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

staff into the membranous part of the urethra, the staff being held by an assistant, with its handle inclining a little to the right. In this manner I extracted with the forceps a large stone and six smaller ones, and the man speedily recovered. Having succeeded so well in this case, I have persevered in this mode of operating; the rarity of cases (averaging only one in two years,) not justifying my making any marked variation, and my success encouraging me to persevere. I had always at hand a short cutting probe-pointed bistoury, with which I dilated the wound in the prostate, if, on the introduction of my finger, I found it was not large enough to admit the forceps easily.

My nephew, Mr. Druitt, in his second edition of the "Surgeon's Vade Mecum," has quoted a description of this operation, from the 11th volume of the "Medico-Chirurgical Transactions," wherein is recorded a successful case, in which I removed a stone weighing fourteen ounces and a half. I have just observed a note on this subject, in page 488, of his third edition, which runs thus:—"There has been very much dispute about this operation of Cheselden's, principally because of a bungling description given of it by Dr. Douglass, and aggravated by an attempt of Dr. Yellowly to explain it; but whoever will consult 'Cheselden's Anatomy,' 6th edition, Lond., 1741, p. 330, will see that it agrees strictly with that performed by Mr. C. Mayo, and described by him in 'Medico-Chirurgical Transactions,' vol. xj."

In the fourth edition of Cheselden, 1730, (which I have,) he says, after making a long and deep incision, "I then feel for the staff and cut upon it the length of the prostate gland strait on to the bladder." Samuel Sharp, in his fourth edition of "Operations in Surgery," 1743, says of Cheselden's most perfect operation:—"The wound must be carried deep between the muscles till the prostate can be felt, when, searching for the staff, and fixing it properly, if it has slipt, you must turn the edge of the knife upwards, and cut the whole length of that gland, from within outwards, at the same time pushing down the rectum with a finger or two of the left hand." John Bell, also, in speaking of this operation with approbation, says:—"The large and deep external incision having been made, and the surgeon having reached the back part of the prostate gland, plunges his knife through it, and settling it in the groove of the staff, draws it firmly towards him, and then, the free discharge of the urine assuring him that the gland and cervix vesicæ were divided, he lays aside his knife, passes the left forefinger into the bladder, withdraws the staff, and introduces the forceps." Sir Charles Bell prefers dividing the gland from before backwards. "Principles of Surgery," p. 266. 1826.

Of all the authorities since the days of Cheselden, that of the surgeons to the Norfolk and Norwich Hospital seems to be entitled to most respect; and we find Mr. Martineau, in the 11th volume of the "Medico-Chirurgical Transactions," p. 405, very candidly acknowledging his want of success with the gorget, and recording his great prosperity with Cheselden's knife; and yet, with certain variations from the views and directions of the authors whom I have quoted, as for instance, instead of enlarging the wound in the prostate in the direction of the external wound, "he turns

the edge of his knife towards the ischium, and makes a lateral enlargement in withdrawing it." He also makes a great point of passing a blunt gorget before he introduces his finger, prefers large forceps, and enlarges the wound upon the lower blade, if there should be any difficulty; and, rather than lacerate, often repeats this enlargement of the inner wound two or three times. He aims also at healing the wound by the first intention, unless where any coagulum may be suspected to obstruct the flow of urine, which should at once be removed by passing the finger into the bladder. But his putting lint and a pledget of tow over the wound to exclude air, would seem to encourage the deposit of coagulum and consequent obstruction. Dr. Willis has of late (I hear,) undertaken to be the patron of Cheselden, but what shall be said of such patronage, when he says that "the perfection of the operation is to make as small a nick as possible into the anterior edge of the prostate, and tear the rest." Mr. Liston and others have of late spoken of the great danger of cutting beyond the verge of the prostate, which does not appear to have occurred to our ancestors to observe, who had no apprehensions of urinary infiltration when the external wound was ample and direct.

In September, 1841, two cases of stone were brought into our theatre on the same day, an event unprecedented since the foundation of the Hospital, in 1736. I operated in one, aged 52, and my colleague, Mr. Wickham, on the other, aged 71, and both did well. A third case came under me about six weeks after, aged 75; this patient had undergone the operation five years previously, with the gorget, and although the stone was now larger, and the wound proportionately more extensive, he was discharged cured nearly a fortnight earlier than after the first operation. A fourth case occurred this year, in an old man nearly 80, who was brought into the Hospital with severe fracture near the hip, of which he died.

Of the seventeen cases spoken of above, as operated upon by me, I lost two, one, an old man nearly 70, where the bladder and prostate were found studded with small calculi, and the lungs diseased; the other, a delicate lad, of 10, from whom I removed a stone of more than two ounces, at a private house, died the fourth day after operation, when the kidneys, ureters, and bladder, were found to be in a highly diseased and thickened state; so that in neither of these two cases was the operation to be blamed, but the condition of the patients who were the subjects of it.

My object in making this communication, which I fear may have already tired the patience of my hearers, has been simply to make a report of what has happened in our district, not with the vain idea of instructing the members of the Association in this district, by which I might justly incur the imputation, in the popular adage, of attempting to teach our grandmother. But having in this report advocated a mode of operating, which has appeared to me well suited to the choice of a surgeon, where the rarity of a case of lithotomy renders it impossible for him to acquire that confident dexterity which may render any particular mode or instrument a matter of indifference to him, I have been anxious (in the absence of any similar communication,) to elicit information and instruction from the surgeons of the Norfolk and Norwich Hospital, to have their assent or dissent from the views of the

authors above quoted, and to hear explanations of apparent inconsistencies in the writings of Dr. Yellowly, Mr. Martineau, and others, connected with the justly celebrated notoriety of this district, on the subject of lithotomy.

