ejaculatory ducts were sure to suffer extensively from laceration by the probe tearing in the median line. He believed that section of the bulb diminished the chances of the patient, by exposing him more to the dangers of pyæmia and hæmorrhage, or the consequent formation of a stricture. The incision also, in Allarton's method, was placed so far forwards, and was so limited in extent, that great difficulty had been experienced in seizing and extracting a stone in a deep perinæum.

The author considered that our increased experience of the results of lithotomy in the adult had not as yet been followed by such a diminution of its consequent mortality as might have been expected.

The operation he had practised was based upon the use of a staff opening at the curve into two blades, which admit between them, through a perineal incision into the membranous urethra, the forefinger of the operator, to effect the chief part of the dilatation. The dilating power was increased by the pressure of the assistant's thumb upon a lever, which causes the posterior blade to turn upon its axis and to press backward upon the base of the bladder, holding it firmly towards the perinæum so as to prevent its yielding before the pressure of the dilating finger. With the slender model which was exhibited, and which was made for a child, the author had dilated in the subject many tough adult prostates sufficiently to extract good-sized stones without injury to the levator ani or its sheath, or to the prostatic capsule. To make the preliminary incisions he used a very narrow-bladed knife. The form of incision he had practised was a lunated one, commencing two lines to the right of the raphé, just behind the bulb, and carried in a curve to a point midway between the anus and left tuber ischii, terminating opposite to the former. The membranous urethra was then opened (upon a groove exposed by the divergence of the blades of the staff) from the bulb to the prostate gland, a little to the left of the median line, as in the lateral operation, to avoid injuring the ejaculatory ducts. The lateral tension of the urethra rendered this very easy to do. The rest of the opening into the bladder was done entirely by dilatation between the blades of the staff. The patient, a boy aged nine years, was operated on in King's College Hospital, December 1st, 1860. He had had symptoms of stone one year. The dilatation was easily and speedily accomplished, the stone at once reached and removed, only a few drops of blood being lost. He made a rapid recovery; the urine passed by the meatus in the first week, and entirely by the natural passage in a fortnight, when he began to have control over its evacuation, which in the third week increased to entire command. In less than a month the wound was entirely healed. This showed how little injury was done to the neck of the bladder and muscles.

The author thought that the form of incision he had used had all the advantages of the median operation, with much more room to use the forceps, etc., without injury to the bulb, rectum, and ejaculatory ducts, and with an easy capability of extension, in case of a large stone, in the site of the lateral operation, but ordinarily without division of the deep layer of deep perineal fascia. The advantages of the dilating staff were,—that the lateral tension renders a clean cut into the membranous urethra, and a fair introduction of the finger to dilate, easier to accomplish; that the dilating finger is guided into the prostatic channel with the increased certainty of a conducting blade on each side, and is aided by the dilating action of the blades holding down the bladder, and preventing its yielding before the pressure of the finger, allowing it at the same time more complete tactile perception of the resisting tissues than can be obtained by the use of gorgets or dilators, which are also thus rendered unnecessary. The pressure of the separated blades guards against the passage of the finger between the bladder and pubes, on the one hand, and the bladder and rectum on the other. Lastly, there is a more positive certainty of avoiding section of the prostatic capsule, and exposure to the deleterious action of urine effused into the pelvic fascia above the levator ani, than can be obtained by the use of the knife or gorget in the prostate cutting in opposition to the contracting levator ani.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JANUARY 2ND, 1861.

TYLER SMITH, M.D., in the Chair.

THIS was the second annual meeting of the society. The following gentlemen were proposed as candidates for admission into the Society, to be balloted for at the next meeting: Drs. John Cooper and David J. Williams; Messrs. H. F. Bate, A. Fleischmann, A. Middleton, D. Nelson, W. W. Phillips, and G. Wilmshurst.

