in pollutions from other causes; on the contrary, the vigor of erection diminishes *pari passu* with the severity of the complaint, and eventually disappears altogether.

Among the occasional causes of this complaint may be mentioned the presence of sebaceous matter between the glands and prepuce, and absolute continence. The operation of the sebaceous matter is probably indirect. By keeping up a constant irritation of the part, it leads in those who have not been forewarned of the danger to the practice of Onanism, to which in reality the malady is to be attributed.

Absolute and prolonged continence is supposed by Lallemand to be sooner or later followed by spermatorrhœa and impotence, in all cases; and he gives numerous consultations by Romanist clergymen in confirmation of his opinion. He states that in these cases the nocturnal emissions, which in the first instance relieve the system of the seminal secretion, become by a species of habit frequently repeated, and eventually are replaced by diurnal losses. It appears to me that Lallemand, in the ardor of his investigations into a malady for the elucidation of which he has done so much, has been guilty of unconscious exaggeration in attributing the actual, or, as it more frequently is, the imagined, impotence of persons who have long led a chaste life, to the presence of diurnal seminal discharges. My experience leads me to the conclusion that "impuissance" of such individuals is due to a want of muscular power—a kind of semiparalysis, in fact, of the erector muscles—rather than to the absence of seminal fluid. The genital organs, as may naturally be suspected, like other muscular organs, deteriorate in power from disuse; and as the deltoid, if it were to remain perfectly inactive for a given time, would shrink in volume and diminish in power, so will also the erector penis and the other muscles necessary to keep the organ in a state of rigidity. Actual experience, moreover, will convince us that such is the fact. Every one must be aware how imperfect are the first acts of intercourse, even if there be no mental disquietude in the case, where access to the other sex has been long suspended, and how the perfection of the act is advanced by its repetition.

The *modus operandi* of these different causes is next to be considered. It is scarcely necessary to point out in what way excessive coitus and masturbation induce chronic inflammation of the spermatic apparatus; suffice it to say that all organs in which mucous membrane is largely distributed, if frequently stimulated, are liable to a condition of chronic hyperæmia. The effect of blenorrhagic affections is still more obvious. The whole urethra is, in them, more or less in a state of inflammation, which, when long continued or frequently repeated, leaves the orifices and canals of the excretory ducts in the condition which we have seen to belong to the disease in question.

Phymosis acts by producing external inflammation of the glans, which is propagated up the canal of the urethra. The presence of sebaceous matter operates in the same way, or by inducing the habit of masturbation. The diseases of the rectum, which are occasional causes of emissions, I believe to operate

through the extension of the inflammation, by contiguity of structure, and not, as Lallemand imagines, by inducing constipation.

[To be continued.]

CASE
OF
SEVERE FRACTURE OF THE RIBS,
WITH
EXTENSIVE EMPHYSEMA.

By GEORGE NORMAN, Esq.,
Senior Surgeon to the Bath United Hospital.

[Read at a Meeting of the Bath and Bristol Branch of
the Provincial Medical and Surgical Association.]

I was induced to read the following case of severe fracture of the ribs, and of extensive emphysema, which occurred under my care at the Bath United Hospital, at the meeting of the Bath and Bristol Branch of the Provincial Medical and Surgical Association, on the 28th of September, because a practice was pursued which, although recommended many years ago by Mr. John Bell, and before by Mr. Hewson, surgical authors have not spoken decidedly of since, nor has the practice, so far as I know, been generally resorted to.

John Mills, aged forty-five, a carter, was brought into the hospital on the 26th of April last, about ten in the forenoon, having received a severe injury of the chest. He stated to Mr. Cannon, the house-surgeon, who saw him on his admission, that, whilst adjusting the harness, the horse he was driving with a cart took fright, and started away; that, in endeavouring to stop him, he was forced between a wall and one of the shafts of the cart, and the end of the shaft was pressed forcibly between his back bone and his left shoulder. As soon as he was extricated from this position he was brought to the hospital.

Mr. Cannon found, on examination, a large emphysematous tumor over the fifth, sixth, and seventh ribs, on the left side, between the posterior costa of the scapula and the vertebræ, which rose and fell alternately at each inspiration and expiration. There was also emphysema over the whole of the left side as low as the os ileum. He found that the ribs were broken and depressed, so that his finger could be pressed into the cavity of the chest, but there was no external wound. The man's breathing was hurried, and very laborious; his pulse very small and weak, under 60. The man, after trying every position, requested to be placed on his face, in which position he said that he felt less distress in breathing.

About twelve o'clock I first saw him; he was then lying on his face, and his body somewhat raised on his arms. He was breathing with the utmost difficulty, his pulse very weak, and his extremities cold; both sides of the chest expanded in breathing, but the left less than the right. Considering that the difficulty of breathing arose in a great measure because the air which escaped from the wounded lung distended the pleura, and impeded the action of the lung of the opposite side, I made an incision through the integuments, over the fractured ribs, through the intercostal muscles and the pleura; a considerable quantity of air escaped, and the emphysema began to subside.

