

opportunity of performing operations after accidents. I have, however, in the course of a great number of years, performed no inconsiderable number of operations immediately after serious injuries; and I may mention to you, that the same observation applies to cases of compound fracture, as to cases of gun-shot wounds; the result of the immediate operations has been, in general, very satisfactory. But suppose you were to consider the matter without any reference to experience at all; should you expect that a person, whether in high health or not, would bear best, the simple and clean cut of an amputation, or the extensive laceration and contusion, with splintering of bone, and perhaps exposure of a joint, from a serious gun-shot wound? To my mind, there can be no hesitation in saying, that the simple cut of amputation is much the less serious of the two; that the patient is much more likely to go through the operation safely and well, and have his life preserved, than when exposed to the very serious and complicated mischiefs that take place from some of the worst gun-shot wounds without it.

Now, with respect to the place of amputation, it may be observed, that, in general, you save as much of the limb as you can. But you must bear in mind the circumstance I have mentioned to you, the splintering of bone in bad gun-shot wounds, and the extent to which that may affect the bone beyond the part at which the wound has actually been received.

In the treatment of gun-shot wounds of the chest, or abdomen, the principles observed must be very much the same as those which will guide you in the management of wounds of any other kind, occurring in those situations, and, in fact, the practical rules are simply those that are necessary to avert inflammation. You will find it expedient, in injuries of this kind, to employ the most active antiphlogistic means; and under their vigorous employment, recovery will often take place in wounds that appear to be of the most dangerous and desperate kinds. You will find patients recover from wounds where, if you considered merely the track of the ball, it would be supposed that parts of the most serious consequence had been injured. I remember being sent for to a young man who had attempted to destroy himself by discharging a pistol in, what he conceived to be, the situation of his heart. He had pointed the weapon to the left side of his chest, and there discharged it. I was summoned to him very suddenly, but the person who came to me said it would be of no use my going, as the gentleman was undoubtedly dying, and would, very probably, be dead by the time I arrived; still, as he had been desired to

find a surgeon, he begged that I would go and see him, dead or alive.

When I arrived I found the young man nearly in the situation the individual who came for me had described. He was in a state of the greatest depression; the pulse was scarcely perceptible; the skin was pallid and cold, and the patient was hardly able to utter a word. I found him, in fact, looking very like a dying man. There was an opening towards the anterior part of the chest, nearly in the middle, though a little towards the left side, not far from the sternum; so that it seemed probable the ball had gone very close to the heart; at all events if it had not gone through the heart, it appeared that it must have gone through, or pretty near, the stomach, or some part of equal consequence. Upon examining him very carefully, I found the ball just under the skin, close to the spinous processes of the dorsal vertebræ behind, and nearly opposite, the point at which it had entered in front. I divided the skin with a bistoury, and took out the bullet. The gentleman was so low when I saw him, that it was necessary, after putting him to bed, to give him a little wine and water. However, he slowly recovered; the immediate depression arising from the wound went off, and it was soon manifest that no such injury had been inflicted on any organ of importance as was likely to destroy life. All that was done was, as the circulation became more vigorous, to bleed him very freely, to purge him, and to keep him in a state of absolute rest; and that plan was pursued to the utmost extent. The symptoms of active inflammation in the chest which had come on, disappeared on the employment of venesection, and the means I have mentioned. He lost altogether an immense quantity of blood, and was reduced by these means apparently to death's door. But he was a young person of good constitution, and it turned out that neither the heart, nor the stomach, nor even the lungs, had received any serious injury. He recovered completely—got quite well.

EDINBURGH UNIVERSITY.

CLINICAL LECTURES IN MEDICINE

BY

DRS. ALISON and GRAHAM.

Tuesday, December 22nd.

CONSTIPATION, WITH PROLAPSUS UTERI.

