

General Retrospect.

PATHOLOGY & PRACTICAL MEDICINE.

SPONTANEOUS RUPTURE OF THE SPLEEN DURING THE COURSE OF TYPHOID FEVER.

This is so rare an accident, that the following case, which occurred in the practice of M. Chomel, may be considered almost unique:—

A labourer, aged 28, of robust constitution, entered the Hotel Dieu on September 10th, 1847, in the following state:—Intelligence perfect; countenance depressed; eyes dull; violent frontal headache; tongue moist and red, with a white centre; slight meteorismus, *gargouillement* in the right iliac region, with abdominal tenderness; skin dry, covered with roseate patches; pulse 100. He was bled with relief to the headache, but his other symptoms were increased. The face assumed a stupid expression, prostration ensued, and the patient had muttering delirium. He died on the 21st. The following appearances were observed after death:—

Injection of the dura mater; turbid serum in the ventricles; medullary substance slightly injected. The lungs were healthy, as also the heart. In the peritoneum *a large quantity of blood was observed to be effused; and on examining the spleen, a rent in a vertical direction indicated its source.* The tissue of the spleen was friable, in fact almost softened into a putrilage, but its envelope was firm and resistant.—*Gazette Médicale*, No. 47, 1847.

DISCHARGE OF A TOOTH FROM THE EAR.

The following curious case occurred in the practice of Mr. Coates, of Great Malvern:—A poor old man had suffered for some days from severe pain over the whole of one side of the face and head, but more intensely still about the ear. He was feverish, in great pain, and incapable of opening his mouth; the pinna and skin, lining the external meatus, were highly inflamed and swollen. Warm fomentations, poultices, and purgatives, were ordered. Two days afterwards Mr. Coates paid him a visit. He was then in great pain, and, otherwise, much in the state already described, but, in addition, there was an oozing of pus from the meatus, and almost entire closure of that passage by a whitish substance, which the patient conjectured to be a piece of onion, introduced there on the recommendation of some old woman, but which a probe detected to be bony. The patient declining to have this removed, he was recommended to continue to foment and poultice. The same night a fit of sneezing forced out the piece of bone felt by the probe, which proved to be one of the wisdom-teeth of the upper jaw; after that the man got well.—*Lancet*, Nov. 6th, 1847.

OINTMENT IN SCALD HEAD.

Norway Pitch	30 Parts.
Turpeth Mineral	15 „
Red Oxide of Mercury	15 „
Lard	100 „

Mix. The ointment to be applied night and morning.—*Journ. de Méd.*

NEW VEHICLE FOR HOLDING CAMPHOR IN SOLUTION.

Sir James Murray proposes a new vehicle for holding camphor in solution in doses considerably greater and with less irritation than it has hitherto been given. It was known that camphor is insoluble in water, and that when given in almond emulsion, it very readily separates on the addition of water, and that the same separation takes place on adding water to a solution of camphor in spirits of wine. The opinions respecting the effect of camphor are various. Some describe it as a stimulant, and some as a sedative, but this difference of effect depends mainly on the quantity given. Now, Sir J. Murray found that the fluid magnesia was capable of dissolving camphor to the extent of three grains to the ounce of the solution, and that adding water to the mixture did not cause any cloudiness or separation of the camphor. An ounce of this solution contains three grains of camphor, which appears perfectly clear like water; and if anything is added to the solution capable of withdrawing a portion of the water, such as dry common salt, a rough estimate may be formed of the quantity of camphor it contains. To employ camphor as a sedative, it must be given in large doses, but it is also necessary to have it perfectly dissolved, for when free, it acts as a powerful stimulant. It is obvious, then, that given for this purpose it would not do to employ the camphorated spirit, nor will the solution in emulsion be any better, as it readily separates from it in the stomach. We have therefore, he observes, a menstruum in the fluid magnesia which answers better than any method hitherto known.—*Dublin Medical Press*, Dec. 15th, 1847.

METHOD OF REMOVING THE STAINS OF IODINE FROM THE SKIN.

The *Annales de Thérapeutique* contains an article in which it is stated that the stains of iodine may be removed from the skin by washing for a few minutes in milk. The stains must, however, be quite fresh, as, if dry, the milk has no action upon them.

SURGERY.

ERECTILE TUMOURS.

M. Fayalle (de Gúerat) proposes a new method of treating erectile tumours, which he thus describes:—The necessary instruments are, a number of needles of different sizes, some waxed ligatures, consisting of three threads each, and a nippers to cut the needles. The operation is to be performed in three parts. First, the thickness of the tumour being ascertained, a needle is introduced through the sound skin a line and a half from the margin of the tumour; this is followed by a second, which is tangent to the circumference of the tumour; a third needle, parallel to the two preceding, and a line and a half from the second, is to be introduced through the sound skin, and all these are pushed on below the presumed thickness of the tumour, and pierce the opposite side also through the sound skin at the same distance from the tumour as they had been first introduced. Secondly, a knot of ligature is put round the first needle, and the end made to go round the opposite point of the second, from that to the

