The time can be very materially shortened, in the case of the mouth and of the axilla, by keeping them closed for ten or fifteen minutes respectively previous to the introduction of the thermometer, the bulb of which has been warmed.

But however we may proceed, in order to be quite certain of a trustworthy result of our observation, it is best not to depart from the rule already laid down by Von Baerensprung* and by Traube,† and adopted also by Wunderlich‡ and Liebermeister; namely, not to finish the observation as long as the mercury has not remained stationary during five minutes. An accurate observation will then, if the axilla had been kept closed for a quarter of an hour, take not much more than ten minutes; and if that precaution have not been, or could not be, taken, from twenty to twenty-five minutes. It may, however, happen that the mercury, even if the temperature be high, does not become steady in the time usually found necessary, but continues slowly rising. This is the case when the observation is made during a febrile paroxysm, in which a rapid rise of temperature takes place. The usual daily fluctuations will but rarely interfere in this way, as, even during the time at which the daily changes take place more rapidly, the difference but very seldom amounts to one-fifth of a degree in five minutes; and, from all the circumstances, it will be easy in such a case to arrive at the true explanation of what takes place.

It is, of course, one thing to make observations with the thermometer which claim scientific value, and another to use that instrument in everyday practice. Here a shorter observation may be sufficient for many objects—for instance, to determine whether the patient has pyrexia at all or not; but, as soon as important conclusions are to be drawn from these observations, either for the diagnosis or for prognosis and treatment, then the most accurate method of observation is indispensable.

ABDOMINAL PUNCTURE IN TYMPANITES.§

By JAMES G. DAVEY, M.D., Northwoods, Bristol.

THE case which I am about to narrate is, to my mind, one of some practical value; it opens up a question, the reply to which I look for from this present meeting.

On the 6th of last October (1868), I saw at Whitfield, with Mr. Salmon of Thornbury, a female child about nine years of age, suffering from a very evident and severe affection within the abdomen. The history of the case was this. In the preceding August, towards the end of the month, Mr. Salmon's assistance was sought for this child, in consequence of her complaining very constantly of the "stomach-ache". Mr. Salmon found his patient with an abdomen somewhat tender and distended. The bowels were constipated, the tongue dirty and yellowish, and the breath foetid. She felt sick, and was without any appetite. He found her, in a word, *bilious*. Aperient medicines were prescribed, and warm poultices put on the abdomen. But little and temporary benefit resulted, and then more active aperients were resorted to. Enemata were administered from time to time; and the local application of tincture of opium with olive oil, and of mustard cataplasms with turpentine stupes, was suggested. The diet was, of course, of a light character, as broth and milk, with wine or brandy and water occasionally. Two or three weeks elapsed, and the symptoms not only did not give way or succumb to treatment, but they became much aggravated. The indications of disorder of the *primæ viæ* became more and more palpable. Thus the abdominal pain and distension were increased, and the sickness was more urgent. The disinclination to take food persisted; the tongue was still foul; and the bowels remained more or less constipated—that is to say, not duly purged. Palliatives, as spirits of chloric ether, hydrocyanic acid (dilute), etc., were now given, but with only a passing relief to the sickness and pain.

Some further time elapsed, and then it was that I was requested to see her—in consultation, of course, with Mr. Salmon. I found our patient lying on her back, with the knees drawn towards the abdomen, but fallen to the right side. She was greatly emaciated, and to all appearance not far from death. The abdomen was enormously distended, and very evidently tympanitic; tongue loaded, moist, and covered with a darkish mucus; breath very offensive. She had no appetite. The bowels had been relaxed ("diarrhoea"). The skin was somewhat hot and dry; pulse rapid and feeble. Though believing the case a hopeless one, we determined on a line of treatment. We sought—1, to maintain the powers of life by the aid of small and frequent

quantities of diluted brandy, beef-tea, milk, and the like; 2, to relieve the local distension and pain by the application of the linimentum hydragryri, a flannel bandage being worn over the abdomen and around the body. We agreed also on the administration of small doses of either calomel (one-sixth or one-eighth of a grain) or grey powder (one or two grains), with Dover's powder or opium, according to circumstances, every few hours; as well as a mixture containing spirit of chloric ether, compound tincture of cardamoms, and syrup of ginger, in camphor mixture. I suggested, further, the trial of a dose of castor-oil and spirits of turpentine every few days; as well as the use of O'Beirne's tube.

