

unately have to deliver by the Cæsarian section, I would say, "Make your incision into the uterus as small as possible, compatible with the extraction of the child." The prostration of the nervous system from an extensive wound into so important an organ as the uterus is immense, and such as few can recover from; how necessary is it, therefore, to save it as much as possible, and not cut an inch nor half an inch needlessly. Doubtless the majority of deaths, the result of this operation, have arisen from the shock to the system, and not from the extensive wounds being beyond reparation.

I think, from the *post-mortem* appearances in the case here reported, it is fair to infer that recovery would have taken place, could the system have withstood the shock consequent upon the operation.

The only difficulty I experienced was from the presence of the bladder, which was not entirely emptied,* and great care and caution were required in order to prevent its being injured; a fact that may be worthy the notice of those who may perform the operation hereafter.

The grateful task alone remains, for me to thank my colleagues for their prompt attendance. I feel great pleasure in thus publicly thanking them for their valuable counsel, and for their patient and judicious assistance, in a case of no ordinary difficulty.

Welford, Northamptonshire, Aug. 21, 1844.

MORBID CONDITION OF THE CEREBRAL FUNCTIONS SUCCESSFULLY TREATED BY DR. WALLIS'S SCALP ISSUE.

By W. S. OKE, M.D., Southampton, Physician to the Royal South Hants Infirmary.

When a severe remedy comes recommended by *respectable* authority for a cure of a dangerous and threatening disease, it surely is the duty of every medical man, when a similar disease falls under his care, and all ordinary efforts have failed, to give the means recommended a fair trial, in order that its efficacy or failure may be determined by the test of general experience.

In the eleventh volume of the transactions of the Provincial Medical and Surgical Association, Dr. Wallis, one of the physicians of that excellent institution, the Bristol Infirmary, has recommended a remedy of this kind for the cure of several grave diseases of the brain.

It consists of a long issue in the scalp, commencing from the centre of the forehead, where the hair begins to grow, and extending (in the adult) seven or eight inches backwards, in the direction of the sagittal suture. It is made thus. The integuments are *completely* divided by a scalpel, and the lips of the wound, from beginning to end, are to be kept apart, first by a thick dossil of lint soaked in turpentine, and afterwards by a double row of peas.

This remedy, it must be confessed, wears a very formidable appearance, especially in *private practice*, and where the patient is of a *tender age*, and was quite enough *prima facie* to make one of our most talented

* The fundus of the bladder containing some urine, being jammed between the head of the child and the pubes, rendered the escape of the urine impracticable.

reviewers to cry out for mercy, and to be delivered "from Dr. Wallis and his issue." But we ought not to allow this remedy to be prejudged, either by such an ejaculation or by its own seeming severity. We must bear in mind that it does not partake of the character of the "*anceps remedium melius quam nullum*;" and as to any pain being occasioned by it, the majority of patients on whom the operation might be performed, will be generally in a state scarcely sensible of it. The principal risk incurred will be hæmorrhage from the ultimate branch of the temporal and occipital artery. In the generality of cases, a moderate hæmorrhage will be of no small advantage; and if the bleeding should be so profuse as to give cause for alarm, there is no part of the body where hæmorrhage can be more readily controlled either by pressure, ligature, or the actual cautery.

As I am not aware that any reports have hitherto been published either in commendation or condemnation of Dr. Wallis' remedy, I feel it my duty to ask you to make known the following case, which was attended by Dr. William Bullar and myself. I trust the result will lead others fearlessly to adopt the remedy in *suitable cases*, where milder means have failed, and where the extreme peril of the patient emphatically calls for decisive practice.

Thomas Thompson, seven years and a half old, was attacked on the 30th of May last, with the febrile symptoms of scarlatina. On the following day the exanthem appeared. It was not accompanied with the ordinary symptom of inflamed throat, and it remained out the usual time. The next three days were marked with great febrile excitement, and the brain became involved. On the 5th of June he was delirious.

Up to this date he was attended by Dr. William Bullar, who had employed such remedies as were most suitable to the case—the mercurial treatment, leeches, blisters, &c. We now attended the child together. We agreed to blister the scalp again, to apply a bladder of ice to the forehead, and to persist in the mercurial treatment.

6th. The symptoms are in nowise improved. He is delirious, almost unconscious, frequently catching at imaginary objects. There is some degree of sensibility of the irides; but the corneæ are drawn upwards and backwards under the superior palpebræ. The pulse is intermittent and faltering.

