

Discharge of an Abscess through the Skin.—M. de la Rue relates his own case, of a large abscess formed on one side of the rectum, gradually discharging itself entirely through the skin, after the employment of baths, prolonged during many hours. The most careful examination failed to detect any rupture of the integument.—*Gazette des Hôp.* 1856, No. VII.

Glycerine in Itch Ointment.—M. Bourguignon recommends the substitution of glycerine for lard, in the formation of itch ointment, as being quite as efficacious, and a far more pleasant preparation. For Hospital practice his formula is as follows:—Tragacanth 1 part, subc. of potass 50, well-powdered sulphur 100, glycerine 200, various essences, as lavender, etc., 5 parts; form a mucilage with the gum and 30 grammes of the glycerine, add the potass, then the sulphur and rest of the glycerine gradually, and, finally, the essences. For private practice he uses a more expensive formula, viz.:—Two yolks of eggs, essence of lavender, lemon and mint, aa 5 parts; essence of clove and canella, of each 3; tragacanth 2, sulphur 100, and glycerine 200 parts. The essences are to be intimately mixed with the eggs, and a mucilage formed with the tragacanth, after which the sulphur and glycerine are to be gradually added.—*Gazette des Hôp.* 1846. No. XIII.

GENERAL CORRESPONDENCE.

ADMINISTRATION OF CHLOROFORM.

[To the Editor of the Medical Times and Gazette.]

SIR,—In Dr. Snow's answer to my inquiries in your Journal a week ago, he states that 9 drachms of chloroform may be administered with impunity, provided the inhalation extend over a sufficiently long time; of which fact I was fully aware, having administered it frequently in cases of labour, and, had its failure resulted from the length of time the agent was employed, I should not have troubled you for an explanation. As far as I can recollect, each inhalation did not extend over a period of twenty-five minutes, at the end of which time there were no other changes in the patient, besides the slight acceleration of the pulse, headache, and a feeling of nausea; let me add, also, that the inhaler was not removed from the nose and mouth of the patient, for the purpose of supplying the sponge with additional quantities of chloroform. My only means of accounting for its inefficiency was the highly nervous temperament of the patient; and I thought it was possible that the blood might have been so deteriorated from the absorption of pus, as to be rendered incapable of absorbing the requisite quantity of chloroform for the purpose intended; and I was in hopes that some such reasons would have been given to my inquiries. I was not aware of the fact that, if the blood contained 12 minims of chloroform, it was sufficient to produce unconsciousness, and should be glad to know how that calculation could be adduced, and whether Dr. Snow meant that the 12 minims must be contained in the blood circulating in the brain. Permit me, through your columns, to thank Dr. Snow for his kind though unsatisfactory answer. I am, &c. E. W. WITTEN.

St. Bartholomew's Hospital.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 10, 1856.

CESAR HAWKINS, Esq., President, in the Chair.

REPORTS OF CASES OF COMPLETE CONSTIPATION WITHOUT MECHANICAL OBSTRUCTION IN THE INTESTINAL CANAL.

By T. A. BARKER, M.D., F.R.C.P.,
Senior Physician to St. Thomas's Hospital.

The author commenced his paper by stating that the cases he proposed to narrate afforded illustration of the fact that prolonged and complete constipation may exist without any mechanical obstruction, or at least long after such obstruction,

if ever present, had been removed. The cases which he detailed were three in number. The first occurred in a baker, twenty-four years of age, who had been subject to frequent attacks of constipation, continuing for many days and even weeks. When admitted into St. Thomas's Hospital he had passed no fecal evacuation for six weeks; yet neither on this nor on any former occasion had he ever had any symptoms of ileus. For various reasons it was inferred that there was no material mechanical obstruction, and it was therefore determined to try the effect of mild purgatives and enemata, which had before proved successful. After about ten days the treatment entirely removed the constipation, but the bowels afterwards became relaxed, and the patient omitted to take the medicines ordered to relieve this state; the diarrhoea therefore continued, and he died about three weeks after the removal of the constipation. On examination after death, at about three inches above the anus, the rectum became greatly dilated, and this continued throughout the whole length of the colon, but especially in the sigmoid flexure. The mucous coat was extensively ulcerated, and at the arch the intestinal coats were perforated. The muscular coat was throughout much hypertrophied, and the peritonæum was inflamed, and lymph was effused into its cavity. The second case was that of a female child, aged 8 years, also a patient at St. Thomas's Hospital. It had laboured under constipation for a fortnight or three weeks, and frequently before for long periods. There were no marked symptoms of constitutional disturbance. During the time the child was under observation she was treated by purgatives and enemata, but no satisfactory evacuations were obtained, and she died, gradually exhausted, in about three weeks after admission. After death the alimentary canal, and more particularly the large intestine, were found greatly distended by dark fecal matter. This was of a stony hardness in the rectum, but softer above. The coats of the intestine were healthy, and the muscular coat greatly hypertrophied. The author remarked that in neither of these cases was any evidence of obstruction detected after death, to explain the constipation which had existed during life, the lower part of the rectum being in each of them quite healthy. In the last, however, it might be supposed the constipation was due to long-continued neglect of the state of the bowels, rendering the most judicious treatment at length of no avail; but in the former, no reason could be assigned for the constipation. In the third case, he suggested that there had probably, at some former period, been a mechanical obstacle, but that had ceased before death, though the constipation continued. In this instance there were symptoms of ileus; the small intestine was found greatly distended with fecal matter, the colon contracted, and the ilio-cæcal valve quite destroyed by ulceration. The author further alluded to cases described by Dr. Abercrombie in which fatal ileus had existed without any mechanical obstacle, and to cases which he had himself seen, which showed that small and limited adhesions of the intestines, which did not mechanically obstruct the canal, might yet create fatal obstacles to the passage of fecal matter; while, on the other hand, extensive false membrane, binding all the intestines together, might be unproductive of any serious impediment.

