is at once negated when the strumous constitutional condition of the patient is recognised; and these cases, Mr. Adams considered, were no longer to be treated by leeches, blisters, issues, moxas, the actual cautery, etc.; but all these methods of depletion and counterirritation, still adopted by some surgeons in England, and more frequently by our continental neighbours, should be laid aside, and the object of local treatment limited to securing rest to the joint by means of gutta-percha splints, etc., together with the application of perpetual warmth and moisture, by wet lint covered with oiled silk, aided by the use of the local vapour bath for a quarter of an hour three times a day. In this way local rest or rest to the joint affected is always secured, whilst general exercise is at the same time permitted. In disease of the ankle-joint, or its neighbourhood, the use of a wooden leg contributes best to this result; and, in disease of the knee or hip-joint, the use of crutches should be insisted upon as early as possible.

It is only in the later stage, when there is no decided increase of heat in the inflamed joint, that Mr. Adams resorts to the application of blisters, tincture of iodine, Scott's ointment, etc.

The constitutional treatment consists in the administration of cod-liver oil, iron, quinine, and strychnine. Mr. Adams entertains a high opinion of the usefulness of the hypophosphite of lime, in doses of from five to ten grains, with ten or twenty drops of the tinctura ferri, in water, three times a day, directly after meals. He also advises residence at the sea-side, on chalk hills, or in mountain air. With these hygienic advantages, and mild local treatment, the disease may be arrested in a large number of cases.

The next subject discussed was the *Treatment for the restoration of motion of a stiff joint, or partial ankylosis, by forcible flexion and extension under chloroform.* After alluding to the history of this operation, Mr. Adams stated that when appropriate cases are selected, having reference especially to the constitutional condition of the patient, and the cause of the ankylosis; and when the operation is done with proper precautions, and with less violence than is sometimes used, there appears to be no risk whatever of inflammatory mischief following the operation. The absence of inflammation, and especially of suppurative inflammation, as a result of the operation, is, in a great measure, to be explained by the subcutaneous nature of the injury inflicted; and, in this respect, it may be classed in the same category with dislocations and simple fractures, which are seldom, ever, followed by suppurative inflammation.

One of the principal points which had engaged Mr. Adams's attention had been to determine the particular class of cases to which this treatment is applicable, and those in which it is either attended with danger, or in which it would probably fail in its object of restoring motion; and, with this view, he arranged all cases of partial ankylosis, or stiff joint, in three classes, viz., 1st, strumous; 2nd, rheumatic; and 3rd, traumatic.

With regard to the *first class*, the strumous, the result of Mr. Adams's experience has been to prove that they are the most unfavourable for treatment by forcible extension. In any scrofulous disease of a joint, where there is reason to believe that the articular cartilages, and other structures of the joint have been much damaged—and in scrofulous diseases the articular cartilages are, as a general rule, destroyed to a greater or less extent—a stiff joint is certainly the best possible result for the patient; and to obtain this should be the object of the surgeon, every care being taken to secure ankylosis, with the limb in the most useful position. Any attempt to recover the lost mobility can only be made at the risk of producing serious inflammation; and if free motion should be obtained under chloroform, and no serious inflammation follow the procedure, the motion will not be permanently retained, owing to the damaged condition of the joint. Stiffening will gradually return, and the case must be considered a failure.

With respect to the *second class of cases*—the rheumatic—the result of Mr. Adams's experience has been as favourable as it has been unfavourable in the strumous class. In a large proportion of cases of stiff joint, or ankylosis, occurring in young adults after rheumatic fever, or as the result of that severe form which occurs during the progress of gonorrhoea, free and useful motion may be restored by forcible rupture of the adhesions, and thickened ligamentous tissues.

There is one great peculiarity in the rheumatic form of inflammation, in whatever organ or structure it may occur—viz., a remarkable indisposition to suppuration; and this is, in the highest degree, favourable to the operation of forcible extension of joints, the tendency of rheumatic inflammation being to the adhesive form.

