

*Prolapsus of the Uterus cured by Retroflexion.* By Dr BERNARD SEYFERT.

After showing the insufficiency of the means ordinarily employed against prolapse of the uterus, and going over the principal causes of this troublesome affection, the author records the following observations:—

1. A woman, *æt.* 30, mother of several children, left her bed soon after her last accouchement, from which there resulted a prolapsus.

The uterus was between the labia, and projected for two inches from the vaginal orifice. The author ordered cold injections several times a day, and recommended the horizontal position for three weeks.

At the end of this time, the patient could walk easily; a vaginal examination discovered a complete retroflexion.

2. A servant, *æt.* 19, who had become a mother three years previously, had a prolapsus of the uterus after a painful labour. It was not till nine months afterwards that she consulted a physician. The uterus projected from the vulva to the extent of two and a half inches, and it was, as in the preceding case, much longer and larger than ordinary. The os uteri was covered with a granular ulcer of the size of a five-franc piece, and an acrid liquid flowed from the uterus.

The author first cured the ulcer by cauterization and fomentations of Goulard lotion. One morning he observed that the uterus had reascended spontaneously, and had a tendency to bend backwards. The retroflexion soon became more distinct; the uterus continued to be extremely tender and much pain was produced by the least contact with the uterine sound. But these symptoms yielded to cold injections, and the patient recovered completely.

Founding upon these facts, the author proposes in future to produce retroflexion, when it does not happen of itself, and if the uterus is in a condition favourable for it.—*Gaz. Med. de Paris*, 28 Octobre 1854.

## SURGERY.

*Report upon the Syphilitic Cases treated at the large Hospital of Vienna, during the years 1852 and 1853.* By Prof. C. SIGMUND.

This report comprehends, for the two years, 3131 patients, (1502 males and 1625 females.)

Of this number 1118 were affected with gonorrhœa (569 males and 549 females); 1687 had chancres (828 males and 859 females); 127 had no syphilitic affection. We will follow the author in these divisions, in order the better to form an abstract of what is of a nature to interest our readers.

A. *Gonorrhœa (Blenorrhagie Syphilitique.)*

I. *In Men.*—1. Simple gonorrhœa has furnished the most cases (225.) The treatment has consisted in cold lotions, local bathing, fomentations, &c.; afterwards injections of the sulphate of zinc (from two to three grains to the ounce of distilled water). These injections have never produced accidents of any nature; it would be wrong therefore to reject them. They dispose so little to the formation of strictures, that these affections have become rare, and it is difficult to meet with them for clinical demonstration. Despite the advantages of this simple treatment, various balsams have also sometimes been administered, principally copaiba and cubebs. When in the space of from five to seven days they produce no effect, their employment is abandoned. The mean duration of treatment has been twenty days.

2. *Inflammation of the Epididymis*, (158 cases; 81 of the right, 65 of the left, and 12 of both sides). Most frequently this affection had no particular origin, if it were not the neglect of suitable precautions during

the presence of the gonorrhœa. The treatment consisted in confinement to bed, diet, saline purgatives, the graduated application of cold in fomentations, and local bathing. Experience has shown the complete utility of local bleedings, which do not even relieve the pain. At first a moderate temperature is employed, and it is gradually diminished till ice can be made use of; it is necessary then to continue the cold *without interruption* till the pain and swelling subside; then we come back to a fresh temperature, and by degrees to lukewarm fomentations. Cold is the best and most certain calmative. Rarely it cannot be endured; we give them, as an exception, narcotics to a large extent (morphine, henbane, and lupuline). As soon as the inflammation is got rid of, we direct our attention to heal the discharge, if it still exists, by means of injections. The application of strapping, when there is no more inflammation, is useful to favour the absorption of exuded matter.

We have nothing to remark on the subject of buboes, strictures of the urethra, condylomata, and affections of the prostate. This last affection when it passes into the chronic state, is very rebellious and resists most remedial agents.

