Amputations through Foot for Disease.

No.	Sex and age.	Operator.	Nature of operation.	Stay in Hospital after operation.	Result.	Remarks.
1	M. 16	Mr. Teale	Chopart's amputation.	62 days	Recovery.	The anterior part of the right foot had been very severely injured by a fall of earth eleven months previous to his admission. The whole of the metatarsal and the anterior row of the tarsal bones were fused together, as it were, and upon the dorsum of the foot were several copiously discharging sinuses, which led to diseased and dead bone. The lad's health was very evidently suffering from the continuance of the disease. After the amputation, the extreme edges of both flaps sloughed, the stump opened out, and subsequently healed very slowly by granulation.
2	M. 17	Mr. Nunneley	Chopart's amputation.	75 days	Amputation above ankle.	The right foot became the seat of strumous disease in its anterior part eleven months before his admission; and at the time of operation was so much implicated, as to be beyond hope of recovery. For the first three weeks after the removal of the diseased bones, the stump went on healing rapidly and well; but at the end of that time, repair somewhat suddenly ceased, the flaps separated, and sent forth large, flabby, readily bleeding granulations; the whole stump became boggy and swollen; and the patient's general health ceased to improve. In this condition—which refused to yield to the most generous treatment—he was sent out into the country, in the hope that he might benefit by change of air. For sequel, see Table of Amputations of the Leg, for July 1864.

Original Communications.

RETROSPECTIVE NOTES ON OUT-PATIENT PRACTICE.

By C. M. DURRANT, M.D., Physician to the East Suffolk and Ipswich Hospital.

URINARY SYSTEM. (Continued from p. 192.)

2. *Diabetes.* Two cases of diabetes have fallen under my notice as out-patients during the last two years. One was a girl aged 16, who had twice before been much benefited by treatment for the same disease. The second case was a coachman, who had been exposed to much fatigue and late hours when serving in that capacity. This man was admitted as an in-patient.

In reference to the pathology of the disease, we must admit that we are at present ignorant of the changes which take place in the system, producing the diabetic condition. From the marked influence of ethers, ammonia, and other stimulants, upon the stomach, in this disease, I am disposed to attribute very much to the influence of the sympathetic and pneumogastric nerves; but the *modus operandi*, and whether they exert an influence as direct excitants, or merely receive the impression of an abnormal condition of the blood generated by disturbed hepatic function, is not at present known.

In the treatment of the disease, the regulation of the diet is, of course, of the first importance. This may be comparatively easy to effect in private practice; but in the case of the poor, and especially among the out-patient poor, who cannot be made to understand the necessity for abstaining from bread, potatoes, apples, etc., it becomes a very difficult task to teach them "what to eat, drink, and avoid." Animal food of all kinds, including fish and eggs, may be taken; from which, however, Dr. Pavy excludes liver, a favourite article of diet with the poor.

I was once consulted by a gentleman suffering from diabetes, who had eaten three hundred partridges during the progress of the malady.

In allowing broths and soups, we should be careful to direct that they be not thickened.

In reference to bread, two or three ounces of the brown aerated bread, toasted, may be allowed night and morning. I have tried both the bran and almond breads; but I am not certain that greater advantage was gained from their use than in the allowance of the small portion of toast above referred to.

Cheese and butter are not objectionable. Greens, spinach, water-cress, mustard and cress, and salads,

but not beet-root, may be taken; and they materially assist the patient in persevering with an animal diet. Potatoes, carrots, parsnips, turnips, and peas are objectionable, and must be forbidden.

Of beverages, tea and coffee, without sugar, and with but a spare quantity of milk. Dry sherry, claret, or weak brandy and water. Sometimes, from debility, bitter ale may be needed; and occasionally I have fancied that sound porter has, by improving the general tone, acted favourably.

In reference to medicines, the great indication is to keep up a due supply of nervous power in the digestive organs; and, with this view, a combination of ammonia with soda, chloric ether, and opium, sometimes answers well.

