

Above the umbilicus, the tumefaction consisted chiefly of flatus; but *below the umbilicus*, its character was that of solidity, especially at the sides. I passed a catheter, but the bladder was empty. The fluctuation was obscure in every portion of the swelling, and especially at its inferior part. A very remarkable change occurred in the progress of this case a few days after I had been consulted, for on Friday, May 18th, vomiting took place, succeeded by a marked diminution in the size of the abdomen. The vomiting was at first fæcal, and excessively offensive, but it soon assumed a brown colour, and sometimes had a green hue. The vomiting continued with scarcely any intermission until the following Thursday evening, when it sensibly declined, recurring only about once an hour. On the following day it ceased, and the abdomen was then almost flat. It is impossible to compute, with accuracy, the quantity brought up, but it was supposed to have reached eleven or twelve gallons. The quantity which escaped the last three days was measured by Dr. Nelson and myself, and amounted to twenty-eight pints. She may be said to have passed the first few days in one continued act of vomiting. The tumour must have consisted of an ovarian cyst, complicated with a parabsma, the contents of the cyst bursting into the intestines, and being mixed with the gastric and intestinal secretions, was discharged by vomiting. She had no evacuation by the rectum whilst the vomiting continued; and she was supported for many days by means of strong animal broth mixed with the yolk of eggs. I examined this woman on the 11th day of November. She was then perfectly well in health, but the solid tumour below the umbilicus was as large as a child's head, and sometimes very painful. I could feel the os uteri very distinctly, and on either side of it I could distinguish the solid ovarium resting on the brim of the pelvis, though mainly on the left side of the abdomen, and extending from the brim of the pelvis to the umbilicus. Eleven months afterwards, during my absence from home, this woman had an illness which terminated fatally, but, unfortunately, there was no examination.

Before concluding, I shall say a few words relative to the removal of the enlarged ovary by operation. Of Mr. Lizars' cases I forbear to speak; but I have already apprised you of the success which has attended the extraction of the sac through the aperture made in the abdominal walls after its evacuation by tapping. To render the operation practicable, the sac must be in its early stage, and unadherent; and I believe that adhesions rarely, if ever, take place whilst the sac remains small. More numerous cases, however, can alone give permanent value to an operation which, in the only instances (three in number) in which it has

been performed, has been perfectly successful. For more extended information on the subject of the present lecture, I beg, Gentlemen, to refer you to an elaborate paper by Dr. Bright, illustrated by a great variety of examples, in the 6th Number of "Guy's Hospital Reports." It is a very instructive paper, and I recommend you to read it with the closest attention.

ON
DISEASES AND DISTORTIONS
OF THE SPINE.

BY CHARLES VERRAL, M.D.

To the Editor of THE LANCET.

SIR:—I have still another cause for quarrel with writers and lecturers on diseases and distortions of the spine, &c. Again do I find food for complaint in the looseness and indefiniteness of their language, and, perhaps, in nothing so much as in their use of the word cure, or of expressions synonymous with it. When unprofessional persons, the parents, perhaps, of a deformed and suffering child, read about cases of posterior curvature with disease being *cured* in six months, they naturally expect not only that every symptom of disease, but that every appearance of distortion also, will have vanished by that time, and will attribute blame to their medical advisers if their hopes be not entirely gratified. Yet it is plain that they cannot often be so, since the cure of the greater number of diseased spines actually consists in the formation and consolidation of an angular posterior curvature. If there be simple inflammation, or mere incipient disease, in some part of the vertebral column, the adoption of a proper method of treatment may probably, in a few months, produce the perfect cure, although few practitioners would venture, like Mr. Hale Thomson, to pronounce it to be absolutely certain, and to foretel the exact time in which it would be effected. Unfortunately, however, cases of this simple description are too rarely presented to the notice of the profession. Generally speaking, it is not until some posterior curvature has been formed that the alarm is taken, and the medical person consulted; and, indeed, in sickly children, whose bones are, perhaps, soft, and in whom a scrofulous diathesis prevails, the curve not unfrequently occurs with few and very slight premonitory symptoms; it is even, sometimes, the first indication which the mother, or the nurse, receives of the existence of spinal disease.