opposite end of the third, and so on, back again, so as to make a regular twisted suture. Thirdly, the end of the ligature being secured by a knot, the ends of the needles are to be cut off as close as possible to the ligatures. The number of needles employed are of course to be in proportion to the size of the tumour, so as to include the whole extent of the disease. Immediately that the threads are tightened, the colour of the tumour disappears, and the swelling is effaced. If we withdraw the needles on the fourth day, there remains at the place which the swelling occupied only a slight bluish white spot, and the skin appearing a little hardened; if the needles are not disturbed until the sixth day, the whole tumour is detached, and leaves behind a linear cicatrix. The essential conditions of the operation are—first, that the needles are passed through the sound skin round the affected spot, for if this be not done there will remain a vascular areola, the actual circumference of the original tumour, which is extremely difficult to cure; secondly, that the course of the needles should be through the sound tissues below the presumed thickness of the tumour, otherwise when the swelling comes away, the bottom of the place it occupied will sometimes have a brownish-red colour, with furrows corresponding to the places which the needles had occupied, and when this occurs the return of the disease may be apprehended; third, it is necessary that the constriction of the ligatures should be considerable, but progressive, so as to expel all the blood from the vascular sponge of which the tumour is composed.—*Journ. de Méd.*

TREATMENT OF INDOLENT ULCERS BY ELECTRICITY.

Mr. Bransby Cooper, in his lectures, (*Medical Gazette*), mentions the advantages to be derived from Grapengiesser's mode of applying a stream of negative electricity, as suggested by Dr. Golding Bird. It is as follows:—

At a convenient distance from the original ulcer, not less than five or six inches, a vesication the size of a half-a-crown is made. The cuticle is detached and on the exposed cutis a piece of zinc-foil is placed of the size of the denuded spot. A plate of silver-foil is laid on the original ulcer, and the two plates are connected by means of a thin copper wire. Both plates are then covered with moistened lint and oiled silk. In a few hours the surface beneath the zinc becomes white and a slough forms. In the meantime a great change has taken place in the original ulcer; it has thrown aside its indolence; new skin forms at the margin, and granulations arise. The rationale of the process is, that the water and chloride of sodium existing in the tissues are decomposed, resulting in the evolution of chlorine, hydrogen and soda. The chlorine uniting with the zinc, forms the well known escharotic, chloride of zinc.

[It is not necessary to take into consideration the electrical action of the above process in explaining the healing of the original ulcer. M. Bresciano (*Half-Yearly Abstract*, vol v. p. 227) is in the habit of healing old ulcers upon the same principle, by establishing one or more new sores in the vicinity, by caustic

potass. He has thus cured ulcers of several years' standing.]

FISTULA IN ANO.

Dr. Van Camp has communicated to the Society of Medicine of Anvers, a method of curing fistula in ano without operation, by means of injections of iodine. A workman, aged 24, had had an enormous abscess at the anus, which became fistulous, its inner opening being very high up in the gut. Wishing to avoid operating in the case, a solution of nitrate of silver was tried as an injection, but it failed to do any service, and recourse was then had to an injection of equal parts of tincture of iodine and water, which was thrown into the fistulous cavity twice a day for five days. The first injections were attended with severe pain, and when the inflammation produced by it was considered sufficient, the proceedings were suspended for three days; they were then renewed, as a little fecal matter was discharged from the wound, but the cavity had diminished to an inch in height, and by the sixteenth day the cure was complete.—*Jour. de Méd.*

STRANGULATED HERNIA.

The following method for promoting the reduction of strangulated hernia, has been described by Mr. Allen, and will be found in some respects confirmatory of the observations on the same subject, published in a late number of this Journal. Mr. Allen says:—

“What appears to me to be indicated, without entering into all the modifying circumstances, is to adopt such measures as tend to equalize the circulation, contract the vessels, and thus lessen the tumefaction, besides moderating other aggravating conditions, as inflammation, &c., and so apply your means to specific objects. Before the taxis is much tried an attempt should be made to correct the faulty circulation; and if inflammation be present, it should be subdued before much force is employed to lessen the tumour, and overcome the resistance. Now, in addition to what has proved beneficial, I would suggest a plan which I deem highly useful, as in the worst cases I have seen it succeed. It is this: when the strangulation is such as to resist the efforts of the patient and a moderate attempt by the taxis, cautiously to apply to the part fomentations, at about the temperature of the surface, the degree of heat to be progressively increased as high as the patient can tolerate, then to be gradually reduced until the applications are quite cold, which should be persevered in for half an hour, or even an hour. If the hernial tumour is not sufficiently reduced in volume so as easily to be returned, the parts must be again submitted to the same gradual exaltation and depression of temperature, the transitions from one extreme to another being so progressive that the patient is hardly sensible of each immediate alteration: the time from one extreme to the other should not be less than an hour. This plan produces an astonishing reduction in the volume of the hernia when all others have failed.”—*Medical Gazette.*

HERNIA OCCURRING THROUGH A LACERATION IN THE FUNDUS UTERI.