In the *third class of cases*, viz., the traumatic, the results of forcible extension are also generally favourable, though more uncertain, and, on the whole, not quite equal to the results obtained in the rheumatic class.

The conclusions arrived at by Mr. Adams, are as follows. 1. Forcible flexion and extension, under chloroform, of a stiff or partially

ankylosed joint—false or [fibrous ankylosis]—is a procedure attended with very little risk, in properly selected cases, and when the force employed by the surgeon, and the subsequent movements, are not excessive, more especially at the first operation.—2. The cases should be selected with reference more especially to the constitutional condition of the patient, and the integrity of the articular cartilages.—3. Cases of partial ankylosis, resulting from scrofulous diseases of the articulation, and those proceeded by suppurative inflammation within the joint, whether occasioned by phlebitis, febrile affections, or external injury, are the least favourable for treatment.—4. The cases of partial ankylosis, produced by acute rheumatic inflammation, especially when occurring in the adult, and those resulting from gonorrhoeal or genital rheumatism, are the most favourable for treatment.—5. Traumatic cases, or those resulting from external injury, when occurring in the adult, and unaccompanied by suppurative inflammation, are also favourable for treatment in a large number of instances.

IPECACUANHA IN EMETIC DOSES:

AS A STIMULANT, RESTORATIVE, ELIMINATIVE, AND ADJUVANT, IN VARIOUS CASES OF DISORDER AND DISEASE.

By JOHN HIGGINBOTTOM, F.R.S., Nottingham.

[Continued from page 144 of last number.]

Bronchitis.—Vomiting by the use of ipecacuanha in the early stage of bronchitis is very beneficial. This has been, I have no doubt, the common experience of other practitioners; but giving it in the last stage of bronchitis may not have been practised. I have never known it to be recommended. When a sudden low congestive or sinking state has come on, attended with an oppression of the chest, and endangering asphyxia, an emetic of ipecacuanha has not only soon relieved these dangerous symptoms, but has roused the whole system and produced such a change, as to render the patient convalescent in a few days. I have not seen the same beneficial effects produced in similar cases by any other remedy.

The two following cases, which I published in the *Lancet* more than twenty years since, are of that description.

Mr. D., aged 60, an innkeeper, of a gross habit, but not considered intemperate, had been much reduced in consequence of a neglected erysipelatous inflammation of the leg and thigh; this had in some measure subsided; but he had a troublesome cough, great dyspnoea, and difficult expectoration. A sudden state of sinking came on, with an increased dyspnoea, and quick feeble pulse. I gave an ipecacuanha emetic; he vomited at intervals for two hours, and the lowness and dangerous symptoms were much relieved; he had no relapse of the low or sinking state, and he gradually recovered under a common mild regimen.

Mrs. C., aged 78, had an attack of influenza prevailing at that time; saline aperients, with diaphoretics and expectorant medicines, had been given for about five days, when a sinking state came on, with difficulty in breathing. I was inclined to give an emetic of ipecacuanha as the most probable remedy. I was glad to find my patient would take it; and I may here mention the favourable idea which patients sometimes have of an emetic, imagining that vomiting enables them to throw up the phlegm. I gave her the usual emetic, which had the desired effect of completely relieving her. It was only necessary to visit her five more days, she being then quite convalescent.

Tic Douloureux.—In common cases of tic douloureux or neuralgia, the practice which I have pursued is to commence with an emetic of ipecacuanha and aperients, then to give an efficient dose of the citrate of iron and quinine three times a day. This practice I have found most successful. Some patients will not take the emetic to commence with, but will take the tonic; this has been persevered in for some time without amendment. The emetic is then taken, and afterwards the tonic continued for a short time, when the complaint subsides.

Periodical Drunkenness.—It is observed that, in the intervals between the periods of the attacks of drunkenness, the person is quite sober, and often remains so for three or four months, or for a longer time. When the mania comes on, the intense desire for alcoholic stimulants is so strong, as to render the sufferer subject to no control; and, from the sensation of depression and sinking, he looks upon alcoholic stimulus as his only remedy. When a person is in this state, it will always be found that his stomach is in fault, and the unnatural appetite arises from that cause alone. If half a drachm of the powder of ipecacuanha be taken, so as to produce full vomiting, the desire for alcoholic drinks is immediately removed.

