Foresti, and Duverney, advocate the use of the coulstaff.

This consists of a long piece of wood, with a ball or thick pad in the centre. Two strong men, taller than the patient, put the ends of the coulstaff on their shoulders, and the patient placed his arm over the ball or pad, which was thus inserted into his axilla. The assistants rising up, the patient hung upon the perch, and the surgeon pulled the arm downwards, upon which the bone slipped into its place.

This was the manner in which Ambrose Paré employed the coulstaff; but in 1713, Mr. Boulton thus describes its mode of application:—The staff, being made with a bunch in the middle like a wedge, it is to be covered with a soft bolster, and the patient being placed near some post to which it is convenient to fix the pulley, the bandage must be applied a little above the elbow, and the coulstaff placed under the axilla, supported by a couple of lusty men. The surgeon stands on the other side with his hands on each side of the scapula, to push it down and keep the patient in his seat, taking care whilst extension is making to keep the wedge in its right place, lest the bone be broken or other accident happen.

Subsequent to this period, in the year 1770, White, of Manchester, reduced a dislocation downwards in a very fat patient by means of a wooden cylinder. "He seated the patient on the floor, and placed a wooden cylinder, covered with a napkin under his arm, to support the body against extension, and to withhold the inferior part of the scapula. This cylinder was held by four men, two at each end; then, standing before his patient, White put the patient's arm through a napkin, with its ends tied together, and between his thighs, and placing the napkin over his own neck and under the patient's arm, below the neck of the humerus, he directed three or four men, standing behind him, to take hold of the wrist and forearm and make extension. When he thought that sufficient, he pressed the acromion and coracoid processes down, at the same time that he raised the head of the bone by the napkin, and by this means succeeded in reducing the bone."

He recommends the cylinder, which he said his father employed for fifty years with great success, to be at least four feet long and four inches in diameter.

Le Clerc advocates this method, which Latta condemns, for the reasons which we have already considered.

In the *Gazette Médicale* for 1840, M. Mayor, of Lausanne, speaks most highly in favour of a strong stick in the reduction of dislocations of the shoulder. This is to be attached to the ends of the straps destined to make extension; one end of the stick

is to be fixed firmly, so that it cannot slip, against something solid, to make a fixed point; and the surgeon takes the other end in his hand, and either pushes or pulls it, as the case may be.

Among the ancient modes of reduction there are not any, more universally recommended by the older surgeons, than those by the door and ladder. Hippocrates was the first who mentioned these methods, which were adopted for centuries afterwards. Albucasis, in 1532, and Barbetti, in 1676, recommend the ladder, which the latter directs to be employed in the following manner:—"Take a strong ladder, at the foot thereof put a stool for the patient to stand upon, and on the uppermost step bind something round that may just fit the arm-pits; put the patient's arm upon it, and draw it downwards, moving the shoulder-bone to and fro; let your assistant meanwhile draw the sound arm downward, and withal thrust away the stool from under the patient, that while he is thus pendulous, the shoulder-bone may be restored." The door, which Scultetus describes "as the best of all instruments for reducing dislocation into the axilla," was employed in a similar manner. The patient stood upon a stool on one side, and placed his injured arm over the top of the door. The surgeon seized the arm and drew it downwards, whilst an assistant thrust away the stool from under the patient, leaving him suspended.

Both these plans, which have been denounced by Boyer and Latta, are dangerous as well as cruel. Unnecessary violence was inflicted upon the soft parts, whilst in several instances the bones themselves were broken. Fortunately for humanity, they are now rarely if ever employed by well-informed surgeons in the present day.

Sir A. Cooper relates the case of a gentleman who resided in the country, and was frequently the subject of dislocation of the shoulder. When this occurred, he used to walk to the first five-barred gate, put his injured arm over it and grasp one of the lower rails, then gradually allowing his body to sink upon the ground, thus reduced the bone.

CASE OF TUMOUR IN THE RIGHT FALLOPIAN TUBE, OCCURRING IN THE PUERPERAL STATE.

By J. M. WADDY, M.D.,

Senior Surgeon to the Birmingham Lying-in Hospital.

In September last, I was requested to visit Mrs. R.—, a strong, healthy woman, aged 27, and mother of four children; she was then at her usual menstrual period, but the discharge had not taken place. She complained of pain in the right inguinal region, together with the usual pains attending menstruation; her bowels were confined; there was no alteration in her appearance, in her appetite, &c., but the inguinal pain troubled her exceedingly. I represented to her that

it was possible she might be pregnant, that the pain was most probably either in the uterus or its ligaments, and I prescribed a strong aperient of calomel and extract of colocynth, followed by the black draught, and also the application of fifteen leeches to the painful part.

