fuses to allow the profession to learn his results. Can we come to any other conclusion but that his reticence is due to a want of success? The disasters that have occurred to surgeons, when operating for stone, have nearly always been caused through an insufficient opening being made into the bladder, the result being that the viscus receded before the pushing finger, and left the surgeon to grope about in the ischio-rectal fossa for that which he found not. Mr. Ellis has, long ago, proved that there is no such thing as dilatation of the prostate, and has very pertinently pointed out that the most successful cases of lithotomy occur in children, when the boundaries of the prostate *must* always be overstepped, on account of the very rudimentary condition of that organ. A surgeon will be heard to state that, in the case on which he has just operated, he has extracted the stone by a limited incision, and subsequent dilatation. But I would ask, what proof is there of such having been done? Not having examined the parts, how does he know whether he has, or has not, exceeded the bounds of the prostate. He cannot tell. On the contrary, all the specimens in the London museums which I have examined, prove incontestably that no surgeon has ever extracted a stone, unless a very small one, without exceeding the margin of the prostate. Some years ago, I carried out a series of investigations on dead subjects, and found that no ordinary sized stone could be extracted from the bladder without completely rupturing the prostate and its capsule. (*Path. Soc. Transactions*, vol. xvii, p. 186.) Three of the patients whom I cut for stone were troubled with incontinence of urine after the operation, and the reason is clear. When I first began to operate for lithotomy, I followed the plan taught me, making a small incision, and subsequently enlarging the wound with my finger. The result was that my first and second cases were troubled with incontinence. I then altered my method; the consequence was that all recovered without suffering from incontinence except one boy, from whom I was obliged to withdraw the stone without enlarging the wound, on account of the critical condition he was in from chloroform. I now come to that proof which will carry conviction, and I will, in the first place, explain what I mean by a free incision. No one would more strongly deprecate making a larger wound than is necessary than myself; at the same time, I believe that more injury has been caused to patients through making incisions too small than too large. I, first of all, make an aperture large enough to permit my finger to slip into the bladder without the slightest force being required. If, however, my finger should not slip in easily, I introduce the knife, and enlarge the wound. And in the bladder I grasp the stone with the forceps (in boys I extract the calculus with the forefinger only), and then commence to withdraw it. If there be the slightest resistance, I introduce a probe-pointed bistoury, and cut outwards and downwards till the stone glides out without the slightest traction being exerted. So far as I can ascertain, those surgeons who have adopted the cutting plan for extraction have attained a success wholly unapproachable by those who follow the so-called plan of dilating, which is lacerating. Mr. Gutteridge, Mr. Brett, Mr. Carr Jackson, Mr. Vincent Jackson, and myself have cut 349 patients for stone, and the sum total of all the cases that died after operation only amounts to eleven. These results carry with them the incontrovertible deduction that a method of operation which only loses 3 per cent. of its patients must have a better basis for its support than one which permits 15 per cent. to die. I will now conclude by giving one of the most important judgments ever uttered on the subject of lithotomy.

"It has certainly appeared to me that the very result so much apprehended from a free incision of the neck of the bladder seems to have followed in most of my unsuccessful cases from a want of a sufficiently free incision; whereas my unhesitatingly cutting all opposing textures has, especially in my last sixty-eight cases, been followed with the happiest results. Indeed I have almost felt conscious, whenever a case has terminated unfavourably, or the recovery has been slow, that my internal incision has not been sufficiently bold, and that the operation has been protracted thereby." (*On the Surgical Diseases of India*. By Mr. Brett, p. 206.) Better surgical principles than these no book contains.

THE PATHOLOGY OF SICK-HEADACHE.

By FRANCIS E. ANSTIE, M.D., Assistant-Physician to, and Lecturer on Medicine at, the Westminster Hospital.

SOME remarks of Dr. P. W. Latham, in a recent paper in the *BRITISH MEDICAL JOURNAL*, which advert to my late articles on migraine in the *Practitioner*, call for a reply from me.