From the experience I have had of the effects of ipecacuanha, I am of opinion, if a patient can be persuaded to follow up the emetic plan for a few times, when the periodical attacks come on, that the habit (for such I look upon it) will be broken.

Macnish, in his *Anatomy of Drunkenness*, when speaking of Periodical Drunkenness, says: "As soon as the stomach rejects every thing that is swallowed, and severe sickness comes on, the fit ceases. From that moment recovery takes place, and his former fondness for liquor is succeeded by aversion and disgust."

Delirium Tremens.—I have discontinued the stimulo-narcotic plan of brandy, opium, etc., in the treatment of delirium tremens, for the last thirty years, considering them as only palliatives which hide, hinder, and often aggravate the disease. In the absence of all alcoholic stimulants and opiates, the treatment of delirium tremens becomes very simple. First, an ipecacuanha emetic is given to produce full vomiting. The emetic, with the assistance of needful aperients, proper diuretics, and diaphoretics, given in a state of effervescence, tends to carry off the effete matter from the system. The digestive organs being restored in a great measure to their normal state, rest and natural sleep is obtained. Weak tea, coffee, or any other simple diluent, may be taken as a beverage; for food, light nutritious diet. Much exercise in the open air as early as the patient can bear it, with a daily warm bath, or sponging of the body with water, will effect a restoration.

Indigestion, or Disordered Stomach.—I have often known patients who, after suffering from indigestion for a long time, after giving every attention to regimen, and trying various remedies with only temporary relief, have resorted to an emetic of ipecacuanha, with a gentle aperient afterwards, and the saline effervescent draught; and with a diet of milk and light farinaceous food. In a few days, under the treatment, they have been quite relieved.

Some patients have disliked the emetic treatment so much, that from their solicitation I have omitted the emetic for some days, and tried every other remedy I could devise, but have signally failed in giving relief. An emetic with the above treatment has been at last resorted to, and in two or three days the recovery has been so palpable that the patients have, on another attack, been most willing to begin with the emetic.

It is not unusual for patients who have been into the country or by the sea-coast for change of air, on returning home, to find themselves not improved in health. In these cases I have sometimes found that the stomach has been in fault; their loss of appetite and lassitude have rendered them insensible of enjoyment. This would have been prevented by taking an emetic and aperient several days before their journey. Some patients are aware of the necessity of previously taking an emetic and aperient before leaving home, knowing that, if they did not, they would not receive the full benefit from the change of air, diet, and relaxation.

Patients at the sea-coast are sometimes desirous of having a sea-sickness which may answer the purpose of an emetic; but, as far as my experience goes, an ipecacuanha emetic is more gentle in its operation, and does not leave the distressing headache from which some suffer after sea-sickness.

Intestinal Irritation.—More than thirty years since, many lives were sacrificed in this neighbourhood, and I have no doubt elsewhere, from a want of diagnosis between irritation and inflammation, cases of irritation being mistaken for inflammation, and treated by free bleeding; death was the frequent result. The fatality of these cases attracted the notice of Dr. Marshall Hall, who resided in the town; after careful investigation he arrived at the conclusion that these cases were simply intestinal irritation; loss of blood was the cause of death, and he designated the lancet "a little instrument of mighty mischief." Upon an opposite mode of treatment being adopted, the cases were no longer fatal, and the patients soon rallied when attention was paid to the digestive functions by emetics, aperients, and opiates. The immediate good effects of an ipecacuanha emetic was very marked, bringing the pulse and temperature down to the natural standard.