On December 27th I was again requested to see her, and was informed, that she had been perfectly free from all pain and inconvenience since the previous attack until then. I found her suffering from pain in the same situation, in the region of the round ligament of the uterus. She was pale, sick, fainty, and suffered from symptoms strongly resembling those arising from strangulated hernia, or the lesion of some important organ. She informed me she had not been unwell since I saw her last, and that she believed she was pregnant. I ordered her fomentations and leeches, and repeated the aperient medicine, and on Friday, January 3rd, I was requested to discontinue my visits, as she was now so much relieved as to be able to dispense with my attendance.

On the following morning I was again sent for, and found her in bed; she complained of the pain in the groin as much increased in severity. I prescribed leeches, fomentations, and aperients as before, and repeated my visit in the course of two hours. I now found the pain constant, and severe to the most extreme degree, and strongly uterine in its character. Her face was pale, countenance collapsed, general surface cold and bedewed with perspiration; the mind anxious. I examined per vaginam, and found the uterus larger than usual, the vagina plentifully supplied with mucus, as in early labour, but I could discover no motion of the child on ballottement. The os uteri was closed. During the course of the day, the pains became, if possible, increased in severity, and without the slightest intermission; the countenance pale and exsanguineous; nausea; frequent vomiting; pulse about 140, small, wiry, and feeble, and there was every evidence of some important lesion of an internal organ. I prescribed leeches and large doses of calomel and opium, which mitigated the pain, and informed her friends that the case was probably one of rupture of the Fallopian tube of the right side, from extra-uterine pregnancy, for, on examination of the mamma and her general symptoms, I had no doubt of her pregnancy. I saw her again in the evening and found her much worse; inflammation of the peritoneum supervened, and in the morning Dr. Evans was requested to see the patient with me.

The abdomen was now exceedingly tender to the touch, so that the slightest examination gave exquisite pain. It was tympanitic, and very much swollen, and there was slight dullness of the right side; the bowels were still obstinate, and did not yield properly either to aperients or lavements; pulse 135; tongue furred, broad, and creamy; urine scanty; there were slight rigors, nausea, vomiting, and occasional hiccough. The mind remained unaffected as regards its powers, but the patient was very anxious about her condition. More leeches were ordered; the calomel and opium treatment continued; and, as Dr. Evans thought that there was probably some intestinal obstruction, castor oil draughts were given from time to time, and a blister was applied over the right side of the abdomen. She became so much relieved by the medicine that she was free from pain as long as she remained perfectly

motionless, but the slightest movement brought on a recurrence of agony. The pulse ranged from 112 to 140; the tympany increased to a remarkable extent; she passed little or no urine.

On Tuesday, 7th, I introduced the catheter, and drew off two ounces of fetid urine. On this day, her friends becoming very anxious about her condition, Dr. Ingleby saw her with me in the evening, Dr. Evans being out of town. A large blister was applied over the entire abdomen, to be dressed with mercurial ointment; and she was advised to persevere in the use of her other remedies.

On Wednesday, symptoms of pyalism began to show themselves, the abdominal pain diminished, and she became so much improved in her appearance and feelings, that we entertained hopes of her recovery; but the secretion of urine remained very imperfect, only two or three ounces coming off by the catheter. On examining the vagina I found the whole of the upper wall forced in by a large swelling, evidently containing fluid. Dr. Evans and Dr. Ingleby both examined the patient at my request, but were uncertain as to the nature of the swelling.

As the pain had diminished very considerably, the opium was exhibited less freely; the tympany continued with little alteration as to extent, but external examination was more readily borne; there was considerable dullness in both iliac regions. She complained occasionally of a "frithering," as she termed it, or fluttering in her abdomen, like the "frithering of a little bird," and there was a slight mucous discharge from the vagina, tinged with a little show of blood. Her pulse ranged now from 112 to 130, and she remained for a few days without any great change in her symptoms, although gradually weakened by pain. Her bowels were never satisfactorily opened. Occasional liquid, and slightly feculent motions, were procured by enemata, but no solid evacuation from the bowels had hitherto taken place.

On the 9th she had a recurrence of the primary symptoms: pain, faintness, coldness, nausea, hiccough, cold perspiration, &c.; and, without the advice of the medical attendants, two ounces of castor oil were given at a dose, which caused great increase of the abdominal pains, and watery discharge, but no solid or truly feculent evacuation. To alleviate the abdominal pain, a plaster of extract of belladonna and unguentum cetacei was applied over the abdomen, and renewed daily until her death.

On the 11th there was an intermission of some of the worst symptoms; the pain and swelling greatly diminished, but the weakness seemed rather to increase, and the mouth and fauces became affected with aphthous excoriation, for which a chlorine lotion was prescribed.

On the 12th the colon tube was used, and a large injection thrown up, which was followed by a copious thin feculent evacuation. The opium was continued without the calomel. There was a slight return of the primary symptoms; faintness, nausea, cold perspiration, &c. The hiccough was now very constant.

On the 13th the colon tube was again used, with similar results.

14th and 15th. Continued the same treatment, &c.

