I have also known gangrene follow the operation for popliteal aneurism from a cause which, I believe, is altogether beyond our control. A few years ago I tied the femoral artery for a popliteal aneurism of unusually large size. The tumour pulsed strongly in every part; its contents were almost entirely fluid, as there had been but little deposition of fibrine. The ligature was applied without the slightest delay or difficulty, and with the least possible disturbance to the surrounding parts. On the following day the tumour was very little reduced in size, but the pulsation had entirely ceased, and the tumour was perfectly consolidated. The patient complained of severe pain in the leg. On the next day the foot was discoloured, and gangrene was evidently commencing. After a few days the foot and half the leg were gangrenous, and I amputated the limb above the knee. On dissecting the amputated part, the principal veins of the leg, as high as the tumour, were all filled with coagulum; above the tumour the femoral vein was pervious and healthy. A section of the tumour showed it to be perfectly consolidated by the deposition of concentric layers of fibrine.

In this case it was evident that the sudden conversion of this large, soft, yielding tumour, into a firm unyielding mass, had caused such a degree of compression of the popliteal vein as to arrest the flow of blood through it, and venous obstruction in addition to the arterial being produced, gangrene resulted.

You have here, gentlemen, the opportunity of examining the preparation; you see the veins below the tumour filled with coagulum, the femoral vein pervious above, and the aneurism itself of a very large size, perfectly consolidated.

NOTES AND ILLUSTRATIONS OF THE DISQUISITION ON PUERPERAL FEVER.

By EDWARD BLACKMORE, M.D.

(Concluded from page 390.)

THE TREATMENT.

Dr. G. Fordyce says, "In robust women in the country, at the beginning of the disease, which is attended with hardness of the pulse and general inflammation, bleeding from the system is advantageous, but if there is no general inflammation we must not bleed, neither can we employ purgatives with advantage; perhaps the evacuation itself increases the irritability, or the peristaltic motion of the guts affects the patients injuriously. Relaxants frequently purge or produce profuse sweating without relief; however, we must employ them, and if they excite a gentle sweat, they are of use. Bleeding from the skin of the abdomen is the most powerful remedy; eight or ten leeches, and sedative, and anti-spasmodic fomentations, the flannel being wrung out as dry as possible; the fomentation of briony, rue, matricaria, and other anti-spasmodic herbs, to be repeated in two or three hours.

The food should be farinaceous, and sometimes animal broths." MS. Lectures.

Dr. Osborne says, "The treatment is bleeding; an ingenious man has recommended bleeding, even in putrid fevers; a small quantity of blood drawn can never do harm; it is only the excess that does harm; and we always recommend taking away a small quantity in this disease. You are to consider the prevailing epidemic, in directing the quantity; and remember that women, after labour, can bear very little evacuation; and that in the beginning of this disease the symptoms are the same, whether it is to become a violent (*i. e.* typhoid) fever, or an inflammatory fever; therefore bleed with caution. Dr. Leake has recommended free, quick, and plentiful bleeding; and he has given a very fair account of his success. He lost thirteen patients out of nineteen, which is a great proportion; and I dare believe that half of them would have recovered if left to nature! At the time this disease prevailed, and was so fatal in the Store Street Lying-in Hospital, I determined to try the effect of bleeding, and I bled a strong plethoric young woman four times. On three bleedings she seemed better; but on the fourth she sank immediately! We may always bleed once to eight ounces, which can't do any harm; and as there is vomiting of porraceous bile, and more of it in the stomach, we give a vomit of ipecacuanha. Emetics are useful once or twice, but not except at the beginning. As the diarrhoea appears salutary, we give a clyster, and a purgative solution of Epsom salt in mint water, so as to procure three or four stools; we invariably purge to this extent. We then attempt to relieve the excessive pain, by applying a fomentation of hot chamomile flowers in a bag; after this we give an opiate; but I think nothing relieves so much as a chamomile fomentation. Anodyne embrocations have also been recommended. I then prescribe saline mixtures with spirit of mindererus, and pulverized antimony, with pulverized contrayerva, every six hours, as a relaxant. When you give antimony, tincture of thebaica may be added; these assist each other, and form an admirable medicine. You now leave your patient; and next day 'tis rare that bleeding can be repeated, except the woman be very plethoric, or an inflammatory epidemic prevails, which may require it. However, you can't expect the fever to be gone in twenty-four hours; in general it is either gone off, or fatal in from four to six days, and sometimes it has been fatal on the tenth day. We go on with the same means. Blisters, leeches, opium externally, have been recommended, but I never saw them useful. If the antimony does not act, it must be increased.

