vent its return. The diminished size of the os would prevent the fundus from returning through it to its normal position, and strangulation would ensue, with its evil consequences. That peritonitis ensued in my case is not to be wondered at, considering how the peritonæum must have been interfered with by such a sudden revulsion of its tissue. The favourable termination of the case will certainly add a good practical confirmation to the opinion of those who are in favour of removing the placenta before returning the uterus. The uterus did not return with a sudden jerk, such as is usually ascribed to such cases.

Cambridge Terrace, Hyde Park, February 22nd, 1853.

SCARLATINA ANORMA FATAL BY INFLAMMATION OF THE JUGULAR VEINS AND LATERAL SINUSES.

By JOHN COCKLE, M.D., Physician to the City Dispensary, etc.

For some time past, scarlatina has been unusually prevalent, more especially in the neighbourhood of Lambeth Hill. Some of the cases observed were unattended by eruption, or, if any, of a very evanescent character. The morbid poison appears to have restricted its action principally to the salivary glandular system and mucous surfaces of the eye, nose, and ears, and by the nature, violence, and extent of its action, inducing inflammation of the jugular veins and lateral sinuses of the brain, such inflammation destroying life in its earliest or exudative stage. The following cases illustrate such an action of the poison upon the structures adverted to.

CASE I. A strong and healthy boy, aged 5 years, residing in Moor's Court, after feeling cold and ill, speedily became hot and restless. He then complained of sore throat and headache. Upon the following day, a scarlet eruption upon the body was observed by his mother, which, after a few hours, entirely disappeared, and was not again visible. The boy was delirious during the first two or three nights of his illness. The swelling of the throat gradually increased, and excessive external tumefaction was manifest, particularly over the region of the parotid glands. The face also was moderately swollen. A copious yellow purulent discharge was continually flowing from both nostrils, as also in smaller quantity from the eyes and ears. At no period of the child's illness was there any marked difficulty in swallowing, or evident embarrassment of the respiratory function. Neither cough nor vomiting existed. No false membrane could be detected lining either the fauces or nares. After the first three or four days the febrile heat subsided, and the pulse did not much vary from the normal type. At this period the child seemed unusually drowsy. Upon the fifth day, well marked coma set in, which terminated life upon the second day from its commencement. No examination of the body could be obtained in this case. A few days subsequently, the mother of this child was attacked with severe rigor, followed by considerable febrile reaction, transient scarlet eruption, excessive pain and swelling of the throat, followed by abscess of the tonsil. She speedily recovered; but the attack was attended with desquamation of the cuticle.

CASE II. Within a day or two from the death of the above mentioned child, a remarkably fine and healthy male infant, aged 15 months, residing in the adjoining street, was seized with precisely similar symptoms. The same febrile stage and transient redness of the surface were observed. The parotid and neighbouring glands were greatly swollen, particularly upon the right side. Copious purulent discharge was constantly flowing from both the nostrils, and to a less extent, from the eyes and ears. The child apparently suffered considerable pain. The tumefaction and extreme pallor of the face contrasted with the bright red circle around the eyes; and the red and swollen nostril imparted a singularly striking expression to the

child's physiognomy. The pupils were moderately dilated throughout. A greater difficulty of swallowing existed in this case; but this difficulty, as also the febrile symptoms, soon subsided. There was no difficulty of breathing or other form of pulmonary disorder noted. The urine was remarkably diminished in quantity; but although carefully examined daily, gave no indication of albumen. Lithates only in excess were found. At one period the symptoms gave some promise of amendment; but suddenly the discharge from the nostrils acquired a remarkable fetidity. The child became gradually comatose, and soon after died in convulsions.