Some years ago, a medical friend urged me to try the effect of the so-called chlorodyne in diabetes, which, he said, had been taken with great advantage by a nephew of his own, with the sanction of the late Dr. Bright, under whose care he then was. The dose which had been found to agree best, after many experimental trials, was twenty minims three times a day, in water or camphor mixture. I tried it in the first case that occurred, and I have prescribed it in several instances since; and in none has it failed (provided that the disease be not far advanced) to give great relief to the patient, more especially by removing thirst, diminishing the quantity of urine, and rendering his feelings those of comparative health. It benefits to this point, but fails in removing the sugar from the urine. As an unacknowledged composition, I should not have referred to it, had it not proved decidedly useful in cases under daily observation. I have tried creasote; but in one case only did it appear to do good. Cod-liver oil is a valuable medicine as a tonic in this disease; and the preparations of iron may also be given with great advantage, if the patient become weak and anæmiated.

The diabetic should wear very warm clothing; and the more his system can be invigorated by being much in the open air, the greater will be the prospect, *ceteris paribus*, if not of recovery, of prolongation of life.

3. *Enuresis.* Functional incontinence of urine has obtained in three cases among the out-patients—one in a boy, aged 8; and two in females, aged 14 and 16, both having menstruated regularly. As a rule, this affection occurs more frequently in boys than in girls; but I have found it to continue longer, and to be more troublesome, in the latter sex than in the former.

Enuresis of the character that we are now considering depends upon perverted nervous tone, inducing irritability of the bladder, which contracts upon its contents before the sensation of uneasiness and desire to evacuate is excited; and with this

there exists often a weakened condition of the sphincter itself.

The treatment, to be effectual, must be decided. A large blister over the sacrum seldom fails to alleviate, if not to cure. With this, the extract of belladonna, in full doses proportioned to the age of the patient, combined with the sulphates of iron and quinine, or the tincture of the sesquichloride of iron, generally effects a cure.

In cases of incontinence of urine occurring in the hysteric female of more advanced age, the disease will often baffle for a long period the best regulated treatment.

GENERATIVE SYSTEM.

The medical cases included under this head, with the exception of leucorrhœa, have been simply those affecting the due and healthy discharge of the catamenial function; and the following observations apply only to these simple idiopathic forms of functional disturbance, quite unconnected with organic or structural lesion.

1. *Amenorrhœa*. This form of disease constitutes a very common out-patients' malady; and, in the two years upon which these notes are based, suspended menstruation affords the majority of all the cases of uterine disorders under consideration.

Amenorrhœa arises for the most part either from local plethora, or from anæmia and defective nerve-tone; the former cases presenting the appearance of rude health or superabundant circulation, while the latter is attended with general constitutional debility.

In the treatment of amenorrhœa from plethora, the vascular system requires relief, by reducing the over-energetic action, upon which the suspended menstruation frequently depends. For this purpose, I have found no medicines act better than alkalies with colchicum, and spirit of nitrous ether. The following formula answers exceedingly well, and is generally effectual in re-establishing the flow, when suspended from tonic or plethoric influence.

(*Ph. Lond.*) R Potass. bicarb. ʒiiss; potass. nitrat. ʒij; tincturæ colchici ʒi; spiritus æther. nitrosi ʒij; mist. camph. ʒviij. M. A sixth part three times a day.

A steady use of aperients, combined with a light unstimulating diet and warm clothing, must be had recourse to at the same time.

In the atonic variety, the regulation of the digestive organs, and subsequently the chlorate of potash with iron, will be the best remedies. Warm clothing, stimulating pediluvia, and change of air, are also highly important auxiliaries to the treatment.

The diet should be light, with sherry or claret, in preference to malt liquor; and exercise taken daily in the open air, but not sufficiently prolonged to fatigue unduly, or to exhaust nervous tone.

2. *Menorrhagia*. In this form of functional uterine derangement, we find the plethoric and atonic conditions equally influential as excitants to the disease, as in the case of catamenial suppression.

In forming a diagnosis, it will be necessary carefully to distinguish between the excessive amount of menstrual flow which is almost natural to some females, and the persistently recurring hæmorrhage, whether periodical or otherwise, which, by destroying the balance between loss and reparation, and thereby deteriorating the general health, constitutes true menorrhagia.

In the treatment of menorrhagia depending upon plethora, moderately sustained purgation, induced by the sulphate of magnesia, will be beneficial. With this I often give the bichloride of mercury, in doses of one-twentieth or one-sixteenth of a grain, at

bedtime; and during the day, a mixture of the citrate and nitrate of potash, with the aromatic spirit of ammonia.

