

ailments, or functional disorders; and, if we could have recognised their meaning, we should have been able to foretell what would happen, and by changing the habits of life or the environment of the patient, and possibly by the help of other remedies, we might have been able to arrest its course, or entirely have prevented it. Our efforts in this direction would be greatly aided by an accurate knowledge of the individual's family history, and of his past illnesses. To obtain a systematic record of these details for all our patients must be one of our future objects. Such records as these will afford us knowledge that will enable us to practise preventive medicine, in relation to this, the largest and most fatal group of all diseases which come under our observation—the chronic organic diseases. At present, we are almost powerless in their presence, though so frequently asked to fight with them for the lives of those who entrust themselves to our care.

The hospitals have done their share to help us; it now remains for the practitioners of medicine, who see the beginnings of disease, to do theirs; and to unite together to watch and record the life-histories of diseases; for it is the practitioners who first see the little leaks, which will expand till they sink the ship.

3. Concerning our third class, that of functional diseases, we know scarcely anything. They are rarely seen in hospitals, except among the out patients, where they cannot be studied; here they pass before us, their past unknown, their future untraceable. All that we know concerning these diseases, is some more or less satisfactory experience as to their empirical treatment. It is true that many careful observers, after long experience, may have detected certain relationships of these minor ailments to more grave diseases; they may have known them as marking a family predisposition or an acquired vicious habit; but such observations as these require a lifetime to make them, when they are limited to the experience of an individual; and, although the mental note may have been made, the permanent record in black and white has been omitted—so that, if the observer records anything, he records only the impressions of a life-time; but he lacks the accurately detailed facts necessary for the proof and acceptance of a new doctrine.

These observations we now ask of you to unite in making; and the best efforts of this Association will be given to making the method easy and the labour light. I may say that our committee has in preparation a scheme, which it will shortly bring before you, for encouraging patients to keep carefully prepared records of their lives and of the chief incidents therein, both medical and otherwise. These records would prove of very great value, alike to the patient, to the doctor, and to medical science. From them could be deduced, not only forecasts of disease, but warnings and guides for the conduct and preservation of life. In this scheme, we have the assistance of Mr. Francis Galton, whose valuable papers (in the *Fortnightly Review* of this year) on "Photographic Chronicles" and "Anthropometric Laboratories", shadowed forth the desirability, and indeed the necessity, of some such scheme. Closely allied with this will assuredly follow certain changes in medical practice, which are at present slowly, but, I believe, surely, advancing. I mean such a change as that advocated by Dr. W. F. Phillips of Andover—a system by which we shall be paid to prevent disease; not, as at present, called in to cure the incurable. We want to teach our patients how to live, to give them healthy surroundings, and to protect them from unhealthy habits and occupations; then to watch and treat their minor ailments; and so ward off, as long as possible, grave organic disease.

CASE OF TRAUMATIC ANEURYSM OF THE FACIAL ARTERY.

SUCCESSFULLY TREATED BY PRESSURE UPON THE FACIAL ARTERY WITH HARE-LIP PINS.*

By T. SYMPSON, F.R.C.S.,
Surgeon to the Lincoln County Hospital.

S. P., aged 31, a foundryman, was admitted into the Lincoln County Hospital on June 25th, 1882, on account of a pulsating swelling, the size of a walnut, in the right cheek, about an inch from the angle of the mouth, at a point corresponding to the course of the facial artery. The pulsation was easily stopped by pressure upon the artery on the proximal side of the swelling. No *bruit* was audible.

Three weeks before admission, while the patient was holding a punch which another man was hammering, a minute portion of steel flew off and entered his cheek, occasioning a small punctured wound, which bled freely. The hæmorrhage was readily controlled by pressure of a pad dipped in collodion.

* Read at a quarterly meeting of the Midland Branch.

On June 26th, at 11 A.M., one hare-lip pin was inserted beneath the proximal, and another beneath the distal portion of the artery, and a figure of 8 ligature was placed over each. Slight pulsation was perceptible in the sac immediately after the operation, but within four hours this had altogether ceased, and did not return.

