have been of no avail to my patient, although it has been successful in some cases of unilocular cysts.

The third, called also the "four-inched" or "median operation," proposed by Dr. Frederick Bird in 1843, would not have enabled me to meet all the obstacles I had to encounter, yet it has met with eminent success in the hands of its originator, who, up to 1847, had succeeded in seven operations without one fatal result.

In performing the operation I endeavoured to avoid some of the errors of my predecessors, as well as to benefit by their experience. The manner in which the pedicle was tied, by two strong double ligatures, I consider the best and safest practice; and strong reasons exist for supposing that two recorded cases might have been saved, if a similar plan had been pursued.

One of the fatal operations alluded to was performed at St. Thomas's Hospital, by the eminent surgeon Mr. Solly, and is recorded in the *Medical Gazette* of the 10th of July, 1846. The other is described as "Case eighth" in Dr. Clay's very interesting "Results of Ovariectomy."

As a great deal has been written in some of the medical periodicals of the last few years strongly decrying "ovariotomy," under almost any circumstances, however favourable, I cannot refrain from offering my humble opinion that it is a perfectly legitimate and justifiable operation, if performed on a person of an otherwise healthy constitution, and had recourse to in suitable cases.

So far from recommending my patient to wait, as some of these writers would have done, till after "medicine" and "pressure," and "paracentesis abdominis" had been repeatedly resorted to, I considered that the best, if not the only chance she had of obtaining a "radical cure," was by having recourse to the operation before inflammation had set in, and consequent adhesion had formed. There had been no symptoms of peritonitis before the operation, the only pain complained of was from the dragging of the pedicle of the tumour, consequently I had only one adhesion to divide, and this had been formed clearly from the friction of the solid part of the cyst against the abdominal parietes. The patient informs me that if it were not for the tying of the "root" of the tumour, she would be willing to undergo the operation a second time.

Analysis of the fluids.—Some days after the operation I forwarded specimens of the contents of the cyst to my friend Dr. Hodges, of Bath, who had kindly offered to submit them to analyzation, but they were then so much decomposed as to be unfit for analysis. My own observations only enabled me to ascertain that the fluid contained a large proportion of albumen, and did not produce any effect on litmus or turmeric paper.

P.S. I have in vain endeavoured to obtain the statistics of the operation up to the present time. It is due, however, to the following gentlemen, to state that prompt and courteous replies have been received to inquiries on the subject, from Dr. Clay, Messrs. Crisp, Dicken, R. Druitt, Jeaffreson, Lane, B. Phillips, Solly, and Southam, to all of whom I beg to acknowledge my obligations.

If any of the readers of the *Provincial Medical and Surgical Journal* will kindly assist me in obtaining information on the subject, I shall feel greatly indebted to them. My object is to ascertain the number of operations that have occurred in England—in how many cases the cyst was removed entire—how many times the different operations by the "large," "median," and "minor" abdominal sections have been performed—and whether fatal or successful—and, lastly, the results of those operations in which the tumour was found unfit for extirpation.

Bruton, August 13, 1849.

ON

LATENT AND CIRCUMSCRIBED PLEURISY, WITH EFFUSION.

By C. M. DURRANT, M.D., Ipswich.

(Read at the Suffolk Branch Meeting, held at Hadleigh, Friday, June 15th, 1849.)

The subject to which I wish briefly to draw the attention of this meeting is "Latent and Circumscribed Pleurisy, with Effusion." So frequently have I found this affection in patients, who, themselves and friends, have been unconscious of the existence of any but the most trifling symptoms of chest disease—and indeed this is often one of its characteristic features—that I feel that it is a subject well worthy of investigation, being one which, in the every-day routine of an extensive and fatiguing general practice, is not unlikely to be overlooked.

I have found this condition of the chest among all classes of society, but from the collateral and depressing influences which exert so powerful an effect upon the diseases and constitutions of the poor, it is among them that the disease under consideration will most frequently be found.

Differing from general and acute pleurisy, in which the liability to attack is so greatly in favour of the male sex, I have not found in the latent variety that either sex is especially prone to its invasion. According to my own observation, however, although I have met with it in the aged as well as in the adult and children, by far the greater number of cases which have fallen under my notice have occurred among the latter, and in those chiefly under twelve years of age. The subjects in whom latent pleurisy has existed have presented usually either the lymphatic or bilious temperament, and the latter, perhaps, more frequently than the former.

As it is my intention to confine myself solely to the practical consideration of the disease, and to be as brief in my observations as possible, I shall at once allude to its general aspect more particularly in reference to its diagnosis and treatment.

I may state, *in limine*, that as the circumscribed form of latent pleurisy differs only in the adhesions by which the contained fluid is confined to certain portions of the walls of the chest, I shall at present include them under one head, making such reference

respectively as will best elucidate their practical consideration.