If the hæmorrhage depend upon atony, or relaxation of fibre, large doses of the dilute sulphuric acid, either alone or in combination with gallic acid, will be necessary.

If there be decided anæmia, the sulphate of iron, in grain doses, combined with the sulphuric acid, will often prove a useful addition. In obstinate cases, the ergot of rye in full doses, with digitalis, may be advantageously tried.

In the treatment of menorrhagia depending either upon plethora or atony, the horizontal posture should be strictly maintained. The more severe cases, requiring plugging the vagina and the use of styptic injections, scarcely fall within the category of out-patients' maladies.

3. *Leucorrhœa*. The next most frequent form of sexual derangement which has obtained has been leucorrhœa. This is a disorder of much greater frequency and obstinacy in the larger manufacturing towns, where young females are confined and crowded in hot workrooms, than is seen in the agricultural districts, where these exciting causes of debility exist in a less degree. Cases of leucorrhœa constitute, however, a large proportion of those who apply for relief as out-patients at our hospitals and dispensaries.

The disorder may be acute, or chronic; but, in the very great majority of instances, it is essentially chronic, and depending upon a deranged and debilitated condition of the general health.

Having satisfied ourselves that the uterus is structurally unaffected, we shall find that strict attention to the general health, and mild local applications, will in the majority of cases be sufficient.

The acetate of potash in scruple-doses acts in many cases very favourably upon the discharge. With this I usually combine the aromatic spirit of ammonia. If the digestive organs will bear it, steel may be given with great advantage in addition.

In reference to strong astringent vaginal injections, I have been much disappointed in their use. If there be evidence of subacute inflammatory action of the mucous membrane, the liquor plumbi subacetatis dil. will be serviceable; but in the more common forms, resulting from constitutional debility, cold water, injected into the vagina in a continuous stream, will be, I think, the best local remedy. The water should be quite cold, and injected for some minutes at a time, so as to make an impression upon the capillaries of the mucous membrane. Cond's fluid, in the proportion of one to two drachms to the pint, will remove the faint sickly odour from the discharge, which is very distressing to some females. Where expense is less an object, Kennedy's elastic bottle-syringe is the best that can be used for the purpose. A cheaper instrument, on a similar principle, has been lately introduced.

In the case of unmarried females, injections as a rule should not be used; but the interlabia bathed frequently with very cold water.

4. *Dysmenorrhœa*. But one case of painful menstruation, in which the periodical suffering was sufficient to call for especial relief, has presented during the two years. This case occurred in a sempstress, and had existed, with more or less severity, since puberty, which had been established for two years.

In the treatment of dysmenorrhœa, the indications will be to afford relief during the painful period, and afterwards to endeavour to improve the general health during the interval, the deranged condition of which so materially aggravates the attack.

As the patient is often generally and locally ple-

thoric, a few leeches to the upper part of the thighs, applied two days before the expected period, will be desirable. With this, a piece of flannel about fourteen inches wide, and folded twice, should be wrung out of a hot and strong decoction of poppy-heads, and wrapped round the pelvis, and covered with oiled silk. This fomentation may be renewed three times a day; and its application should be had recourse to for two or three days prior to the expected suffering, and continued steadily during the period. Of medicines, none, I believe, answer better to relieve the pain than nauseating doses of ipecacuanha, combined with opium, and the extract of stramonium, if the symptoms be very severe. During the interval, no preparation answers better than steel; but care must be taken that such doses and such forms only be given as the stomach will readily assimilate. The following formula is sometimes very useful for the purpose.

(Ph. Lond.) R. Ferri sulph., zinci valerianat., a gr. i; ext. nucis vom. gr. $\frac{1}{2}$; ext. belladon. gr. $\frac{1}{4}$ ad $\frac{1}{2}$. M. Fiat pilula. To be taken three times a day.

[To be continued.]

COLD INJECTIONS INTO THE UTERUS.

By A. G. ROPER, Esq., Croydon.

THE following cases of *post partum* hæmorrhage testify to the success of cold water injected into the uterus in this serious disaster. This proceeding I have adopted for some years, with the same unvarying result of the immediate check of the flooding and the permanent contraction of the uterus.