The patient and her friends, finding no change in the general plan of treatment, became impatient, and

on the 16th requested Dr. James Johnstone to see the case. Another attack of coldness, perspiration, &c., having supervened, Dr. Johnstone and myself visited her in the evening. He found her pulse quick and weak, countenance exsanguineous, fainting, constantly sick, and complaining much of pain. She gradually became worse, and died at half-past eleven o'clock p.m.

Autopsy.—Saturday morning, 18th. Present—Dr. James Johnstone, Dr. Evans, Mr. Wilkinson, and myself.

The abdomen only was examined. The intestines were apparently healthy, but much distended by flatus; there was no effusion into the peritoneum. The uterus was gravid, containing a fœtus of the fifth month.

There was a large tumour, of the size of a child's head, occupying the situation of the right Fallopian tube; it consisted of several cysts, filled with blood; some of them already had burst, and there was a small quantity of bloody purulent matter beneath the tumour.

The tumour strongly resembled the placenta in structure, and in my opinion the case was originally one of twins. One child had found its way into the uterus, the other had been arrested in its course, and becoming blasted, the fœtal membranes had undergone the alteration I have described. It is now generally admitted that uterine hydatids owe their origin to pregnancy. In this case the cells, instead of containing a watery fluid, were filled with blood. The sacs bursting from time to time had occasioned rents in the Fallopian tube and its investing membranes, which produced the deadly faintings, nausea, vomiting, hiccough, and general symptoms of abdominal lesion. The pressure of the diseased mass upon the cæcum and ileo-colic valve, had all the effect of stricture, and prevented a free evacuation of the fœces. The swelling felt in the vagina I presume to have been occasioned by the bladder being slightly displaced by the pressure of the gravid uterus, which was in its turn removed considerably from its natural position by the tumour.

Had any means of correct diagnosis been established, I think an operation might have been probably successful, as the whole mass was unattached, excepting by the Fallopian tube, to the uterus. The difficulty of diagnosis was much increased by the presence of the fœtus in utero, by the excessive tympany and abdominal tenderness, which repelled the slightest touch, and almost precluded any manual investigation.

I think this case a very instructive one on many accounts. One opinion given was, that the mischief arose, in all probability, from stricture or other mechanical impediment existing at or near the cæcum, and to this judgment the patient's friends were most inclined; and there were symptoms which appeared to favour this opinion. The stoppage of the bowels, the difficulty in forcing a large injection with the syringe and the colon tube, the dulness of sound of the cæcal region, indigestion, apthæ, eructations, &c., all seemed to point out the cæcum or intestinal tube as the injured part.

Another diagnosis, to which my friend Dr. Ingleby strongly inclined, was, that the symptoms were those of peritoneal inflammation, the cause of which he thought not sufficiently made out.

The question occurs, could any other examination

or inquiry have discovered anything more? The extraordinary distention and pain of the abdomen were such as to preclude the use of the stethoscope. No examination could have been borne that would have discovered the fœtal sounds; and had they been discovered, the difficulty would not then have been met, for the question would still have existed,—Is the fœtus in the Fallopian tube, in the cavity of the abdomen, or in the uterus. In future cases of a similar character, I imagine that strict attention to the primary symptoms will be found to be of the utmost service in diagnosis. It was this attention which led me to the approximative diagnosis I gave, which was founded on the following considerations:—

1. The general symptoms of pregnancy, absence of menstruation, and the condition of the breasts.
2. The primary situation of the pain, in the region of the inguinal canal.
3. The uterine character of the pain.
4. The general symptoms attending rupture of an important organ.
5. I explained the constipation by the pressure either of the tubal pregnancy upon the ileo-cæcal apparatus, or by its escape into the cavity of the abdomen, and entangling those parts either by mechanical interference or inflammatory obstruction.

EXTRAORDINARY CASE OF GUN-SHOT WOUND.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I have found the inclosed extraordinary case of Lieutenant Wynn, among my papers, and as I know it to be authentic, and believe he lived for some years after, I forward it to you for the Journal, as I think it should be recorded;

And remain, Sir,

Your obedient servant,

WILLIAM COLLYNS, Surgeon.

Kenton.

Hull, 27th February, 1800.

Sir,—I had the honour, on the 18th instant, of being appointed Captain Lieutenant of the 23rd regiment. I have been confined at this place for some months, in consequence of a wound, which I received in Holland, and in regard to the nature of which, I beg leave to refer to the copy, I take the liberty of sending you, of a certificate, I some time ago had occasion to send the Commander-in-Chief. My lungs are almost well, but the hole in my side is necessarily kept open, on account of some small pieces of bone, which occasionally separate from one of my ribs. I am too weak to bear the fatigue of travelling, and therefore mean to proceed to London by sea. If the wind is favourable, the vessel which I go in will sail next Saturday. I shall receive any commands which you may have for me, if they are sent for me to the Oxford Coffee House, Strand, London.

I have the honour to be,

Very respectfully, Sir,

Your most obedient humble servant,

W. WYNN, Captain Lieutenant 23d Regt.

Lieutenant Colonel Ellis, &c., &c.