June 28th, 11 A.M. The pins were removed. The swelling was firm and considerably lessened in size.

This patient called on me on September 11th, when I could discover only a very small amount of thickening in the former site of the sac, and was unable to detect any pulsation. It needed close inspection to make out either the cicatrix of the wound or the marks left at the points of entrance and exit of the hare-lip pins.

REMARKS.—This was obviously a good example of Erichsen's first variety of circumscribed traumatic aneurysm, concerning the treatment of which he says: "If the artery be small, and so situated that it can be opened without much subsequent inconvenience to the patient, as in the temple, or on the forearm, it should be laid open, the coagula turned out, and the vessel ligatured above and below the wound in it." Such a method of dealing with a traumatic aneurysm, resulting of necessity in the production of a large scar, would clearly be undesirable in an exposed part of the body, such as the face. I was, therefore, induced to consider whether a cure might not be effected by the employment of some milder means. Taking into consideration the free anastomoses of the arteries in this situation, and the chance, therefore, of the failure of pressure applied to the artery leading to the sac, to the sac itself, or to both the artery and the sac, I thought it best to attempt to arrest the circulation by means of hare-lip pins passed beneath the artery at its entrance into and exit from the sac. The fact of the tumour being well-defined and firm, and the skin over it of natural colour, showing that the tissues in the neighbourhood of the damaged artery had become condensed, led me to entertain a hope that this method of treatment would be attended with a satisfactory result, which hope, happily, proved well grounded.

OBSTETRIC MEMORANDA.

PLACENTA PRÆVIA: FÆTUS AND PLACENTA MUMMIFIED.

THE following are short notes of a rare and interesting case of pregnancy, terminating with labour.

Mrs. C., aged 43, the mother of eight living children, her first confinement being a case of twin labour, and with the history of one miscarriage at the fourth month, consulted me for hæmorrhage from her womb, which I diagnosed as the result of placental presentation, she then being six months advanced in her pregnancy, which had appeared to her quite natural till this date; but, as the hæmorrhage had ceased when I saw her, and had not been excessive, I ordered entire rest and a gallic acid mixture, and gave instructions that I should be sent for should it again occur; but I heard no more of my case till after nine months of her pregnancy had passed. I was then sent for, as she had not been delivered, and had greatly decreased in size; consequently, she became very anxious about her condition. I then learnt that she had several times, since I saw her, had a slight hæmorrhagic discharge, chiefly during the seventh and eighth months of her pregnancy, and at this latter period lost a quantity of water, and then imagined labour had commenced; but no pains followed. From this date she rapidly decreased in size, her breasts also becoming much smaller; slight hæmorrhage again occurring weekly; and on two more occasions water had passed from the vagina. On examination, I found the abdomen and breasts flaccid, the uterus appearing scarcely larger than it should do at the fourth month; and, on vaginal examination, which caused only a slight hæmorrhagic discharge, the os was only sufficiently open to admit with difficulty one finger, which came upon a fleshy mass, which felt very much like a fleshy tumour; consequently, I determined to thoroughly dilate and explore the uterine cavity on the following day; but, being sent for early the next morning, on my arrival, found the placenta, membranes, and foetus (a male) expelled *en masse*, perfectly mummified; and, on opening the membranes, which contained scarcely any liquor amnii, I noticed the foetus' head much flattened.

Her delivery was due, undoubtedly, to my examination on the previous day, and was very easily accomplished, with scarcely any hæmorrhage or pain, and from this time she made an excellent recovery. She attributed the death of her offspring to a fright which she had experienced early in her pregnancy.

HAROLD THOMPSON, M.R.C.S., L.S.A.

Oxford, December 4th, 1882.

NARROW ESCAPE FROM DROWNING IN A BREECH CASE.