II. *In Women.*—Urethral and vaginal gonorrhœa are the two most ordinary forms observed in woman. The author treats them by cauterization with the nitrate of silver, when no inflammation is present, and by injections of the sulphate of zinc and alum. For vaginal gonorrhœa in particular, the author recommends above all things attention to cleanliness, then astringent injections, and sometimes a plug (tampon), saturated with the same liquids; this to be renewed four or six times a day.

*Uterine blenorragia* belongs rarely to the category of syphilitic diseases, as the fruitless attempts at inoculation prove. The author treats these affections by injections of cold water, or rendered slightly astringent.

Buboes are comparatively rare in females; they offer nothing worthy of remark.

Inflammation of the mucous follicles of the vagina is rarely a simple affection; it accompanies chancres, gonorrhœa, &c. In three cases it produced recto-vaginal fistula.

The number of patients affected with condylomata has been considerable; they are produced, or kept up by the vaginal discharge, and it is indispensable to heal the latter, if one wishes to extirpate the excrescences in question.

The author mentions several new remedies employed in the treatment of gonorrhœa; the balsam of Gedda, analogous to copaiba; the tincture of savine leaves, recommended in chronic discharges, which ought to be recently prepared; benzoic acid, useful in catarrh of the bladder (doze from a quarter to half a gramme); lupuline useful in painful micturition, and in cordée (the tenth of a gramme repeated two or three times); the balsams of Peru and Tolu, and turpentine,—the first two rather dear, the latter badly supported; injections of the sulphate of cadmium (from the tenth to the fourth of a gramme, in thirty grammes of water), the acetate and sulphate of copper. All these have rendered good service.

#### B. *Syphilitic Chancres.*

1. *In Males* (828 cases). In several instances these were developed in unusual situations on the fingers, the toes, the internal surface of the thigh, the umbilicus, the orifice of the urethra. In doubtful cases, recourse was had to inoculation. Cauterization always formed the basis of treatment; (caustic potass combined with caustic lime in the proportion of two to one.) In cases of phymosis the author incised the prepuce, laid bare the ulcers and cauterized them, and thus abridged the duration of the treatment, and diminished the chances of secondary infection.

*Buboes* (255 cases.) Cold applications proved useful at the period of acute inflammation; blisters were advantageously superseded by the tincture of iodine. In less painful cases, compression was employed by means of plates of lead or a hernia bandage. Mercurial frictions were at the same time made on the inner part of the thigh (half a gramme a day). Since the abscesses have been opened with caustic paste (pot. caust. 2 parts, caust. lime 1 part), gangrenous inflammations have become much less frequent.

*Secondary Syphilis* (356 cases). Ulcers of the pharynx (85), have been the most frequent form, next the papular (67), the scaly (48), the maculated (47), the pustular, &c., eruptions. The other forms (affections of the bones, tubercular eruptions, cutaneous ulcers, iritis), have been very rare. The diagnosis of secondary syphilis never rests on one sign only; it is deduced from the inspection of the primitive ulcers, of which there are ordinarily still traces, and an attentive examination of the lymphatic glands in different regions of the body.

Mercurial treatment has always shown itself the most efficacious. (Corrosive sublimate, blue ointment, the proto and deuto-iodide, and the red oxide of mercury.) Very little use was made of the iodide of potassium and woody decoctions, but often as adjuvants, bitters, quinine, iron, and cod-liver oil, were prescribed, giving one day the specific, and the next the accessory remedy. The author is very fond of cod-liver oil, which he has given to the extent of nine spoonfuls a day.

2. *Chancres in Females* (859). The unusual places where primitive chancres have been found are the fingers (2), the toes (3), the navel (4), the anus (52), the vaginal portion of the uterus (13). In all these cases there were also chancres on the genital organs. There were 75 cases of bubo, a much less proportion than with the men. The secondary forms were more numerous, and among these we must reckon the large condylomata situated in the neighbourhood of the genitals (195), which were necessarily requiring long-continued treatment. The females also had a greater number of cutaneous ulcers and affections of the bones. Mercurial preparations here, as with the men, have been most advantageous, even in the case of pregnant females. The author remarked that in cases of complete cure, the infant came into the world untainted by syphilis.