The common history among hospital patients is this :—The mother states that her child has been ailing for some weeks, or possibly months; that he emaciates, and loses strength; that he has no cough, or if any, that it is very slight and dry, and in general there is absence of pain; indeed the mother expresses herself unable to reconcile the more prominent symptoms with the small amount of existing local disturbance.

On more minute examination we find the countenance unhealthy and pallid, but we are probably told that it becomes flushed towards evening. The eyes are unnaturally bright and prominent, provided there be no co-existing pneumonia, when they are characteristically heavy and dull; there is often slight emaciation. The digestive organs in general perform their functions healthily, and the appetite is tolerably good. The pulse is almost invariably quickened. On further inquiry we find that the attack is often traced to a cold; that in the onset there may have been a slight pain in the side, but as frequently none. The cough, if any exist, has been dry and hacking, but by no means severe, and on closely questioning the patient himself we may often elicit the fact that there has been uneasiness, not amounting to pain, felt in one or other recumbent posture, and that the breathing has been for some time past slightly accelerated by any attempt at active exertion, which latter symptom is invariably attributed by the patient to weakness. Such, with the physical signs which we shall presently consider, under the head of diagnosis, are the leading features which present themselves to our notice in this often obscure form of disease.

Its characters generally are asthenic, and it is often found as a sequela to, or complicating diseases of, an adynamic type, as the convalescence from typhus, and the exanthemata, more particularly scarlet fever, granular degeneration of the kidneys, and other maladies, giving rise to a cachectic condition of the system.

The importance of a correct *diagnosis* cannot be too strongly urged, as upon it alone must be based the appropriate treatment of the case; and although in its primary and uncomplicated form I believe that it does not, so frequently as is supposed by some authors, act as a direct excitant to tuberculous disease, it nevertheless, by its latency, engenders sooner or later, that cachectic state of habit which, in the hereditarily predisposed, becomes so readily a nidus for the deposit of tubercle. In addition to the symptoms above enumerated, we are at once led, from the insufficiency of these alone, to institute a careful physical examination.

It will be desirable, if possible, to have the chest of the patient perfectly uncovered, as the results of inspection and palpitation become valuable adjuvants to diagnosis. If any considerable amount of fluid obtain, we shall find that the motions of the ribs upon the affected side are diminished, and that in extreme cases this portion of the chest compared with the opposite is rendered immobile. The intercostal spaces in latent pleurisy

are not usually affected. If the fluid be circumscribed these phenomena are of course limited in extent, and sometimes confined solely to the mammary region.

On applying the hand to the chest, the natural vibration produced by the voice or cough is either diminished or abolished. This sign is of less value in circumscribed pleurisy, if it obtain in the upper or middle portions of the chest. I have never detected the existence of rubbing vibration in this asthenic variety of the disease.

Percussion yields a diminution of clearness and resonance over some part of the chest, in general influenced by the position of the patient, even if the amount of fluid be small, and of course limited to the lower portion of the chest, unless the effusion be circumscribed, when the differential diagnosis between it and circumscribed asthenic pneumonia, chronic phthisis, or malignant disease within the chest, in an inactive stage, requires very careful discrimination. The auscultatory signs of latent pleurisy are diminished and feeble respiratory murmur, although occasionally, and more particularly when circumscribed, it assumes a diffused blowing character, but this is rare. Perfect *œgophony* is seldom audible, but a modified *bronchophony* will be found pretty generally to obtain. It is not in itself a sign of much value in the diagnosis. The friction sound is equally inconstant, and when audible it is generally in its reduced form, when a portion of the fluid has been removed by treatment.

If, then, in a patient of cachectic habit, who has been for some time ill, whose countenance presents the features of internal disease, having the symptoms above detailed more or less delineated, even should cough and dyspnoea be wanting, we ought at once to make a careful exploration of the chest, when very frequently will be found those physical signs which will at once give confidence to treatment, and clear up the diagnosis of an otherwise doubtful case.

The prognosis of this variety of pleurisy, inasmuch as it effects the life of the patient, is favourable, but as it is latent in its origin and advance, so it is often essentially tedious and chronic in its progress towards recovery.

Under these circumstances it is a wise proceeding to caution the friends of the patient, that they may not be disappointed at the sometimes apparently little progress that is made towards a cure; yet, notwithstanding these precautionary observations, I may remark, that judicious treatment often exerts a very decided influence upon the disease, exciting the absorbents, and removing every vestige of deposit.

In the treatment of latent pleurisy, general venesection will, I believe, in no case be requisite. Topical bleeding, by cupping or leeches, may occasionally be found necessary, more particularly if pain, heat of skin, or other indications of increased action obtain; but even these latter measures, in the majority of cases, will be uncalled for.

In mentioning counter-irritation, I would eschew all forms of it, with the exception of blisters, and a strong solution of iodine; and these, particularly the former, are often invaluable. I have so frequently witnessed

the application of croton oil and tartar emetic in this affection unattended by any result, save annoyance to the patient, that I feel no hesitation in dissuading from their adoption.

