

bowels have acted several times. Pulse 100. The œdema is commencing to subside.

Dec. 8. The tube was this morning withdrawn; but no breathing could be detected from the nostrils or mouth; it was, therefore, replaced. The tongue is cleaning.

Dec. 9. She complains of her gums becoming slightly tender. The pills were omitted. Pulse 96.

Dec. 10. The tongue is quite clean and moist; pulse 80. She was ordered four ounces of port wine. The saline mixture was omitted.

Dec. 11. She bears the wine very well. She was ordered an ounce of decoction of cinchona three times a day. There is a little breathing through the mouth and nostrils. The swelling around the throat is going down.

Dec. 12. She could not sleep very well. The breathing is more free through natural passages. Pulse regular.

Dec. 13. The tube to-day was withdrawn. She breathes very well when the opening is closed. Tongue clean and moist.

Dec. 14. The wound this morning was brought together with strips of plaster. Pulse 72.

Dec. 16. The swelling has all subsided; the wound is granulating; pulse natural; tongue clean.

Dec. 18. She is able to take fish diet, two pints of milk, and two pints of beef-tea, with four ounces of port wine, daily.

Dec. 21. She is progressing favourably.

Dec. 25. She was allowed to get up for a short time. Pulse regular; tongue clean and moist.

Dec. 29. The wound was healed on the 27th. She is gaining strength daily; and from this date up to Jan. 13, 1862, she was able to get up and help in the ward, when she was discharged, forty days after her admission, quite recovered.

These cases, Dr. Alderson remarked, show how important it is that the acting house surgeons of our hospitals should be able to judge correctly and act promptly on difficult occasions.

It must almost always happen that the necessity for immediate action in such cases occurs during the absence of the physicians and surgeons of the institution. The symptoms threatening life which are the reasons or excuse for resorting to such extreme methods, more frequently come on at night than at any other time. The value of having house surgeons as highly qualified as their age will permit is strongly exemplified; for, not only are decision to act promptly and skill to perform the operation indispensable, but cool judgment to know when to refrain, as well as when to act, of the utmost importance.

There cannot be a greater proof of the use of changing the old methods of allowing any pupil who could pay the fees to assume the responsibilities of house-surgeon, to that of appointing young men to that office by competition only; thus ensuring the best qualifications that the school attached to the hospital can afford.

TEMPERATURE OF SITTING AND SLEEPING ROOMS. "Generally speaking," says the *Siècle*, "during winter, apartments are too much heated. The temperature in them ought not to exceed 15° centigrade (59° Fahrenheit); and even in periods of great cold, scientific men declare that 12° or 14° had better not be exceeded. In the wards of hospitals, and in the chambers of the sick, care is taken not to have greater heat than 15°. Clerks in offices, and other persons of sedentary occupations, when the rooms in which they sit are too much heated, are liable to cerebral congestion and to pulmonary complaints. In bedrooms, and particularly those of children, the temperature ought to be maintained rather low; it is even prudent only rarely to make fires in them, especially during the night."

Original Communications.

CARLSBAD WATER IN GOUT.

By EDWARD MERYON, M.D., F.R.C.P.

For the last two years I have been gradually inclining to the belief in the efficacy of Carlsbad water as a prophylactic agent in the treatment of gout; and my opinion has been so far strengthened by the observation of many cases, that I am disposed to think that that water has well-nigh, if not quite, as special an influence on gout as quinine has on ague; and I was led to the persuasion by the following anecdote, narrated to me by Dr. Hochberger of Carlsbad.

During the Crimean war, a Russian officer had the humerus of one arm fractured; but, for want of proper surgical assistance, the broken extremities remained unreduced, and a large mass of callus was formed around them. A deformed limb was, of course, the result. After the war, this gentleman was sent to Carlsbad for an affection of the liver; and, after copious libations of the Sprudel for some five or six weeks, the exuberant callus was absorbed; and one day, whilst using his arm, the broken ends of the bone were suddenly disunited, and he presented himself to Dr. Hochberger with the limb dangling. The further use of the water was immediately discontinued; coaptation of the extremities of the bone was accomplished; and the individual returned to his country with a perfect arm and an improved liver.

