

the presence of a small quantity of blood. Hydatids and moles will form, and distend it to an immense size, and yet it will be passive under their irritation.

Many facts countenance the idea that the primary cause of parturition is the coagulation of the blood in the sinuses, which is necessarily followed by muscular contraction. Ergot of rye coagulates the blood, contraction follows; small-pox kills the fœtus, the circulation ceases, contraction follows; in epidemic cholera the liquor amnii is removed, death then follows, and contractions supervene. The unimpregnated uterus is not liable to spasm.

Dysmenorrhœa.—The anatomy of the unimpregnated uterus displays its muscular fibres in a complete state of contraction; the cavity is almost nominal, and therefore a spasm or cramp of this organ is impossible. Dysmenorrhœa is not spasm, the pain is continuous, and women describe the pain as quite dissimilar from that of labour. As in such cases the menstrual fluid escapes with difficulty, the pain is probably that of distension, owing to the os tincæ being narrowed. Dr. M'Intosh, of Edinburgh, relieved his patients by introducing a metallic sound, proving the correctness of his theory; and another proof is, that mothers are seldom if ever annoyed with this complaint, although previously to parturition they were monthly martyrs.

We hear frequent mention of spasms of the sphincters of the rectum and bladder, and as their veins are very small the retardation of blood could not be the cause of these local cramps. But contraction is the normal state of a sphincter, and the contraction is so complete as to resist the escape either of urine or gas; closer contraction seems impossible, rendering the idea of spasm improbable. Since the discovery that the severe pain at the anal orifice when emptying the rectum depends on ulcers and fissures of that part, spasmodic stricture of the rectum is never heard of. Sphincters have no self-dilating power; they would therefore remain permanently contracted were it not for the mechanical action of the urine and fœces escaping.

The pain of cramp arises not from muscular contraction, but from the severe pressure on the nerves of sensation which traverse a muscle. Voluntary contraction is incapable of producing pain. Paraplegia and other diseases would furnish me with more abundant proofs, but enough has been stated to let the correctness of these remarks be tested.

Sloane-street, May, 1853.

CASE OF

MONOMANIA, ACCOMPANIED WITH AN OBSTINATE REFUSAL OF FOOD FOR FOUR MONTHS, SUCCESSFULLY TREATED.

By THOMAS DICKSON, L.R.C.S.E.,

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C. T—, aged sixty-two years, was admitted as a patient on the 3rd of June last. He is above the middle height; hair long and white; eyes gray and deeply sunk in the orbits; skin yellow and much shrivelled. In general appearance he was like a person ninety years of age, and was so feeble that he could scarcely stand. He was so much reduced and emaciated that he was easily carried in the arms of an attendant the entire length of the hospital, and bore a greater resemblance to a skeleton than a living being. The attack commenced about three months previous to admission, and after he had sustained heavy losses in business. For the last nine weeks he had refused to take food, except by force, and he had become so weak that his relatives feared to administer it to him any longer. He labours under the fear of being robbed, refuses to sit down, and though scarcely able, persists in standing in the centre of the room, with his hands clasped, swinging himself backwards and forwards, moaning incessantly. Pulse 96, feeble and wiry; tongue white; other secretions natural. On his attempting to swallow any food or liquid he is seized with violent contractions of the whole muscles of deglutition, which terminate in an almost complete state of asphyxia, from which he is only relieved by the fluid returning through the nostrils. He had a previous attack of insanity about twelve or fourteen years ago, from which he had speedily recovered.

The diagnosis I formed was that the pecuniary losses he had sustained had so affected him as to induce an almost complete torpor of the energies of the nervous system, which, as might have been expected, re-acted upon the brain, producing the insanity and its accompanying delusions.

June 7th.—Since his admission endeavours have been made of various kinds (including the use of the stomach-pump) to pass

nourishment into his stomach, none of which have been successful; he sleeps tolerably well; tongue white, and bowels relaxed. Ordered beef-tea, half-a-pint; port-wine, two ounces; tincture of opium, ten grains; to be injected as an enema, and, in order to prevent him expelling it, the attendant to remain by his bed-side for an hour, pressing against the anus with a soft towel. Evening: The injection was retained fully an hour, when a portion of it came away. To be repeated again, with twenty drops of tincture of opium.

8th.—He lay quiet during the night; injection came off at three A.M. He is not improved. Injection to be repeated three times daily.