But to the point of this paper. In driving homeward with Mr. Salmon, it occurred to me that the enormous quantity of gas or wind occupying either the peritoneal sac, or, it might be, the intestines, being nothing more nor less than a foreign body, or, at any rate, a product of abnormal action in the parts concerned, should be evacuated. I said this to Mr. Salmon. That gentleman hesitated to fall in with my suggestion. I pursued the subject thus. If, instead of the air within the abdomen of our patient, we felt assured there was fluid or water (ascites), would not an operation—puncture—be then held to be imperative on us? Mr. Salmon assented. The consequence was, that my friend did, on the very next day, act on my suggestion, and operate. A note from Mr. Salmon to myself, dated April 18th, 1869, has these words, viz.: "In reply to your letter respecting the little girl at Whitfield Farm, I find that you saw her on the 6th of October (1868); and on the following day I punctured the abdomen, letting out an immense quantity of air, of a most offensive character, which continued at intervals to discharge until her death, which took place on the 19th of the same month. The operation," he goes on to write, "gave great relief, and tended much to mitigate her suffering, previously to which the difficulty of breathing had been most distressing."

Let me observe here, that the examination *post mortem* revealed the ordinary belongings of "tubercular peritonitis"; viz., adhesions, deposits of lymph, purulent effusions, and so on. There were, in addition, three ulcerations on the intestines, one of which had, it would seem, opened a communication between the gut and abdominal cavity; in the immediate neighbourhood of which, and external to the bowel, some faecal matter was seen. This "communication", however, was nowhere near the seat of "puncture".

As you will perceive, it was not the good fortune of Mr. Salmon and myself to achieve more than the relief of our patient's great sufferings; but does not this partial success seem to justify, in extreme cases of tympanitis, a resort to the trocar and cannula? However, I am not without evidence of a more assuring or promising character; and to that evidence I would now invite your attention.

In the *Medical Press and Circular* for April 7th, 1869, you will find these words; viz.:

"*Intestinal Puncture in Tympanites*.—Under the advice of Dr. Fonssagrives, intestinal puncture, as a last resource, has been several times practised at Toulouse, on two patients suffering from tympanites. In the first case, the abdomen formed an immense mass; the patient was perfectly cyanosed, and suffocating. An exploring trocar was inserted into the most distended part of the lower umbilical region. The gas escaped so violently as to extinguish a candle. The distension returning next day, two fresh punctures were made in different places, and gave so much relief, that the life of the patient was prolonged four days. In another case, six punctures were successively made, until the gases were naturally evacuated, and the patient cured."

Now it was on reading the above sentence that it occurred to me that the case of Mr. Salmon's was really deserving of record, as leading us up, as it were, to the very gratifying result of the treatment of tympanites by puncture, as realised by Dr. Fonssagrives of Toulouse; and hence this paper.

Speaking on this subject to a medical friend some weeks since, he told me that veterinary surgeons so treated the disorder among cattle. That this is the case, I have the authority of Mr. Nathaniel Leigh, the eminent veterinary surgeon of Bristol. I wrote to him for information in regard to the treatment of tympanites in horses and cows. He has replied as follows, under date April 28th, 1869. "Tympanites is a very common occurrence in cows, but not so frequent in horses. I have operated with great success on both. I make the puncture with a common trocar, or, if I have not that at hand, with a common pocket-knife. I pass the trocar or knife just between the last rib and the ilium, and on that side of the abdomen which is the more prominent. I think," he adds, "that, if the operation were more frequently resorted to, many beasts would be then saved which now die."

In view, then, of the foregoing facts, are we not called on to draw this conclusion—viz.: In extreme cases of tympanites (the air being either within or without the intestines, *i. e.*, in the peritoneal sac), the

* Müller's Archiv, 1852.

