lapse invariably occurred. I now determined to try if miscarriage could be induced by drastic purgatives and ergot. These means appeared to succeed. A foetus was expelled, and the patient did well; but the gastric irritation continued, necessitating the continuance of the injections. However, on July 9th, I was able to reduce their strength and the frequency of their administration; and, on the 20th, discontinued them altogether. At this date, the menses returned, and the irritation of the stomach quite subsided. The patient was sent to the seaside, and is now quite well. She was reluctant to discontinue the injections, and was for a day or two depressed and hysterical, though not usually of this habit. She is more than ordinarily fat when well. She lost much flesh during the first part of her illness, but regained it soon after the injections were commenced. Fearing to establish a habit of opium-taking, the character of the injections was hidden from the patient. The skin of the forearms was pierced two hundred and sixty times. There was never any swelling or redness, except after two or three of the earlier operations, when the injection was accidentally endermic, rather than hypodermic. Suppuration never occurred. The bowels were sometimes a little constipated; and a slight disorder of the liver's functions was easily rectified by an aperient. The effect of the morphia was felt very soon after injection, in heightened spirits, toleration of food, and increased energy; but there was no marked drowsiness, contraction of pupils, or subsequent headache.

Towards the close of a previous pregnancy, the patient had suffered from a similar, but less severe attack.

I trust that I am not wrong in believing that there are many points of interest in this case, upon which I shall make no further comment.

ON AMPUTATIONS PERFORMED AT THE RADCLIFFE INFIRMARY, OXFORD.

By JAMES T. HESTER, F.R.C.S., Hastings,
Late Senior Surgeon to that Institution.

THE paper which appeared in the JOURNAL on the 30th of January, from Sir J. Y. Simpson, on the "Effects of Hospitalism upon the Mortality of Limb Amputations, etc.," seems to me to call for reports from provincial and other hospitals and infirmaries; especially from those from which more favourable results than he has given can be reported: and I trust that my example may be followed by others who may be able to say they have been as fortunate as myself.

Sir J. Simpson states the mortality, taking all limb amputations, in metropolitan hospitals, to be 1 in 3; in provincial, 1 in 4; and in rural hospitals, 1 in 5½. Feeling certain that the mortality which had followed my operations was very much less than that which he has given, I wrote to the house-surgeon of the Radcliffe Infirmary, Oxford, who kindly furnished me with the results as recorded in that institution, and I should wish to place before the members of the Association the following table, and a few observations on the cases.

	THIGH.		LEG.		UPPER ARM.		FOREARM.		TOTALS.	
	Cases.	Dths.	Cases.	Dths.	Cases.	Dths.	Cases.	Dths.	Cases.	Dths.
1849...	3	1	...	1	0	...	1	0	...	5
1850...	1	0	...	1	0	...	1	0	...	3
1852...	3	2	...	1	0	...	0	0	...	4
1853...	1	0	...	0	0	...	0	1	...	2
1854...	2	0	...	2	0	...	1	0	...	6
1855...	1	0	...	1	0	...	0	0	...	2
1856...	1	0	...	2	0	...	1	0	...	4
1857...	3	1	...	1	0	...	0	1	...	5
1858...	0	0	...	1	0	...	0	1	...	2
1859...	0	0	...	0	0	...	1	0	...	2
1860...	0	0	...	4	0	...	0	0	...	4
1861...	1	0	...	1	1	...	0	0	...	2
1862...	4	0	...	1	0	...	0	0	...	5
1863...	0	0	...	1	0	...	0	1	...	2
1864...	1	0	...	1	0	...	1	0	...	4
Total 21	4	18	1	6	0	7	1	52	6	

It will be seen that four deaths occurred in the fourteen earliest amputations; 1 in 3½, a trifle over the given average. In the first case, after amputation of the thigh, hæmorrhage occurred on the sixth day after the operation, and the patient sank from exhaustion. The second had purulent infiltration among the muscles of the stump, and the saphena vein was full of pus for about six inches; but there were no purulent deposits elsewhere. The third died from pyæmia. In the

fourth case, one after a primary amputation of the forearm, there was secondary hæmorrhage from the interosseous artery, which was secured with great difficulty on the eighth day, and the patient died from pyæmia.

