nose connected; in higher degrees, with fever and headache, it acts decidedly upon the urinary apparatus, commonly increasing the secretion of urine, by which more or less of it is again carried out of the body. Its action upon the skin is the latest, and appears as consecutive to its stimulant action upon the mucous membranes. Iodine fever resembles catarrhal fever, and is frequently followed by perspiration. Salivation, and some other effects of it, are less constant and important.

In some individuals, but very seldom in young children, we have observed a slight diminution of the testes; in some ladies the glandula mammaria has been diminished. These effects will sooner happen under long continued small doses than under large ones, when they will excite febrile reaction.

I have observed that the more there was of iodine fever, with consequent crisis, the more evident was the anti-dyscrasic effect of this remedy.

In the clinical case-book of the children's hospital of Pesth there is a considerable number of different affections of bones, of one or more years' standing, in scrofulo-impetiginous children, which, under the phenomena of iodine-reaction, have been cured in the short time of one to three months.

After all that I have seen, it seems to me that *the anti-dyscrasic action of iodine is not a directly chemical one, like that of iron in chlorosis, but appears to depend upon producing a sort of disturbance, the reaction upon which is followed by the curative effect.* From this it seems to follow that whilst in chlorosis we must give iron in frequently-repeated small doses, iodine must be administered in the opposite way. Many cases, however, may be improved or cured without fever. Fever has also its minimum in the body, which is scarcely perceptible.

From the above statements it results that iodine, in order to become a strong curative power, requires a constitution fit for its reception and reaction upon it. Now, full, phlegmatic, or lymphatic constitutions bear it the best, the nervous less, the bilious the least of all. Atrophy and anæmia must be removed before we commence with iodine. And when we consider that atrophy is the most direct indication for cod-liver oil, and the most direct counterindication for iodine, it becomes clear that these remedies act in an opposite way, and that cod-liver oil owes not its effects to its infinitesimal part of iodine.

Now, I should feel very glad were I able to point out to you and describe more exactly the cases in which you may expect advantages from iodine. But, without having before us the patients, it is scarcely possible to give you exact directions.

Comparatively full phlegmatic constitutions, affected with eczema-impetiginosum, or even with caries, supported, in general, the strongest iodine treatment, and had the best results of it. This is one of the best results we had in the Children's Hospital with that remedy. On the contrary, prurigo, impetigo, achor, lupus, scrofulous, or tuberculous infiltration of the glands, do not yield to the iodine treatment. Catarrho-scrofulous conjunctivitis also excludes the use of iodine,

because under its action the inflammatory character of this affection almost constantly increases long before an anti-dyscrasic effect could be obtained. On the contrary, I frequently succeeded with it in torpid forms of swelling of the meibomian glands.

If a dyscrasic local affection, which we think proper to be successfully treated with iodine, does occur in an emaciated child, we must, before its use, improve the constitution with cod-liver oil; if the subject is anæmic a course of iron must precede. In children of a nervous temperament, or where we encounter a great disposition to catarrhal irritation of the intestines, we assist the iodine treatment with opium or Dover's powders.

CASE OF

LARGE SINGLE OVARIAN CYST,

TREATED SUCCESSFULLY BY OPERATION.

By D. HOADLEY GABB, Esq., M.R.C.S.E.,
HASTINGS.

THE following case presents many points of interest. At the time the operation was performed, it was considered impossible the woman could long have survived, if the plan of repeated tapplings had been adopted. The operation performed was a modification of that proposed by Mr. Bainbrigge and Mr. J. B. Brown, but the external opening was made lower down than has hitherto been attempted, to facilitate the exit of the discharge, and to prevent the bagging of the cyst below the external aperture.

Mrs. L., aged 32 years, tall and slight, has been married seven years, has had three children and aborted twice; has never been strong, though enjoying tolerable health; she suffered occasionally, about ten years ago, much pain in the left side, over the region of the descending colon but does not remember if it was worse during the catamenia; menstruation natural up to her marriage. Had a lingering labour with her first child five years ago, and since then has been more weakly, but had nothing particular to complain of. Was confined again in 1849, and had a good time; she remarked, however, that she did not regain her natural size; health much as usual. Her last child was born in January, 1851; labour natural; after which she so rapidly increased in size that it was necessary to tap her in March, and twelve quarts of clear and highly albuminous fluid were removed; recovered quickly. She again consulted me in October, being much distressed by the reaccumulation of the fluid.

Dr. Tyler Smith saw her on the 27th of that month, and it was agreed if, on a careful examination, all the other internal organs were found to be normal, to perform the operation recorded.