The *post mortem* examination was made by Mr. Selwood, about thirty hours after death. The body was considerably emaciated; the right parotid gland still remained greatly swollen; the eyes were much shrunk in the orbits, more particularly the left eye, which had lost nearly two-thirds of its original size; the pupils remained of the same size as observed during life; pus was still flowing from the right ear. Upon opening the skull, the dura mater was found apparently in its natural condition. Slight sub-arachnoid gelatinous effusion, most probably not inflammatory, existed both upon the anterior surface of the brain posteriorly, as also at the base, in the neighbourhood of the sylvian fissure. Moderate effusion existed in the lateral ventricles, and at the base of the skull free effusion to the amount of about an ounce. Slight softening was believed to exist in the neighbourhood of the fornix. Intense and most remarkable venous congestion was obvious both upon the anterior and posterior surfaces of the brain. In one vein, at the posterior part of the upper surface, in a portion of the canal, a straw-coloured substance resembling pus about an inch in length occupied the canal, but which, upon opening the vein, proved to be a colourless coagulum unattached, and which was readily drawn out entire. The vein still retained its natural transparency. Upon opening the lateral sinuses and jugular veins, they were found red and opaque in places, and somewhat spongy and thickened, and completely filled with a fibrinous coagulum slightly adherent to the walls, but readily extracted entire. The coagulum extended some distance beyond the apparently inflamed surface of the canal. Upon a microscopic examination, the coagulum was found to consist of amorphous fibrin; no pus-corpuscles could be detected; neither could any concentric layers be recognised.

REMARKS. These cases, except in the absence of pustules, greatly resemble in many of their features the description given of glanders. Indeed, so much so, that at first I hesitated in the diagnosis; and it is worthy of mention, that upon inquiry, I found the father of the first child was a carman, and in the habit of taking the child among the horses; and that just at the back of both the houses are stables containing a large number of horses, though it is certain the last child had not been inside them. I was also told there had been much sickness among these animals; but upon making an inquiry at the stables, I found this was denied, but whether justly or otherwise must be left. However this may be, this form of disease is exceedingly rare, whether regarded as a concomitant of scarlatina or even of inflammatory coryza. Death seems to have been the direct result of the obstruction offered to the return of the venous blood; inasmuch as fatal coma appears to have been at once induced, without giving time for the symptoms of pyæmia to develop themselves.

It may be matter of opinion whether the phlebitis originated in the course of the canal, and by its extension induced coagulation of the blood secondarily; or, whether, from the large amount of surface involved and from chemical and atmospheric changes in the secreted pus, some poisonous matter was passed by endosmose into the veins, coagulating the blood primarily, and subsequently developing the phlebitis (septic phlebitis of Rokitsansky.) I am inclined to believe this latter view the more correct one, inasmuch as in ordinary cases of scarlatina, where the parotid and submaxillary glands are greatly inflamed and even suppurated, such inflammation of the large venous

trunk must certainly be very uncommon, as I have not found it described by any author.

The diagnosis of inflammation of the cranial sinuses has been hitherto regarded as almost impossible; at least, such is the opinion of Tonnelé, who has written by far the best monograph upon the subject. It may, however, be proper to state that Lebert, in his recent article, "Inflammation of the Veins", in Virchow's *Handbook of Special Pathology and Therapeutics*, denies the inflammatory nature of the coagulum filling the vessels, in the cases cited by the author alluded to.

Still it would appear to me, that in cases like those I have described, where copious purulent discharge exists, and drowsiness and coma set in, after the invasion stage had entirely subsided, without the ordinary antecedents of cerebral inflammation, the possibility of such a condition may reasonably be suspected.

Guilford Street, Russell Square, February 21st, 1855.

BIBLIOGRAPHICAL NOTICES.

LITHOTOMY SIMPLIFIED. By GEORGE ALLARTON. London: 1854.

LITHOTOMY, as ordinarily practised, is undoubtedly attended with a serious amount of danger; and although we occasionally meet operators who have enjoyed more than average success, their case is but a very rare exception to the general rule, and does not hide the fact that the mortality attending the general practice of lithotomy is far beyond what we might desire. A more simple and less fatal operation would be a boon, not only to the patient, but to the operator; especially at the present time, when the public seem to consider that the members of our profession either are or ought to be infallible; and when a false step is visited by punishment often more severe than that meted out to the criminal.

The short essay before us aims at depriving this operation of some portion of its danger; and when we read, as at page 34, of a patient, walking about in the snow on the third day after the removal of the calculus from the bladder, we must confess that this alone is a great advantage, even if no other awaited us! "Lithotomy Simplified" is simply a modification of the Marian operation. The author quotes the dicta of various eminent operators, relative to the dangers of lithotomy. The quotations from Sir A. Cooper and Deschamps hint at the revival of the Marian method. Summing up, the author remarks, "In reviewing the above opinions and expressions, can we for a moment doubt that this (as Mr. Coulson says) most perfect of all methods is beset with difficulties and dangers? that it is a *bloody and murderous* procedure, and that it is eminently unsuccessful in its results. Can we be astonished that so much has been written upon the operation; that so many attempts have been made to diversify the modes of performing it; that so few surgeons in private practice have ever ventured to do it?" *Eminently unsuccessful* is a harsh term; and we can scarcely follow the author so far as to endorse the judgment.