DR. GRAHAM introduced to the class the case of Cath. Simpson, whose disease was menorrhagia, depending on prolapsus uteri.

is an affection of this kind, he said, constipation was a very injurious occurrence, on account of the vicinity of the distended intestine to the uterus; but, in removing this source of irritation, care should be taken not to substitute for it another of equal, or even greater, danger, namely, the employment of cathartic medicines; laxatives by the mouth, or in the form of injections, were the proper means by which such constipation should be obviated. All sources of exhaustion should also be avoided, such as crowded rooms, and the late hours observed in the higher ranks of society. The system should also be strengthened by the use of tonics, proper nutritive food, a moderate use of wine, porter, perhaps diluted spirits, in fact, any similar stimulant, corresponding with the habits of the patient, and given in such quantities as to strengthen, not to excite, the system. This woman, with these views, was treated with emollient and opiate enemata. The cold opiate enema, Dr. Graham said, he had seen very useful, but even this he had known sometimes to produce great irritation and pain, and was therefore to be avoided; but, on such a point as this, experience only could teach when it was admissible. She had also castor oil, with a little laudanum; afterwards, when the bowels were less susceptible of irritation, the cathartic infusion was employed, in small doses; she was also allowed toddy and animal food. Having complained of pain in the side, she was once cupped to 10 $\frac{3}{4}$ with relief; this he afterwards thought unnecessary, as it principally depended on the constipated state of the bowels; on the whole, this plan of treatment had been attended with the desired success.

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DISEASE OF THE BRAIN—TUMOURS OF THE
CORPUS STRIATUM AND TUBER ANNULARE
—STRABISMUS.

Mary Gibson, ætat. 36, had been admitted so far back as the 15th April; she then complained of acute pain in the back of the head, darting forwards over the right ear; the scalp over the right ear, for a space not exceeding the diameter of half-a-crown, was excessively tender to the touch; there was strabismus of the right eye, with impaired vision; nausea, cardialgia, flatulence, and other dyspeptic symptoms also, existed; the bowels were habitually costive; tongue whitish; pulse of nearly natural character, catamenia had been absent eighteen months. She was then treated with cathartics, cupping, leeching, and blisters, but was dismissed the house for refusing to submit to scarifications of the tender portion of the scalp. In the course of the summer Lemplegia of the left side supervened, and

she was readmitted a short time before the commencement of the present clinical session. Her strength rapidly declined, and a few days before her death the right arm became permanently contracted. She died on the 19th instant.

From these symptoms, Dr. Graham said, he was induced to observe to the gentlemen in the dissecting theatre, that he expected to find disease (perhaps *ramollissement*) in the right corpus striatum, and the examination proved his supposition to be correct. There was slight serous effusion under the arachnoid membrane, and in the lateral ventricle a distinct depression was seen on the mesial surface of the right corpus striatum, and when cut into it was found to contain a suppurated tubercle, surrounded by softened cerebral matter; another tubercle was found in the substance of the left optic nerve, behind or occipital to the decussation; a large tubercle, the size of a hazel nut, was situated to the left of the tuber annulare, and there was considerable effusion at the base of the brain.

As to the connexion between the symptoms and these appearances, he considered the strabismus here not to result from the paralysis of any of the motor muscles of the globe, but simply from a provident effort of nature to remove an useless organ out of the field of vision of the other and perfect eye, as different foci in either eye much diminished the powers of vision. This was exemplified in the cases of many short-sighted people, in whom one eye is far more powerful than the other. He related an experiment, performed by Dr. Christison on himself, tending to show the influence of attention on the vision of short-sighted persons. This gentleman is accustomed to use a *single* eye-glass with the desired effect; if he puts on a pair of spectacles having but *one* glass, and thus, as it were, excites the attention of the organ with the shorter focus, his vision is immediately confused; yet, while his attention is not directed to the subject he uses one glass with both eyes open with perfect convenience. The question concerning the decussation of the optic nerves, Dr. Graham observed, as far as this case goes, would be decided in the affirmative. As to the existence of disease here, in the situation in which he anticipated finding it, he said, that long experience had shown, that such was almost invariably observed in the side opposite to that affected with paralysis during life. He had but little doubt, but that in the cases related, of paralysis on the same side as the organic disease, a more accurate examination would have detected disease also at the opposite. Here, for example, if the large tubercle on the tuber annulare (at the paralytic side) was first met with, a superficial examiner might

rest satisfied with the discovery, and without further investigation consider the paralysis attributable to it alone, while, in reality, it was induced by the tubercle in the opposite corpus striatum; in fact, he concluded, where such a multitude of cases was collected in support of any opinion, he should be very sceptical of his own observation, when it would lead him to an opposite belief.