Dr. Latham has misunderstood the nature of my claim, and he might, perhaps, have given me credit for familiarity with such hackneyed authors as Tissot, Romberg, and Lélut. I had no idea of

claiming the origination of the idea that migraine was a neuralgia: the statement for which I did venture to claim a certain merit of priority was much larger than that. It was to the effect that migraine is almost the only neuralgia of the period of bodily development, and depends on inherited defects in the nutrition of the medulla oblongata, and that it is intimately mixed up with, and frequently interchangeable with other and more formidable nervous diseases, which are also the results of similar defects in the nutrition of the medulla; and that it is, so to speak, a matter of chance whether a person born of a certain race will have migraine, or epilepsy, or asthma. Your readers will perceive that this, which was stated in outline five years ago, in my article on "Neuralgia" in Reynolds's *System*, and at much fuller length in my book on *Neuralgia* in 1871, is quite different—whether true or false—from what had been said by any previous writer. But I am exceedingly pleased to see that Dr. Edward Liveing has, quite independently, arrived at conclusions which come very near to mine. He thinks that migraine is an inherited disease, and that each paroxysm is a nerve-storm which may range over the whole tract between the optic thalami and the nucleus of the vagus. I am greatly satisfied to be so far supported by Dr. Liveing's opinion, which I esteem as highly as that of any pathologist living in regard to questions of this kind. In agreement with Dr. Liveing, I also am obliged to reject the idea of sympathetic nerve-disturbance as a primary phenomenon in migraine; I believe them to be only secondary. The papers of Dubois-Reymond and Möllendorff were long ago carefully studied by me; and the views which they take are rejected upon grounds which will be found stated at length in the chapters on "Pathology" and on "Complications" in my book on *Neuralgia*. I believe that the sympathetic phenomena in migraine are mere secondary matters, standing on a level with vasomotor secondary disturbances, which may occur in neuralgias of every situation and form.

[The above should have been inserted in last week's *BRITISH MEDICAL JOURNAL*, but the MS. was accidentally mislaid.—ED. B. M. J.]

A CASE OF UTERINE HYDATIDS.

By SPENCER T. SMYTH, M.D., F.R.C.S. Eng.,
Great Yarmouth.

THE subject of this history was S. J. T., aged 13 last April, of plethoric habit of body, her general configuration being equal, in many respects, to girls of more mature age. The catamenia made their first appearance just prior to the age of thirteen, and continued regularly to do so, until within three months of her present attack. No cause could be assigned for the amenorrhoea; the general state of health continued good, so that no medical aid was sought. Her mother noticed that she was more indolent than usual. The abdomen was swollen, as also were the mammary glands. She occasionally manifested symptoms of nausea. One morning in December 1872, I was requested to visit her, owing to severe flooding. Upon examining the abdomen externally, I found the uterus enlarged, forming a tumour equal in size to that of a three months' pregnancy. I stated to the mother that, if she were older and married, I should have regarded her case as one of threatened abortion. Much dark blood with coagula had been discharged, accompanied with violent pains. No examination was at this time made *per vaginam*. The areolæ were of a dark colour. Ergot was administered, which (after a few days) had the effect of restraining the hæmorrhage. Upon my second visit, I found her tolerably free from pain, with quiet pulse, without any febrile disturbance; the loss was entirely checked. Still, however, the abdomen was enlarged, and the line of the uterine parietes well defined. On the next day, she was visited by my partner, Mr. Wylls. The flooding had recurred with greater violence, accompanied with the throwing off of a mass of hydatids, attached to the lining membrane of the uterus, which was in a highly hypertrophied, indurated state, as if the result of inflammatory action. She is steadily recovering from the attack, although very anæmic in appearance. Upon interrogation, she stoutly denies having had sexual intercourse, although I strongly suspect that such had occurred.