In applying blisters, these should be large, as they exert a more decided influence, without producing an increased amount of irritation. On their removal it is better to allow the vesicated surface to heal, than to promote a discharge by savine or other ointments. A succession of blisters, which are frequently needed, may thus be applied, and by which method I am satisfied that the absorbents are more decidedly affected than by preventing the healing of the original blistered surface by irritating applications.

It has been recommended to paint the affected spot with strong tincture of iodine; and provided that free and repeated blistering have been previously had recourse to, and failed in exciting the absorbents, the application of this solution, repeated according to circumstances, will sometimes be found of use. In addition to counter-irritation, I need scarcely allude to the value of mercury, so administered as gradually and gently to affect the system. We must, however, never lose sight of the fact, that in cachexia the effect of this mineral, even in its mildest forms, is sometimes unexpectedly severe and unmanageable. If the symptoms are not distressing, perhaps the best preparation will be found to be the biniodide, in doses of one grain every night, or night and morning, according to the amount of disease and urgency of the case.

Strict attention to the functions of the digestive organs, prior to the administration of the iodide of potassium, will be found to be necessary; or if these be healthy, as evidenced by a clean and not morbidly-red tongue, the exhibition of this medicine from the commencement of the treatment will be desirable. The only other remedy that I shall notice is the comparatively recently introduced cod-liver oil. In some cases, more particularly, if there be emaciation and debility, its prolonged use (which will not interfere with the exhibition of other remedies,) will be attended with marked benefit, and prove a valuable auxiliary to general constitutional treatment. Such is a very brief outline of this often obscure but important disease; important, both from the amount of mischief that may exist, independently of any marked symptoms indicating its presence; and important also, both in reference to the well-being of the patient, and the professional credit of his medical adviser.

CHLOROFORM IN TETANUS: RECOVERY.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Should you consider the accompanying case of sufficient interest to be recorded, I shall feel obliged by your inserting it in your Journal. It appears to me especially important to have as many facts as can be obtained, in order to ascertain as far as possible the

utility of chloroform, both taken into the stomach and by inhalation. I have given it several times internally in doses of from five to seven minims, repeated every two or three hours, for several times, and have never yet found any ill effects from it; but there is one caution which is very necessary to be given to every patient who may have to take it, viz., that it must be *WELL shaken before taken*, as it separates completely from any ordinary vehicle, and *if not well shaken*, the last dose would contain all the chloroform. I mention this fact, having accidentally discovered it just in time to save a patient of mine from such a catastrophe. I have given chloroform in two cases, of what I considered, real Asiatic cholera, and its effect in allaying the spasms and tranquilising the system was most marked; in each case I gave it about every two hours, for four or five times, until in fact the danger seemed past, and reaction was fully restored. I should add, I gave calomel as well, in repeated doses. Its effect in allaying the agonizing spasm and opisthotonos in the accompanying case of tetanus, was equally satisfactory, and I sincerely hope that others who may have opportunities of trying its effects, will favor the profession with the history of the cases, as chloroform is certainly a most powerful and valuable agent, and it is, therefore, very important to ascertain in what cases it is applicable.

I remain, Sir,

Your obedient servant,

S. GEO. SLOMAN.

Farnham, August 9, 1849.

George Alderton, aged 45, an agricultural labourer, of spare habit, was run over by a cart on the 27th of June, and cut severely the cartilage of the right ear, fractured the clavicle close to the sternum, and complained of having hurt his neck very much, but had no marks of external injury. Three sutures were applied to the lacerated ear, and cold dressings. He went on tolerably well, and walked to the surgery every day, but continued to complain of stiffness of the neck, but no special pain, for which he was ordered a stimulating embrocation, until the 12th of July, fifteen days after the accident, when he complained of much pain in the neck and chest, and in the region of the diaphragm, I then ordered him the following mixture:—Vin. Colchici, dr. ij.; Liq. Opii Sed., m. xl.; Liq. Ammon. Acet., oz. iss.; Mist. Camph. ad, oz. vj. M. Sumat coch ampla, ij., quartis horis.—R. Extr. Coloc. Co., gr. viij.; Pulv. Opii, gr. j. Fiant Pil. ij., hora somni sumend.

July 13th.—Much worse; unable to walk to the surgery; pain in the neck and chest worse; has stiffness of the jaws, and great difficulty in swallowing. Ordered Mist. Aper. primo mane.

14th.—Continues much the same; had a bad night, and the jaws are fixed; has spasms occasionally during the day. Continued the colchicum and opium.

15th.—Spasms much more violent at twelve o'clock. I gave Cal. gr. v., Opii gr. ij., and repeated it in an hour, which gave him temporary relief. At seven p.m. I found him in the greatest state of suffering, rigid spasm in every limb, and in the abdominal muscles, with considerable opisthotonos; jaws completely fixed; unable to swallow liquids without much difficulty. I