Suspended Animation.—I was called about 10 P.M. to visit Miss S., aged 18. The messenger, her sister, informed me that she was afraid she was dying. I saw her in about ten minutes; my first impression was that she had taken poison, until assured of the contrary by her mother. She appeared in a state of asphyxia; her extremities were cold, the face livid and swollen, with the appearance of being puffed up; no pulsation at all was perceptible in either wrist; her mouth was open and her lower jaw fallen; indeed, she appeared to be dead. I ordered her feet and legs to be fomented directly with hot water by means of flannel. She seemed incapable of swallowing, yet she took half a drachm of the powder of ipecacuanha in water: afterwards, she was freely rubbed the whole length of the spine with acetum cantharidis. The emetic not operating in a few minutes, I gave another half-drachm

of ipecacuanha; and shortly afterwards there was a convulsion of the diaphragm, followed by vomiting—she ejected some very thick, slimy mucus. On the blistering vinegar being still rubbed along the spine she gave signs of uneasiness in her countenance, and expressed her pain by saying "Oh!" I remained with her until after midnight. Before I left she had become generally warm throughout her body, and could speak in a very low voice; but there were no pulsation in either wrist. I prescribed a mixture with aromatic confection and camphor mixture to be given every hour, and a little gruel, or other light nourishment occasionally. I left particular directions to send for me if she had any unfavourable change. The following morning she was quite recovered, but very feeble; she had no recollection of her illness, and could give no account of the cause. She had been sewing during the evening, sitting with her back to the fire; had only a potatoe to supper, and on going out of doors into the yard she became suddenly chill and faint; complained of pain between her shoulders, and felt very ill indeed. She then went to bed and became sick, and vomited a little watery fluid, and said she was going to die. A sudden swelling of the face came on, a convulsive motion and stretching of the whole body; then followed the state in which I found her. No further medical treatment was required but an occasional aperient; the swelling of the face was several days in subsiding.

Exhaustion during the Puerperal State.—Mrs. B., aged 23, very delicate and of pale complexion, was attended by me on the 12th of March, 1845, in her first labour, which was very protracted and severe, she being attacked with puerperal convulsions. I had to take about twenty ounces of blood from the arm, and found it necessary to perform embryotomy. She was exceedingly low afterwards, but gradually recovered for about eight or nine days, requiring no other medical treatment than mild aperients and injections. About the ninth day she complained of severe pains in the course of the colon and the sigmoid flexure. Mustard plaisters were applied, and active purgatives given with benefit, but a continued vomiting came on, attended with considerable lowness. Dr. H. was called in to visit her with me. Injections of half a pint of beef-broth, with half an ounce of spirit of turpentine, were administered every four hours; a blister of cantharides was applied to the scrobiculus cordis; plain gruel, or other light nutriment, was given as most likely to remain on the stomach. The vomiting still continued; the turpentine injections occasioned much pain after they were administered, and a very alarming increase of exhaustion and sinking. In this case it occurred to me that an emetic dose of ipecacuanha was the most probable remedy to rally the sinking powers and relieve the stomach. With the concurrence of Dr. H. I gave her half a drachm, and remained with her during its operation. A fuller vomiting was produced than I could have expected. I remained with my patient an hour, and left her somewhat better. After I had gone, she turned herself on her left side, and remained so still for several hours as to alarm her husband, who sent for me in haste fearing she was dying. I found her pulse much improved; she was still lying on her left side; the sickness had quite ceased. A little plain gruel was given her, and a half-pint injection, with equal parts of gruel and milk, every four hours. A slight vomiting came on after this time, but did not continue; her appetite so improved that there was a difficulty in restraining her from taking improper food, such as beef-steak, etc. Her stomach was disordered twice during her recovery from this cause, so as to require two emetics of ipecacuanha, which were given with advantage. The patient recovered, and is now in her usual health.

I was impressed in the above case with the great value of ipecacuanha, but also with the benefit arising from the clysters in conveying nourishment into the system when in an anæmiated state, and when food could not be received into or retained in the stomach. Indeed, I have often thought, from the great absorbent powers of the colon, that clysters might supersede the necessity of transfusion, having this advantage—the perfect safety and facility of the operation.