Justly insisting that the fatality attending lithotomy generally depends upon the application of the knife to the deeper structures, the author remarks that "every fraction of an inch of incision into the deep structures, including the prostate and neck of the bladder, may be looked upon as regards the success of the operation, as an ill omen, and a step to be carefully avoided." Then, at pages 10 and 11, we have a long list of the evils that frequently attend lithotomy. It is truly a serious list of complications and consequences; but with many of them, most operators have become too well acquainted, to the increase of anxiety, and not unfrequently to the destruction of hope. "In introducing a safer method of operating," says the author, "we shall still have many of this long catalogue of ills to bear up against, although comparatively few of them could

much interfere with the success of the operation, which I am about to recommend."

Then follows an account of the various attempts at removal by dilatation, with the dates, this portion being concluded by a long extract from the *Medico-Chirurgical Review*, relative to the modified operation of De Borsa, which appears to have been eminently successful; only one death occurring in one hundred cases of operation, and that not to be traced to the operation. We refer our readers to the pamphlet itself. Mr. ALLARTON's modification differs from that of De Borsa in some slight particulars. The author describes it in the following words:

"I introduce a grooved staff, in the usual manner, and of the usual size, and confide it to an assistant, with directions to keep it perpendicular, and hooked up against the pubes; I then introduce the index finger of my left hand into the rectum, placing its extremity in contact with the staff, as it occupies the prostate, and press it firmly against the staff, so as to steady it, then, with a sharp pointed straight knife, with tolerably long and rough handle, I pierce the perineum in the middle line, about half an inch above the anus, or at such distance as may appear necessary to avoid dividing the fibres of the external sphincter; I carry the knife steadily and firmly on till it strikes the groove of the staff, the deep sphincter lying between the knife and the directing finger, which enables me to judge of the distance as the knife passes along. If the excision be not made exactly in the median line, the contracting fibres of the injured muscles draw the point of the knife from its direct line and interfere with the accuracy of striking the staff, hence the advantages of the long rough handled knife, which affords a firmer hold and better purchase. Having struck the groove, I move the point of the knife along it towards the bladder a few lines, and then withdraw it, cutting upwards, so as to leave an external incision of from three-quarters of an inch to one and a half inches, according to the presumed size of the stone; the escape of urine indicates the entrance to the urethra. I then introduce a long ball-pointed probe or wire through the external opening into the groove and slide it into the bladder, to sufficient depth to insure its safe lodgment in that viscus, and withdraw the staff. I then well grease the index finger of the left hand and pass it along the probe, with a semicircular motion, through the prostate into the bladder; which procedure is achieved without difficulty, and when the stone is free it comes at once into contact with the finger, and if of moderate size, passes at once into the wound on withdrawing the finger, the patient having power to strain upon and thereby facilitate the extraction of the stone; this last mentioned power being one of the great advantages of this operation."

After the operation has proceeded thus far, dilatation is commenced. The author strongly recommends Dr. Arnott's dilator; but he says that the addition of vulcanised India rubber finger stalls, well greased, one being passed over the other until the required dilatation is produced, is "at once ready and effective".

The advantages, as compared with the operation of De Borsa, are thus disposed of by the author:—

"First, the introduction of the finger into the rectum, as a guide by which the staff is held steady, and the course of the knife guided; secondly, the cutting on the staff daggerways, and completing the incision at one introduction of the knife; thirdly, the complete withdrawal of the staff on the introduction of a long probe, which renders the chance of lacerating the prostate less on the forcible introduction of the finger." (p. 28.)

The median and the lateral operations are then compared; and, as regards the parts incised, it cannot be doubted that they are of far less importance in the former. In the latter, nerves, vessels, muscles, and glands, crowd upon the little space, making every line a matter of serious consideration. Even when the work is achieved, the distance between the external opening and the bladder is considerably longer in the lateral—a point very justly insisted on by the author: hence any secondary operation in the median line, with intent to crush a large stone, can be easily performed. At page 49, the author also remarks:—

"Again, if any untoward circumstances should retard the completion of our operation, we have divided no important structure; we have wounded no important vessel; our patient has sustained no severe shock by which his life would be endangered. We can again put him to bed, to await another attempt,