ELECTION OF OFFICERS FOR 1861. The following

gentlemen were declared duly elected: *Honorary President:* Sir Charles Locock, Bart., M.D. *President:* Tyler Smith, M.D. *Vice-Presidents:* C. M. Babington, M.D.; J. H. Davis, M.D.; R. Dunn, Esq.; F. Elkington, M.D. (Birmingham); A. B. Granville, M.D.; R. U. West, M.D. (Alford). *Treasurer:* H. Oldham, M.D. *Honorary Secretaries:* Graily Hewitt, M.D.; T. H. Tanner, M.D. *Other Members of Council:* R. Barnes, M.D.; W. Bloxam, M.D.; W. D. Chowne, M.D.; J. Cholmondeley, Esq.; C. Drage, M.D. (Hatfield); G. D. Gibb, M.D.; T. F. Grimsdale, Esq. (Liverpool); F. S. Haden, Esq.; R. Hardey, Esq. (Hull); G. Harley, M.D.; J. B. Hicks, M.D.; F. Hird, Esq.; J. C. Langmore, Esq.; W. O. Priestley, M.D.; C. H. F. Routh, M.D.; S. Smith, Esq. (Leeds); J. G. Swayne, Esq. (Bristol); and J. Whitehead, M.D. (Manchester). (This list is different from that first circulated amongst the Fellows, an alteration having been rendered necessary by the lamented death of Dr. Rigby.)

AUDITOR'S REPORT. After payment of all the expenses of the Society up to the 31st December, 1860, a balance remained in the treasurer's hands of £277 : 1 : 6. The report was unanimously adopted.

THE ANNUAL ADDRESS was delivered by the newly elected president, Dr. TYLER SMITH, who referred in feeling terms to the loss the Society had sustained in the death of the late president, Dr. Rigby. He dwelt upon the high reputation of Dr. Rigby's father as an accoucheur, and the careful education and training of the son in all that could render him fitted for a successful career in midwifery. He enumerated his published works, alluding to the views held by Dr. Rigby in regard to the constitutional treatment of uterine disease—to his efforts in engrafting the mechanism of labour as taught by Naegelé upon English midwifery—and to his devotion to the record of "cases" as one of the greatest and surest means of advancing medical knowledge. He also enlarged upon his successful career as a practitioner, lecturer, and examiner; and especially upon the services rendered to the Obstetrical Society by his conduct as president, and his exertions during the early formation of the laws and constitution of the Society. He concluded this portion of his address by putting to the Society the following resolution of sympathy and condolence, which had been prepared by the Council, and in which it is almost needless to say the Society most cordially concurred:—

"This meeting, being informed of the death of Dr. Edward Rigby, the first president of the Obstetrical Society, is desirous of expressing publicly its great regret for the loss the Society and the profession have thereby sustained.

"The Fellows of the Society desire to record in the warmest manner their grateful recollections of his unvarying ability, courtesy, and urbanity, while presiding over their meetings."

Ordered—

"That this resolution be recorded in the Minutes of the Society's proceedings, and that the honorary secretaries be directed to forward a copy of the same to the relatives of the deceased, expressing at the same time the sympathy of the Society with their bereavement."

In detailing the progress of the Obstetrical Society during the year, mention was made of the large accession of new Fellows; the publication of the first volume of *Transactions*, and the *Register of Obstetric Cases;* the appointment of local secretaries; and the meetings which had taken place respecting the amalgamation of the different medical societies.

The Parts involved in a Case of Uterine Hæmatocele. By H. MADGE, M.D. Dr. MADGE showed all the pelvic viscera, taken from a woman who died of the effects of uterine hæmatocele. Accompanying the preparation was a large clot and about a pint of blood, taken from the cavity in the posterior half of the pelvis forming the hæmatocele; also, from the same subject, the inferior vena cava and some of the veins of the pelvis, containing casts of fibrine, which had existed in connexion with phlegmasia dolens of both legs.

Fibrous Tumour of the Uterus. By T. H. TANNER, M.D. The patient first applied to Dr. TANNER on June 6th, 1855; she was 34 years of age, and had been married seven years. She thought that she had been pregnant twice, and had miscarried each time at an early period, though subsequently she believed this opinion erroneous. The catamenia first became more abundant than usual in 1852; but it was only about the middle of 1854 that frequent and prolonged attacks of flooding were experienced. During the four months, from the beginning of February until her application to Dr. Tanner, the catamenia had been on constantly.

