morning, by microscopical examination. In two other specimens passed later in the day, fatty matter in a molecular form, but no oil-globules, was discovered. Upon standing, a coagulum formed in the urine. These specimens contained about 50 grains of solid matter in 1000 of urine. The patient was a Scotchman, aged 32. His work was hard, and he was subject to privations. The urine was first observed to be thick and white about Christmas 1848; and at this time, the chief symptom from which he suffered, was acute pain in the loins.

Lehmann is, as far as I know, the only observer who states that chylous urine never owes its opacity to fat (vol. iii, p. 544). I have now seen several cases, and in all the opacity was due to fatty matter. Authorities generally are quite agreed upon this point; but some state that the fat is sometimes in the form of globules. It may be combined with albumen.

Many of the patients whose cases are recorded, have suffered from severe pain in the region of the kidneys; but this may be accounted for by general debility, associated with this condition of urine, as well as on the supposition of the existence of organic disease of the kidneys. Indeed, the pain referred to in this locality, seems to partake more of the character of muscular pain than of pain seated in the kidneys themselves.

The following are two analyses of the urine in Dr. Bence Jones's case. The first was made on October 19th, and the second was passed some time afterwards, on the same day on which the patient was bled.

	Analyses 57	58
Water	955.58	949.13
Solid matter	44.42	50.87
Albumen	14.03	13.95
Urea	13.26	24.06
Fatty matter	8.37	7.46
Saline residue	8.01	10.80
Loss	.75	.60

The chylous urine contained blood-corpuscles. The serum of the blood was not milky, but the blood contained in 1000 parts 240.03 of solid residue, which contained of fatty matter .62; fibrine, 2.63; blood-globules, 159.3; solids of serum, 78.1.

Dr. Bence Jones showed, in some valuable experiments on this case, that during complete rest albumen ceases to be passed. (*Phil. Trans.*, 1850.)

The urine was not chylous from February 14th, 1850, to October 4th, 1851, when it was again slightly chylous. The beneficial change was entirely attributable to gallic acid. At first, twenty grains three times a day were given, but this was afterwards diminished.

Dr. Bence Jones mentions another case of a gentleman, aged 40, who passed the greater part of his life in the West Indies. The chylous condition of the urine was increased both by mental and bodily exertion. The urine was sometimes clear for several days together, sometimes white after dinner, and clear all the rest of the day. It was more frequently chylous after animal than after vegetable food.

Dr. Priestley's Case. This occurred in a boy who was only 11 years of age. (*Medical Times and Gazette*, April 18th, 1857.) He was born at the Cape of Good Hope, and was taken as a child to the Isle of France, and while there had frequent attacks of hæmaturia and chylous urine. The attacks came on at intervals of weeks or months. He was placed in the autumn of 1855 under the care of Dr. Simpson of Edinburgh. Various plans of treatment were tried in vain. He was confined to the house, and passed as much as fifty to fifty-five ounces of chylous urine daily. He gradually became weaker, and died apparently from asthenia. A fortnight before death, the urine lost its milky appearance, and the feet became oedematous. Every tissue appeared bloodless, and there was considerable emaciation. The kidneys were pale, rather larger than natural. Throughout the greater part of both kidneys the epithelium was found to contain numerous oil-globules. Dr. Priestley suggests the possibility that this case of chylous urine may have been associated with Bright's disease.

No lesion likely to account for the production of the chylous urine has been met with in the *post mortem* examinations of the cases of this condition which have been made; and most observers consider that the chylous condition of the urine does not depend upon a morbid state of the kidneys. Dr. Elliotson, on the other hand, inclines to the view that the kidneys are to be regarded as the seat of the affection. He gives the history of a very interesting case in the *Medical Times and Gazette* for September 19th, 1857.

[To be continued.]

Original Communications.

TEN YEARS OF OPERATIVE SURGERY IN THE PROVINCES.

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

I PROPOSE under the above head to lay before the readers of the *BRITISH MEDICAL JOURNAL* a complete but brief account of ten years of operations. This will include those operations which fell to my share during that period as one of the five surgeons of the Bristol Royal Infirmary, and will therefore represent as nearly as possible one-fifth of the cases occurring there in that time, with the addition of the usual small proportion met with in private practice.