"However the fever begins, in a short time it puts on the low nervous or putrid type; and here you must use cordials. Camphor is the best cordial; it never heats. I prescribe camphor julep, six drachms; Hoffman's anodyne, two drachms; giving the patient as much as she will take. If she wants more cordials, I give wine-whey, made thus,—a cup of milk, a cup of wine, and a pint of water. There are two or three cases in which the patients were much relieved by purging with calomel, given to the quantity of ten grains; if a case occurs to me I will use it. After all, I cannot say I have known many cases in which medicine has been of use; though I have seen great practice, I am yet to learn what is most useful in this disease! At the

end, where appearances of putrefaction have come on, cinchona has been strongly recommended. I have given it, but I cannot say with effect. I must confess myself ignorant of any sure method of relieving this disease."

Dr. J. Hamilton says,—"In hospitals, nothing but removing the patient, and purifying the wards, will avail to stop the disease. One thought that ipecacuanha is a specific, fifteen grains in two doses, at the distance of an hour and a half, daily. Dr. Clarke, of Dublin, gave it:—"For on the first shivering, I do not know but the case will be ephemera;" it will not succeed in puerperal fever in one case of ten. Dr. Brennan gives oil of turpentine; I tried it without advantage. You keep the wards empty and well ventilated for weeks, before the re-admission of patients.

"In private cases, to moderate local inflammation by bleeding is the great thing—say Drs. Leake, Gordon, Armstrong, and Mr. Hey. The first says:—"The reasons for bleeding are as in pleurisy; bleed early."

"The disease at Aberdeen, which Dr. Gordon saw, was not puerperal fever, and bleeding here always aggravates. I allowed patients to be bled, as the pain was acute. In five cases I bled early; all the patients died! The pain was not so much alleviated by bleeding as by the other remedies; the fatal issue was hurried on by bleeding. In a case that was bled, fluctuation was felt; I gave ten drops of tincture of digitalis every hour; she recovered. In another case the blood was buffy; she sank. The former case was not one of puerperal fever; it showed the importance of the lancet in an acute inflammatory disease. In puerperal fever, bleeding is signing the death warrant. Dr. Clarke, of London, says, 'Do not use the lancet; bleeding is attended with disadvantage, although the blood is buffy; it lowers the patient and has hastened death; and bleeding by leeches has not contributed to a cure.' Foment the bowels with chamomile, give jalap with cream of tartar, antimonials, neutral salines, and a tobacco clyster, of roll tobacco—an inch and a half, boiling water, a pint; give it slowly; it will return in a few minutes; it checks instantly the inordinate action of the heart and arteries, and causes deadly sickness. If called in late, we give digitalis; it has cured, and has also disappointed me. The effused fluid is deleterious; I wished to draw it off by paracentesis. In a case, a Barbarian gave stimulants; finding fluctuation tapped; she recovered.

"There is a prejudice against blisters in the puerperal state; but Dr. Clarke used them too small; they should cover the abdomen. I prefer, however, the sinapism; a bread poultice with mustard and turpentine, produces erythema rapidly, and determines the blood to the external parts. Secondly, support the strength by cordials, and fresh air, and mild nutriment; cinchona is out of the question, as we must keep the belly open; I have used it in clysters, but the symptoms are too urgent for it. I have sustained life for a few hours by ammonia and ether; I have not found cordials powerful enough. Thirdly, obviate the symptoms, *e. g.*, pain, purging, nausea, watching. I never give an emetic, unless the stomach must be unloaded; I think purges better. The pain is alleviated by fomentation, and the tobacco clyster, and an opiate *hora somni*.