The thirty-eight cases which followed, afford a much more pleasing picture; two deaths, *i.e.*, 1 in 19, and those under very unfavourable circumstances. In that which occurred in 1857, after amputation of the thigh, the patient (a female of middle age) had been brought to the Infirmary from a distance of fifteen miles, in a cart, having had her leg drawn into a thrashing-machine, and the bones thoroughly comminuted from the toes to above the middle of the thigh. The case was as hopeless as it could be; but, on consultation, it was deemed right to give the shadow of a chance which amputation afforded, and the limb was removed as high up as it well could be without amputating at the hip-joint. She did not rally, and died eight hours after admission; probably six after the operation. The last fatal case, that after amputation of the leg in 1861, was that of a man about 60 years of age, a hard drinker, who was admitted, in a state of intoxication, with a compound (Pott's) dislocation of the ankle. The limb sloughed to a frightful extent; and it was amputated, to the best of my recollection, about ten days or a fortnight after the accident. This case is recorded as fatal from pyæmia. In neither of these cases could the unfavourable results be attributed to hospitalism.

I think I may, without arrogating too much, say that the results which I now record are very good; and I proceed to speak as to the causes to which I am inclined to attribute them. When I was elected to the Infirmary, early in 1849, erysipelas was so rife that we feared to use a knife, or even apply a blister; and many patients who were admitted with accidents or sores, were attacked with it and died. To such a degree did it rage, that I had some patients removed into lodgings in the town to undergo operations, rather than risk them in the Infirmary. Fortunately, a vacancy occurred in the office of matron, and a lady was elected to whom it would be impossible to give too much credit. She immediately set about to have the beds and blankets cleansed and purified, having found them in a most filthy condition, as indeed was every thing else which did not meet the eye. The committee were astonished, and I believe horrified, at the bills for soap; but the effect was that erysipelas disappeared altogether; and I cannot call to mind a single case either amongst my own patients or those of my colleagues in which it followed any operation from that time till the period I resigned my office in 1865.

Great care was always paid to ventilation, which was effected by means of open windows; and I really believe that the sanitary condition of the Infirmary was equal to that of any well-regulated private house. It is well situated, being outside the town, and perfectly isolated.

I must add a few words as to my mode of operating. For the few first years I performed the circular amputation; but for many years I made flaps of integuments, and divided the muscles as in the circular operation, whatever limb was removed; taking care, in amputations of the thigh, to cut the loose posterior muscles much longer than those in the front, to allow for their contracting, as they always do to so much greater a degree. I consider that there ought to be nothing over the end of the bone but integument. The only instance in which I ever included muscles in the flaps in amputation of the thigh was in the case of the patient who died with purulent infiltration among the muscles of the stump. I once left the muscles at the back of the calf, but found them very inconvenient: the patient, however, had a good stump, but it was tardy in healing.

I attribute the immunity of my patients from pyæmia (the great source of danger after amputation) to my having for many years *invariably tied the large veins*, thus preventing pus or disorganised blood from passing into them and mixing with the circulating fluid. There has always existed a great dread of tying veins; but having had occasion to apply ligatures on them a few times to arrest hæmorrhage, and finding no harm follow, I was led to adopt the deligation of them in every case, and the result has proved that the practice was good, and, I think, founded on correct principles.

The practice of tying veins has been always considered a thing to be avoided, but I feel sure that it is perfectly safe; and I hope other surgeons may try it, and be as satisfied as I am on the subject. I happened, two or three years ago, to meet a very eminent surgeon attached to one of the metropolitan hospitals; and, on my talking the matter over with him, he strongly urged me to publish my views and practice. I might, however, never have done so, but that I have felt it a duty to endeavour, to the best of my ability, to vindicate the usefulness of Hospitals generally; and I am certain that whatever may be their defects, they are most valuable institutions.