Of the more important operations, every case, whether successful or otherwise, will be noted; but of the minor ones, a few have slipped away for want of accurate notes taken at the time of their occurrence. The whole number of each kind of operation is too small to supply any safe basis for statistical results, supposing that medical and surgical statistics were ever useful; but I think that those of our associates who are employed in a like occupation will feel sufficient interest in this and the following papers, to justify my publishing them; and I am not without hope that they may be even useful; for every surgeon with a moderate amount of practice, whether among the poor or rich, must be the depository of some truths worked out by his own observations, or some curious results of his own experience, which, if they were published, would be new to most of us; and it cannot be doubted that a vast store of valuable medical knowledge lies concealed, especially in the remoter country districts, and that the greater part of it is lost to the world and disappears at the same time as its possessors.

In the Bristol Royal Infirmary, where the great majority of the following cases occurred, there are nine surgical wards, and about fifteen hundred surgical cases are annually admitted as in-patients; and each surgeon has the charge of all the in- and out-patients (including casualties) admitted every fifth week, as long as they continue to be under treatment. The cases of operations on the eyes were at the Bristol Eye Dispensary, as well as at the Infirmary, with perhaps rather a larger proportion in private practice. I am not aware of any particular advantage to be derived by distinguishing in a report of this kind the hospital from private cases, and therefore they will all be classed together, unless it appears that some change in the result of treatment may be traceable to this element in the case.

Upon looking over the respective numbers under the separate heads of the diseases, treated by operative measures, it will appear that some of the less important cases, which are generally considered to be of frequent occurrence, are represented by very small numbers; for instance, I note more amputations of the thigh than operations for hare-lip, and more operations for strangulated hernia than for fistula *in ano*, and thus no criterion is afforded of the comparative frequency of these disorders, because cases involving the slighter operations are treated by the practitioners under whose care they first come, and also of a considerable number no accurate notes or records have been kept.

A retrospect of only these last ten years during which I have been surgeon to the Bristol Royal Infirmary, and the necessary examination of my notes of the operations I have performed there and elsewhere during that period, have shown very clearly not only that the science and art of surgery are progressive, but that they make rapid and important progress, and that even in this time numerous valuable improvements have been introduced, and the public who derive the chief benefit of hospital experience are not sufficiently impressed with this fact, nor is it sufficiently urged upon them as an argument for giving liberal pecuniary aid to these truly English establishments.

In the following report, by far the greater number of the more important operations were performed while the patient was under the influence of chloroform, or chloroform with ether or alcohol, or after the application of the freezing mixture of pounded ice and salt, and unless there is anything particularly noticeable upon the subject of anæsthetics it will not be alluded to in the account of each individual case. I

refuse chloroform in the lesser operations, as squint and cataract cases and the removal of tumours, and the minor amputations, and wherever ice and salt can be conveniently applied.

Some of the cases have been described before in the pages of the JOURNAL, but not in a connected or systematic way; and therefore I make no apology for briefly introducing them again in the order into which they will naturally fall; and lastly, to conclude these few introductory remarks, although I do not wish to provoke criticism, it is perhaps best to say that I hold myself solely responsible for all the opinions and methods of treatment described in the following cases, as well as for any remarks I may make upon the published reports and surgical papers of other writers.

The arrangement of the cases in a sufficiently intelligible order is very simple; and the following classification has been adopted, as being convenient and inclusive:—

1. Operations on the Face, Tongue, Palate, Neck, and Chest.
2. Operations on the Abdomen and Lower Part of the Intestine.
3. Operations on the Breast.
4. Operations on the Genito-urinary Apparatus.
5. Operations on the Eye.
6. Autoplastic and Orthopædic Operations.
7. Excisions of Diseased Joints and Bones.
8. Operations involving the Vascular System.
9. Tumours.
10. Amputations.

I.—OPERATIONS ON THE FACE, TONGUE, PALATE, NECK, AND CHEST.

Under the first head is comprised a formidable list; viz., Hare-lip; Cancer of the Lip; Cancer of Tongue; Staphylophary; Epulis; Polypus Nasi; Tracheotomy; Suicidal Wounds of the Throat; and Tapping the Chest.

Hare-lip. In performing this operation, I use a strong and sharp pair of scissors, and German-silver pins, such as were used so freely (if they were not introduced) by the late Professor Dieffenbach of Berlin. The number of cases is eleven, all of which were successful, with the exception of two, where a slight aperture remained above. They will require but a very brief description.