REMARKS.—Both Sir C. Clarke and Dr. Kennedy mention that hydatids of the uterus may occur without previous sexual intercourse, although, in the majority of instances, they are the result of conception, being an enlarged condition of the villi of the chorion. Danger arises, at the time of expulsion, from hæmorrhage; frequently they are discharged piecemeal, the portion remaining *in utero* keeping up the flooding. If, in this case, conception had not occurred (from her own statement), the occurrence of hydatids must be viewed as the result of inflammatory action. Their symptoms simulate pregnancy very closely, but without the feeling of quickening, *ballotement*, and sounds of the

fœtal heart and placental murmur. The treatment to be pursued must be that for hæmorrhage occurring before delivery. Ergot must be given, the vagina (if the case deem it) must be properly plugged, and the uterine cavity emptied (if possible) of its contents.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

REPORT ON THE ADMINISTRATION OF ETHER.

(Continued from p. 36.)

GUY'S HOSPITAL.

THE following are particulars, drawn up by Mr. Carey, late House-Surgeon, of a dozen cases in which ether has been administered for the purpose of procuring anæsthetic sleep in patients of Mr. Cooper Forster at Guy's Hospital, prior to undergoing surgical operations. Mr. Forster, who has kindly forwarded them for publication, writes to us:—They are taken from amongst my patients indiscriminately; and the others resemble those narrated in almost all particulars. I have been a witness to, and I believe a saviour of, four cases in the theatre of our hospital, where I believe death from chloroform must have ensued had the patients been a few seconds more without artificial respiration and a galvanic current transmitted along the course of the phrenic nerve—*i. e.*, in the neck and to the scrobiculus cordis. In the four cases, I was standing by as a looker-on. Time must prove whether ether may give the same untoward results. I think I can speak of the administration of chloroform, as I was the first person who gave it at Guy's Hospital, and continued to do so to all the cases for one year and a half without one fatal result.

I. Nov. 6th. Ether was given to a child for an operation for dead bone. It took seven minutes to bring the patient under its influence. The child remained anæsthetised fifteen minutes. The quantity given was about four ounces, in three renewals. The pulse before operation was 84; in the stage of excitement, 120; it then settled down to 100. A quantity of secretion from the glands about the mouth was noticed, and this produced a rattling noise in the throat during breathing. The liquid was limpid, and acid to test-paper. There was sickness both during and after the administration, salivary fluid being chiefly vomited. The ether was given with Mr. Rendle's methylene-inhaler, a towel being wrapped over the upper end. The vapour was given as nearly as could be unmixed with air.

II. Nov. 7th. Ether was given in the theatre for an operation on necrosed bone in an adult. In eleven minutes, complete anæsthesia was produced, which was then kept up for twenty minutes. Sensibility returned almost immediately upon the cessation of the administration. The quantity given was about six ounces. The pulse was constant, about 80, full and regular. No buccal secretion was observed. There was no distress, little struggling or blueness. The patient was sick after the operation. The manner of giving the ether was the same as in the last case.

III. Ether was given to a child for operation on dead bone and opening sinus about the knee. It took five minutes to produce anæsthesia. The operation lasted about twenty-two minutes. The pulse was very full, firm, and constant, about 84. The hæmorrhage from the divided arteries was free, as in a person not under the influence of an anæsthetic. The quantity of ether given was about four ounces and a half. There were much blueness, sweating, and sickness. A large quantity of secretion was noticed in the mouth. The ether was given with an impervious chamois-leather cone contrived by Mr. Dunnage, and containing a sponge soaked in ether.

IV. Ether was given to a syphilitic adult for the removal of necrosed bone from the cranium. Anæsthesia was produced in eleven minutes. The operation lasted twenty-five minutes. The quantity used was about four and a half ounces. The pulse was regular and firm. The patient was sick. The respiration, as in the previous cases, was regular. The ether was given with a stiff leather cone, perforated with a few holes at the apex, and containing a sponge.

V. Ether was given to a syphilitic adult, for Mr. Forster's dresser to apply nitric acid to a phagedenic sore. The patient laughed and struggled much, and was anæsthetised in fifteen minutes. The operation was performed in seven more. The influence of the ether did not pass off until two or three minutes after its use was discontinued. The quantity used was about two ounces. The pulse was about 92, constant, full, and regular. There was no buccal secretion or sweating. The patient was sick after the operation.