Having a patient who for many years has been, and still is, very much crippled by chalk-stones both in his hands and feet, it occurred to me that the mineral water of Carlsbad, if taken for a long period of time in small doses, might cause the absorption of the urate of soda from the joints, as it had caused the absorption of the phosphate and carbonate of lime from the fractured humerus; but herein I have been disappointed.

The gentleman in question has never passed four consecutive months without suffering from gout for nearly forty years (his first attack having occurred on the day of the Oaks, in May 1824), until the year 1860. During the years 1858-9, the attacks recurred so frequently (rarely, however, with acute pain, for during the few previous years the disease gradually assumed the atonic form), and his strength was so much diminished as to be unable to resist the slightest provocation, that, with the concurrence of my friend Dr. Gairdner, I advised him to go to Buxton, where he remained some five or six weeks, and returned to London considerably invigorated, but without a respite from his old enemy until June 1860, when he began to take half a pint of the Sprudel early every morning; and from July 1860 he remained perfectly free from gout until October 26th, 1861, when a slight attack came on, somewhat more painful than it was wont to be, but which entirely subsided in three days, under the influence of small doses of colchicum.

It is with the permission of my patient that the above details are given; and I could enumerate more than twenty other cases in which the water in question has been equally successful. I am also using it in cases of gouty diathesis, where no local manifestation of the disease has been observed, as well as in cases of regular gout.

Complicated cases not unfrequently present themselves, as, for instance, when a diseased condition of the heart or kidneys appears, wherein, for obvious reasons, I should not think of advising this system of treatment; but in no case of ordinary uncomplicated gout have I been disappointed in the action of the water as a prophylaxis; and when, as sometimes happens, it

stimulates the kidneys and causes an inordinate and excessive secretion of urine, I have found this obstacle to its use removed by the administration of a dose of gallic acid for four or five successive nights.

Although the Sprudel comes to the surface at the temperature of boiling water, I have found it as useful and far more agreeable when taken cold.

I purposely refrain from any speculation on the existence of a *materies morbi*, in which, however, I have a firm belief; as well as from other theoretical questions. These I shall reserve for a future occasion; but such are the facts.

OVARIAN CYSTS.

By JOHN F. NICHOLSON, F.R.C.S., Stratford Green.

As the treatment of ovarian cysts is of the deepest interest to the surgeon, I beg to send two cases which have occurred in my practice; and as they passed under the eyes of several of our London eminent men, they will, doubtless, deserve the greater attention.

CASE I. Jan. 17, 1861. I was called to see a lady, aged 42, whom I had attended in six natural labours, and who had always been healthy. She had passed a restless night; and awoke with great pain across the loins, shooting towards the pubes. The pain was constant, but had severe exacerbations. She said she could not exist much longer. There had been slight chilliness, but no rigor; and the weather was unusually cold. There was no fever; the tongue was clean and moist; the skin cool; pulse under 80; and her face rather pale. Vomiting came on during the day, but only of the fluids taken, and having no trace of bile. Opiates and ether were given freely, with only very partial relief. The bowels had been moved during the morning; and the urine was free and natural. The seat of pain pointed to the kidneys, as if a calculus were passing along the ureter; but it did not extend into the thighs or pudenda. She was five months pregnant, and had felt the child distinctly in the morning.

Twelve leeches were applied to the lower portion of the abdomen on the right side, as she complained of more tenderness here; fomentations with turpentine epithems were freely applied, with chloroform, acetone, and turpentine, to the loins. The leeches gave ease; but she had no sleep; and on the 18th, the pain again returned, extending higher towards the umbilicus, with vomiting of everything swallowed. Iced drinks were taken, and one grain of calomel and opium every two hours. She could not raise herself in bed, owing to the excessive pain and tenderness, which were so great that the very slightest pressure was insupportable. Twelve leeches were a second time applied, and, as before, with some relief.