CASE I. J. M., aged 25, a strong labouring man, with single hare-lip of the right side. The fissure extended completely up to the nostril and was remarkably even and wide. He had the power, which I have noticed in other cases, of bringing the sides of the fissure into close contact, and of pressing them firmly together. I have seen no explanation of the mechanism of this action; but I believe that it is performed by the associated action of the *orbicularis oris* and the *depressor labii superioris*, supposing that a slip of the latter muscle is distributed upon each side of the fissure. The opportunity of verifying this supposition by actual dissection must be very rare; but should it occur, I hope it will not be neglected.

Our experience in the use of chloroform was obviously at that time not so great as it was afterwards; and some was given to him whilst he was in a sitting posture, on March 12th, 1850. As this was the first operation I had been called upon to perform publicly—i.e., in the theatre of a hospital, with numerous spectators—I was anxious that, although it was a minor operation, everything should be conducted orderly and quietly; but, after a brief inhalation, he leaped up in a kind of frenzy, like a medical student under the influence of laughing gas, and began fighting and kicking, spitting and swearing, and hitting out so effectually, that for a moment or two he cleared a space around him: he was, however, immediately overpowered by numbers, and lifted upon the table, where I at once proceeded to operate.

The section on either side was *upwards* and *outwards* through the red part of the lip, and from that point *upwards* and *inwards* to the top of the fissure, so that the line of incision presented an obtuse angle on each side at the point where the red part of the lip joined the rest of the skin; and thus when the line was straightened by the application of the sutures, it was longer than the straight edge of the fissure was, and thus a notch below is to be obviated. Two pins and twisted sutures were used, and a single point of the interrupted suture at the surface of the lip.

On the third day,* I took out the upper pin and the thread suture; and on the fifth, I removed the lower pin, which had

been passed opposite the upper margin of the red part of the lip, and it was found altogether healed.

CASE II. J. W., aged 15 weeks. Single hare-lip of the right side, with cleft palate and prominence of the maxillary bone of the same side.

In this instance, I made one straight and one angular incision, so as to cause them to correspond, and it was further necessary to divide the frenum of the lip. Two pins were used; the first of which was removed upon the fourth day, and the second upon the fifth. The union above was not complete at first, but granulations sprang up, and it healed entirely.

CASE III. F. M., aged 2. Single hare-lip of the right side, with cleft palate opening into each nostril, and with prominence of the bone between the fissure and the median line.

I removed the prominent portion of the superior maxillary bone with a bone nipper, and after applying lint steeped in turpentine to stop the bleeding, I operated as usual. Two pins were used.

On the fourth day I removed the upper pin, and on the fifth day the lower, and found it all evenly healed.

CASE IV. J. T., aged 6 weeks. The operation was performed as usual on February 1st, 1853, and two pins were used; on the third I removed the upper pin, on the fourth the lower, and found the wound healed.

CASE V. D. M., aged 5 months. Single hare-lip on the right side, with cleft palate and slight projection of the jaw in front. Two pins were used, the first being withdrawn on the fourth day, the second on the fifth, and he was discharged cured with an excellent lip within a week of the operation.

CASE VI. A. F., aged 9 months. Hare-lip of the left side, with a fissure extending through the greater part of the hard and soft palate, and with a wide gap in her lip. I was obliged to separate the lip freely from the jaw at first, and then the steps were as usual. Two pins were used. On the fourth day, I removed the upper pin, but while I was applying a piece of plaster to support the lip, it gaped open and bled, and I could not bring the sides in contract. I removed the lower pin on the sixth day, and found the lip united at this part. She went out with a hole above through the lip, and after a time I operated again upon the same case, paring the edges with a cataract knife, and bringing them together by a pin. She was much improved by this, but an aperture existed above when I last saw the case, and this was one of those to which I alluded when I said that all were not absolutely successful.

CASE VII. W. C., aged 25, had been operated on as a child, but as in the last case, an aperture remained above, and he came up from the country to have it rectified. I trimmed the edges, and passing in a long pin, brought the part together, and obliterated the hole. On the fourth day I removed the pin, and found that the sides had remained in contact, although it was not quite healed. He went home on the sixth day, with the lip going on well, and well satisfied with his improvement.