The author recommends in the treatment of condylomata, which have resisted other means, an alcoholic solution of the sublimate (one of the sublimate to eight of spirits of wine), with which the condylomata are to be touched two or three times a week, or every day, when they are numerous.

Falling off of the hair sometimes takes place during the course of secondary syphilis: it is an effect of the malady, and not of the remedies employed; it is observed oftener in females than males. The author caused the hair to be cut off, and the head rubbed every evening with a pommade, containing from the sixth to the eighth of tincture of cantharides. The author approves also for hastening the growth of the hair, of croton oil (8 drops to 4 grammes of axunge.)

After some lines devoted to non-syphilitic cases, and those followed by death, the author concludes the work by an article entitled, *Particular Remarks*, in which he speaks of inoculation, the transmission of secondary syphilis, vegetations, the passage of primary chancres into secondary forms, of salivation, and the treatment of syphilis, viewed historically. Under this last head the author gives a summary of 1307 cases treated by him by different methods, and he makes it evident once more that we cannot absolutely give a preference to mercurials, to preparations of iodine, or other medicaments, but that it is necessary to be able to dis-

cern the circumstances in which it is most expedient to employ one or other method of treatment.—*Gazette Médicale de Paris*, Décembre 2, 1854.

*Extract from the Records of the Boston Society for Medical Improvement.* By WM. W. MORLAND, M.D., Secretary.

#### *Caries of Elbow-Joint.*

The specimen was shown by Mr J. Mason Warren. The patient was a female 19 years old, of a scrofulous habit. Two years ago, she was under medical treatment for some difficulty in the lungs. Eighteen months since, a swelling appeared near the elbow-joint, which gradually increased to a large size, when it was opened, discharging a great quantity of pus. No dead bone could be detected with the probe. The forearm remained for a time fixed in a bent position on the arm, but suddenly, four months ago, in a single night became extended, and has hung in that position entirely immovable and useless since. Her general health had become much affected by this constant source of irritation and pain. At a consultation held on her case, it was at first decided not to amputate the limb, on account of the affection of the lungs, which was evidently tuberculous; but at a second examination of the case, two months subsequently, it was determined to remove the limb, *especially as the patient herself strongly urged it.* The arm above the swelling was quite small, yet a number of large vessels required ligatures, evidently going to supply the swelling below.

Since the operation, the patient has improved; and now at the end of two weeks, is able to be up and go down stairs; her cough less, and all the functions performed naturally. An examination of the joint disclosed very extensive disease. The cartilages on the head of the bones were entirely destroyed. The fibro-cartilage, on which the radius revolves, had disappeared. The joint was filled with pus, and sinuses extended from it in two or three directions. All the muscles in the neighbourhood had undergone fatty degeneration.—*American Journal of the Medical Sciences*, October 1854.

We have given this case entire, not from any peculiarly interesting features it contains, being merely an ordinary illustration of the by no means uncommon scrofulous disease of the elbow-joint; but for the purpose of showing that a society, instituted for medical improvement, as it did not challenge the recorded malpractice, appears to be unacquainted with one of the most successful modern improvements in surgery, viz., resection of the elbow-joint, evidently the proper procedure in the case in question.

#### *Condition of a Joint after Resection.*

Mr Henry Smith exhibited the bones which had been removed from the lower extremity of a boy who had, two years previously, undergone excision of the knee-joint by Mr Jones of Jersey, had entirely recovered from the operation, and had died from disease of the liver, a few weeks ago. A firm bony ankylosis had taken place at the site of operation, between the extremity of the former and the tibia, in nearly a straight position. The patella, also, which had not been removed in the operation, was united to the anterior part of the femur, and its ligament, was still attached to it and to the tibia, so that altogether a very firm, compact mass of bony tissue occupied the situation of the knee-joint. This preparation demonstrated that bony union does take place between the ends of the bones of the resection of the knee, and that a most useful limb