As all ordinary remedies used under such circumstances were of no avail, as the child was fast sinking under the disease of the brain, and as the case was considered to be hopeless, Dr. William Bullar proposed the scalp issue, recommended by Dr. Wallis, as the only means left that might possibly relieve the morbid condition of the cerebral function. After a little hesitation I assented to the proposal, and communicated it to the parents, taking care to use the term "issue," lest that of "operation," might stand in our way. They put confidence in our proceedings, and gave their consent. In the evening the issue was made in the following manner:—

The hair being shaved off, and the vertex of the child's head brought to the edge of the bed, Dr. W. Bullar began his incision where the hair of the forehead commences, and carried it backwards five inches over the track of the sagittal suture. The scalp was

completely divided, and a few ounces of blood lost by the incision. The lips of the wound were kept apart by a thick dossil of lint soaked in turpentine, and strips of adhesive plaster were laid transversely over it, to keep it in its place.

All medicine, except an occasional purge, was now laid aside, and the wound dressed daily.

7th. He has been very delirious during the night, and appears nearly the same as yesterday.

8th. He has had a restless night but less delirium. There is greater prostration, and much difficulty in rousing him from *apparent* stupor; this, however, is ascertained to arise from deafness; for on speaking loudly close to his ear, he answers questions correctly. There is less fever. His tongue is clean, and he begins to take food.

9th. At midnight he fell into a sound sleep, and did not wake till nine o'clock this morning. He is generally better. It is evident that the cerebral functions are being relieved. The issue is discharging.

10th. He has slept soundly the whole night, and is progressing favourably in every respect. He has completely regained his senses, and recognises every one around him. The issue continues to discharge well, and his appetite is improving.

He went on admirably till the 17th, when he became affected with the anasarca sequelæ of scarlatina. These symptoms were soon removed by the hot air bath, which caused him to perspire profusely, and by other ordinary remedies. After this he was sent to the Isle of Wight, where he rapidly recovered. He is at this time perfectly well.

Southampton, August 23, 1844.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, SEPTEMBER 18, 1844.

The attention of the members of the medical profession, a body not in general very readily roused to action, seems at length fully alive to the necessity for exertion on the subject of Sir James Graham's Medical Bill. The outrage upon the community contemplated in the removal of all restrictions to the practice of medicine by persons not merely unqualified from ignorance, but disqualified by false and interested pretensions to a knowledge which they do not possess, is too gross to be passed over. The proposition is too monstrous, and every effort by those who are the real and only safe guardians of the public health, educated and qualified medical practitioners, will be made to prevent its adoption.

We recently reported the meetings held in the counties of Hereford, Surrey, and Warwick, to take into consideration the bill of the Home Secretary. In another part of the present number will be found an account of the proceedings at Bedford, Birmingham, Stourbridge, and Reading. Preliminary arrangements were yesterday entered into

for calling together the medical practitioners of the county of Worcester; meetings are also intended to be held at Ipswich, and at Manchester and other towns in the north, and there is little doubt but that the expression of opinion on the subject will be as general as it is decided.

There is no immediate necessity for extending these remarks further on this occasion, nor do we now propose to enter upon the general merits of Sir James Graham's measure. In compliance with the request of the Council of the Provincial Medical and Surgical Association, it is purposed next week to publish the bill at full length, and it will then be time enough to enter into a calm, and we trust, unprejudiced and unbiassed consideration of its provisions. Some of them are of unquestionable utility, and we are glad to perceive from the tone of the meetings which have already taken place, that, while the most strenuous resistance will be offered to that part of the bill, which, by the withdrawal of the small amount of protection now enjoyed by the public against the artifices of the quack and empiric, affords such direct encouragement to impostors of this description, the general disposition seems to be rather to amend, if indeed it shall be found susceptible of amendment, than entirely to defeat the proposed measure.

MANCHESTER EYE HOSPITAL.

Cases by JOHN WALKER, Esq., Surgeon to the Hospital.

CENTRAL OPACITY OF THE CORNEA—TREATMENT BY HYDROCYANIC ACID—OPERATION FOR ARTIFICIAL PUPIL.

Robert Newall, aged 53, applied for my advice on the 23rd of January, 1844. He stated that two years previously he had a very severe attack of ophthalmia, affecting both eyes, which continued with more or less severity for about six months, and left him in a condition of almost total darkness. The vision of the left eye had, however, somewhat improved since, as he can now discern the shadows of objects passing before him, but he is unable to find his way without a guide.

On examination, a central opacity of the cornea of both eyes is observed, the circumference being perfectly transparent. The conjunctiva is of a deep olive colour, arising apparently from an excessive use of nitrate of silver. The central portion of the iris of the right eye is adherent to the corresponding portion of the cornea, evidently caused by a penetrating ulcer of the latter texture, the pupil being obliterated. No such adhesion has taken place in the left eye, the pupil being visible at several points from the circumference of the cornea. The pupil does not appear to contract or expand, but remains fixed, although of moderate size.

Since the loss of his sight, he has applied several kinds of drops with a view of removing the opacity, but without benefit; indeed, he thinks his vision has improved more since he left off using them than previously.