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Thursday, December 24.

PERIOSTITIS; DISEASE OF THE HEART;
SYPHILIS; MERCURIAL DISEASE.

DR. ALISON. One patient only had been taken in since the preceding lecture; W. Grindison, a labourer, aged 38; his case Dr. Alison considered instructive in different points of view. This man laboured under two distinct diseases, perhaps of accidental combination; he complained of severe pain of the lower limbs during the night, which partly depended on old inflammation of the periosteum on both tibiæ, and the ancles were also painful. Of late, too, he had suffered considerable inconvenience from palpitations, and there was certain evidence of organic disease of the heart. He positively denies ever having been affected with syphilis, of the truth of which assertion there might be some doubt, if any reason could be assigned for the denial under his present circumstances. He says that, six years since, he was placed on the use of mercury for the cure of a scaly eruption (probably lepra or psoriasis), and distinctly asserts that no venereal symptoms had preceded this eruption. Soon after the mercury was discontinued, he became affected with pains of a similar character to those under which he labours at present; these received temporary relief from sarsaparilla and other diaphoretics, and have since been readily brought on again by exposure to cold or over-exertion. The palpitations he had been subject to for three years, but they had never been distressing, nor ever interfered with his laborious occupations; they were principally excited by emotion or sudden starts; but since the recent aggravation of the pains, the heart's action has become unusually inordinate, producing considerable anxiety; his sleep is also disturbed by starting and unpleasant dreams; he has been treated since admission with sarsaparilla, leeches to the ancles, and the warm-bath; he has also been once bled on account of the palpitations; if he can be relieved without resorting to mercury, Dr. Alison would be more confident of permanent benefit to the affection of the limbs; but the co-existence of the heart disease rendered the probable event extremely unfavourable; of organic disease, and enlarge-

ment of the heart, there could be no doubt, it being rendered evident by the increased action of the subclavian arteries; the elevation of the chest, during the heart's systole, being greater than usual, and the apex pulsating below the sixth rib. It is probable this disease is connected with the pains, as the patient asserts that he first felt the palpitations on an occasion when the pains were unusually severe. He considered the principal seat of the disease here, to be the inner lining of the aorta, and aortal valves; perhaps lymph might also be effused on the external surface of the heart; his reasons for coming to this conclusion principally were, the absence of any particular dulness on percussion over the region of the heart, and the increased pulsation of the subclavian arteries. There was, no doubt, but that pericarditis was the usual consequence of the metastasis or translation of rheumatism to the heart, on account of the fibrous nature of the membrane; but sometimes the internal parts alone are affected. Dr. Davis, in his work on Carditis, relates a case of this description. Dr. Alison himself had seen more than one of the same kind. What was most singular, in this case, was the little disturbance produced by the heart's enlargement; so little, indeed, that the patient pursued his laborious occupations without inconvenience, though, at the same time, subject to palpitation, or emotion, or starts. Peculiarities of this kind are sometimes not easily explained, but generally they are referrible to either of two causes. In the first place, among old people, the quantity of blood is less than it once was, and therefore less uneasiness is produced. He had known cases of old people, who, several years before, had the most decided disease of this organ; so much so, as to have caused dropsical effusion, in whom the symptoms had declined in proportion as they advanced in years; secondly, some of the severe symptoms occurring in heart disease, such as dyspnoea, often arise only from chronic bronchitis or catarrh, to which the heart affection acts as the predisponent cause, and which seem to require an exciting cause, such as cold, intemperance, or the like, to induce their troublesome effects. Such diseases are by no means essentially connected with organic changes in the heart; in fact, the only bad symptoms, referrible to the disease of the organ itself, are the palpitations depending on the interrupted transmission of blood, and now and then angina pectoris, which as often occurs without any appreciable structural alteration. These symptoms also—namely, the palpitations and anxiety—vary in different cases, generally in proportion to the amount of the obstruction. In some cases, there is no permanent dyspnoea whatever; and he had known instances in which