† Annalen des Charité Krankenhauses, i, 1852.

‡ Das Verhalten der Eigenwärme in Krankheiten. Leipzig: 1868. P. 79.

§ Read before the Bath and Bristol Branch.

other and more ordinary remedies failing, puncture of the abdomen is not only perfectly justifiable, but is, in point of fact, called for, even demanded, at our hands.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

MIDDLESEX HOSPITAL.

CHOREA: AT FIRST UNILATERAL (LEFT), THEN GENERAL AND SEVERE: GOOD EFFECTS OF STRYCHNIA.

(Under the care of Dr. MURCHISON.)

WE are indebted to Mr. H. A. Bale, Resident-Physician's Assistant, for the following notice.

E. B., aged 15, was admitted into the hospital on March 23rd. Her illness began with slight twitchings of the fingers of the left hand a month before admission; these spread to the arm, left side of the body, and face; the right limbs were now slightly affected, but the patient could walk and talk, and slept well; the heart-sounds were normal. She never had rheumatic fever. When admitted, the patient was put on ten grains of bromide of potassium three times a day; this was increased to thirty grains three times a day; but in spite of this, the right side rapidly became as bad as the left. Belladonna and cannabis Indica were successively tried, but without improvement.

On April 7th, the patient was noticed to be unable to sleep, owing to the violence of movements; pulse 108; temperature 101; skin hot and dry; the pupils dilated; the patient was stupid and heavy; her appetite was bad. Sulphate of zinc was then tried (two grains three times a day), but the patient became worse.

On April 10th, the patient was becoming much exhausted; she was unable to talk, and could only be fed with great difficulty, owing to the violence of the convulsions; she had also great difficulty in swallowing. The back of the body and limbs were sore and much chafed from the constant movement. She had great thirst. She had passed urine in bed for the last two days. She was now ordered six minims of liquor strychniæ in water, to be taken every four hours, and two drachms of brandy every two hours. The improvement was immediately apparent after two or three doses. The pupils became natural; the paroxysms less frequent, shorter, and less violent.

On the 15th, trismus was noted to have quite disappeared. She was taking nourishment freely, and the amount of liquor strychniæ had been increased to thirty-six minims in the twenty-four hours.

On the 18th, there were very slight choreic movements in the limbs and face. She was ordered ten minims of liquor strychniæ every eight hours.

On the 20th, the improvement continued, and the mixture was now ordered every six hours. The amount of strychnia was gradually increased from this time, until on May 12th she was ordered to take ten minims every four hours; the movements at the same time steadily, and at last completely, disappeared. The left arm was left almost paralysed, but rapidly recovered. The mixture was omitted on May 28th; and on June 7th the patient was discharged cured.

MUCOUS POLYPUS OF THE UTERUS: MENORRHAGIA: AN INTRA-UTERINE FIBROID POLYPUS.

(Under the care of Dr. HALL DAVIS.)

THE subject of the first case, Sarah Spickernell, aged 47, a widow, with two children, was admitted last November. Up to four months previously, she had enjoyed good health; but at that time menorrhagia commenced—ceasing, however, in a few days. Subsequently, it returned, at intervals of a fortnight; and she had also aching in the loins. Vaginal examination presented a dilated os uteri, embracing a polypus, half of its body projecting into the vagina. Its body was found unattached, except by a narrow pedicle to the lower part of the cavity of the body of the uterus. Its attachment could be reached easily, the lips of the os uteri being soft and flaccid. The general health had not as yet suffered; but, to prevent this from happening, it was decided to remove the polypus, which was of the size of a small walnut. This was easily and without pain effected by torsion, with the help of a small pair of uterine forceps. The patient recovered without a bad symptom, and there has been no recurrence of menorrhagia.

