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RETROSPECTIVE ADDRESS READ AT THE FIFTH ANNIVERSARY OF THE READING PATHOLOGICAL SOCIETY, JULY 8th, 1846.

By F. A. BULLEY, Esq., F.R.C.S., Surgeon to the
Royal Berkshire Hospital.

(Continued from page 428.)

At the fifth meeting—Mr. May had some morbid specimens to present, taken from the body of a person aged 70, who had died within an hour after his visit. On examination after death, a calculus was found in the bladder, which was not suspected to be present during life, to be accounted for by the condition of the prostate gland, which he would presently describe. The calculus was of an uncommon kind, having a nucleus of lithic acid, then a coating of blood, next a stratum of the triple phosphate, and then another coating of blood, finally covered with a layer of the triple phosphate. The prostate was found to be much enlarged, the middle lobe projecting considerably into the bladder, which had prevented the stone being touched by the catheter. The right kidney was partially destroyed, and had a large serous cyst attached to its upper surface, capable of containing one pint and a half of fluid. The left kidney was also much diseased. The lungs were most intensely congested, which was probably the cause of death by syncope. He thought the congestion might be the result of atmospheric vicissitude.

Dr. Bradshaw was then called upon to read his paper on the uses of cod-liver oil in the treatment of chronic rheumatism. This paper tended to show the value of the remedy as a therapeutic agent over most others in arthritic affections, and from its successful employment by that gentleman and others, it certainly did appear to be a valuable addition to the list of remedies established by usage for such complaints. It is thought that its efficacy depends on the quantity of carbon it conveys into the blood; indeed its mode of action seems to depend on the stimulus thus conveyed, rather than upon any specific action upon particular organs. From the cases related by Dr. Bradshaw, and which have been published at large in the *Provincial Journal*, it is certain that the remedy is well deserving the notice of the profession, especially as its claims to notoriety have been well set forth, and established by several leading members of the profession. The accompanying observations of Dr. Bradshaw on the use of oleaginous condiments also deserve particular attention.

Mr. Jeston said that he had used the oil in a few
No. 37 September, 16, 1846.

cases. He had not, however, used the oil as manufactured, but had prepared it by cutting the liver of the cod-fish in slices, and then hanging it up in an oven. He then collected the oil in a cup, by which means it was obtained pure and palatable, and a cod's liver would yield half its weight of oil. He had not used it very extensively, so that he was not prepared to say much either for or against its employment.

At the sixth meeting—There being no morbid preparations to present, the evening was occupied almost exclusively in a conversation on some practical points in midwifery, arising out of a question put by Mr. May to Mr. Bulley, sen., whether he or any other gentlemen present experienced in midwifery, had particularly noticed the separation and throwing off of the placenta in cases of placental presentation before the birth of the child, and what were the consequences that ensued as regarded hæmorrhage.

Mr. Workman replied that a friend of his was called to a case where the placenta remained in the vagina, and the hæmorrhage ceased. He did not know what was the fate of the child.

Mr. May also enquired whether the greater quantity of blood lost was from the surface of the uterus or from the maternal portion of the placenta, or from both.

Mr. Bulley, sen., said he thought it came from both. Dr. Bradshaw coincided with Mr. Bulley.

Mr. May said that the abettors of the argument, Messrs. Simpson and Radford, agree in thinking that the hæmorrhage comes from the placenta, as on the separation of it the hæmorrhage usually ceases, and hence it may be considered judicious to withdraw the placenta where you cannot from circumstances turn. Dr. Lee and others contend that it comes from the uterine surface and not from the placenta. The fact seems to be proved, however, that in the great majority of cases where the placenta has been separated, the hæmorrhage stops.

Mr. Walford stated, that on the 25th of October, he was called to a Mrs. Eatwell; he found a breech presentation; a very small child was born, the pains continued and a second child was born in the same manner. A third followed with a breech presentation also; the placenta came away soon after, it was united in one with a line of demarcation between each portion. All the children are living.

Dr. Bradshaw mentioned a case of triplets which he had attended, two of the children died, but one, the most feeble of the three, survived. He said that according to his experience it was usual for patients,

after bearing twins and triplets, to have miscarriages, and that quick conceptions followed, with frequently a general breaking up of the constitution.

At the seventh meeting—Mr. Harrinson presented a specimen of congenital deformity of the radius of a child born dead, and made some interesting observations on these cases. In the present instance each hand was bent up towards the elbow on each side, the radius being defective. There was also a supernumerary toe on each foot.