Jan. 19 was passed with slight amendment; but in the evening she began to draw her legs up towards the abdomen, which, below the umbilicus more especially, was exceedingly tender to the touch. Opiates were still given, but without procuring sleep, and only with very partial ease. The pulse had risen to 112, but there was no fever; and the tongue was clean and moist. I now examined the os uteri; it was very high up, closed, and there was no discharge of any kind.

Jan. 20. Dr. — met me in consultation. He agreed that there was decided peritonitis; but the cause was not clear. He suggested that there might be an extra-uterine pregnancy, with rupture into Douglas's sac, accounting for the pain commencing posteriorly in the back, and shooting thence towards the pubes and abdominal walls. He agreed that it was unusual to see peritonitis in pregnancy; and thought that there was some internal mischief of this kind. He advised the free exhibition of opiates, omitting the calomel; the abdomen to be covered with an ointment, composed of

an ounce of the milder mercurial ointment, with two drachms of extract of belladonna; and effervescing salines with hydrocyanic acid, and beef-tea, to be the form of nutriment. He thought that the acute stage was passed; and that by time and patience she would do well. She now lay constantly on her back, and the vomiting was incessant.

Jan. 24. All her symptoms were aggravated. The pulse was 130 to 140. The eyes were sunken; the countenance very anxious. The opium had produced only two hours sleep, with dozes of a few minutes duration, disturbed by fits of pain. The latter had become less severe; but had extended gradually from below upwards over the whole abdomen, and was complained of most at the epigastrium. There was also distressing hiccup, and extreme tympanitis. The fetus had not been felt for two days; but there was no discharge nor labour-pain. She lay on her back, with her legs constantly drawn up, but could bear to turn a little towards the right side. The urine was now scanty and high coloured. There were great exhaustion and sense of faintness. The nights were very restless, and the pain was always then increased. Another physician met me in consultation; and fully concurred that there was extensive peritonitis, but could not state the cause. He thought the case now hopeless, and advised tincture of opium and chloric ether as palliatives. An enema had been administered, as the bowels had not acted from the first, and was repeated. She said she could not strain to pass feces. A pint of gruel, with an ounce of turpentine, gave but little pain; a very small motion passed with much flatus. She now grew weaker; the mind, though clear when roused, became vacant; the countenance sallow and anxious, with sunken eyeballs; the tongue dry and brown in the centre, with moist edges; vomiting and hiccup incessant; a dark brown bilious fluid was ejected with scarcely any effort; tympanitis so urgent that she said she should burst; and the pulse quick and thready. She expired on January 26, about 7 p.m.

On the 28, I made a *post mortem* examination. The body had most rapidly decomposed. The face was sadly changed; the mouth, eyes, and nose, had turned to a dirty greenish hue; the factor was horrible; a quantity of dark bloody fluid escaped in profusion from the mouth and nostrils.

On opening the abdomen, to my surprise, I found no evidence of peritonitis; not a trace of lymph or pus was seen. The intestines, both large and small, and the stomach, were enormously distended with flatus, and otherwise nearly empty; the peritoneum was shining, here and there, perhaps, redder than usual. On the right side, about the cæcum, and extending upwards to the liver, a bloody fluid was effused, of a tenacious viscid consistence, like treacle, only redder. By the side of the caput coli, I found a loose saccular body of the size of a child's head, extending upwards to the liver, and discoloured by contact with bile; it was ruptured at its upper extremity, and a similar dark fluid was still flowing out. It proved to be a cyst, and was connected to the right side of the uterus, evidently ovarian and multilocular. This had burst into the peritoneal cavity, and was the cause of all her sufferings. The uterus was normal, and contained a fine five months fetus, the placenta completely adherent. The Fallopian tube was healthy; its fimbriated extremity was loose and patent, admitting an ordinary probe for several inches. A distinct and well-formed corpus luteum, with its cavity all but closed, was observed. The cyst, on examination, contained several smaller cysts within the larger envelope; some gelatinous and transparent; others filled with bloody, dark contents, and opaque. The coats of the cyst were thick and opaque near the ovary, and gradually became thinner and transparent towards the loose extremity; in fact, so thin that only a slight