

notch; and a râle could generally be heard just at this position. His appetite was good, and he was cheerful; but complained of great weakness, and of an irritating cough, generally coming on about two or three o'clock in the morning. I ordered tincture of iodine to be painted over the space along the left clavicle above alluded to. He was kept in bed, and improved very much; he became stronger, and never had another attack of spasm.

On Dec. 29, I had seen him in the morning, and he was cheerful and looked much better. At 4 p.m., he suddenly called out to the nurse that something had "broken" in his throat, and in a second or two was deluged with blood, and died just as the house-surgeon came upstairs to him.

Upon *post mortem* examination, I found an aneurism of the arch of the aorta. There was one pear-shaped sac extending up the neck and bulging the trachea inwards, above the left bronchus, to the extent of half its diameter. This sac was nearly solid, about the size of a bantam's egg, containing laminae of fibrine, with a central space, into which a very small quantity of blood could enter. This sprang from the posterior part of the arch, and was to the left of the origin of the subclavian and carotid. The other sac was about the size of an orange, and, springing from the point where the descending aorta commences, was lodged against the bodies of the vertebrae and extended into the lung, in which it had contracted adhesions, and firmly embedded itself. Above it there was a thin portion of healthy lung. This sac had burst and caused death. The lungs were otherwise perfectly healthy, as were also all other organs. The trachea was ulcerated where it was bulged inwards, and almost perforated.

REMARKS. Much doubt had all along been present in my mind as to the nature of the disease in this case. I certainly own that I did not believe in the existence of aneurism, as there were no decided symptoms of that disease. There was slight dulness over a small space, corresponding to which respiration was almost cavernous, and the vocal sound tracheal. The voice was altered; and there were these terrible attacks of spasm, followed by bloody expectoration. No murmur of any kind, impulse, or thrill, could be detected, although carefully looked for. I quite ignored the existence of tubercle, which was considered as very probable by some who saw the case, as I considered that neither the physical signs nor the general history at all warranted one in supposing such to be the case. I gave my opinion that there was certainly something interfering with the trachea just at its bifurcation. I was led to this by the decidedly less air which entered the left lung, as compared with the right; by the sensation referred by the patient to that position; and by the almost constant presence of a tracheal râle at that spot. On the whole, my opinion was in favour of a polypus in the interior of the trachea, with possibly some enlargement of the bronchial glands. This case, like others adduced by writers, furnishes one more instance of how obscure the diagnosis of that terrible disease, aneurism, may be.

LONDON HOSPITAL.

ENORMOUS DOUBLE HYDROCELE; INJECTION OF LIME-WATER; RELIEF.

Under the care of C. F. MAUNDER, Esq.

M. L., aged 66, noticed about twelve months since a swelling in the scrotum, which gradually increased. The swelling on the left side was the larger, extending downwards from the external abdominal ring; it also had an hour-glass appearance, as though both a hernia and a hydrocele existed: and, unless the tumour were well lifted off the abdominal wall, a distinct impulse was communicated to the whole swelling.

Aug. 15th. By the advice of Mr. Critchett, lime-water was used as an injection. The right tunic contained two pints of straw-coloured fluid, the left three pints. The lime-water occasioned a slight amount of inflammation, evidenced by swelling, heat, pain, and redness. These symptoms soon subsided; and, to favour absorption, the compound mercurial ointment, supported by strapping, and a bandage, were applied with some benefit.

Sept. 12. A second injection of lime-water was made; the tunics having been previously evacuated to the extent of sixteen ounces in the left, and fourteen ounces in the right side. Similar after-treatment was adopted, and on September 30th, the tumours were much smaller, harder, but elastic; and the cords were readily found between the external abdominal rings and the upper end of each swelling.

Oct. 11th. The left swelling still fluctuated, and was tapped to twelve ounces.

Oct. 14th. The swellings were becoming smaller, hard, and knotted. He was ordered to have a suspensory bandage, and to leave the hospital.

Original Communications.

SUCCESSFUL TREATMENT OF SCARLATINA.