ON AN UNUSUAL AND OBSTINATE FORM OF SWELLING.

By Mr. J. L. MILTON.

(Communicated by Mr. SIMON.)

The author (who described his own case) had long suffered from eczema of the scalp, to which, in June, 1855, were added most severe colicky pains and neuralgia of the face. For this complication of maladies, the inhalation of chloroform was frequently used, combined with quinine, steel, croton oil, and galbanum internally, and the application of counter-irritants, and a strong astringent lotion containing a large amount of hydrocyanic acid and zinc, externally. Under this treatment the neuralgia disappeared, while the eczema was slightly remedied. One morning in September, 1855, a large pyriform swelling, firm and painless, of the colour of the skin, was observed, extending from the inner to the outer side of the left thigh, just below Poupart's ligament. It had disappeared before night. On the following morning, a swelling, five or six inches in length by two in breadth, of the same character in every respect, save that it was red, appeared just below the crest of the left ilium; this travelled slowly down the left side of the sacrum, and then across to the right side of the pelvis, where

in Dr. Ransom's paper are of very nearly the same size as those described by myself, although the former are viewed with one-quarter and the latter with one-eighth inch magnifier. (For a correct representation of the cholera bodies I would refer to a plate in the *London Journal of Medicine* for 1849.) Again, the external tubercles or bullæ are more distinct in the bodies described by me; and, although I have observed some hundreds of them, I have never seen any destitute of projections, as are many of the ova figured by Dr. Ransom. Nevertheless, the points of resemblance are so well marked that I believe the cholera bodies to be in reality the ova of an entozoon of some kind, if not of the *Ascaris lumbricoides*. In 1849, Dr. Inman, of Liverpool, to whom I sent some of these bodies, first suggested that they were ova; and the same idea occurred to Robin, who, in his work on parasites, gives a representation of these bodies, copied from the *London Journal of Medicine*, and states that they resemble the ova of "certain entozoa of the liver."

I am, &c.

Clifton, June 23, 1856.

J. G. SWAYNE.

ADMINISTRATION OF CHLOROFORM.

[To the Editor of the Medical Times and Gazette.]

SIR,—I consider that the time over which the inhalation extended in Mr. Witten's case of administration of chloroform explains the want of success, when we take into account the circumstance, that with the form of inhaler which he used only a part of the chloroform is taken into the lungs, and that a great portion is blown away by the warm breath during expiration. Mr. Witten would probably say that he has succeeded in other cases when using the same inhaler, apparently in the same manner. But the effect produced depends entirely on the proportion of chloroform vapour in the air breathed by the patient, and this varies, in using such an inhaler, with a number of circumstances which may easily pass unobserved; as, the accuracy with which the inhaler fits the face, the temperature of the sponge, and the amount of air which passes through it before being breathed. I have not found that the nervous temperament has rendered patients less susceptible to the influence of chloroform, and, as regards the deterioration of the blood, no amount of it which is consistent with life could affect the absorption of the vapour in the lungs, which is a strictly physical process.