I have also found cold injection either into the vagina or uterus, of much service in those troublesome hæmorrhages which accompany or succeed abortions in the earlier months.

CASE I. Mrs. M. was confined May 20th, 1863, with her first child. The labour was natural. Two hours after the birth of the child, I received a message, stating that Mrs. M. was in great pain, and was faint; but that there was no hæmorrhage. Suspecting the nature of the case, I took my elastic syringe with me. My patient was faint, pallid, with cold extremities, and nearly pulseless. There was no external hæmorrhage; but the uterus approached in size to the full term. I injected cold water. Many clots were expelled; the hæmorrhage ceased; and the uterus remained permanently contracted.

CASE II. Mrs. M. was confined with her first child on April 24th, 1864. The labour was natural. The placenta was cast into the upper part of the vagina with the last expulsive effort of the uterus in the birth of the child. The removal of the placenta from the vagina was followed by excessive flooding. External pressure effected nothing more than a partial check to the hæmorrhage; and my patient became rapidly pallid and faint, the flooding being greater than I have ever witnessed. This ceased immediately on the injection of cold water; and the uterus remained permanently contracted.

ARTIFICIAL LEGS. The United States Government has increased the pay heretofore allowed for artificial legs furnished to soldiers. At the present rate (\$75), the manufacturers can afford to furnish their best limbs without extra charge. The liberality of the Government, and the necessities of many thousands maimed heroes, have stimulated the inventive powers of the ingenious, and the substitutes for lost limbs are reaching a high degree of perfection. (*Med. and Surg. Rep.*)

Reviews and Notices.

BENEFACTENCE IN DISEASE. An Introductory Address delivered at St. Mary's Hospital. By JOSEPH TOYNBEE, F.R.S. London: 1865.

MR. TOYNBEE endeavours, in this Address, to prove what he calls the "beneficence of disease". We think he fails in the attempt; and fails in consequence of having confused together the symptoms of disease and the disease itself. Mr. Toynbee says that disease is the result of an injury done to the body: "an impression has produced an injury to the body, and disease is the result." Now, to our view, the injury is the disease. Fire burns—i. e., injures—flesh. The burn—the injury—is to all intents the disease. The impression fire has produced an injury, and this injury is the disease. The disease cannot be separated from the injury which represents, and is, the very disease itself.

But Mr. Toynbee has himself given illustrations of his views which clearly show the fallacy lying at the bottom of his argument.

"Thus," he says, "at the outset, I think it must be manifest to every medical man, that, in many instances at least, disease, instead of increasing, in reality repairs the injury from which it arose. A cough, obviously, often seems to remove the source of the injury which causes it—e. g., a foreign body from the windpipe. Vomiting, again, often answers the purpose of ejecting noxious matter from the stomach. Accordingly, we look upon these diseases as of a reparative character," etc.

Now the fallacy here is transparent. Neither cough nor vomiting are diseases; they are simply reflex actions. They are just of a kind with that spasmodic closure of the glottis which is induced, for example, by the attempted inhalation of pure carbonic acid. Cough is not disease; it is merely one of the symptoms of disease, and may depend upon a score of different diseases. Does cough in any way cure tubercle of the lungs, or aneurism, or a laryngeal ulcer? The "impression" spoken of by Mr. Toynbee, in the case he here gives, is manifestly the foreign body in the windpipe; and the "injury" is the irritation, etc., excited by its presence. The "disease" here is assuredly the local injury caused by the foreign body. In no sense can the cough be called the disease, as Mr. Toynbee has it.

Then again says Mr. Toynbee: "An attack of scarlet fever seems to rid the system of the poison causing the scarlet fever, etc." Now surely, if this argument is to hold good, we might equally well speak of the beneficent effects of poisons. An attack of hydrophobia, Mr. Toynbee might equally argue, seems to rid the system of the poison causing the hydrophobia.

Mr. Toynbee also naturally draws illustrations of his position from his own department of surgery; and one or two of these we may add.

"In truth, so commonly is it manifest that diseased processes terminate in the reparation, partial or complete, of injuries, that the thought can hardly fail to suggest itself, whether, in these instances, the fundamental character of disease be not exhibited; whether, in fact, diseases may not be regarded as Nature's processes for repairing or lessening injuries? I have thought it well to bring before you some facts,