Among the “curiosities” of hernia may be mentioned the following, reported by M. Chaptois:—The subject

was a woman, aged 60, who had been long affected with vaginal hernia, which had for some time given her but little inconvenience. As the hernia increased in volume, the dragging sensations, dysuria, &c., were so increased that she could scarcely stand upright. Under these circumstances M. Chaptois was called to her, and discovered that a large quantity of small intestine, together with a portion of colon, had passed through a rent in the fundus uteri, which was completely inverted, and depending from the vulva. After washing the parts, M. Chaptois returned the bowels, and replaced the uterus, still inverted within the vagina, and confined it in situ with a suitable apparatus. Although the symptoms of strangulation had been severe, the patient recovered.—*Gazette Médicale*, No. 51, 1847.

SELF-SUPPORTING DISPENSARIES.

MEETING AT BURTON-ON-TRENT.

At a public meeting held in the Town-hall, Burton-on-Trent, January 5th, 1848, the Rev. Samuel Stead, Vicar, in the chair, the Rev. Chairman introduced to the meeting H. S. Smith, Esq., M.R.C.S., of Southam, as having seventeen years previously introduced into the town the "*Self-supporting Dispensary*," which had worked so satisfactorily, and proved so beneficial, to the working classes.

Mr. Smith entered upon the subject of mutual Associations, as the best means of meeting the possibly impending plague of cholera, and elucidated his subject by reference to ancient and modern history. The able and interesting discourse was listened to with the most marked attention by a very crowded and respectable auditory, after which,—

1st.—It was moved by William Daniel, Esq., and seconded by the Rev. R. Greer:—

"That in the event of cholera appearing in the kingdom, the machinery of the '*Self-supporting Dispensary*,' which has worked so efficiently, be made immediately available to meet the emergency, in such a manner as the Committee of that Institution may think most desirable."

2nd.—It was moved by the Rev. W. Morgan, seconded by Thomas Fosbroke Salt, Esq.:—

"That, of the many means of improving the condition of the working classes, there appears to be none that exceed in practical usefulness 'the providing' them with medical attendance in '*sickness by their own small payments*;' and the free members of this Dispensary will assist and co-operate with Mr. Smith, in extending a knowledge of a plan that has been so useful at Burton."

3rd.—It was moved by Robert Sherrat Tomlinson, Esq., M.R.C.S., and seconded by the Rev. T. F. MacMichael:—

"That *due care* being exercised that no improper persons be permitted to enter the Institution, there are no other means by which payments for drugs and attendance can be procured from the industrious with

so much advantage as the '*Self-supporting Dispensary*,' which in many instances prevents them from incurring debt,—from going to the parish-doctor,—from quacking themselves,—or from begging tickets for a charity which they can support themselves."

4th.—It was moved by Robert Thornewill, Esq., and seconded by the Rev. H. Yate:—

"That the proceedings of this meeting be published in the *Provincial Medical and Surgical Journal*, and a copy of the same be forwarded to the Secretaries of the Provident Dispensaries, at Coventry, Northampton, and Birmingham, and the *Self-supporting Dispensaries* at Grantham and Derby, or such others as may be acting on the principle of self-support."

Mr. Tomlinson, in moving the third resolution, entered fully into a description as to the relative proportions of benefit and injury the self-supporting dispensaries were likely to cause to the medical profession, shewing that the benefits far exceeded other institutions for general adoption.

Mr. Thornewill appended to the fourth resolution a vote of thanks to Mr. Smith, for the great and substantial benefit he had conferred on the town by the establishment of the Dispensary, as well as his kind and instructive lecture; this was unanimously and cordially responded to by the meeting, and the whole proceedings of the evening passed off most satisfactorily.

CONFERENCE OF POOR-LAW MEDICAL OFFICERS WITH THE ROYAL COLLEGE OF PHYSICIANS.

The College authorities having fixed Tuesday, January the 25th, for receiving a Deputation from the Committee appointed by the Convention of Poor-Law Medical Officers, the Deputation, consisting of Dr. Hodgkin, Mr. Vallance, Mr. Peter Martin, Dr. Barnett, Mr. Lord, and Mr. Healey, the Honorary Secretary, met at the College of Physicians, and were received by Dr. Paris, the President, Drs. Clendinning, Todd, Sutherland, and Hawkins, the Registrar.

Dr. Hodgkin, in introducing the Deputation, remarked generally on the objects sought by the Convention, and the manner, (temperate but firm,) in which the Committee desired to carry out those objects. He dwelt on the claims which the profession had when aggrieved, to the assistance of its seniors, and especially of a corporation exercising privately by its members, as well as publicly by its legal position, so much influence as the College of Physicians. The Deputation, in seeking that conference, had it in view to secure the advantage of the College's assistance, and he expressed his hope and confidence as one of its Licentiates, that that assistance would be cheerfully accorded.

The President here remarked that the College did feel a warm interest in the subject which the Deputation was submitting to it, and that in the parliamentary committees under Lord Ashley, he had himself given evidence in favour of a great improvement.

The Deputation then submitted in detail to the President and Censors the different grievances under which