I cannot be positive as to the results of operations performed by my former colleagues; but my impression is that they would be equally favourable as those which I have recorded.

There can be no doubt but that from time to time erysipelas, sloughing phagedena, etc., will prevail in Hospitals; but I am convinced that the tendency to these disastrous sequels to operations may be got rid of, not by disinfectants (the use of which, however, should not be neglected), but by a careful system of ventilation and drainage, and, above all, by having the beds and blankets thoroughly cleansed and purified, as was done in 1849 in the Radcliffe Infirmary.

THERAPEUTICAL MEMORANDA.

[Under this head, we shall publish from time to time, as materials accumulate, short records of remarkable cases in practice which are sufficiently rare, interesting, or instructive, to deserve record, but do not call for lengthened statement or comment. Brevity and point should be the valuable characteristics of cases forwarded for this column.]

ON THE REMOVAL OF HÆMORRHOIDS BY PAINLESS OPERATIONS.

By W. HEATH STRANGE, M.D.

I HAVE read with much interest the short abstract of a clinical lecture, delivered by Mr. Holmes Coote, at St. Bartholomew's Hospital, "On the Removal of Hæmorrhoids by Painless Operations," reported in the JOURNAL of February 13th. I can fully corroborate his remarks on the value of the ether-spray when used in these operations.

For the removal of internal piles by means of a ligature, I have observed that the spray renders the part insensible to pain during the operation; and, by causing the vessels of this highly vascular structure to contract, reduces the size of the tumour, and lessens the probability of hæmorrhage, whilst it favours a more speedy separation of the strangulated tissues. The treatment by nitric acid, although generally painless when properly applied to the diseased mucous membrane, is so exceedingly painful when the acid is allowed inadvertently to touch the sensitive integument around the margin of the anus, that too much care cannot be taken to prevent this occurrence. I have, therefore, found that Fergusson's glass-speculum, coated with elastic-gum, having a slit at one side, when carefully introduced into the bowel, protects all the surfaces excepting that to which the acid is to be applied; and a wooden spatula cut into the shape of a bone egg-spoon, without being hollowed, is the most useful for applying the acid; but care should be taken to shake off any excess of acid before introducing it within the speculum to apply the acid where it is required.

CAPSICUM IN DELIRIUM TREMENS.

By C. ROBERTS, M.R.C.S., Surgeon North Riding Prison, etc.

THE result of the following treatment by large doses of capsicum, as recommended by Dr. Lyons, of Dublin, in the BRITISH MEDICAL JOURNAL, seems to me so satisfactory, as to make it worthy of record.

T. M., a stout strong man, aged 40, a jet-worker by trade, was brought to the North Riding Prison on February 21st, with decided symptoms of delirium tremens. He was sent to the hospital, but no remedy was prescribed till evening, when he had become very restless and turbulent. I then ordered half drachm doses of tincture of opium and spirits of chloroform to be given every two hours, for six doses.—February 22nd. He had had no sleep, and had refused to take the medicine during the night, but had taken it this morning. It was ordered to be continued during the day.—February 23rd. He had had no sleep. He was described by the hospital warder as being quite "mad" and "furious" during the night. He took all the doses of medicine yesterday, evidently with the result of increasing his malady. At present he was very restless and delirious, and it was necessary to restrain him by handcuffs. I ordered thirty grains of capsicum to be given immediately.—9 P.M. He had been much calmer during the day, but had had no sleep.—February 24th. He fell asleep about midnight and slept ten hours. He awoke quite rational, with very little tremor or debility. He took his food well, and appeared to be convalescent.—February 25th, evening. He wandered a little in his conversation but otherwise is well. I ordered fifteen grains of capsicum to be given at bedtime.—February 26th. He slept well; ate well; and was quite rational. Pulse 100. Tongue pale, but quite clean.—February 27th. He was convalescent. He took both doses of capsicum without any difficulty, and with no uncomfortable consequences except "hot" eructations after the first dose. He states that he had been drinking incessantly for six weeks before he was sent to prison, beer and whiskey being his chief beverages. He had taken little food during that time.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

ST. THOMAS'S HOSPITAL AND ROYAL MATERNITY CHARITY.