And what is a posterior curvature of the spine? We may, perhaps, be allowed to describe it by quoting the following pas-

sage from Mr. Thomson's lecture.* "Seldom less than two of the vertebræ, and the intermediate substance, are affected in Pott's disease. The substance of these bodies becomes absorbed, the direction of the spinal canal becomes altered, and the posterior processes form an acute angle, the abrupt prominence of which, when the disease is of long standing, affords an index of its nature." And let me ask if this is a case which, to a certainty, is capable of being perfectly cured in six months? But it may be even worse than this. There may be caries of the bones; there may be, not simply absorption, but absolute destruction of the intervertebral substance; there may be a formation of matter which, slowly increasing in quantity, and as slowly making its way to find an external opening, may be many months before it effects that object; and, when that is done, and the matter is discharged, how many months—nay, how many years—may it be before the sac is obliterated, and the sinus or sinuses healed? And yet, without describing either the state of the patient or the stage of the disease, Mr. Thomson ventures to say, that "this system, if carefully pursued for six months, will perfectly remove the active disease, and restore the patient's locomotive functions." Under the circumstances that I have supposed, this is surely promising more than we can be certain of performing; but, in truth, there is in this little passage much of that of which I am complaining. It not only promises perfectly to remove the active disease (a very indefinite expression), but also to restore the locomotive functions, which, I suppose, "being interpreted," means the use of the legs. This is making "confusion worse confounded."

In the description which I have quoted, and in the cases related in connection with it, we have never been told that the use of the legs has been taken away. Is the student to conclude that the use of the legs is lost, or greatly impaired, in all cases of spinal disease? Unfortunately, I am almost tempted to say, this is too rarely the case, or patients, so far as position goes, would be less improperly treated than they now are. The truth is, that in very many of the very worst cases, we find the locomotive functions to be very slightly, if at all, impaired. I have under my care a poor girl, with an immense posterior curvature of the dorsal vertebræ, who had been for eight months an out-patient of St. George's Hospital; who had been able, and strange to say, had been permitted, continually to walk thither from her residence in Stratford-place, Oxford-street, although the disease and the curvature were still progressing, until the latter had nearly attained its present enormous size; and Mr. Thomson had himself a

patient in the Westminster Hospital, in whom the bodies of all the dorsal vertebræ were utterly destroyed, and who, for some weeks before he died, expectorated portions of the decayed bones, but who certainly had not lost the use of the legs, or he could not have walked about the hospital as he was allowed and was accustomed to do. If, however, the above passage appears to be somewhat ambiguous or obscure, there is no such objection to be made to the succeeding paragraph, in which the lecturer is made to say, that "in six months from the adoption of the plan, the patient, he had no doubt, would be quite well." Here we have the perfect cure to be performed in the exact period of six months. And what was the case? Distortion, or no distortion? Caries, or no caries? Abscess, or no abscess? Incipient disease it could not be, for the poor child had been subjected to every variety of mechanical treatment; and it could not, of course, have been at all like the case I have above described, with the destroyed dorsal vertebræ; but what it was we are not at all informed. The statement, if transferred to the canvas, would be mistaken for a Rembrandt, a strong light falling on the cured patient, with a calendar or register in his hand, to show the data, while all the rest of the picture would be enveloped in the deepest shade. "Not light, but rather darkness visible."

All this is as it should not be. A thousand errors of practice are the results of such inadequate or confused descriptions. The young and inexperienced practitioner is led by them to suppose, that every stage of the malady is to be treated by the same means, and that in any state, or stage, it is susceptible of the same favourable termination. Thus we have alteratives given where we ought to have administered tonics; counter-irritants resorted to where they can no longer do the least possible good; and extension employed where its use must probably prove fatal to the patient.

Having found in others so much cause for complaint, I shall endeavour to describe, more accurately and definitely, a few cases illustrative of the different states and stages of spinal disease.

CASE.