Old Age.—I have attended patients advanced in years who have been ill for some days; having loss of appetite, with increasing debility; a short, dry cough; little or no fever; pulse sometimes irregular and feeble; an inactive state of the digestive organs; with general torpor of the system. The patients have an idea, from their age, that there is a natural decay of the body—to use their own words, "their constitution is breaking up," and they are averse to having medical aid; or, indeed, to take any medicine. Such patients will often be restored to health by a single emetic, gentle aperient, and saline effervescent draught, and diet chiefly milk. Old people should avoid cold, particularly exposure to north-east wind. I have observed that, when an old person becomes thoroughly chilled, it often kills by acting upon the capillary vessels, and causing congestion in some vital organ. To prevent fatal consequences an ipecacuanha emetic should be early given to prevent evil. I know a medical man eighty years of age, who, if he

has taken cold, or loss of appetite, or even from any disordered state of the body, takes an emetic directly. This has been his practice for a number of years, and he considers it has been the chief means of prolonging his life.

(To be concluded.)

THE SIAMESE TWINS : PROPOSAL FOR EFFECTING THEIR SEPARATION.

By JAMES STARTIN, Esq., F.R.C.S.,
Senior Surgeon to the Hospital for Diseases of the Skin.

THE lucid description of the Siamese Twins and their band of union by my friend Sir J. Y. Simpson, has induced me to ask a place for a proposition which, as far as I am aware, has not been made before. This is to accomplish the separation gradually, imitating what occasionally occurs to a limb of the foetus *in utero*. This I would propose to effect by applying to the umbilical or mesial line of the band a centrally divided disc of steel or aluminium, strongly gilt, of the eighth or tenth of an inch in thickness, which should have a central opening exactly corresponding in size and shape with the connecting band of the twins. The edges of the opening in the disc should be rounded and burnished, and each half should be constructed to slide smoothly and evenly on the other, which might be accomplished by grooves, as also by the pair of male and female screws with which each side of the two halves of the disc must be furnished. These screws are to be constructed with a fine thread, that will take three hundred or more revolutions to close the opening in the centre of the disc, and thus divide the band, in three hundred or more days; they should also have square heads, numbered 1, 2, 3, 4, and be moved by a key so that a whole, a half, or a quarter revolution can be *diurnally* made by each brother, as may be found suitable. Twice a day the parts pressed upon by the disc should be lubricated by means of a camel-hair brush moistened with a little tragacanth mucilage and glycerine, and the surrounding skin kept clean and soft by the same application. The disc should be supported on each side by means of a hollow cushion of vulcanite or metal, the section of which would be triangular, with a broad base to rest upon the skin, and a flat surface to support the disc. This circular cushion should be applied and removed after the manner of a lady's bracelet.

It will be seen that this plan can be employed without the slightest risk, as it can be continued or discontinued at pleasure, and it may be carried so far only as to consolidate the band and cut off what little circulation or nervous unity exists between the brothers, so that the stroke of a knife may finally effect their separation.

I would have personally seen the twins and explained my ideas to them, had I not been confined to my couch by temporary illness. I hope, however, still to have the pleasure of visiting Messrs. Chang and Eng and making my proposition known to them. In the meantime, the suggestion will obtain consideration and ventilation through the JOURNAL, and doubtless elicit from others, better qualified than myself, other methods for carrying out my proposal. Another advantage of the plan to Messrs. Chang and Eng will be, that the apparatus may be made ornamental, and rendered rather an additional attraction than otherwise in the exhibition their circumstances would seem to require; like the last three hundred nights of "readings," or of a theatrical performance.

I enclose a rudely made model in pasteboard, which will demonstrate my meaning at a glance. The elastic band taking the place of the male and female screws, of course one side only is shown in the model; but I think it may prove sufficient, not only to illustrate the nature of the apparatus to the patients, but also to enable an intelligent mathematical or surgical instrument maker to carry out the proposition.