THE following case is an example of an infant being nearly drowned in the liquor amnii, and illustrates the necessity for remembering this danger in resuscitating a breech case apparently dead. The cord was four times round the child's neck, and was uncoiled with great difficulty, when the child began to struggle and I had to bring down the arms and hurry the birth of the head. On being born, the child was limp and made no attempt to breathe, the lips were dark and the surface of the body pale; pulsation had ceased in the cord, but the heart could be felt beating. Having ascertained, with the finger, that the mouth and pharynx were clear of foreign bodies, and after slapping the child's nates vigorously but ineffectually, I made use of Sylvester's method of artificial respiration, applied a towel dipped in cold water to the front of the chest, and blew in the child's face, with the result of producing four or five convulsive gasps, having an interval of about a minute between each. I noticed that these inspiratory efforts were accompanied by coarse rales, and it occurred to me that the child, in its efforts to breathe before the birth of the head, might have sucked liquor amnii into its respiratory passages. I thereupon laid the child with its epigastrium and lower part of the chest resting on the palm of my hand, while the head hung down on one side, the feet on the other; and at once fluid ran from the mouth and nose, and the child then made several quick respiratory efforts, which were free from the rattling accompaniments. Howard's method of artificial respiration was then made use of; and, after a few minutes, the child was crying lustily, and the surface of the body had become pink. The breech presentation was probably the result of the head being noosed to the upper uterine segment from the shortening of the cord.

NEIL MACLEOD, Shanghai.

CLINICAL MEMORANDA.

ON CARDIAC DILATATION.

FOR years Dr. Balfour, of Edinburgh, has taught that cardiac dilatation occurs in anæmia and febrile affections, and yet it does not seem to have obtained that positive place in general knowledge which it is most desirable it should. In addition to the dilatation which occurs in typhoid fever, diphtheria, and the diphtheritic throat accompanying or following many cases of scarlet fever, these diseases seem to exercise a peculiarly noxious influence upon the heart. While using all available means to counteract this specific action, we are aided greatly in the general treatment of these and similar cases, by accepting the doctrine of dilatation, and appreciating its scope. In a debilitated heart, only a small part of the contents of the left ventricle is expelled into the aorta, part regurgitates into the auricle (and this regurgitation seems to be as certainly a "safety-valve" action as the similar, and more generally recognised condition, at the tricuspid orifice); the remainder is left in the ventricle. When a patient is recumbent, it is easy to understand how a seriously weakened ventricle can carry on the circulation, under conditions where a minimum of power suffices to pass on a little blood into the aorta, while the same weak effort relieves ventricular distension by regurgitation into a chamber occupying a posterior, and, therefore, somewhat lower plane. Raise the patient, and the mechanical conditions are materially altered: the weight upon the aortic valves is increased, and more power is required to open them; at the same time the column of blood in the auricle falls into the partially filled ventricle, and the chamber is overdistended; it is too weak to open the aortic cusps, or to lift the blood into the auricle, and death occurs by paralysis from over distension. The appearance of murmur in these cases, instead of being necessarily of evil omen, is often the most gratifying of phenomena, showing that the organ is regaining power, and death from asystole is no longer to be dreaded.

W. RUSSELL, M.B.,

Physician to the Carlisle Dispensary.

RESIGNATION OF A LANCASHIRE CORONER.—At the Liverpool Chancery Court, before Vice-Chancellor Bristowe, application was made by Mr. Rotch for Mr. C. E. Driffield, Coroner for the South-Western Division of Lancashire, for permission to resign his appointment. Mr. Rotch said Mr. Driffield had held the post for 31 years, and now wished to retire on the ground of ill-health. The Vice-Chancellor said it was difficult to ascertain what course should be taken, and he had been at some trouble to ascertain it. Mr. Rotch said equal uncertainty had prevailed in Liverpool. After discussion, an order was made by the Court for the issue of a writ *de exonorando*, to be followed by a writ for the appointment of a new coroner.

REPORTS OF SOCIETIES.

LEEDS AND WEST-RIDING MEDICO-CHIRURGICAL SOCIETY.

ORDINARY MEETING, DECEMBER 1ST, 1882.

