plaint merely to cold, as he has enjoyed a good state of health, and is, from his own account, a man of temperate habits. Except occasional aperients he took no other medicine than the copaiba and benzoic acid mixture, and at his last attendance at the infirmary considered himself quite relieved in all his symptoms. This was one of the milder description of cases, arising from his age more than from any other cause.

CASE IV.—John Brook, aged 57, was troubled last winter with great uneasiness in making water, for which he received relief from medicine and dietetic treatment. He was admitted an out-patient of the infirmary in the early part of this winter, with an attack of his old complaint of more than ordinary severity. The pain was very great in passing his water, which, he says, comes away in drops; says that he has been more or less troubled with this affection for three or four years, although a man of temperate habits; apparently no part is affected but the urinary organs, and his bowels have been kept regular by occasional aperients. The use of linseed-tea and barley-water causes less distress in passing water, though there is still a considerable sediment. This man took little else than the balsam of copaiba mixture, with the benzoic acid, for about six weeks, when he expressed himself as decidedly relieved, and in the enjoyment of more ease than had fallen to his lot for the last few years past.

There are some other cases of a similar description, occurring in patients at an advanced stage of life, which I find in my note-book, but differing so little either in the symptoms or the treatment, from those already described, that I should be inexcusable in occupying your pages with mere repetition. I may mention, however, that in one of the cases the use of the benzoic acid mixture was followed by a rash over a great part of the body. This, however, is a circumstance by no means peculiar to benzoic acid, as other medicines have in some instances, from some peculiarity of temperament, produced the same effect. Permit me to recommend, therefore, to your readers a further trial of the utility of this powerful acid. It is very sparingly soluble in cold water, but is soluble, without change, in alcohol. The benzoates, however, I believe, are soluble in water, and the benzoate of ammonia may, in some instances of dysuria senilis, prove more efficacious than the simple acid. The benzoic acid is a constituent of balsam of Tolu, of Peru, benzoin, storax, &c. &c. It will probably be found that, in other complaints as well as diseases of the urinary organs, its efficacy may be much greater than we have hitherto been led to expect.

CASE OF SUCCESSFUL

AMPUTATION IN SPREADING GANGRENE,

FROM

GUN-SHOT WOUND.

By JONATHAN TOOGOOD, Esq., Surgeon, Bridgwater.

As every additional fact illustrating a doubtful point of practice must possess some value, I hope the following corroboration of the soundness of the practice adopted by Mr. Dodd, in a case of spreading gangrene, as related in your Journal of the 22nd of January, will be acceptable to your readers. Until M. Larrey proposed amputation in cases of traumatic gangrene, I believe the unfortunate subjects of that disease were abandoned to their fate. Such has been my experience in public and private practice. The idea of an operation under such circumstances was universally reprobated, and the surgeon who ventured to propose it, subjected himself to the imputation of rashness and inexperience, and was considered to have acquired but a very imperfect knowledge of his profession. I

confess that it has always appeared to me better to offer the patient the chance which a doubtful operation would afford than leave him to certain death, and I have never ceased to regret having yielded an opinion to others in two cases in which subsequent experience justifies me in believing that the operation would have been successful. It was, therefore, with great satisfaction that I found the opinion of so high an authority as M. Larrey coinciding with my own, which at once determined me to carry the plan into effect whenever an opportunity offered. The following case occurred in the practice of Mr. John G. Toogood about two years since.

Charles Tuck, a farm servant, aged 24, received the contents of a common fowling piece in the hand on Friday, the 4th of February, which passed up the flexor muscles and through the integuments of the forearm about three inches above the wrist. A neighbouring surgeon saw him soon after the accident, and directed cold applications and rest. On the following Monday he was admitted into the Bridgwater Infirmary. There was a ragged wound at each opening, the limb was but little swollen, and the only unfavourable appearance was, that the nails looked rather dark coloured. There was very little constitutional disturbance. He was put to bed, a poultice applied over the whole limb, and the usual treatment directed. On the next day the aspect of the limb was the same; but as there was more swelling in the evening and some heat, leeches and fomentations were ordered. He slept perfectly well until five o'clock the following morning (Wednesday), when he was awoken by pain, which rapidly increased and became very severe. At seven o'clock the limb was found to be gangrenous to the elbow, and before his consent to its removal could be obtained, and the necessary preparation made, it extended so high up, as barely to leave room to amputate close to the shoulder joint. There was no line of demarcation, but I cannot, at this distance of time, recollect the precise point to which the crepitus extended, but I am inclined to believe it was quite up to the joint, as it was debated whether it would not be the safest plan to remove the bone from the socket. Very little blood was lost during the operation; the constitutional irritation subsided in a few hours; the patient became tranquil and soon recovered.

The result of this case proves, that it would have been better to have removed the arm below the elbow on his admission; but the appearance of the limb, and the state of the patient, warranted the attempt to save it, although the discoloration of the nails excited some suspicion in my mind, and occasioned me to watch its progress with great anxiety. The rapidity with which the gangrene spread was very remarkable. There was no such appearance at five in the morning, the operation was decided on and performed soon after eight.

February, 1842.

CASE OF OVARIAN DROPSY.

By J. B. KISSAM, M.D.