Present State.—Extreme emaciation, the nipple was apparently the only portion of the mammæ remaining; thoracic viscera healthy; urine slightly albuminous, probably from the pressure the kidneys were subject to;

externally and per vaginam, the tumour, (in which fluctuation was peculiarly distinct,) occupied the left side. The catamenial discharge (which had just occurred) has been regular since February, when she weaned her infant; she has always remarked that after each period she has got more rapidly larger.

On November 3rd, at eleven A.M., the following operation was performed under the influence of chloroform, and with the assistance of Dr. Tyler Smith, Dr. Steavenson, and Mr. Ranking:—A vertical incision, about three inches long, was made over the lowest portion of the tumour on the left side, a little external to midway between the anterior superior spinous process of the ileum and pubes and extending nearly as low as Poupart's ligament. The integuments and fascia were cut through and the muscle carefully divided, until the cavity of the peritoneum was opened. The sac, (the walls of which were very thin) then came into view, six ligatures were passed through it and the rectus, attaching it closely to that muscle, the fluid was then removed by puncturing the sac with a large trocar, and the operation was concluded by passing a piece of oiled lint into the sac to prevent union and to allow any secretion to escape, and then bringing the edges of the external wound together with sutures, excepting the part left for the plug just mentioned. She bore the operation well.—Nine, P.M. Very comfortable and cheerful; pulse quiet. Gave an anodyne draught.

4th.—Passed a good night; very comfortable; no febrile excitement.

5th.—Going on well.

6th.—So comfortable that I did not think it necessary to remove the dressing.

7th.—Wound healing by first intention; no discharge.

8th.—Passed a bad night; pulse 120; skin hot; troubled much by flatulence and sickness, which she generally suffers from after her confinements; no tenderness of the abdomen on pressure, but a little distended; bowels open; no discharge from the wound.

9th.—Removed the plug out of the sac, and about a pint of clear but offensive serum ran out; wound, excepting the part kept open by the plug, nearly well. The only thing she complains of is the distress from the flatulence, which was removed by compound galbanum pill.

10th.—Slight tenderness on pressure from peritonitis; sickness; pulse 120. Ordered mercury and opium frictions. No discharge from the wound.

11.—Much the same; abdomen tympanitic; sickness still troublesome; no discharge; from the flaccidity of the abdominal parietes the wound is valvular; on removing the dressing an immense quantity of highly-offensive gas escaped, and about a pint of serum with flakes of pus; the silver probe was turned black by the secretion; felt much relieved.

12th.—Comfortable.

14th.—Feels much better; wound discharging freely; fluid of the same character, though less offensive.

16th.—Going on well; tenderness gone; about a teacupful and a half of healthy pus comes away in the twenty-four hours.

From this date she has progressed satisfactorily, the secretion varying from half to a teacupful in the twenty-four hours. She has lost flesh considerably since the operation.

December 31st.—Down stairs; is gaining flesh; weighed eighty-five pounds and a half; discharge about two tablespoonfuls daily.

February 5th.—Has been out for a walk in the garden; weighed eighty-nine pounds and a quarter; about a teaspoonful of discharge.

March 11th.—Sutures not come away; discharge the same; the probe will only pass downwards, backwards, and inwards; the sore is contracted seemingly to a very small size. The catamenia had not appeared since the operation. On examination per vaginam nothing abnormal can be detected. The urine shows no traces of albumen.

22nd.—Weighed ninety-one pounds and three-quarters. Since this date she has steadily continued to improve, and can now take a good walk.

At the request of Dr. Tyler Smith a microscopical examination of the blood, of the fluid which came away when the sac was first opened, and of the fluid which came away at the close of the examination, was made by Dr. Handfield Jones. The following is the microscopical report made by Dr. Handfield Jones:—

1. "The serum was deeply red tinged, contained fewer blood globules than healthy blood, and they were also apparently feebly formed and less coloured than natural; there were many white or lymph globules, and some granular films of fibrin.

2. "The first-drawn fluid contained multitudes of small vesicles, bearing on their walls opaque refracting granules, in number from six to one. I think these were altered blood globules, they were about that size and had much the appearance that blood globules, when roughly treated, sometimes put on; their membrane was often distinct, enclosing a pale fluid. Along with these there were a very few imperfect granule cells and many tablets of cholesterine; the fluid itself was decidedly coagulated by nitric acid, but did not form a very bulky coagulum.

3. "The last-drawn fluid contained a few small flakes of whitish aspect; it was similar to the above, containing altered blood globules. I suppose them to be in abundance, and also cholesterine. The flakes consisted of largish granules apposed together like the bricks in a mosaic pavement; they were perhaps the remains of an altered epithelium. Fat vesicles and cholesterine, were mingled with them.

"All this seems to indicate a low condition of vital power."