About three or four cases of calculus in the female happened in the same period, in which we have generally been successful with Weiss's dilator. I shall now relate the case of a female, in which a singular malformation existed prior to the calculus.

CASE.

CALCULUS, WITH DISEASED KIDNEYS AND MALFORMATION OF PELVIS.

March 12, 1845. S. E—, aged 29, was admitted into the Hospital under the care of the physician, for what was supposed to be gravel, accompanied with offensive discharge from the vagina; she was in a state of great debility, and appeared to be much worn with pain and protracted irritation.

15th. I was desired to sound her on suspicion of stone, which was very readily discovered by the instrument striking against what appeared to be a very large one, within a line or two of the orifice of the urethra. A small quantity of foetid urine escaped by the side of the sound, and it appeared that the magnitude of the stone caused an incontinence, which produced the offensive smell, and made her fellow-servants complain.

There seemed to be something so unnatural about the formation of the parts concerned, on my examination under the clothes, that I was induced to turn them back, when I discovered that the symphysis pubis was separated to the extent of seven inches, forming two prominent points, like additional spines of the ilia, having a ligamentous band of half an inch broad, stretched between them. An oblong pouch presented itself just above this band, in the centre of the hypogastrium, looking like a shrivelled scrofulous abscess, with a scab on its surface, where it had apparently been fretted with the clothes; but this protrusion, upon further investigation, appeared to be the result of the divergence of the recti muscles, whose tendons were inserted into the separated angles of the symphysis, and thus left the anterior part of the abdomen without any other protection than the skin, fascia, and the peritoneum, which lined the pouch.

16th. The labia pudendi were separated and spread out to a corresponding extent, the intervening space being closed by the consolidation of the nymphæ and hymen, so as to leave an opening at the upper part only large enough to pass the little finger, and the orifice of the urethra was just within it; there was no vestige of the clitoris. I ordered her mild opiates, hip baths, poppy fomentations, &c., with wine, arrow-root, and strong broths, but all in vain; the pulse sank, the stomach retained nothing, and she died at night. A consultation had been ordered for next day, which was converted into a *post-mortem* examination.

This revealed extensive disease in both kidneys, which were covered and studded with large vesicles; a small calculus was in the right kidney, and I took from the fundus of the thickened bladder a rough stone, weighing four ounces and two drachms.

We took a cast of the malformation of the symphysis pubis and soft parts above and below, from the anterior superior spines of the ilia to six inches down the thighs, showing their unusual separation, &c. I

learnt from her mother that the deformity was congenital, that she walked at two years old, went out to service at sixteen, and had been cook in her last place for five years.

I afterwards removed the pelvis, which, with the cast and drawings of both, I purpose to exhibit to the meeting.

I have made enquiries for similar examples of malformation, and searched the Hunterian Museum in vain, but Mr. McWhinnie, demonstrator at St. Bartholomew's, has informed me that he saw an example in a male pelvis, in the Museum, at Berlin, a sketch of which I enclose. There is some analogy also in the lusus to the condition of the hedgehog and the female guinea pig, towards the end of pregnancy.

[The drawings and casts, together with the pelvis, were severally exhibited at the meeting.]

Winchester, Aug. 13, 1846.

TWO CASES OF INGUINAL HERNIA.

By OWEN ROBERTS, M.D., Edin., M.R.C.S.E.,
St. Asaph.

CASE I.

STRANGULATED INGUINAL HERNIA: REDUCTION.

Robert Jones, aged 40, residing three miles from St. Asaph, seaman, of athletic appearance, had laboured under an oblique inguinal hernia for many years, and had been wearing a truss for some years. The truss having failed to keep the bowel up, it became irreducible. On the 23rd of May, 1843, I was requested to visit him, when I was informed that he had been suffering under symptoms of strangulation, viz., vomiting of everything swallowed, hiccup, and constipation, for *sixty hours*, and that two other medical men had been attending him, and had failed in reducing the hernia, though they had thrown up some infusion of tobacco.

At this time, which was between three and four in the afternoon, I found the abdomen very painful; the hernial tumour, which was about the size of a man's fist, was exquisitely so, and extremely tender to the touch. Pulse about 100, wiry, and rather strong; the bowels had not been moved for several days. Twenty ounces of blood were taken from the arm, which brought on a slight faintness, but so fearful was he of my giving him pain, that he would not allow me to touch the tumour. I then gave him two grains of opium and a scruple of calomel, and returned home for my assistant, and the long tube with the enema syringe, some tobacco, and the instruments for operating, if necessary. I also took my friend Mr. Moses, surgeon, of St. Asaph, with me.

It was now late in the evening. We first threw up some turpentine injections, alternately with soap and water and aloe, through the tube into the colon, with the effect of relieving the bowel of a good deal of flatus; we then infused a drachm of tobacco in a pint of water, for ten minutes, and injected half of it up into the rectum, and the other half in about twenty minutes. Great prostration of strength followed, the patient begging us not to do anything more to him, for he was sure that he was dying. At this time we tried the taxis, and in about fifteen or twenty minutes had the satisfaction of seeing our efforts crowned with success, by the reduction of the hernia and relief to our patient.