On passing the fingers into the chest, three of the ribs were found broken and driven inwards; one was projecting into the chest at right angles. At every inspiration the lung was driven against it, and air was heard escaping from the aperture in the lungs.

An attempt was made to remove the projecting portion of the fractured rib, but it was not sufficiently detached to admit of its removal; by relieving the left arm from supporting the body, and by drawing it backwards, the end of the rib came more nearly to its position. By this time his breathing had become much more easy, and he was placed on his back, soon after which a discharge of frothy blood took place from the wound in such quantity that it passed though the bed to the floor; it was considered to be not less than twenty ounces; his breathing was still more improved after this, his pulse rose to 70, and his extremities became warm. He remained about two hours in this improved state, when a discharge of blood took place from the wound to as great an amount as before, which greatly exhausted him. He became restless, and desired to be again placed on his face. By the evening he had again recovered; his pulse was tolerably strong, and 78; he breathed with very little difficulty; the left lung appeared to be collapsed, as there was no motion of the left side of the chest in breathing; there was no longer any air in the cellular tissue.

He passed a quiet night, but without sleep. When seen in the morning (the 27th), his breathing was more difficult, but his pulse not more than 70; he was lying on his face; he was turned over on his back, when full a pint of bloody discharge ran out from the wound; his breathing was soon after much relieved, and there was some motion of the left side of the chest, but his respiration appeared to be principally performed by the descent of the diaphragm. In the evening he was free from pain; the pulse 70, and his breathing easy; the respiratory murmur was distinct over the whole of the right side of the chest, but not the slightest could be heard on the left side; on percussion both sides sounded alike; it was therefore supposed that the left lung was collapsed, and that side of the chest filled with air admitted by the wound.

April 28. He had passed a quiet night, with some leep; the pulse and breathing much as yesterday. He was turned on his back, and continued there during the day, but no discharge took place from the wound.

29. Has slept well; is much the same as yesterday; continues to lie on his back; no discharge from the wound.

30. Is restless; pulse 96; skin hot; tongue furred; no discharge from the wound; respiration not distressed; he can lie on his back, and on the right side, but not on the left. He was bled in the arm to ten ounces. In the evening he was much better; skin cool; pulse reduced; three or four ounces of bloody serum had escaped from the wound.

May 1. Has passed a good night, and says he is quite easy; pulse 64; can lie on his back or right side, but prefers lying on his face; a slight respiratory murmur was heard in the upper part of the left lung, but none lower down.

2. Going on well, appears to breathe more with the

left lung; takes beef-tea and other nourishment freely; no discharge from the wound.

4. Is better; he breathes distinctly with the left side; the upper part of the chest on that side sounds well on percussion, but not below; on auscultation, respiration is heard below the left clavicle; it becomes more feeble as you descend, and is not heard in the lower half of the left side; no discharge from the wound, which was blocked up with lymph; a probe was passed in, but no discharge followed.

6. Equally well as yesterday, excepting that his pulse had risen to 104.

7. A considerable discharge of sero-purulent fluid from the wound during the night; the pulse reduced to 63; his appetite good, but he complains of being very weak; in the evening a further discharge of the same kind of fluid from the wound.

9. Much the same, but still complaining of great depression and weakness. Ordered small doses of opium with ammonia, which relieved him.

10. A large discharge of sero-purulent matter from the wound, which he said had greatly relieved him. For several days after he was obliged to be turned round to empty the chest of fluid; this always relieved a distress of breathing which existed before it was done.

13. He walked across the ward several times. He went on well, the wound discharging every day till the 30th of May, when he was seized with a troublesome cough, quick pulse, and bloody expectoration. Eight ounces of blood taken from the arm.

31. Better; his cough much relieved; an appearance of blood in the expectoration.

June 1. His cough has entirely ceased; he is going on well; he continued to amend daily, the wound discharging a quantity of healthy pus every day.

13. The discharge from the wound continues, but in less quantity; respiration is distinctly heard in the upper part of the left side of the chest, but not lower down. He went to his home in the neighbourhood of Bath this day.

26. Appeared this day at the hospital amongst the out-patients; his general health had much improved; there is still some discharge from the wound. He continued occasionally to attend at the hospital until the wound was quite healed, the discharge from which had gradually diminished. He was seen at the hospital about the middle of August; the wound had remained healed; he was quite well, and had returned to his work. There was then no sound of respiration at the lower part of the left lung, but quite distinct in the upper part; the lower part was also dull on percussion. He said he had nothing to complain of but a pain in his left arm. He was well and continuing his work on the 28th of September.