John Tarrant, aged 2 years, was brought to me in August, 1837. He had a general curved state of all the dorsal and lumbar vertebræ, with the slightest possible projection of two of the bones. The curve was not merely a bend when sitting (the effect of bodily weakness), it was permanent, and not to be removed by placing the child in any position. There had been compression, and probably absorption, of the intervertebral substance; and had this been allowed to proceed, some of the bones would ere long have come into contact, and then there

* See LANCET, April 20th, 1839, p. 133.

would have been inflammation, ankylosis, perhaps caries, abscess, and death. Happily the alarm was taken soon enough, and measures were immediately adopted to prevent such fatal results. Yet was it a case presenting many unfavourable features. In common with other children, born of the same parents, and living in the same atmosphere, the child had always been weak and unhealthy. He was ricketty, the long bones being considerably curved, and the joints enlarged; he was pale and emaciated; the belly swollen and tense; the appetite voracious, but the body derived little nourishment from the food. He had frequent, almost constant, diarrhoea, and the evacuations were exceedingly ill-looking and offensive. He had never walked alone, but at a year old could crawl about actively, and walk with the support of the chairs, tables, &c. At fifteen months' old he had a bad attack of chicken-pox, and from that time declined greatly. He could not now support himself on his feet, nor even crawl about as he used to do, so that all the day long he was sitting, in the lap or in a chair.

Here was a case of incipient disease without actual disorganisation, and without irreparable distortion. It was a case for cure, and we fortunately achieved it. But it was not a case to be cured in six months, unless, indeed, we could have had—what the abodes of the poor, and a crowded city, do not afford us—nutritious food and a pure air. The first point of practice was to place him in a position to prevent further mischief, and to remove that which had already occurred. I laid him *prone*, and as I saw no reason to be afraid of some slight extension, I so modified the position as to facilitate the return of the spinal column to its natural form. In a short time I ventured to apply some slight pressure upon the curved bones, but no counter-irritants were ever employed, as I hoped that position, rest, a tolerably nutritious diet, and an earnest attention to the general health, would accomplish our object; and I was not disappointed, although the deranged state of the digestive organs long baffled and perplexed us. In the summer of 1838, he first began to walk, and, although still a weakly child, he has been long perfectly free from all spinal disease or deformity.

CASE.

Eliza Meade, aged 11, had, for about ten months, complained of pain and great weakness of the back. She had been under medical treatment, and had lain for seven months supine on a hard horse-hair mattress, but had continued to get worse. I saw her in July, 1838; she was then pale, thin, feeble, and spiritless; even when lying down she complained of much pain and of a sense of dislocation. There was great tenderness of the lower dorsal and upper lumbar verte-

bræ, two or three of which were very slightly projected. She could not stand upright, and she walked with much difficulty, leaning over considerably to one side. The pain, indeed, was very considerably increased in walking, or by any other motion. Here, again, was disease, as I felt reason to believe, in its first stage. Happy was it for the patient that the pain and tenderness had given an early warning; happy that she had, in consequence, been ordered to lie in a horizontal position; for although the one she had been directed to adopt was less favourable than that which I afterwards employed, it doubtless tended to arrest the progress of the malady. The treatment that was adopted was similar to that of the last case. Some slight counter-irritants were employed, but no issues or setons. She lay constantly at rest in the prone position, and attention was paid to the restoration of the general health, to which, indeed, the change of posture, and the consequent relief of pain, very materially contributed. In about two months the tenderness of the spine was so much abated that I ventured upon some slight extension and pressure, and in less than a twelvemonth she was able, and was permitted, to walk a little, which she did, without pain, and with the body perfectly erect; and the case has ended without leaving the slightest deformity, and, at the same time, with a perfect restoration of health and strength.

[My object in relating these two cases is that of impressing upon the public mind the importance of the very earliest attention to every affection of the spine, and upon the minds of the medical public the necessity of an immediate and persevering adoption of a horizontal posture, as affording to their patients the only reasonable chance of cure.] Although there are some points in which I differ in opinion from Mr. Hale Thomson, and especially although we adopt two different modes of attaining the same object, I cannot but cordially pay my meed of approbation to his uncompromising advocacy of the horizontal posture. He has well enumerated the varieties of useless or mischievous inventions, with which ignorant or professional pretenders have deluged the world at large, and to his list of high-armed chairs, of steel arches, of spine supports, and of spine restorers, I might make a considerable addition. I might mention especially some leathern stays, recently invented by a shoemaker at Brighton, which, while, like other things of the kind, they give an artificial, and, therefore, often an injurious support to the body, have a happy propensity to contract the chest, and to prevent the proper motions of the spine. I might also mention a wooden backboard, with straps to pass round the shoulders, and with a hole in the middle, through which the apex