April 16th, 1852.—Upwards of five months have now elapsed since the operation described above was performed, and the subject of it has steadily improved during that time. She was not weighed until she began to improve, but though a tall woman, her weight was only, when it was first taken, eighty-five pounds and a half. She had in three months increased five pounds

and a quarter. The comparison between the operation described and tapping, appears favourable to the former. Between the first tapping in March, 1851, and the time when she would have required tapping a second time, *viz., in November of the same year, eight months elapsed. Upwards of five months have elapsed since the operation, and her disease has received a most decided check. The probability is, that had she been tapped in November, the sac would ere this have refilled. The loss from suppuration through the opening into the ovarium is evidently less than the loss from the flowing of albumen and other elements of the blood into the sac. Under the one the patient steadily proceeded in emaciation; under the other, she has gained flesh and strength. But the future progress of the case will require to be recorded.

REMARKS

ON

SOME POINTS CONNECTED WITH LITHOTOMY.

By ABRAHAM WOOD, Esq., ROCHDALE.

THOUGH without practical value or application, the following fact may, as a curiosity, deserve to be recorded :—

In operating for stone on a boy, ten years of age, who had suffered from the complaint four or five years, I removed with the forceps, first a calculus of the mulberry kind, about the size of a small hazel nut, and then, with the scoop and my fore finger, another of the same character, of an oblong shape, about the thickness of a tobacco pipe, an inch and a half long, and at one end bulging out to a size, nearly equal to the other stone.

It was broken in the extraction close to this bulb, and in examining the broken part, was found to have a common-sized brass pin for its nucleus, the point of the pin lying in the bulbous end of the stone.

The only question of any interest connected with the case, is—How the pin got into the bladder? * The boy denies all knowledge whatever of it, and it seems to me most probable that it was swallowed, passed through the stomach and intestinal canal safely, till it arrived in the rectum, where, getting its point entangled in the coats of the bowel, it at length penetrated them, and ultimately, by puncture and progressive absorption, found its way into the bladder. It is not unlikely, from the much greater amount of deposit around the point of the pin, that it entered the bladder a considerable time before the remainder, and this deposit continually accumulating, may possibly have assisted it in making its way, as well as acted as a valve in preventing the escape of urine into the loose textures of the neighbourhood. Another supposition is, that the boy might have passed it as far as he could down the urethra, and that it may in this manner have found its way into the bladder. I presume, however, that were this explanation admitted, it could not possibly have

made the turn under the arch of the pubes, but must have penetrated the side of the urethra, and found its way into the bladder in the manner I have supposed it did from the rectum.

In this case, as well as in one a few weeks before, in a child about three years old, chloroform was administered, and with most satisfactory results. The effect in both instances was complete, and the state of the patients during the operation—in its perfect quiet and stillness—contrasted most favourably with what it would have been without it. In children, especially, whom it is next to impossible to keep from struggling and wriggling about, it is to the operator invaluable, and let us not forget the sufferings it saves our little patients. It may be truly said of it as Portia does of mercy—

"It is twice bless'd ;

It blesseth him that gives, and him that takes."

The only drawback is in its occasionally fatal effects. As far as my recollection serves me in all those cases in which chloroform has proved fatal, it has done so immediately, and never after long-continued inhalation. It seems to be from the sudden shock given to the nervous system, and this is perfectly consistent with the operation of other poisons of a sedative character. Let them be given in small doses at first, and gradually increased, and the patient will be brought to bear with impunity an amount of effect which would, if produced suddenly, be highly dangerous. In Mr. Clement's case at Shrewsbury, in that of a gentleman from the country, under the hands of a dentist in London, and the one at St. Bartholomew's a few weeks since, death was all but instantaneous. In these cases, as well as in many others followed by a like result, there can be no doubt but that every precaution was taken previously, and every cautious means used when symptoms of danger showed themselves. Might it not, therefore, be advisable to administer a mixture of equal parts of pure chloroform and spirits of wine, say for a minute. If this produce the desired amount of insensibility, well and good; if not, as is most probable, another portion of three parts chloroform and one of spirit, for another minute; and if this fail, chloroform in its full strength. By marking the first mixture No. 1, the others Nos. 2 and 3, it would be a very simple proceeding, and with frequently-occurring fatal cases before us, is surely worth a trial. There may be something also in the mode of its administration. I have seen a variety of ingenious contrivances for this purpose, some of which have answered very well, but I have often given it and seen it given by others, poured on a pocket handkerchief, and brought *by degrees* to the patient's mouth and nostrils, and this simple plan has never failed. I like it, inasmuch as it would be next to impossible by it to produce a too sudden effect.

Notwithstanding the great advantages which it affords to an operator, I regret to have to state that in the case I have related the rectum was wounded. I had no idea of it at the time, nor were any of the gentlemen present aware of it, a proof that due care had been taken to empty the bowel; and it was not till three or