

unsuitable external conditions; moreover, experience proves that no person can be considered as exempted from scrofulous diseases, and this result ought to follow if my conclusion be true,—for if these diseases be retrograde morphological states, arising from a law of nature pervading all living structures, there can be no exceptions in favour of individuals.

(To be continued.)

OPERATIONS PERFORMED UNDER THE INFLUENCE OF ÆTHER.

By W. C. WORTHINGTON, Esq., F.R.C.S., Senior Surgeon to the Lowestoft Infirmary.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I was much struck with the value and importance of your remarks on the subject of æther-inhalation, contained in the Journal of March 10th, and am quite of your opinion, that practitioners residing in the country are imperatively called upon to co-operate with those of the metropolis, in helping to elucidate the use of the letheon, by a faithful record of cases. It must be acknowledged that great circumspection is required in the employment of any new agents, when it happens that the functions of so important an organ as the brain are manifestly influenced by its operation. In a former number of the Journal I reported the result of eight cases of surgical operation, in which the inhalation of æther had been employed. Since that time some further cases have fallen under my notice, which I beg leave to transmit for insertion.

CASE I.

Thomas Rose, aged 42, a labourer at the Lowestoft Harbour Works, was received into the Infirmary March 5th, with his right hand severely crushed by the heavy bell of a pile-driving machine falling upon it. After the accident he was incautiously allowed to walk from the works to the Infirmary, a distance of three quarters of a mile. The fatigue arising out of this circumstance, added to the shock the nervous system had so recently sustained, caused a considerable degree of collapse to follow. Amputation was considered necessary, but the operation was deferred two or three hours, until some degree of re-action took place. Previously to commencing it, an attempt was made to letheonize the patient. After a few inhalations, his respiration became extremely hurried. At the end of two or three minutes, to the amazement of myself and those present, he started from his seat in a state of furious delirium, vociferating the most awful curses, at the same time stamping vehemently with his feet, and throwing his arms about in a most wild and frantic manner, requiring four or five persons to restrain him. This paroxysm lasted nearly four minutes, when he fell back in his chair, apparently somewhat exhausted. Upon returning consciousness, which soon took place, he remarked it was "*rum stuff he had been taking, but now was all right again.*" The

operation was then performed, which he bore with calmness and fortitude. It was afterwards ascertained the patient was of an exceedingly irritable habit, and addicted to intemperance; and when under the influence of intoxicating drink, he became so exceedingly noisy and quarrelsome, that it was with difficulty he could be prevented doing mischief. Here evidently was a case where the inhalation of æther was inadmissible, and it shows the importance of inquiring into the habit and temperament of individuals, previous to undergoing the narcotizing process.

CASE II.

March 15th. Sarah Sullins, aged 43, a patient of the Infirmary, was narcotized previous to submitting to excision of the left breast for carcinoma. She went through the operation without any expression of pain, and when asked if she experienced any during its performance, she answered in the negative, but confessed she was not altogether unconscious of what was going on. After removing her to bed, she remained several hours in a perfectly tranquil state, and free from pain, her condition very much resembling that produced by a mild opiate. For some days she progressed favourably, when erysipelas attacked the wound, and thereby retarded recovery.

CASE III.

April 7th. Mary Read, aged 22, an Infirmary patient, was narcotized previously to being operated upon for ganglion, situated on the anterior part of the wrist. A sharp-pointed straight bistoury was passed through the swelling, and a probe armed with cotton rapidly followed. On recovering from the effect of the æther she expressed herself as not being altogether unconscious that the operation had been performed, but suffered no pain. No unpleasant symptoms followed.

CASE IV.

The same morning at the Infirmary, I removed the middle finger, at the metacarpal bone, of a man, aged 22. He was of an exceedingly calm temperament, and sober habits. No difficulty was experienced in narcotizing him. The stupor lasted nearly five minutes. When restored, his first impression was, he had been travelling on the railroad to Norwich, and had passed some days very agreeably with his friends. He manifested great surprise on being informed he had undergone the operation, and some minutes elapsed before he could be persuaded of the fact. No unfavourable symptoms followed.

At the Infirmary, on the same morning the two preceding operations took place, an aged female was couched in both eyes, and also another patient submitted to the extirpation of a malignant tumour from the inner canthus of the eye. In neither of these cases, however, did I deem it advisable to employ æther. The age of the former patient was considered a sufficient reason for not using it. The latter had for some months before been treated at the Dispensary of a neighbouring town for paralysis, from which she had not entirely recovered, and, notwithstanding she earnestly intreated to be permitted to inhale, the request was not complied with, upon the supposition that there might still exist a

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condition of brain unfavourable to be acted upon by the narcotizing process. The patient was of an irritable habit, and exhibited great impatience under the operation. The tumour being deeply imbedded in the angle of the eye, and closely adherent to the conjunctival membrane, required some caution in its removal.