Mrs. H. was a remarkably fine, tall woman, and very stout; but the loss of blood had given an exsanguine appearance, and rendered her very feeble. The abdominal parietes were so loaded with fat that it was difficult to learn the condition of the viscera; but there was greater dulness over the hypogastric region than elsewhere, and such a sense of resistance as would be communicated by a solid tumour. *Per vaginam*, the uterus was found very high up, and almost out of the pelvic cavity; so that the cervix could scarcely be reached. The os uteri was seen, by a long speculum, to be very contracted; and attempts to pass a small bougie into the uterine cavity were unsuccessful. She stated that occasionally the uterine discharge was like dirty water, and of a very offensive smell. Relief had been sought without any benefit. The diagnosis made was some small foreign body in the uterus, but probably of doubtful nature; also some ovarian or uterine tumour occupying the lower part of the abdomen. From the month of June 1855, until the day of her death, Dec. 27th, 1860, she was constantly under the care of Dr. Tanner. The flow of blood from the uterus was always checked with great difficulty; and generally, a few days after it was controlled, it was again excited by the return of the catamenial period. Astringents of all kinds were freely tried on various occasions; but at no one time did they effect any good whatever. Among them were acetate of lead, ergot of rye, the mineral acids, gallic acid, cinnamon, iron alum, the sesquichloride of iron, opium, galvanism, the application of ice, plugging the vagina with cotton wool, etc. The infusion of digitalis did harm. The only agent which had any effect in checking the hæmorrhage was mercury. The good effects of this mineral were obtained as soon from the bichloride of mercury as from calomel given to the extent of salivation. During the last few months, however, the patient became much exhausted by her long illness, and at the same time she suffered much from irritability of the stomach, so that there was sometimes an inability for several days to take stimulants and nourishment. She gradually became weaker, but did not lose flesh, and at length sank exhausted on Dec. 27th, 1860.

At the autopsy, Dr. Tanner found the body quite bloodless. The adipose tissue on the abdominal walls was two inches in thickness; the lower part of the abdominal cavity was occupied by an oval cyst, which was apparently formed by a stretching upwards of the peritoneum over the fundus uteri; it contained a pint and a half of fluid, while a smaller cyst had only two drachms. By means of this cyst (which rested on the wings of the ilia) the uterus was kept out of the pelvic cavity. On examining the cavity of the womb, it was found to contain a fibrous tumour, of about the size of a very small orange cut in half. The tumour was seated in the posterior wall of the uterus, its base or attachment being its broadest part; while it projected into the uterine cavity for about three-quarters of an inch. The other organs of the body were healthy.

The uterus, with the cyst and the fibrous tumour, were shown to the Fellows of the Society.

Treatment of Nausea and Vomiting in Uterine Inflammation and in Diseases of Menstruation. By EDWARD J. TILT, M.D. Nausea and vomiting are said to be comparatively uncommon in uterine affections, but very distressing from the loss of strength and from the irritability and despondency which followed them. The fact of nausea and vomiting occurring so frequently in connexion with otherwise healthy menstruation and with pregnancy, was considered to explain why vomiting was a symptom of diseased menstruation; and their occurrence during amenorrhœa, dysmenorrhœa, and menorrhagia, in which the body of the womb, and more particularly its lining membrane, is implicated, was given to explain why nausea and vomiting are frequent symptoms of internal metritis, whether chronic or acute; whereas it was said to be extremely rare to meet with them when the neck of the womb was alone implicated, for they neither accompanied its various kinds of ulceration nor the catarrhal inflammation of its mucous membrane, which is the most common of uterine affections. Continued nausea was represented by Dr. TILT as much more frequent than vomiting, most troublesome in the morning, going off after breakfast or dinner, increased by worry, excitement, the fatigue of dressing or talking, and being sometimes so irksome as to cause patients to refuse taking any food unless forced to do so. Some patients only vomited once or twice in the morning, others more frequently. One only vomited at menstrual periods, and then incessantly for two or three days with but short intervals of rest. Another thought that she vomited all her food for a year; and in one case the vomiting was continued for eight years, killing the patient at last by inanition. In most of these distressing cases there were no symptoms of biliousness, the sickness being a reflex nervous phenomenon, as in pregnancy. Dr. Tilt stated that uterine treatment, such as leeches to the womb, or the application of potassa fusa cum calce, would sometimes suddenly check the vomiting for a period; that this result cannot be depended upon; and that besides the regular treatment of the uterine affection, it was necessary to adopt some other treatment to mitigate the patient's sufferings. Even when the patient presented little signs of biliousness, Dr. Tilt advised, as a preliminary measure, a full dose of calomel, followed by alterative doses of blue-pill, to be continued for a week or ten days. This would sometimes very much diminish the vomiting and nausea; if not, the well known minor remedies for sickness might be tried in succession. Strychnine was also mentioned as having been useful with some patients; and various interesting cases were related, showing the utility of a solution of morphine, given in effervescing draughts, and repeated after every fit of vomiting, two grains having been, however, sometimes given without quelling the sickness. Blisters to the pit of the stomach, dressed in the usual way, or with acetate of morphine, were favourably mentioned; and, as a last resource, Dr. Tilt advised an issue to the pit of the stomach, by which means he was able to check vomiting which had lasted incessantly for a year in a patient who, last winter, was only kept alive by brandy. The issue had been discharging for six months, and still continued to check the sickness, notwithstanding a severe relapse of internal metritis, which had caused this distressing symptom. In another case of chronic inflammation of the womb, vomiting seemed to relieve the still more distressing pains, so Dr. Tilt did not think himself justified in recommending the application of an issue. When nausea was protracted, he urged the necessity of forcing patients to take a few mouthfuls of food repeatedly in the course of the day, as in the sickness of pregnancy; and he advised those who suffered from morning sickness to take a little tea, milk, rum or brandy on waking and before getting up.