"Your practice must be active in a few hours, for the

patient is lost. If called in early, careful fomentation and brisk purging are the means; if called in late, give digitalis, cordials, and opiates. If there is no suppression of the lochia, bleeding is out of the question. Mr. Hey was not called in until the consequences of suppressed lochia had taken place,—that is simple peritonitis, characterized by extreme rapidity of pulse, pain in the abdomen, fulness and great heat of belly, extreme tenderness, and symptomatic fever. This is distinguished from puerperal fever by the countenance, the absence of uneasy breathing, the stools not dark, nor working like yeast. In this simple peritonitic case, we bleed and repeat it; leeches to the belly here is trifling; foment the belly with hot vinegar for a whole hour, and repeat it every six hours; give antimony, laxatives, and purgative clysters. In this inflammatory disease, the patient sometimes dies delirious; there is suppuration in the peritoneum occasionally, and the matter is discharged at the umbilicus. In pure enteritis, it is an error to allow diluents, every portion of fluid must be added to the circulatory mass, and increase the congestion. Another error is to use purgatives indiscriminately before overcoming the inflammation; conquer it, and the mildest laxative is powerful. You should bleed, foment; tobacco clyster is almost a specific; abstain from liquids; afterwards give laxatives."

Professor Burns says:—"In puerperal fever, bleeding requires caution; it must be done very early if it is to be useful; give calomel or a purgative, and salts; then cinchona; opiates to restrain vomiting or diarrhoea; but if the stools are foetid, give calomel. The utility of emetics is not confirmed by experience; blisters are injurious; digitalis useless; cordials good. The great principle of treatment is to support the strength, and to relieve costiveness or diarrhoea."

Dr. Gooch recommended active depletory measures; thirty-six leeches on the belly, and dry heat; calomel five grains, every four hours, and small doses of opium; but he thought bleeding hurtful in the intestinal fever, or remittent fever, with peritoneal inflammation; where there is pain in the bowels, and a purging of bad stools, great nervous and febrile irritation are relieved by purging.

Dr. Ryan said the diagnostic of puerperal fever is, that it will not bear bleeding!

Dr. Conquest thought the specific character of the disease is from the peculiar condition of the system, which utero-gestation and parturition effects; and that this disease is seen during pregnancy. That when epidemic, it defies all treatment. He advised cupping, hot turpentine and flannel to the belly, as counter-irritants; and a draught of oil of turpentine, castor oil, and laudanum.

The French physicians, at Paris, in 1827, had tried the various modes of treatment recommended by all the British physicians, without success! Three out of seven patients were then saved by two drachms of mercurial ointment on the belly every two hours, and two grains of calomel at the same time.

Dr. Ryan abstracts blood from the vagina and pudenda; injects cold water into the uterus; rubs mercurial ointment in the axilla, and gives three grains of calomel and half the quantity of camphor every two hours, to twelve doses.

Dr. Brennan's hospital practice is turpentine put on

the belly, and half an ounce given at a dose. Drs. J. A. Johnson and Payne recommended purgatives, oil of turpentine and castor oil, each half an ounce.

Dr. Dewees succeeded in a desperate case, after bleeding, with thirty drops of oil of turpentine every hour, sinapisms on the legs, an ounce of mercurial ointment on the belly, and a clyster every night for three nights, consisting of a dram of laudanum.

Dr. Gordon bled largely, purged with calomel and jalap, and gave an opiate every night.

Mr. Hey bleeds; gives jalap and cream of tartar, with calomel three grains; condemns opiates and blisters; praises fomentations; and gives Epsom salts with emetic tartar. Before he adopted bleeding, of fourteen patients, he lost eleven; afterwards, of thirty-three, he lost only three.

Dr. Armstrong, for peritonitis and hysteritis, bled to syncope, and gave three grains of soft opium as soon as the faintness went off; the effects were sleep, perspiration, and a quiet pulse. In four hours he repeated the bleeding, if necessary, to faintness; then gave calomel four grains, opium two grains. If in six hours more there was pain and fever, he bled as before, and gave a smaller dose of calomel and opium, and repeated it until sleep and perspiration were induced. Large clysters of tepid water is the only safe purgative, he thought. He would rather rely on opium solely, than on bleeding solely! This method, he says, is more uniformly successful in the form of abdominal inflammation which follows delivery, than in any other disease.