CASE VIII. E. M., aged 4 years. Single hare-lip of the left side, with great prominence of the jaw of the right side in front, and fissure of the palate throughout. In this case it was necessary to separate the ala nasi of the left side and the lip from the subjacent bone, and to free the lip on the right side in like manner before the parts could be at all approximated. I then made the usual angular incisions to remove the margin of the fissure, and brought the sides together with two pins, and a fine suture below. There was considerable hæmorrhage. On the third day I removed the thread, on the fourth the upper, and on the fifth the lower pin, and found that all had healed well, and that there was less deformity about the left nostril than appeared probable in my first examination of the case. A few days afterwards, a little ulceration appeared at the part where the lip had been traversed by the pin, but it soon healed.

CASE IX. L., aged 4 months, with double hare-lip and protrusion of the intermaxillary bone, so that the portion of skin intended by nature for a columna nasi and the central part of the lip projected in a line continuously with the tip of the nose, being supported by the globular projection of bone. The first steps were to separate the central piece of skin from the subjacent bone, and to remove the prominent portion, which was round like a marble. A good deal of hæmorrhage followed, so as to require a ligature. I then trimmed the edges, as well as the tip of the central flap, and brought the lip in place with pins as usual, passing the upper one through the flap, which was drawn backwards horizontally, so as to make a columna nasi.

In this case the pins remained in place for a week, when they were removed, and the result was satisfactory.

* Where the days are thus specified, third, fourth, etc., the day on which the operation was performed is counted as the first.

CASE X. H. B., aged 4 years, with double hare-lip, fissure of the palate, and projecting intermaxillary bone with two teeth. In this case I dissected away the central flap from the subjacent bone, and loosened and partly pressed backwards the prominent portion. At a subsequent operation I operated on the lip, and brought it together as usual, and it united fairly, but not entirely, for when he went out, there was an aperture at the upper part. This boy, now eight years of age, has recently been readmitted, under one of my colleagues, and has undergone another operation to relieve the remaining deformity. The edges of the hole have been pared and the lip brought together, but it did not unite. The surface, however, began to granulate, and the aperture closed.

CASE XI. Aged 7 months, with double hare-lip, cleft palate throughout, and prominent intermaxillary bone, from which two teeth were on the point of appearing. The central portion of skin was, as in Case 9, continued in a straight line with the nose. I operated and removed the bone, waiting a quarter of an hour for the cessation of the hemorrhage, and then trimming the edges, brought the parts together as before, preserving the central bit of skin for a *columna nasi*, and using two pins. The child lost a great deal of blood, and appeared quite blanched. I removed the pins after the expiration of the usual period. The greater part had united, but the flap was loose, and moved up and down when the child cried. I brought the parts in contact as well as I could with the aid of some adhesive plaster, feeling vexed at what I looked upon as a partial failure, but I was agreeably surprised to find that granulation sprung up and the parts cicatrised in excellent position, and the case terminated satisfactorily.

REMARKS. It is generally said that hare-lip is more frequent upon the left side than the right, but of these few cases, five were upon the right, two on the left, three on both sides, and of the side affected in one no record was kept. The eldest was twenty-five years old, and the youngest six weeks. No fewer than six had cleft palate and prominent bone; and upon this point my belief is, that the greater frequency of cleft palate in infants, as compared with adults, is due to the cure of the hare-lip cases. We know how the mere weight and slight permanent pressure of the lips keep the teeth in their proper place, and how they project when the pressure is removed; and I believe that when the natural firmness is given to the lips and cheeks by the early cure of the malformation, the two palate processes of the maxillary and palate bones gradually approach one another, and the scar on the cured lip is often the only memorial of a former hare-lip and cleft palate.

[To be continued.]

Transactions of Branches.

METROPOLITAN COUNTIES BRANCH.

ENEMATA OF SULPHURIC ETHER FOR ASCARIDES.

By T. OGIER WARD, M.D. Winkfield.

[Communicated July 17th, 1860.]