With respect to my statement, that twelve minims of chloroform, when present in the blood, cause unconsciousness, I am able to adduce not only a calculation, but a direct experiment, in proof of it. The calculation is founded on some experiments which I published in the *Medical Gazette* for 1848, Vol. I. I found, that when animals were made to breathe air containing as much vapour of chloroform as would enable the blood to take up one fifty-sixth part, as much as it is capable of absorbing, it produced what I call the second degree of narcotism; a state in which the animals were incapable of perceiving what was occurring around them. Now, the serum of the blood, like other watery fluids, is only capable of dissolving about one part in 288 of its volume of chloroform; and if this number be multiplied by 56, and the quantity of serum in the body, (which, according to the experiment of Valentin, averages 410 fluid ounces,) be divided by the product, the result is 12 minims. The direct experiment is as follows:—If 12 minims of chloroform be put into a good-sized bladder, with 400 or 500 cubic inches of air, and an adult person breathes it backwards and forwards, as he would breathe laughing gas, he becomes quite unconscious in less than a minute; not sufficiently insensible for a surgical operation—for that would require about 18 minims—but he becomes altogether oblivious of everything about him. It is not necessary or desirable to exhaust the lungs before performing this experiment. The 12 minims of chloroform are undoubtedly diffused through the blood of the whole body. When animals are killed with chloroform I can detect it by chemical analysis as easily in the muscles as in the brain, and I found it readily in the leg of a hog, which was amputated while he was under the influence of the vapour. The quantity of chloroform in the brain at any one time is much less than a single minim, but this need not surprise us when we know in what small quantities the alkaloids produce their effects. Chloroform appears to produce its effects without undergoing any change itself; for, after a person has inhaled

it, the vapour may be detected by chemical tests coming off unchanged in the breath; it can be detected in the bodies of animals killed by it, for a fortnight after death; and, lastly, by breathing it, mixed with oxygen, from a bladder, and making an arrangement to absorb the carbonic acid produced, the effect of a small quantity may be kept up for an indefinite period, and a few minims can be made to do the work of several drachms.

I am, &c.

18, Sackville-street, June.

JOHN SNOW, M.D.

ON INJURIES TO TENDONS.

[To the Editor of the Medical Times and Gazette.]

SIR,—One of your "Selections from Foreign Journals" in last week's number of the *Medical Times and Gazette*, is from a Berlin Medical periodical, and contains an extract from a paper by Dr. Sebregondi, on "Dislocation of the Tendons." The author alludes to the fact, that little notice is taken of it in the manuals, and the frequency of its being mistaken for dislocation, partial or complete, etc. He further adds, that it is attended at times with rupture of the sheath of the affected tendon. Concurring with Dr. Sebregondi in his statement, that little notice is taken of these accidents in the ordinary Surgical class-books, I am induced to ask you to insert the following statement relative to cases of injury of the sartorius tendon, and that of the biceps, which came under my observation:—

The first was that of a gentleman, aged 48, who had completely recovered from the injury when he drew my attention to a small tumour that had resulted from the accident, which he had been told by a very eminent Surgeon was a rupture of the sheath of the tendon of one of the muscles of the thigh: it had occurred at the moment of making a sudden effort, and had never given him any annoyance. Since his recovery, which was a period of several years, the tumour was in the situation of the sheath of the sartorius tendon, and about the size of a small kidney-bean.

The other case of injury to the sartorius tendon occurred to a barrister, aged about 27. In this case, also, the accident was the result of a sudden action of the muscle, when turning round in the street. So severe was the shock, that the sufferer instantly fell down; he was, however, able to walk home, a distance of about a quarter of a mile, though feeling much pain and stiffness. On moving the limb, at the moment of the accident, he heard a "loud snap," which he referred to the point of injury.

Eighteen hours after the accident I found swelling over the inner condyle in the line of the sartorius tendon, and at the point of its insertion into the tibia; there was also swelling in the instep and foot. Pain was felt on bending the knee, and in walking it extends down the limb towards the toes. I applied a strong calico bandage from the toes to some three inches above the knee, the limb being thereby kept extended. A piece of folded lint moistened in compound lead lotion was kept applied to the bandage over the injured part.

January 28.—The patient slept much better last night than on the previous one. The swelling and pain are diminished, owing to irritation from pressure of the bandage. I reapply it; to continue the lotion.

29th.—Less pain in limb, the slightest rotation of the knee accompanied by pain. Subsequent to this date slight abrasion of the heel was caused by the bandage; some lint spread with cold cream, and a pasteboard splint, remedied this. A more stimulating lotion was used, and the state of the digestive organs attended to.

February 10.—A broad strap from the shoulders was placed under the sole of the affected limb so as to support the weight of the leg and foot; and thus, without at all bending or rotating the limb, the patient was able to move about his room with the aid of a strong walking-stick.

16th.—Some effusion about the injured tendon. Slight fulness and pain on bending the knee.

16th.—Was able to walk out for a short time.

March 2.—Complained of painful "twitchings" in the affected part to-day.

5th.—Continues improving. A callus seems to have united some of the injured tendinous fibres, and is perceptible on examining the part.

22nd.—The bandage was left off.

24th.—Owing to a return of pain and a sensation of crackling