The above quotations give us a sad view of the fallacies of medical testimony on the treatment of the various cases to which the same *generic* name is affixed. One is compelled to say, with Malthus, when such is the state of medical science, "The necessary mortality will come"; and with Dr. Osborne, "We have yet to learn the remedies for 'puerperal fever'!" One feels, with Cullen, how worthless is any testimony on the value of any medicine, unless we know all the circumstances of the case in which it succeeded or failed; and thus are enabled to separate, what is a mere prejudice and opinion of the writer or teacher, from what is a fair inference from facts, in the testimony.

It is evident that the conflicting judgments on the treatment, of so many intelligent, experienced, and honest observers, cannot have been founded on the same sort of cases; and we learn from them, that we cannot absolutely transfer the treatment of even one case to another; certainly not that of hospital cases to private cases, indiscriminately.

The fair conclusions appear to be,—that in some cases, truly designated puerperal fever, a general bleeding cannot be dispensed with, but it should never be carried to syncope; that in other cases, local bleeding, so as to deplete chiefly the spermatic and inferior mesenteric vessels, is only proper,—the chief means here being such as derive the blood from the affected organs, by a secretant or counter-excitant action:—Drs. Osborne, Hamilton, Burns, Gooch, and others, concur in recommending purging, even in the more malignant cases; yet Dr. Fordyce's caution on this point is not unfounded; "a black dose or two," or salts and emetic tartar, would do mischief in some of these cases, I am confident. In some asthenic cases, I found the laxative effect of the grey 'powder' most

salutary. The attempt to stop an early diarrhoea by opiates and astringents, is condemned by the most experienced of the authorities I have referred to.

Dr. J. Hamilton's liking of tobacco-clysters early, and of digitalis in the latter period of the disease, is not confirmed by other physicians. The best sedative of vascular action in the more asthenic cases, appears to me to be the acetate of lead; I would extend its use beyond cases of diarrhoea; I believe it would help to prevent the peritoneal effusion.

Mercury has in all the cases a greater number of suffrages than any other medicine in this disease!

Quinine and morphia, given from the first, have no favourable testimonies; experience, analogy, and therapeutic principles, all unite to reject such a practice.

Strong cordials are seen from the statements of the majority to be injurious or useless.

Finally, I would submit, that however, at times an epidemic pestiferous influence may baffle the best directed remedial measures, yet the ill success of the treatment has generally arisen from our being excited to a violent use of medicines and operations by the severity of particular symptoms;—and by the means not being well adapted to the various states and complications of the particular case. And for occupying so repeatedly the attention of the profession on this subject, I would apologize in the words of Lucretius,

"Rerum magnarum parva potest res
"Exemplare dare, et vestigia notitiæ."

Bath, March, 1845.

HISTORY OF AN UNIQUE CASE OF ADIPOSE TUMOUR IN THE SPERMATIC CHORD.

By D. O. EDWARDS, ESQ.,

Surgeon to the West of London Institute for Diseases of the Eye.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I request you will be so kind as to give insertion to the accompanying communication, if you deem it sufficiently interesting for the perusal of your readers. Riddles cease to be interesting as soon as they are solved, and puzzling instances of malady look like common-places when the diagnosis is accomplished. There is not much edification in the simple announcement of the fact, that an anomalous tumour has been discovered in any particular structure; but I am fully convinced that a recital of the ambiguities of such a case, and of the efforts, successful or vain, made in attaining to the truth of the matter, by artists of first-rate eminence, cannot fail to be both interesting and instructive.

It is sufficiently notorious and incontrovertible, that all the triumphs of the healing art have been effected, *non vi sed saepe cadendo*; and if perfect candour had been observed in publishing failures, as well as successes, it cannot be doubted that much valuable instruction would have been preserved to the world. In the present instance the "due deliberations and