The objects for making a free opening into the chest, in cases of wounded lung, without any direct external opening, appear to me to be, first, to admit of the escape of the air collected in the cavity of the chest, as well as in the surrounding cellular membrane, thereby preventing the pleura from being so distended with air as to press on and impede the action of the opposite lung, which must be the case if air were continuing to escape from the wounded lung without any external opening; and also by procuring a free ingress and egress for atmospheric air to pro-

duce a collapsed state of the wounded lung, as the one most favorable for arresting hæmorrhage, and for promoting reparation. Secondly, to prevent the accumulation of blood in the pleura, and the consequent pressure on the opposite lung, by giving a free discharge for the blood which had escaped, or might subsequently be poured out from the wounded lung. The large amount discharged in this case soon after the opening was made, and the further quantity shortly after, would in all probability have proved fatal, by obstructing the function of the opposite lung, if there had not been an opening for its discharge. Thirdly, to admit of the escape of the serous or sero-purulent discharges secreted by the pleura in a subsequent stage of the complaint.

I by no means intend to say that such a practice is required in all cases of fractured ribs accompanied by emphysema, for every surgeon must readily call to mind many cases of the kind which have recovered without any other treatment than the ordinary means employed for fractured ribs, and for the relief of pneumonia, when that has occurred. It is only in cases of like severity to the one I have related that such practice is required; but I also think an opening into the chest may, in like manner, be required, for the purpose of allowing the escape of blood in cases where the lung may have been wounded in another way than by a fractured rib, as by a bullet having passed into the chest by an indirect route, and having wounded the lung. In that case, if difficulty of breathing came on to a greater degree than inflammation of the organ would account for, and which the treatment for inflammation had failed to relieve, it would be right to ascertain, by percussion and the stethoscope, the probability of there being fluid in the chest, when, if the presumption of such being the case were strong, and the symptoms urgent, it would surely be right to make an opening into the chest, and give the patient the chance which such a proceeding might afford.

There are cases recorded of the lung being wounded by a bullet entering the chest by an indirect course, which have proved fatal, and the post-mortem examination discovered a considerable quantity of blood and of bloody serum in the chest, and the wound of the lung not to an extent by any means incompatible with reparation.

To these I could add other cases of severe injury to the chest and lungs, under my own observation, to prove that, although this practice has long since been recommended, it has not received that attention in practice which it appears to me to deserve.

Bath, October 7, 1843.

SPERMATORRHOEA.

Mr. Douglas, of Glasgow, has treated a case of this malady, with success, by injections of one grain of opium and three grains of acetate of lead in an ounce of mucilage, together with the shower-bath, and muriated tincture of iron. He believes this injection to have all the effect of the injection of nitrate of silver in allaying the inordinate irritability of the urethra, without any of the pain or necessity for confinement which the latter remedy occasions.—*Med. Gaz.*

A CASE OF MALIGNANT DISEASE OF THE OS UTERI,

COEXISTING WITH PREGNANCY, AND TERMINATING
FATALLY HALF AN HOUR AFTER DELIVERY.

WITH REMARKS.

By THOMAS DORRINGTON, Esq.,
Surgeon to the Manchester and Salford Lying-in-Hospital.

(Continued from page 9.)

The result of the preceding case is strictly in accordance with what has generally happened in similar instances—*both mother and child perished*. There are on record a somewhat considerable number of cases in which pregnancy and malignant disease of the os and cervix uteri coexisted; and after a careful perusal of them, I cannot help being struck with the catalogue of horrors they present—a catalogue which, perhaps, might in some degree have been lessened, had there existed, in the minds of those who had to do with them, a determination to save the lives of the children at least, even if the disease did of necessity destroy the mothers. In some of the cases noted, the state of matters was such that the mother must of necessity have succumbed almost immediately—at *most in a few days*—to the fatal disease under which she was suffering; and yet, in these very cases, it has been thought advisable to sacrifice the life of the child, in order to effect its delivery by the natural passages. I plead guilty to this charge myself in the case just recorded, and frankly admit that, on mature reflection, and after much thought on the subject, I am satisfied that I ought to have proposed the Cæsarean section to the patient at the time the child was known to be living; for, had she submitted to this alternative, the life of her offspring would, in all probability, have been saved, and she would have exchanged a horribly painful operation for one which is universally admitted to be by no means unusually severe, and one which assuredly could not have proved more fatal. It may be urged that this is an opinion formed after the event, and that one can never calculate accurately as to the trouble and difficulty of effecting delivery in such cases, inasmuch as some of those given by authors, which have been quite as unpromising as mine, have terminated much better. In one or two instances, which I shall notice below, it is true that such was the case; but I maintain that the evidence on this subject, when taken as a whole, goes to prove most decidedly that no reasonable expectation could have been formed in my case that either the life of the mother or that of the child could have been saved in delivery *per vias naturales*. In milder cases, when the diseased structures were not so bulky as to interfere with the diameters of the pelvis, delivery has taken place through the pelvis in various methods, and the child has even been occasionally living. In such, although the chances for the mother are very small, the child may be extracted by the forceps after the diseased parts have been lacerated or incised, and we should be justified in anticipating a safe termination of the labor as far as it is concerned. It, therefore, becomes a matter of practical importance to decide what treatment is applicable to the various cases of malignant disease of the os uteri connected with pregnancy—a question which will, perhaps, be