By JAMES COLE, Esq., Bewdley.

A PASSAGE in the obituary of the *Standard* newspaper of February 1st, recording the death of five persons in one family from scarlet fever within the period of a week, reminds me that I have long intended obtruding upon the pages of the JOURNAL a short communication on the treatment of scarlatina. From this disease it has been my good fortune never to have lost a patient throughout an experience of forty years, except only when there has been complication with croup, or some other mortal disease. Such being the case, and scarlatina being notoriously fatal, of which the record above referred to affords but too sad an example, it may not be altogether unprofitable to make known the principles of a practice that has proved so successful.

Taking it for granted that no one will dispute that scarlatina is a disease of certain duration, whose course cannot be shortened by any treatment, except in the death of the patient, it follows almost as a natural consequence that the simplest treatment may possibly prove to be the best, provided it has no tendency to weaken the constitution of the patient, or to interrupt the natural course of things. Such being the conviction early impressed upon me, my treatment of scarlatina has been remarkable for its negative rather than for its positive characters. Thus, for example, there are four things that I have ever studiously avoided doing; and to this, according to my best judgment, is greatly to be attributed the successful issue. This avoidance has consisted in never administering a particle of mercury or of antimony; in never taking away a drop of blood in any way whatever; and in never blistering the throat. If the practitioner will only *not do* any of these things, it appears to signify little what else he does, that is consistent with common sense and the established principles of medical science.

But, lest this declaration may be thought to be of too sweeping a character, and unsatisfactory in the matter of detail, it may be as well to state more fully what has constituted the positive character of the treatment. Of course, the patient has been kept in bed, and a total abstinence from all animal condiments or stimulating drinks enjoined. When the heat of the surface has been great, frequent sponging with tepid water has been had recourse to, leaving the surface damp, to dry by evaporation; and in adults occasionally, when the heat of the

body has risen to 110 deg., or upwards, a bath of 98 or 100 deg., Fahrenheit's thermometer, has been found to be very cooling and comforting, and conducing to diaphoresis: when the head has been very hot, and delirium impending, cloths, wrung out of a bucketful of cold water, applied over the head, and frequently renewed, have been beneficial. This, with the mildest febrifuge medicines, such as diluted liquor ammoniæ acetatis, with or without spirit of nitric ether, or an effervescent mixture at intervals of four hours, chalk mixture when diarrhœa has prevailed, and the mildest possible aperients, if any were required; with weak alum gargles for the throat during the acme of fever, and for some days afterwards—have constituted all that has been done. It may, however, be as well to mention that a free use of chloride of lime in the patient's room has seldom been neglected, but whether with advantage to the patient is more than I will undertake to affirm or deny. Doubtless it has been employed with a view to prevent infection: I will leave it to others to inquire—if they think it worthy of inquiry—how far the continued inhaling of chlorine gas may tend to influence the virulence of the disease, or tend to a favourable result.

With two cases only I wish to trouble the reader, in which the principles of treatment thus set forth were violated, especially as they tend to establish their importance in an eminent degree. One of them, an ordinary case of scarlatina, occurred in a school, and the other was complicated with croup.

The case complicated with croup occurred in a child under two years old, the only child of wealthy parents, and which of course had everything done for it that parental anxiety and ample means could command. The symptoms of croup set in very soon after the appearance of the eruption, which was very imperfectly developed. All the usual remedies were had recourse to—an emetic, warm baths, leeches, bleeding in the jugular vein, and calomel and antimony, and a blister;—but it would be very difficult to say whether these appliances tended most to promote or to delay the catastrophe, since the little sufferer died on the third day from the commencement of the croup. Neither were the remedies necessary to the result, for I greatly fear the patient will always die under such an unfortunate complication of diseases.