A discussion followed, in which Mr. Gervis, Dr. Rogers, Dr. Tyler Smith, and Dr. Tanner took part.

Correspondence.

AN UNFOUNDED CHARGE.

DR. WATSON of Chester has been the temporary victim of "crowner's quest law". He has been stupidly censured by a jury, and accused of having, by inadvertence, caused the death of an infant. That he had no more to do with the death of the child than the coroner himself, is plainly evident from the following facts. Dr. Watson was called to see a lady suffering from abdominal derangement. He ordered Dover's powder internally, and laudanum stupes externally. He also gave directions that the child (six weeks old) should not be allowed to suck the breast whilst the mother was under the influence of the Dover's powder. The child was put to the breast, nevertheless, shortly after the medicine was taken; and it fell into a sleep from which it never awoke. The jury then met, as we have said, and gave the following sapient verdict:—

"The deceased died from the effects of the absorption of laudanum externally applied to Fanny Sutcliffe, the mother of the said child; and the jurors are of opinion that Dr. Watson is culpable for not having given more specific directions as to the quantity of laudanum which should have been used as an external application, knowing the said laudanum to be a deadly poison."

Dr. Watson hereupon, with great good sense and right feeling, appealed to his professional brethren—to Dr. Christison, and to the Medical Society of Chester; and, we need hardly say, receives from both quarters complete exculpation in the matter. We give the opinions of both Dr. Christison and the Medical Society. The one will be found very interesting in a medico-jurisprudential point of view, and the other will exhibit the good feeling of Dr. Watson's brethren of Chester towards him.

Copy of Dr. Christison's Letter.

Edinburgh, Dec. 19th, 1860.

DEAR SIR,—You will think me slow to answer your letter. The truth is, I have already twice nearly concluded a reply, but destroyed it on observing that I had somewhat uncompromisingly censured the coroner's jury, who, after all, cannot help that, in such a matter, they are ignorant *quoad hoc*, and who judged according to their light.

The verdict of the inquest must proceed on one of three views, so far as I understand it.

Assuming that death arose from the action of opium, the verdict must hold—

1. Either that a sucking infant may be poisoned with opium unto death by sucking its mother's milk, and without the mother experiencing any effect at all from the drug; or,

2. That an infant may die of poisoning with laudanum through exposure to its vapour or fumes; or,

3. That, in this particular instance, death arose from the child sucking, licking, or lying in contact with, the pledgets over-soaked with laudanum.

But I do not know a single fact in the records of medicine to support the first of these views. There are positive facts against the second. Orfila long ago showed that the emanations from opium and its preparations cannot cause poisoning; and I have often been exposed for hours daily to the emanations from large quantities of opium preparations, without experiencing any effect whatever.