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

four days after that the escape of flatus and fæces through the wound showed unmistakably the mischief which had been done. On referring to the authorities for the best mode of proceeding in such a dilemma, I found them somewhat contradictory. Desault's advice is immediately to divide the rest of the gut down to the anus; and Liston says:—"The earlier the sphincter of the anus is divided, as for the cure of the complete fistula in ano, the better will be the patient's chance of being freed from the annoyance."* On the other hand, Mr. S. Cooper was of opinion that Desault's advice "is entirely erroneous, as numerous instances have proved that the wound may heal up very well without anything of this kind being done. I know of a recent example in which the rectum was wounded with a lithotomy knife; but the cut in the bowel healed up of itself, and never gave any trouble."† Still later writers, Fergusson and Coulson, are wholly silent on the subject. I felt the more anxious, from having been present at an operation on a child of about the same age as my patient, thirty years ago, when the same accident occurred, and the boy for many years suffered much inconvenience from the involuntary escape of fecal matter from the urethra, and pain and tenesmus from the presence of urine in the rectum.

Finding on the twelfth day that the fæces passed wholly by the wound and by the urethra, and that the wound was assuming an irritable and unhealthy look, I divided the sphincter by passing a bistoury from the nearest point of the wound in the perineum on to my finger in the bowel. The part divided was very slight, the wound into the rectum being near the anus. After this I had no further trouble, the parts healing, and resuming their natural functions very satisfactorily.

Rochdale, April 21, 1852.

THE LIFE OF THE BLOOD, AS VIEWED IN THE LIGHT OF POPULAR BELIEF.

FROM
NOTES OF AN INTRODUCTORY LECTURE DELIVERED
BY THE PROFESSOR OF GENERAL PATHOLOGY IN THE
FACULTY OF MEDICINE OF MONTPELLIER.

BY STANHOPE TEMPLEMAN SPEER, M.D.,
CHELTENHAM.

In considering this subject, viz., the blood and the life which animates it, I omit for the present all allusion to any organic demonstration of the fact, dwelling simply upon a proof, always misunderstood, though self-evident and never investigated, albeit peremptory. This proof I shall deduce from popular belief. In medicine it unfortunately happens that this species of evidence is too much neglected; and yet there is no science upon which it is capable of throwing so much

light. On the blood itself volumes have been written; its vitality has been sharply contested; some have gone so far as to deny it *in toto*. Borden was the first to raise his voice against those who harboured the doubt. He alone it was who viewed the question in its true light and in its varied aspects. In treating of it he has left the inimitable impress by which we recognize the master thinker; for no writer upon the blood has exhibited so much genius and so little pretension; and his "*Analyse Médicinale du Sang*" may be considered as a storehouse of ideas, profound, ingenious, and original. But among the proofs adduced by Borden in favour of the "*Life of the Blood*," that which I purpose to consider has been passed over unnoticed. In the investigation, however, of any given subject the science of medicine should accept evidence everywhere and from everything. Is it not the history of human existence? In truth, of all sciences, that of medicine is the most extensive, embracing, as it does, man, in the fullest acceptance of the word; his organization, as well as his capabilities; his development and his necessities; the powers of his mind, and the changes wrought upon him through the influence of external agents; the works he undertakes, the habits he acquires, the passions he exhibits, the manners he adopts, and the belief he entertains.

Now, we know that popular belief has always testified that the blood was at once the receptacle and propagator of the life. I purpose, then, to investigate this belief—to exact an accurate reason for its existence; for if it really exists there must be some grounds for such existence; and the promotion of an instinctive fact to the rank of one supported by mature reasoning, may be truly regarded as the highest mission of the medical philosopher. What, then, is the foundation upon which popular belief usually stands? Under this head we are forced to combine facts bearing no apparent relationship, prejudices and trustworthy opinions, revolting practices and rites (whether civil or religious) eminently useful and worthy of preservation. A people, like one individual, leaves its imprint upon all it touches; its soul is found upon its acts; but as such acts derive their origin from a previous belief, to consult such belief is at once to address ourselves to its very existence. Much difficulty here presents itself in the choice of a plan by which the mass of diversified and incoherent facts bearing upon this subject may be made to assume a uniform but comprehensive whole; the first object being to seize upon that centre or centres around which popular opinions naturally group themselves.

The ties of blood have at all epochs appeared to form the most inevitable and indissoluble of bonds. The idea which they express regulates all the relationships, both of the family circle and of society at large. It is probable, indeed, that in it we may see that secret chain which mysteriously connects together the whole human race. A chain, powerful as it is invisible; attaching without violence, binding without restraining, inculcating union without authority, of which the precepts are impulses, the laws invincible instincts, and which, while

* *Practical Surgery*, page 617.

† *First Lines*, Vol. ii, page 355.