VI. Ether was given for circumcision in an adult with spreading soft sores. In nine minutes the patient was brought under the influence. The operation lasted thirty minutes. The quantity used was about three and a half ounces. The pulse was regular, full. The patient was sick. Mr. Dunnage's cone was used.

VII. Ether was given to a cachetic adult in a case of fistula. There was much struggling and resistance. The patient was brought under its influence in twenty-one minutes. Anæsthesia was maintained about fifteen minutes. The quantity used was about seven ounces. The pulse and respiration were regular. There was sickness afterwards and during the administration. A layer of spongio-piline was substituted for the sponge in Mr. Dunnage's cone.

VIII. Ether was given in a case of operation for imparting motion to a stiff shoulder-joint. The patient was brought under its influence in six minutes. The influence was maintained about three minutes. The relaxation of muscles was very complete. The quantity used was an ounce and a half. There was sickness. This patient took the ether very quietly.

IX. This case was one in which it was determined to open a knee-joint which had been destroyed by chronic disease, in order that sulphuric acid might be applied. The patient, a child, was brought under the influence of ether in ten minutes, and remained under fifteen minutes. The quantity used was about two and a half ounces. There was much oral secretion of mucus, and sickness.

X. Ether was administered for Mr. Forster to tap a sanguineous cyst in a healthy young man about sixteen years of age. It took eight and a half minutes to bring the patient under the influence of the anæsthetic. The operation was performed in a few seconds. The quantity given was about an ounce. The pulse was uniform, full, regular, about 92. There was some struggling, and a little blueness. The patient was sick. The manner of giving the ether, as in both the cases that follow, was with Mr. Dunnage's stiff leather cone lined by spongio-piline.

XI. Ether was administered for Mr. Forster's dresser to open an abscess in a child. The patient was brought under its influence in eleven minutes and a half, and remained under the influence ten minutes. The quantity given was about an ounce and six drachms. The pulse was full, regular, 92. There was sickness afterwards.

XII. Ether was given in the case of an old man, in whom it was intended to straighten an ill-united thigh. It took thirteen and a half minutes to bring the patient under its influence. Anæsthesia was kept up for twenty-three minutes; it being, however, difficult to produce complete relaxation of the muscles. The quantity used was about three and a half ounces. The pulse was 72, full, regular. The patient was sick after the administration.

Mr. Carey found that the anæsthesia of ether, like that of chloroform, did not follow an invariable rule of sequence with respect to the parts in which anæsthesia was produced. For example, with ether, as with chloroform, he noticed that in one patient there was anæsthesia of the conjunctiva; pain, however, still being felt in the lower extremities. In no case was there any interruption to the regularity of the respiratory process. The tongue-forceps was not used in any. Sickness was noticed in all.

Mr. Cooper Forster has not had chloroform given to any one of his patients since November 6th, and the foregoing twelve are typical of all that have had ether since that date.

ST. BARTHOLOMEW'S HOSPITAL

OPERATIONS, SATURDAY, JANUARY 4TH, 1873.

Fracture of Temporal Bone of Left Side in consequence of a Fall of twenty feet: Removal.—Mr. Savory removed a portion of the temporal bone of a boy who had fallen twenty feet in the morning, and in whom no symptoms of depression existed as yet. The boy, on admission to the hospital some hours before, was quite sensible, and apparently little affected by the accident; but, inasmuch as the fracture was compound, and there was obvious depression of an angle of broken bone on the brain or dura mater, Mr. Savory determined to operate at once, and not to wait until the symptoms became urgent. If a case occurred in which there was depression of bone and symptoms, every surgeon would at once interfere and remove the source of the mischief; but Mr. Savory thought that in a case like the present, where symptoms would be almost certain to supervene in a few days, it was also the duty of the surgeon to raise or remove depressed bone. On its removal in the present case, both tables of the skull were found depressed, and the dura mater was found apparently quite uninjured. The scalp was stitched over the wound in the ordinary way.

Ununited Fracture of Radius and Ulna at Lower Third.—Mr. T. Smith operated by very forcible rubbing together of the ends of the bones, to