There were present at several of these operations, Dr. Wake, of Southwold; Mr. Garness, of Bungay; Mr. Hanner, of Wrenthaw; Mr. Jeffrey, of Lowestoft; also Messrs. Breame, and Prentice, assistant surgeons to the Institution, whose experience and tact in the management of the æther apparatus rendered their services particularly valuable to me.

W. C. WORTHINGTON.

April 16, 1847.

## SOURCE OF THE CATAMENIAL DISCHARGE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The physiology or the source of the catamenial discharge, so peculiar to the human female, and the functions of the interior of the uterus positively ascertained, are subjects comparatively of very recent discovery, and as the opportunities are so rare of our having proof or of our obtaining any decisive means of determining the matter or establishing the fact, that the uterus is the source of this healthy and proper sexual secretion, I think the following evidence may be interesting to the readers of the *Provincial Medical and Surgical Journal*. Should you be of that opinion perhaps you will find room for it in an early number:—

On Saturday, the 27th ult, I was applied to by a medical friend to assist him at a *post-mortem* examination, under an order from the city coroner, of a woman who had hung herself, the jury not being able to agree in their verdict. It is not often that a medical man is called on to make a *post-mortem* examination for the purpose of assisting the jury in coming to a correct verdict after death from hanging, the cause of death being so palpably visible; and how that twelve wiseacres could suppose that we should, by an examination after death, be able to discover the motive that could have induced this poor creature to commit such a rash act I cannot conceive. But their ignorance was bliss to us, as it gave us an opportunity of making a very interesting examination.

The external appearance, and the gorged state of the blood-vessels of the brain, clearly proved that death had been caused by strangulation, and it also proved Dr. G. Burrows' theory on this subject to be correct. In removing the abdominal viscera we were struck with the size and vascular appearance of the uterus. As we understood she had been confined three months before, and the child soon after died, we thought the uterus might be impregnated, but on laying it open it presented to our view a most beautiful velvet-like appearance; the whole internal surface was covered with a dark, sanguineous mucus, which seemed to be exuding from it and could be easily scraped off. This unusual appearance we at once sus-

pected to be the catamenial secretion, or the commencement of the process of menstruation. There was no appearance of any discharge in the vagina, and in order to satisfy ourselves on the point as to whether she had been regular since the birth of the last child, we made inquiry, and learnt from a female friend who lived in the house with her, that she had menstruated *once* since her confinement, and she thought that she was expecting it again in a day or two. There is then indisputable evidence, and the strongest corroborative proof of the fact, that the source of the menstrual discharge, once so much disputed, is the inner membrane lining the uterus, and I think the strongest case recorded. As it is well known, and many remarkable cases are recorded, that hanging has a very curious effect on the organs of generation of the male,—Query, Did the apparently enlarged uterus, and the vascularity of the external part of this organ, arise from the process going on within, or from the mode of death? Perhaps some of your learned readers may be able to inform me.

I am, Sir,

Your obedient servant,

GEORGE KING.

Bath, April 13, 1847.

## Hospital Reports.

### HÔPITAL DE LA PITIÉ, PARIS.

#### A CASE OF SCURVY, WITH PURPURA HÆMORRHAGICA.

Communicated by SEPTIMUS LOWE, Esq., M.R.C.S.E.,

*History of the case: present attack; symptoms on admission; continuation of the case; treatment.—Remarks; actual condition of the system.—Names applied by Professor Piorry, to express each organic change; alterations of the blood.—Andral's views.—Difference between scurvy and chlorosis; causes of the symptoms; differing from a case of true sea-scurvy. Probable causes; indications for treatment; prognosis.*

L. B., a man aged 62, was admitted into the Hôpital de la Pitié under Professor Piorry, March 31st, 1847. He is of the ordinary stature; of strong conformation; pale, dusky, sallow complexion; and nervo-bilious temperament. He is a stocking-frame worker. Until within the last six years he was in very comfortable circumstances, had sufficient employment, lived well, was well clothed, and always very regular in his habits. During the last six years he has only been able to obtain a day's employment occasionally; he has consequently lived upon worse food, and been worse clad than formerly; he has also suffered considerable anxiety of mind. He is a native of Paris. For the last three months he has led a very irregular life; he has not been able to obtain a single day's employment; he has wandered about from place to place, generally sleeping in a close, damp, dirty apartment, together with several other persons; and has lived entirely upon brown bread (and that in insufficient quantity,) and water. He was formerly very robust,