The other case, as has already been stated, was an ordinary case of scarlatina, occurring, with others, in a school. The patient was the only son of a highly respectable family, and his parents sent their own medical attendant to see him. There was nothing unusual about the case; the boy was in no respect worse than any of the others, of which there were many. It appeared, however, in the course of our consultation, that his liver was torpid in its action, and nothing would satisfy the consultee but that a mild dose of mercury, combined with a gentle aperient, should be given to him, the bowels being rather confined. The next day after taking this medicine the tonsils began to slough, and continued to do so until his removal from the school, after which I saw him no more; but learnt at a subsequent period that the boy's recovery was slow, and not without apprehensions of an unfavourable result. Now, it may have been accidental, but it is worthy of notice that, in no other of the cases did any sloughing of the tonsils take place. And here I would ask the professional reader to pause for a moment and consider how frequently or otherwise he has seen sloughing of the tonsils in scarlatina, except in cases in which mercury or antimony, or both, had been administered; for certainly, in my experience, such occurrence has been rare; and should it be objected that so small a quantity of mercury could not by any possibility produce the effect, I would briefly reply that, I have known a single grain of calomel, given in combination with compound extract of colocynth, to an adult, in the early stage of continued fever, to produce pyalism that ended in gangrene and

mortification of the gums, and in the death of the patient.

In conclusion, that the purport of this exposition may be rightly appreciated, I beg to mention that I have now retired from practice, and have therefore no personal interest at stake; and if any apology should be thought necessary for thus obtruding upon space that might possibly have been better occupied, I would only refer to the quotation with which I have commenced this letter, the like of which are unfortunately but too frequently to be met with in the daily press.

## TEN YEARS OF OPERATIVE SURGERY IN THE PROVINCES.

By AUGUSTIN PRICHARD, Esq., Surgeon, Clifton, Bristol.

### VI.—ORTHOPÆDIC AND AUTOPLASTIC OPERATIONS.

THE sixth division of my cases includes the operations which I have performed for the cure of deformities of various kinds, exclusive of the removal of supernumerary fingers, which I have classed among the amputations. They are for club-foot and other contractions, and to relieve the scars produced by burns—in other words, *orthopædic and autoplasmic operations*; and they will be described in this order: congenital talipes; acquired talipes; contracted tendons in other parts; autoplasmic operations rendered necessary by burns; and, lastly, a few miscellaneous cases, which cannot be brought under the other heads.

*Talipes.* CASE DCXL. C. G., aged 3 years, had been under surgical care before I saw him, and each tendo Achillis had been divided. He had both his feet turned inwards, but the right was much the worst. I divided, in the right foot, the tibialis anticus tendon and the plantar fascia; and, at a subsequent period, the tibialis posticus, at a little distance above the ankle. In the left foot, I only divided the tibialis anticus. The feet became much straighter at once; and they were, after a few days, put up with small straight splints, with foot-pieces attached, by which they were straightened and brought into excellent position. He went out able to walk well, with some little boots and irons to support his ankles.

CASE DCXLI. T. S., aged 11 weeks, with talipes varus of both feet. (This was my first case, and occupied much time; but the result was very satisfactory.) I began with dividing the tendo Achillis in each foot; and subsequently I divided the tibialis anticus in both, and the extensor longus pollicis in the right. He was treated by bandaging his feet to the wooden foot-pieces of small straight splints; and the plan succeeded well. He became my patient some years afterwards, in consequence of fractured clavicle; and he could walk well on the soles of his feet.

CASE DCXLII. S. T., aged 18 months, with congenital varus of the right foot only. The tendons divided were the tendo Achillis and tibialis anticus; and the foot became at once so loose that it could be easily brought into a normal posture, and it was kept so. This patient was taken out much better, but there had not been time for a cure.

CASE DCXLIII. C. M., aged 4 years, with congenital varus of both feet. She walked on the outer part of the feet, not touching the ground with her toes. She had been operated on before she became my patient. I divided the tibialis anticus and tendo Achillis in each foot, and began the treatment as in the other cases; but there was considerable difficulty, for the child screamed constantly, and the mother removed the apparatus. The right foot became so inverted again that I divided the tibialis anticus again; and she became better, but was shortly taken away without permission.