HAVING read in one of the periodicals that injections of sulphuric ether had been of great service in ascarides, I determined to recommend its use to a patient who had long been troubled with thread-worms. It was used as directed; viz., in a dose of fifteen drops in one ounce of water, which was retained in the rectum, the patient going to bed immediately afterwards. The result was, that the patient, a lady, aged about 36, was not annoyed again for above a fortnight, and then only very slightly; and a repetition of the enema kept her free for three weeks longer; so that she flattered herself she had met with something like a cure for this troublesome complaint; and I also entertained a similar idea, having found the treatment successful in another case of ascarides in the adult. This patient, like the other, found the ether most effectual at first, but it is now quite useless; and, with this feeling, I thought it a subject of sufficient importance to bring under the notice of the late meeting. Since that time, however, I find the thread-worms have returned, though not in such numbers as formerly; but it is a curious fact that the ether seems now to have lost its effect in this case, the lady being compelled to use it every night.

As this patient complained that she tasted the ether in a few minutes after the injection, I tried its effects upon myself one night just before bedtime. In three minutes by my watch, I

perceived a strong taste of ether; and, on going to bed, my wife asked if I were unwell, and had been taking ether!

Another effect of the ether injection is, that it causes the patient to sleep very heavily, which property may be turned to good account in cases of sleeplessness in persons who cannot bear opiates. From the history and treatment of many cases, I am convinced that the common notion, that the *habitat* of the oxyuris is in the rectum, is quite erroneous. A single injection of quassia, salt, or even cold water, will completely empty the rectum of all its denizens, so that a repetition will not bring away a single individual; and yet the next night they will be as numerous as ever. Indeed, the fact that persons liable to worms are most troubled *after* the bowels have acted, may be taken as a proof that they are carried down into the rectum together with the feces; which, however, may not contain a single specimen. I am therefore disposed to believe that the thread-worm resides in the sigmoid flexure, or in the cells of the colon; and I am supported in this view by having often found that a repetition of an injection will bring away the ova without a single worm. If my idea be correct, our treatment should not be directed to removing them from the rectum, but to destroying them in their dwelling-places by aloes and other bitter substances mixed with the food of the patient.

I may add, as an instance of apparent communication of worms from one person to another, that the husband of one of the ladies has been more or less troubled with the thread-worms ever since his marriage, seventeen or eighteen years ago. He has used the ether once, with the effect of relieving himself for some weeks from the ascarides; and though they have returned, yet they have given him so little annoyance that he has not cared to repeat the ether injection, as he dislikes its smell and taste.

SOUTH-MIDLAND BRANCH.

CASE OF ECTOPIA CORDIS.

By EDWARD DANIELL, Esq., Newport Pagnell.

[Read June 15th, 1860.]

ALTHOUGH no immediate practical value may be attached to the observation of deviations from the ordinary laws of Nature, as presented by irremediable malformations, monstrosities, etc., yet these are, in a teratological and physiological point of view, of much importance. Structures not ordinarily available to sight while in a state of action, may, by being exposed to view as the result of displacement, develop facts which otherwise would be unattainable. Monstrosities, under certain conditions, are able to preserve life. *In utero*, their organisation goes on; and their development proceeds, even though organs essential to life may be displaced, and deprived of external protection, or arrested in their formation, as in acephalous cases. These abnormal conditions, then, have their physiological value; they show the distinction between foetal life and that life which a properly developed air-breathing animal evinces when he passes from a dependent to an independent existence. In short, teratology is a subject worthy the scientific inquirer, inasmuch as the comparison of normal with abnormal developments may in the end lead to the establishment of truths, which it would be difficult to acquire under a constant condition of perfectability of the laws which regulate nature in the formation of animal life.

With these impressions, I feel no hesitation in presenting a case of heart-displacement which has recently come under my observation.

CASE. Mrs. P., the wife of a tradesman of Newport Pagnell, sent for me on the 3rd of January in the present year, complaining of a sense of pricking about the epigastrium. This symptom was accompanied with a good deal of general fever, with quick pulse, flushed face, rigors, and coated tongue. She was, according to her own account, within a few days of her confinement. I prescribed what seemed indicated by her case, and in two or three days this condition of disorder yielded.

On January 6th, she was taken in labour. Her pains were good, and the labour seemed natural enough; but, on the rupture of the membranes, the flow of liquor amnii was enormous; the bed was literally saturated, and the floor of the chamber was comparatively flooded. In a short time, the child was safely delivered; but I was startled to observe a large tumour projecting from the chest. The situation of the bed was in a dark part of the room; and, at the first glance of the tumour, I thought it an enormous *nævus*; but, on removing the child to the light, I observed the tumour to pulsate, and, on closer inspection, I satisfied myself that I had met with one of those