Mr. Vines related the case of a person who had lately died while labouring under a profuse salivation, induced by the injudicious use of mercury, administered by a quack. On examination after death he observed such appearances as led him to believe that such had been the case, especially in the gums, which were swollen and ulcerated; the tongue was also swollen, and covered with a brown sordes. The larynx and trachea were covered with a thick false membrane, and there was a thick fluid in the bronchi. There was, likewise, distinct evidence of inflammation having existed in the kidney. It appeared to be the object of the narrator to ascertain the opinion of the Society as to whether the man had really come by his death by the abuse of the remedy, or by natural causes; and, after a great deal of interesting conversation, in which each of the members joined, it appeared to be the general opinion, that although mercury was not utterly inadmissible in renal inflammation, the patient died through the use of mercury administered without due caution.

The notes of the examination in full, taken in short-hand by your reporter, having been read, Mr. May proposed a vote of thanks to Mr. Vines for his courage in bringing the case before the public, which was cordially responded to by the members.

At the eighth meeting—Mr. Waldron related an interesting case, which had lately come under his observation, of a malignant tumour in the mediastinum, with the *post-mortem* appearances; and, as it appeared to be one of a very instinctive character, your reporter has thought it his duty to give the full details to the Society.

Sarah Bushell, aged 40, a married woman, applied to Mr. Waldron, in June, 1845, on account of an occasional pain which she had suffered on the left side of the chest, increased by inspiration, extending to the shoulder and arm of the same side, with slight cough. There was dyspnœa; want of sleep; pulse 100; tongue clean; digestion good. Her symptoms increasing, she became a patient in the hospital towards the latter part of September, under Dr. Cowan. After being there, however, about a fortnight, she was discharged as incurable. He (Mr. Waldron) could never arrive at any accurate diagnosis of her case—indeed, he could never satisfy himself as to the cause of the symptoms. He noticed that she received slight relief from counter-irritation and opiates. He some time afterwards received a note from Dr. Cowan, containing his diagnosis and views of this obscure case; and the *post-mortem* examination would prove how correct was the opinion that he had formed. He then read Dr. Cowan's note, which stated that the disease was a malignant tumour of the posterior mediastinum, pushing forwards and upwards the left lung.

After she left the hospital, and about the 24th of October of the same year, she continued to complain of pain between the shoulders, extending to the head, and down the arm to the fingers of the left hand, more particularly at night. Pulse still about 100; no fever; digestive organs healthy. She complained of a fulness of the throat, and difficulty of swallowing, especially fluids. She suffered from dyspnœa, which was increased on her making the slightest exertion. She was able to lie only on the left side. On her being subjected to percussive examination, the right side of the chest was found to give a clear sound over every part of it; a dull sound on the left side, under the clavicle. The respiration was puerile over the whole of the right side, except just at the root of the lung, where it was bronchial.

December 3rd. Symptoms much aggravated; constant feeling of impending suffocation; œdema and congestion of the face and neck, with a livid appearance of the lips; percussion dull over the whole of the left side, and the respiratory murmur nearly absent, except just at the root of the lung.

December 10th. There is a swelling situated over the right side of the thyroid gland. She has not been able to lie down for ten days, but has required to be supported day and night, leaning forward. Countenance turgid; the jugular and superficial veins greatly distended. She has the greatest difficulty in swallowing anything. From this time she gradually sank, and died apparently from asthenia.

Post-mortem examination five hours after death. The body was not much emaciated; the left cavity of the pleura contained about three pints of dark-coloured serum. Occupying the natural situation of the left lung was a solid tumour, with an irregular and nodulated surface, weighing nearly four pounds. It was generally adherent to the walls of the thorax by dense bands of organized coagulable lymph. It extended across the anterior mediastinum obliquely towards the right shoulder, to occupy the upper region of the right thorax. It was connected above with the cervical glands, and great vessels of the neck, and posteriorly occupied the space of the posterior mediastinum, apparently growing upon the spine, and was connected with it and the rudiments of the left lung. A section of the tumour being made, a whitish matter oozed out. It presented the same appearance throughout. The right lung was apparently healthy, as well as the heart, which seemed to have been pressed down a little lower than its natural situation, and rather to the right side, by the increasing bulk of the tumour. There was evidence of the same kind of disease having commenced in the head of the pancreas.

Dr. Cowan referred to the notes of the case which he had made while the patient was in the hospital, and explained the physical signs on which he had founded his diagnosis. It had occurred to him to see four cases of tumours within the chest, two of which were verified by inspection under his own eye, the other two by parties who were not aware of the diagnosis, yet afterwards verified it accurately. He then explained at length the differential diagnosis, shewing that the disease could be neither pleurisy, pneumonia, nor tubercle. The only sources of those signs might have been derived from the existence of a thoracic aneurism; that it was not aneurism, however, was evident, from

the absence of any sign of a disturbance of the flow of blood through the chest, or those derangements of the general circulation attendant on such cases.

Dr. Woodhouse then read the second part of an elaborate and ably written paper on the Medical Topography of Reading, the former part having been read before the members of the Southern Branch of the Provincial Association last summer.