THE INDUCTION OF LABOUR, AND DELIVERY AT A PREDETERMINED HOUR.

(Under the care of Dr. R. BARNES.)

THE following two cases illustrate Dr. Barnes's practice in the induction of labour.

CASE I.—Mrs. B., a patient of the Royal Maternity Charity, had contracted pelvis, which, in two labours, rendered it necessary to resort to craniotomy. In August 1865, Dr. Barnes induced labour, when the patient was calculated to be seven months gone. The breech presented. Extraction was difficult, owing to pelvic narrowness and the great size of the child. The cord was round the neck. The child was lost; it weighed 8½ lbs. But the mother was confident it was only a seven months' child. In 1867, labour was again induced, and the child was lost. The pelvis was contracted in all its dimensions; the conjugate diameter measured 3.5 inches. In 1868, Mrs. B. being estimated near the end of the eighth month, Dr. Barnes fixed the 31st of October for provoking labour. At 4 P.M., Mr. Salt, resident accoucheur to the London Hospital, accompanied Dr. Barnes. A flexible bougie was passed. When it was about four inches through the os uteri, a slight resistance was felt to give way, as if the membranes had been entered; but no water escaped. The bougie went in about six inches; the rest was coiled up in the vagina. Next day, at 1 P.M., Mr. Salt accompanied Dr. Barnes to complete the labour. There had been no pains, but a considerable quantity of water had flowed. The os uteri admitted two fingers. The parts were well lubricated. The large caoutchouc dilator was inserted, and distended with water. This was maintained for an hour and a half, when there was room to admit the forceps, the head presenting. The blades grasped well. By traction, intermitted at times, the head was born in thirty minutes. The child, a girl of fair size, of eight months' development, soon breathed and cried well. The placenta, adhering from want of uterine action, was removed by hand. Mother and child did well. In this case, Dr. Barnes was convinced that the safety of the child was secured by the moderate compressive action of the forceps, which sufficed to bring the head through the narrow brim. In a previous labour at seven months, another practitioner had been obliged to perforate.

CASE II.—Mrs. W. had been delivered by craniotomy, on account of contracted pelvis, and was sent to Dr. Barnes by Dr. Rogers of St. Luke's. The conjugate diameter was found to be 3.5 inches. On November 6th, 1868, Mrs. W., being estimated to have completed seven months' gestation, was admitted into a private room at St. Thomas's, for the purpose of inducing labour. Dr. Barnes introduced a bougie eight inches into the uterus at 4 P.M., and appointed to complete the labour next day at 3 P.M.

Nov. 7th. She had some pains towards morning. The os was softer, and a little dilated. There was a little uterine action. A hand was felt through the membranes by the side of the head. Dr. Barnes applied his large dilator, distended with water, for half an hour. Further dilatation was effected. The membranes, bulging conically, were pierced with a quill; liquor amnii flowed. The dilator was reapplied for twenty minutes, with further gain. The head was too much displaced by the hand to allow forceps to seize well, so it was determined to turn. This was done chiefly by the bipolar method; but, to ensure sufficient opening of the cervix, the hand was passed a little way into the uterus; the right knee was seized and brought down; version was quickly effected, as the cord felt during the seizure of the knee did not pulsate; the arms were liberated quickly; and the head followed without difficulty. The child, of more than seven months' development, soon cried freely. The labour was all over at 4 P.M., the pre-determined hour. Had the case been left, there would have been complete shoulder-presentation, and probably the child would have been lost. Mother and child were quite well in March.

Mr. Cox, resident accoucheur, ascertained the following measurements:—External conjugate, 5.50 inches; intertrochanteric, 9.25 inches; between anterior superior spinous processes, 8.25 inches.