The subject of the second case was admitted in January this year—

Anne Plumb, aged 45, married, with nine children, the last born ten years ago. Hæmorrhage commenced twelve months ago, at and between the menstrual periods, without pain. Appetite and sleep were very deficient. On admission, the face was blanched. Hæmorrhage was going on. Examination by the point of the index finger discovered within the os uteri what appeared to be a fibroid polypus. The sound readily passed by the side of its body and all round it in the cavity of the uterus; but only the point of the finger could be passed just within the orifice into contact with the growth.

Steps were taken to dilate the os, preparatory to the removal of the polypus, and with it the cause of the hæmorrhage, which had much weakened and anæmiated the patient. A sponge-tent was introduced, and ordered to be changed for a fresh and larger one in three or four hours. Dilatation having thus been obtained of sufficient extent to admit the point of the finger to the fundus, and the uterus washed out with carbolic acid lotion to remove any taint left by the sponge-tent, the single wire *écraseur* loop was adjusted around the neck of the polypus. This could now be distinctly felt by the finger to be attached to the fundus. The patient was first placed under chloroform. The wire was now tightened; and, having made its way through the pedicle, the polypus, of the size of a large walnut, was removed by the uterine forceps. The uterus was then injected with solution of perchloride of iron. She was ordered, at bed time, four grains of blue pill, to be followed by three drachms of citrate of magnesia in the morning. The bowels were fully opened in the morning. No bad symptoms followed; and the patient, with the help of a good dietary and steel with quinine, went out convalescent, to return to the country, in fifteen days.

QUEEN'S HOSPITAL, BIRMINGHAM.

TWO CASES OF MOVEABLE KIDNEY.

(Under the care of Dr. FLEMING.)

Reported by Dr. SAWYER, Resident Physician.

Moveable Kidney on the Right Side; Abdominal Pulsation; Tonic Treatment; Relief.—E. R., aged 24, a domestic servant, was admitted on June 7, 1869.

History.—She enjoyed good health until five weeks previously, when she noticed a pulsation in her abdomen, together with a tumour on the right side of the belly, just below the free edges of the ribs. At this time she suffered much from pain after meals; occasionally from sickness and vomiting; and felt unequal to exertion. Seven months since, she became a mother; but the supply of milk failing, she was unable to suckle her child. Latterly she has menstruated regularly, and there is no leucorrhœal discharge. She says that the degree of pulsation in the belly and the prominence of the tumour vary considerably, and are especially marked when the general health is bad. There is no family history of disease. She denies having been in the habit of tight lacing, and there is no account of any blow or undue exertion preceding the appearance of the swelling.

Present Condition.—When the patient takes a deep inspiration, a tumour, having the size, shape, and feeling of a kidney, can be felt lying below the ribs on the right side, its lower margin almost reaching to the anterior superior spine of the ilium on the same side. Handling the swelling does not cause pain. The displaced organ slips about easily in the abdominal cavity, and can be moved to a small degree in every direction, but can be pushed most easily upwards and backwards under the ribs towards the normal site of the kidney. When the patient lies on her back, the tumour does not become evident until she takes a deep inspiration, when it passes from under the ribs; it can then be grasped by the hand, and retained in the abnormal position. In the erect position, the lump is easily felt; but it is, perhaps, most apparent when she lies on the back and inclines a little to the left side. A strong pulsation is felt in the abdominal aorta, extending from the ensiform cartilage to the umbilicus. The vessel is drawn to the front of the spine, and slightly to the right of the median line. There is no *bruit*, but slight pressure produces a loud murmur. The other organs of the body are healthy. The urine and micturition are normal. This patient has obtained much relief from treatment, which embraced the tonic regimen and medication, and the use of an abdominal bandage.

CASE II.—Moveable Kidney on Right Side caused by a Blow: Abdominal Pulsation; Tonic Treatment; Relief.—C. L., aged 48, single, washerwoman, was admitted August 5th, 1864. She was thin and delicate-looking, but had been stouter. At the age of ten, she fell with her right side upon the back of a chair, and was much hurt. Since then, she had had a lump in the belly, and had never felt thoroughly well. On examination, the swelling, which was readily detected, presented all the characters of a moveable kidney on the right side. It was