of the tumour might pass, and which was worn by a little girl, until, from the increased projection and from pressure, not only were the pain and tenderness much increased, but paralysis of the lower extremities was eventually induced. And all this to avoid the simple, easy, and harmless process of laying the patient for a few months in a recumbent posture. On the evils attendant upon the various mechanical inventions, and upon the false principles on which they are constructed, I cannot now descant; it will be sufficient here to observe, that the purpose they seek to effect is temporary, but that the evils to which they give rise are permanent, while the very assistance they afford, by superseding and destroying the power of the muscles, renders it difficult ever to discontinue their use. I have this moment been consulted by a young lady, who has worn steel supports for the last five years, with a still-increasing and now enormous curvature of the spine, and who, if she leaves them off for a moment, feels quite incapable of supporting herself in the erect position.

But the profession on this subject has been woefully inert. Its conduct has been also feeble, indecisive, unreflecting, too frequently uninformed; and where empiricism perceives so many weak points it will be sure to make its attacks. The early stage of spinal disease may be said to test, not merely the skill, but the courage as well, and the firmness, of the medical attendant. "There is nothing to be seen, and little, as yet, to be felt," says the fond mother; "may he not sit up to his meals?—may he not go out for a little fresh air?" And she will argue, perhaps, that more harm may be done, by restricting him from air and exercise, than good, by persevering in the position in which you propose to place him. But there must be no compromise. There may be nothing to be seen, but there is enough to be felt, to convince you that there is spinal disease; and, aware of the almost certain cure to result from perfect rest in a proper position, and of the almost certain ruin, that attends upon its neglect, or upon its partial adoption, he who has had the courage in so apparently slight a case to propose so important a remedy, must have firmness enough to resist all attempts to supersede its adoption, or to render its use unavailing. Nor is it enough that he prescribe, or even enforce, the use of this proper position; he must himself watch, and control, and modify it, according to circumstances, or he will find it to be inadequately and inefficiently employed. And this is the error arising from mere consultation—the error of those who fancy they can purchase an opinion for a guinea, and cheaply themselves carry into effect the directions of the physician or the surgeon. I am, perhaps, dwelling too long upon this subject, but I

cannot fail to be impressed with its extr. importance, when, within this fortnight have seen a young lady suffering under ease and incipient posterior curvature, v has been desired by her physician to lie much as possible; and a little girl, now the subject of immense distortion, with paralysis, whose parents had been told by a most eminent surgeon to keep her in bed as much as they could; and the wife of a tradesman, with incipient disease and distortion, whose medical attendant told her that he "must put in a pea or two on each side of her spine," but who had not been forbidden to stand half the day behind the counter, nor to carry about, during the other half, a great boy, nearly nine months old. A pea or two on each side of the spine may be very good things, for aught I know, though I am not quite sure of it; but how could they be expected to arrest the progress of disease in a patient who was allowed to follow such injurious avocations?

To conclude this part of my subject, and with it this letter, I shall only add, that if I can but promote the universal adoption of a proper recumbent position in this early stage of diseased spine, I shall have helped to rescue from suffering and deformity thousands yet unborn; and a professional life, now verging towards its close, will not have been passed in vain. I am, Sir, your obedient servant,

CHARLES VERRAL.

Lowther Arcade, Feb. 2, 1840.

ON
DISEASES OF THE SKIN.

By WM. ERASMUS WILSON, Esq., Consulting
Surgeon to the St. Pancras Infirmary.

LICHEN.

DURING the temporary burst of warm spring weather with which this month commenced, I was led to observe the remarkable prevalence of lichen, under its various forms. In the young and plethoric it assumed the character of lichen acutus, in the aged it appeared as lichen chronicus, and in one of my patients, a lady of weakly constitution, it put on the more unusual aspect of lichen circumscriptus. So long as the mild weather existed, the disease was, in many cases, obstinate, and resisted the ordinary methods of treatment, while the sudden return of a colder temperature has, in itself, operated a cure in several instances.

If it be true, that certain cutaneous diseases are dependant for their evolution upon the state of the nervous system, it is especially so with regard to the commoner forms of lichen. We, therefore, in certain instances, see this and other affections at those periods when the atmospheric condi-