At the ninth meeting—Mr. W. Tiley exhibited a living specimen of congenital malformation in a female child, seven weeks old, apparently resulting from a disease of the pelvis. The femora were dislocated from the acetabula, with atrophy of the lower limbs; the situation of the heads of the bones upon the pelvic bones was not easily made out. The only cases at all parallel to this are those related by Dupuytren, of which twenty-four out of twenty-six were females. The child was born with a breech presentation, and the deformity prevented the feet, which were in contact with the month, being brought down. Some strength has lately been gained in the limbs, and a greater approach towards the perpendicular is observable. The mother is healthy, and has had three children, all healthy. There is incontinence of the fæces, but the bladder performs its functions properly. The upper part of the body is well formed; cough or other excitement brings on congestion of the face, which soon, however, disappears. Mr. Tiley supposed the deformity of the lower limbs to proceed from an arrest of development which took place about the seventh month of intra-uterine growth, at which time there was a threatening of labour.

Dr. Bradshaw then read his promised paper on the effects of opium, in which he brought forward arguments on both sides, from a variety of authors, to shew that opium, on many occasions, acted as a stimulant, as well as a narcotic. The paper also contained some observations on the effects of narcotics in general. This paper was full of practical interest, placing as it did, by the test of repeated experiments, the subject in the clearest light, and putting it beyond a reasonable doubt that the effects of narcotics on the human system are, through the medium of its nerves, in contra-distinction to the many hypotheses advanced on other premises. It cannot be denied that an enquiry of this sort must be attended with advantage, involving as it does, so much of the care of every practitioner in medicine during his daily occupations, and when, at the same time, we reflect upon the evils arising from the careless or ignorant administration of the narcotics in common use. In substantiating his argument, Dr. Bradshaw observed, that in the physiology of all subjects, that hypothesis is best which explains satisfactorily to the unbiassed and philosophical judgment the more numerous proportion of symptoms, and which is founded upon the greatest number of facts and experiments; and in no wise has he disappointed us, for not only have the investigations of the learned for many by-gone years been handled with philosophic deduction, but every possible means have been employed to bring their opinions into a focus of practical value.

The force of the argument goes to prove that the primary operation of opium, and other narcotics, is through their stimulating quality, as indicated by the

pungency of their smell, their heat of taste, the power they possess of inducing pain, heat, and inflammation, when applied to the eye, and to excoriated and excited parts, the power they seem to possess in accelerating the motion of the heart and arteries, and of calling into new action, under a state of comparative collapse, the natural heat of the body. Moreover, the preternatural excitement of the venereal appetite, the temporary vigour of the constitution which they induce, the hilarity and intoxication resulting from their use, are convincing manifestations of a predominating stimulating quality; and it is from an investigation of these facts, that the practitioner will be put in possession of incalculable advantages in the treatment of those diseases coming immediately under the operation of this class of therapeutics.

An interesting discussion ensued, in which Mr. Jeston and Dr. Cowan took part, the latter gentleman thinking it was impossible to arrive at anything like a definite conclusion as to the mode of action of opium, and the other narcotics, as so much must depend upon idiosyncrasy, and much on the method of administration.

(To be continued.)

A REPORT ON LITHOTOMY, IN WHICH THE LATERAL OPERATION OF CHESELDEN IS ADVOCATED, AS WELL ADAPTED TO PROVINCIAL PRACTICE.

By CHARLES MAYO, Esq., Senior Surgeon to the County Hospital, Winchester.

(Read at the Anniversary Meeting of the Provincial Medical and Surgical Association, at Norwich, Thursday, August 20th, 1846.)

In the spring of 1842 I drew up a report of some cases of lithotomy which had occurred at our County Hospital during the period in which I had been attached to it. My object at that time was to show that the number of cases of calculus had by no means increased in proportion to the extent of population, or to the general number of patients admitted into the Hospital, in which the beds had been increased from 60 to 120 during the same period, (about 35 years,) reckoning to the present time. The average number of cases has been about one and a half per annum, of which forty-eight have been operated on in the Hospital, and three or four in private houses. I wished also to record the success which had attended my share of the above operations, amounting to about seventeen, of all ages, from 4 to 70.

Previous to my first operation, in August, 1812, I took considerable pains to investigate the best mode of using the common scalpel; for although I had come from St. Bartholomew's, where the gorget was patronized by Blicke, Earle, and Abernethy, and had seen that instrument successfully used here, I could not make up my mind to the thrust required for passing it through the prostate into the bladder. I at length decided upon adopting what had been described as Cheselden's last and most successful mode of operating; and thus, in a stout fisherman of 42, I made a large and deep external incision, and then having cut into the side of the prostate gland, as far back as I could reach, I brought the knife out along the groove of the