Mrs. D., aged thirty-five years, is the mother of ten children, had enjoyed good health till Feb. 1840, when she discovered an enlargement in the right side of the abdomen, and œdema of the lower limbs; in two months after she ceased to menstruate. Fluctuation being perceptible in the tumour, the use of calomel, squills, and digitalis was determined on. Under this treatment there was a decided diminution of size, and a single return of the monthly secretion. In September, however, the abdominal swelling again showed itself, with extensive anasarca of the lower half of the body, and of the abdomen, so great as to

make the fluctuation very obscure. Her general health remained unimpaired, and she only complained of the great weight, difficulty of respiration, and an inability to lie down. The remedies before tried were again resorted to, without benefit, and the increase of the fluid was so rapid, that paracentesis became necessary in January last. The puncture was made at the usual point, midway between the umbilicus and pubis. The depth of the adipose and infiltrated cellular tissues was so great (nearly three inches) that after making the external incision with a scalpel, a large trocar was passed entirely to the guard of the canula, and the latter firmly pressed inwards before the fluid could be made to flow. Instead of passing with the usual facility into the sack, the instrument seemed to meet with the resistance of a firm body, which was probably one of the tumours so commonly connected with the cyst in this disease. The fluid oozed so slowly from the wound, that the canula was withdrawn, and the incision left open, that the discharge might thus take place. On the following day it was ascertained that, in the course of a few hours, there had been evacuated forty-eight pints of a fluid, which soon firmly coagulated, and had precisely the appearance of blood; however, upon compressing a handful of it, it left no sanguineous stain; neither did the pulse give evidence of the system having sustained a loss of the vital fluid.

The abdomen, though somewhat softened, was not apparently much lessened in size. It was evident that the fluid was not entirely discharged; some relief was derived from the operation, and she was able to lie down for five or six weeks, after which a rapid reaccumulation took place. Medical treatment was resorted to, but without effect, and in the latter part of June it became necessary to repeat the operation. At this time the anasarcaous swelling of the abdomen and lower limbs was enormous, and fluctuation was discoverable only above the umbilicus. The patient could scarcely rise from her chair without assistance, and suffered much from dyspnoea; the measurement around the largest part of the body was *six feet and nine inches*. Owing to circumstances, my friend Dr. Hoffman advised me make the incision and puncture above the umbilicus; from which a free discharge of transparent fluid was obtained, which soon coagulated. The inconvenience met with in the former operation, from the depth of the infiltrated cellular tissue, was at this time obviated by a suggestion from Prof. Gilman—viz., that the anasarca should be lessened around the point to be punctured, by pressing and kneading the part with the fingers for some minutes. After the perfect evacuation of the sac, the quantity drawn off proved by measurement to be *seventy-nine pints*.

The wound healed kindly, without any unpleasant symptoms. A new mode of treatment was now resorted to. She was put on the steady use of hydrarg., prot. iod.; p. scilla., and p. digital., which after five weeks slightly affected the gums, and acted very freely upon the kidneys. Three months have now elapsed, the patient's general health is very good, the anasarca has entirely disappeared, and she has once menstruated, being the second time in the period of eighteen months. From a recent examination by several medical friends, it is evident there is no return of the disease, both iliac regions being in a natural condition, and the abdomen perfectly flaccid.

From the previous speedy return of the disease, and the period which has elapsed since the last operation, I am led to hope that its reappearance need not be looked for; and that this may prove one of the few cases which yield to medical and surgical treatment combined.

REMARKS.

The sanguineous appearance of the fluid first evacuated was new to me and to those friends who saw it. The resemblance of the fluid to blood was so

exact, that most of those who saw it did not hesitate to pronounce it blood. Whence was this colour? Probably from a small quantity of blood being mingled with the fluid, the blood having flowed from some artery wounded in the operation. The trocar, as I have mentioned, seemed, after having penetrated the abdominal wall, to pass for some distance through a firm, dense structure. This was probably one of those tumours by which the walls of ovarian cysts are very frequently occupied—in it the blood-vessel which supplied the blood probably existed, and it was the dense fibrous structure of this tumour which prevented the free flow of the fluid on the first operation. That the bloody hue of the fluid was accidental is proved by the fact that, although the fluid was not entirely evacuated on the first operation, yet at the second it was found quite clear, though coagulable as before.—*New York Med. Gaz.*, September 15, 1841.

A CASE

OF

MUSCULAR AMAUROSIS,

CURED BY THE

SECTION OF ONE RECTUS MUSCLE.

By JAMES J. ADAMS.

Mary Engling, aged 15, a stout, ruddy, and healthy looking girl, says that, with the exception of being subject to headaches, she enjoys very good health.

Oct. 11, 1841. The appearance of her eyes is not quite natural or healthy; the left appears to be smaller than the right, its cornea is partly covered by an opacity, the result of ulceration; one large blood-vessel, with three or four smaller vessels, passes from the conjunctivæ sclerotica to the surface of the opacity; the conjunctiva sclerotica are reddened in various parts, particularly at their superior portions, by numerous distended blood-vessels; the conjunctivæ palpebrarum are of a red dusky colour, and villous; the tarsal margins of the palpebræ are red, incrustated by mucus, and nearly deprived of cilia; she is much troubled by lachrymation and intolerance of light; the position, and association of her eyes, are natural; convergence, extreme and equal; inversion, more than complete by a full third of the surface of each cornea; eversion, very complete in both; sight, with both eyes open, very defective when required to be exercised by reading, working with a needle, or by close employment of the eyes; she cannot see to read a full-sized print for longer than one quarter of an hour without producing such a degree of blindness, as will prevent her from seeing the form of large letters, and will require her to rest the eyes during many hours before the sight will be recovered to its usual state. During her attempts to read for the quarter of an hour, she would feel herself compelled to rest her eyes for a few seconds at a time after the expiration of each minute; the necessity for the momentary rests seems to arise from an appearance which the letters assume after being looked at for one minute; they appear to mix, dance, lose their distinctness, and vanish through a fog; the necessity for resting her eyes for many hours, after having used them during fifteen minutes, seems to depend on her incapability of seeing to read more than one or two words at a time without a dense mist appearing before her eyes, accompanied by profuse lachrymation, and much pain in the eyeballs and eyebrows. The same difficulty occurs when she is employed at needle-work, but not so speedily, she