Amputations through Foot for Disease.

The anterior part of the right foot had been very severely injured by a fall of earth, eleven mouths previous to his admission. The whole of the metatarsal and the anterior row of the tarsal bones were removed, opening discharging sinuses, which led to disease and death bone. The lad's health was very evidently suffering from the continuance of the disease. After the amputation, the extreme edges of both flaps closed, the stump opened out, and subsequently healed very slowly by granulation.

For the first three weeks after the removal of the diseased bone, the patient was on healing readily and well; but at that time, repair somewhat suddenly ceased, the flaps separated; the 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.

Table of Amputations of the Leg, for July 1864.

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<th>No.</th>
<th>Sex and age</th>
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<th>Nature of operation</th>
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<td>M. 16</td>
<td>Mr. Tande</td>
<td>Chopart's amputation</td>
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Original Communications.

RETSPECTIVE 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, ammonium, 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 notion of excitation, 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 acerated bread, toasted, may be allowed night and morning. I have tried both the bran and almond breads; but I am not certain that greatest 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.

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there exists often a weakened condition of the sphincter itself.

The treatment, to be effectual, must be decided. A cautery or the cautery, or a simple cautery, is not to be thought of as a cure. With this, the effects of bella-

The vast prevalence of uterine disorders occurring in the female is due to the function of the menstrual cycle. Therefore, the disease often exists.

In cases of incontinence of urine occurring in the hysterical females of more advanced age, the disease will often start a long period of the best regulated treatment.

**Generative System.**

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

1. **Amenorrhoea.** This form of disease constitutes a very common out-patient's malady; and, in the two years upon which these notes are based, sus-

2. **Menorrhagia.** In this form of functional uterine disorder, we find the plethora and atomic conditionally 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 fe-

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 there be decided anemia, the sulphate of iron, in grain doses, combined with the sulphuric acid, will prove a useful addition. In obstinate cases, the ergot of rye in full doses, with digitals, 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, re-

**3. Leucorrhoea.** The next most frequent form of sexual derangement which has obtained has been leucorrhoea. This is a disorder of much greater frequency; and obstinacy in the larger manufacturing towns, amongst young females, is confined and crowded in hot workrooms, than is seen in the agricultural dis-

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 debili-

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.

In reference to strong astringent vaginal injec-

If there be evidence of subacute inflammatory action of the mucous membrane, the liquor plumbi subacu-

**4. Dysmenorrhoea.** But one case of painful menstrua-

The interlabia bathed, or merely moistened, is usually serviceable; but in the cases of menorrhagia, the options, resulting from constitutional debility, cold water, injected into the vagina in a continuous stream, will be, I think, the best 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. Cooling 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 prin-

In the case of unmarried females, no treatment should be used; but the interlabia bathed, or merely moistened, with very cold water.

As the patient is often generally and locally ple-

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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.) B. Ferri sulph., zinci valerianat., a gr. i.; ext. nucis vom. gr. i.; ext. belladon. gr. i.; ad 1. M. Fiat pilula. To be taken three times a day.

[Cold injections into the uterus.]

By A. G. ROPEY, Esq., Croydon.

The following cases of post partum haemorrhage 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 haemorrhages which accompany or succeed abortions in the earlier months.

Case I. Mrs. M. was confined May 29th, 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 haemorrhage. 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 haemorrhage; but the uterus approached in size to the full uterus injected with cold water. Many clots were expelled; the haemorrhage ceased; and the uterus remained permanently contracted.

Case II. Mrs. M. was confinied 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 haemorrhage; 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 bounty before allowed for artificial legs furnished to soldiers. At the present rate (375), 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.)


Mr. Toynee 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. Toynee 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., injuries—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. Toynee 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 anthrax, or a laryngeal ulcer? The "impression" spoken of by Mr. Toynee, 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. Toynee has it.

Then again says Mr. Toynee: "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. Toynee might equally argue, seems to rid the system of the poison causing the hydrophobia.

Mr. Toynee 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 repair, 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,