J. E. EDDISON, M.D., President, in the Chair.

New Operation for Spina Bifida.—Mr. A. W. MAYO ROBSON showed a child, six weeks old, upon whom, when six days old, he had performed a new operation for spina bifida. The redundant parts removed by the operation were also shown. After the removal of these parts and after stitching up the arachnoid over the spinal canal, periosteum from a rabbit was inserted between the meninges and the skin so as to cover the gap in the bones. The wound had perfectly healed; the skin over the lumbar region was quite level; there seemed to be no tenderness on pressure; the child looked strong and healthy. The sac, examined by Mr. F. H. Mayo, was found to be of the size and shape of half a swan's egg; the wall consisting of true skin and subcutaneous tissue lined by serous membrane. At one point the sac was very thin and transparent, appearing to consist only of the serous membrane covered by a thin layer of epidermis, when fresh minute blood-vessels could be seen to ramify over it. Mr. Robson drew attention to the following points: 1, the operation was performed with full antiseptic precautions, eucalyptus air being used instead of carbolic spray; 2, the meninges were closed by uniting the serous surfaces, as in peritoneal surgery; 3, the transplantation of living periosteum and its continued vitality; it had not yet, however, formed new bone; but already the covering of the canal had a greater than mere skin-firmness; 4, the entire absence of bad symptoms in the child, operated upon at so early an age, was noticed.

Excision of Hip-Joint.—Mr. MCGILL showed three patients, aged 18, 17, and 12 years, upon whom he had performed this operation five, four, and three years ago respectively. In all the cases the result was very good. One of the patients had walked eleven miles consecutively. In all, suppuration had occurred and sinuses existed before the operation; therefore no antiseptic precautions had been adopted, but the wounds were treated by free drainage, induced by dependent incisions and the absence of sutures. Mr. McGill, replying to various speakers, said that the cases were not selected, but it happened that in none of them had the pelvic cavity been opened, the greatest danger connected with the operation being thus absent.—Mr. TEALE remarked that many cases of excision of the hip-joint left the hospital apparently cured, but afterwards, from want of care at home, suffered a relapse.—Mr. JESSOP concurred, and dwelt upon the great importance of having the cases carefully watched for a long time after the operation.

The Electro-Magnet for the Removal of Fragments of Steel or Iron from the Interior of the Eye.—Mr. SIMEON SNELL (Sheffield) related his experience of this instrument since he published in the JOURNAL (p. 843, vol. I, 1881) the description of his instrument, with records of cases in which he had successfully employed it. His opinion of its value had been strengthened, and he regarded it as one of the most useful of recent advances in the treatment of ocular injuries. He had now used the electro-magnet in fourteen cases with success. In six of these the particles were situated in the lens, and in all of these recovery with good vision occurred. In seven cases fragments were extracted from the vitreous body; in two of these good sight was regained; in the remaining cases, which came late under the author's observation, vision remained imperfect, but in only one case was enucleation of the eyeball subsequently necessary. In two cases, the instrument failed to remove the fragments. In one of these, in which much doubt existed as to whether any foreign body were really present, the needle was introduced chiefly to operate on a diseased lens, with the hope that it would discover any particle of steel which might be in the neighbourhood. The battery, however, got out of order, and the needle was therefore almost powerless. Subsequently, a fragment was found in the ciliary region. In the second case, not a recent injury, the fragment was observed to follow the magnet for a short distance and then to recede. After removal of the globe, the piece of steel was found to be firmly embedded in the optic disc.

Meningocele.—Mr. JESSOP related the case of an infant from whom he removed a meningocele, about the size of the patient's head. The child was six and a-half months old at the time of operation, and the tumour, which was covered with a thick, hairy scalp, lined by a shining thick membrane, closely resembling the dura mater, and filled with a liquid not to be distinguished in appearance from the cerebro-spinal fluid, had doubled in size since the birth. Dr. Coleman, in whose practice the case occurred, and who ably assisted Mr. Jessop throughout in the management, had emptied the cyst by