TREATMENT OF BOILS, WHITLOWS, AND ABSCESSES BY CARBOLIC ACID.—C. J. Cleborne, M.D., Surgeon, U.S.N. (*Am. Journal Medical Science, and New York Medical Record*), records his experience in the treatment of whitlows, boils, and abscesses with this article. Being dissatisfied with the usual mode of treatment, he determined to try the effect of carbolic acid. This he did by making a free opening so soon as fluctuation could be detected, and when all the pus had been discharged by gentle pressure, the cavity was injected or swabbed out with the ordinary liquid carbolic acid of the shops, after which cold-water dressing was applied. In this way further suppuration was prevented, and the wound healed so rapidly that the patient returned to duty in two or three days. In some cases, after evacuating the pus, and using the acid, the edges of the wound were brought together with isinglass-plaster, and in twenty-four hours it entirely healed.

VESICAL ABSORPTION.

By D. CAMPBELL BLACK, M.D., L.R.C.S. Edin., Glasgow.

IN one of the lectures recently delivered and published by Sir Henry Thompson, "On Affections of the Urinary Organs," the following passages occur. "In circumstances of great pain, you may inject anodynes into the bladder if you please; but they are of little value. And you need not be afraid of the quantity; for the mucous membrane of the bladder appears to have no absorbing power, unlike the neighbouring tissue which lines the rectum."

The following case which has just occurred in my practice so thoroughly substantiates the fallaciousness of this doctrine, that I am induced to place it on record.

M. M. C., a female, had been under my care for a short time in consequence of chronic cystitis. Having employed the usual constitutional treatment in the first place, but with no very decided benefit, I adopted the topical treatment recommended so strongly by the distinguished surgeon referred to, injecting acetate of lead and nitrate of silver after his method. My expectations not being realised, at all events, so promptly as I anticipated, I resolved upon injecting a weak solution of the bichloride of mercury, from which I have obtained the best results in other chronic inflammatory affections. Accordingly I injected, on January 27th, about three ounces of a solution, containing, as I firmly believe, little over a quarter of a grain of the bichloride. The patient then left my house, being desired to retain the solution in the bladder as long as possible. I was requested to visit her on the succeeding day, when, to my annoyance, she complained bitterly of the pain the last injection had occasioned her. It was not retained in the bladder for over twenty minutes. She stated that she had a most unpleasant taste in her mouth, "wersh," as she termed it, or, in more familiar terms, a brassy taste; that her gums were painful; and on examination, there was at least evident tenderness, and for two or three days afterwards she passed very little water, and then with very considerable pain. I need not say the statement of subjective symptoms was voluntarily tendered, and that the patient had not the remotest idea that the symptoms complained of were due to the treatment employed. The internal administration of anodynes relieved the pain, and I am hopeful that, notwithstanding the disagreeable consequences, improvement will ensue. With such a case as this in view, indicating, as it does, the great absorptive power of the bladder, I would be exceedingly chary of indiscriminately injecting powerful anodynes into this organ. From this circumstance, it will be obvious, certain medico-legal questions might arise; and it is desirable that, until Sir Henry Thompson's views are more conclusively established, in respect to anodynes, his statements should at all events be received with reservation.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

ROYAL ALBERT HOSPITAL, DEVONPORT.

TORSION OF ARTERIES AND USE OF CARBOLIC ACID.

(Under the care of Mr. SWAIN.)

ON Saturday last, Mr. Swain had occasion to amputate the right arm of a man for epithelial disease. The limb was removed very high up within the axilla. Mr. Swain applied torsion to the axillary artery, and to all the other bleeding vessels. The case has progressed most favourably. On the same occasion, Mr. Swain removed the head of the femur in a case of long-standing hip-joint disease. The wound was washed out with a weak watery solution of carbolic acid—1 to 40—and then stitched up with some sutures, all but a dependant opening made at right angles with the long incision. The cavity was then syringed out with carbolic acid and oil—1 to 10—the oil being pressed out. A piece of calico saturated with the oil was then placed over the wound, and a plug of lint, also soaked in oil, in the dependant opening, a bit of ligature being attached that it might be removed; over this was then placed carbolic acid and putty spread on tinfoil, and over all a square of carbolic acid plaster. A bandage was then applied, and the limb placed on an interrupted splint. At the end of twenty-four hours, the outer dressings were removed, the plug pulled out, and fresh putty and plaster applied. The boy has suffered no pain since the operation, and is progressing well in every respect.