12th.—He continues much in the same state as on the 8th. Pulse small and thready. To all appearance he is in a sinking state. Continue the previous treatment.

18th.—Since last date the injections have been continued with varied success, being sometimes retained, at others coming away immediately. Several efforts have been made to feed him by the mouth, and also to pass the tube of the stomach-pump, but hitherto unsuccessfully till this day, when I succeeded in passing the tube into his stomach, through which he was copiously fed with strong soup mixed with wine.

21st.—I am now able to pass the tube readily thrice daily; he appears also more rational, and his delusions are apparently giving way, but his physical condition is not improved.

July 19th.—Up to this date he has continued under the same treatment, the only difference being that he has had repeated attacks of diarrhœa, during which his stools were frequently passed involuntarily; great prostration of strength followed each attack, which were kept in check by the use of chalk-and-opium. The use of the stomach-pump required as heretofore.

25th.—There is a little tenderness on compressing the pharynx. Application, tincture of iodine twice a day. This morning, made a voluntary effort to eat, and swallowed a small portion of soaked biscuit. Physical condition improving, and the skin is now assuming a more natural colour.

Aug. 1st.—Since last date he has made further efforts to take food, and this day he ate his breakfast, of soft egg and soaked bread, with tea, without any difficulty. He is now gaining strength, and is able to sit up in bed for an hour at a time. The stomach-pump is only required once a day.

8th.—The stomach-pump is discontinued; he is gaining strength, his physical condition is improving, and his delusions have almost entirely disappeared. He is now able to dress and pass several hours in the sitting-room daily.

21st.—Up to this date he has continued gradually to improve.

Sept. 2nd.—For several days past his digestive organs have not performed their functions naturally; he has become weaker; there has been a reappearance of his delusions, and a difficulty in prevailing upon him to eat; but there has been no necessity to resort to other means than those of persuasion. His bowels have occasionally been relaxed, but are kept in order by doses of some stimulating aperient conjoined with an anodyne.

8th.—His delusions are again subsiding, and his digestive powers are restored. From this period he was put under a course of tonics and a regulated diet, with a liberal allowance of wine.

Oct. 8th.—Has gone on improving slowly but uninterruptedly his delusions have entirely ceased; he has gained flesh so fast as to be now about double the weight he was when admitted; he employs himself in the garden, and is able to take frequent walks into the surrounding neighbourhood.

27th.—From last date he continued rapidly to improve, and was this day discharged, recovered.

Remarks.—This case is interesting, not only from the condition of the patient when admitted, but also from the difficulty in forming a correct diagnosis; more especially whether the difficulty of swallowing proceeded from an enfeebled state of the organs of deglutition, or was simply the effects of delusion. At the time of admission, if a tea-spoonful of fluid was put into his mouth, it brought on asphyxia; and on any attempt being made to pass the tube of the stomach-pump the contraction of the muscles was so great that, in conjunction with the risk of complete asphyxia and his extreme feebleness, it was deemed prudent to abstain from any further attempts to pass nourishment by the mouth. The state of prostration under which the patient laboured increased the difficulties, and up to the end of the second week after admission there was no expectation that he would survive. By that time, through the continued use of the enemas, and close attention to prevent his expelling them, a very slight improvement had taken place, and his system was roused to such an extent as to allow the organs of deglutition to fulfil in some degree their functions. After this it was an easy matter, by the use of the stomach-pump and the continued stimulus of liberal diet, to assist the recovery. The object to be

obtained, therefore, was simply to sustain the strength of the patient; this was accomplished in the manner described. That my diagnosis was correct is proved not only by the history of the case, but also by the voluntary admission of the patient himself. A month previous to his discharge he stated to me "that he could have eaten and drank very well all along, for that there was nothing the matter with his throat, and that he had given way at last because he saw there was no use in holding out any longer;" the truth, however, being that, by the nutriment passed into his system the equilibrium of the circulation was restored, the nervous system resumed its energies, and as a natural consequence his delusions and monomania passed away.

May, 1853.

CASE OF SUDDEN PROFUSE HÆMORRHAGE.

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In your "Mirror of the Practice of Medicine and Surgery," on Mr. Birkett's case of tracheotomy, page 176, you say—"There are several classes of cases which tax the surgeon's skill, coolness, and decision to their fullest extent; among these classes may be named *sudden and unexpected hæmorrhage*, strangulated hernia, foreign bodies in the larynx, trachea, &c.;" and as a case included in your category has recently occurred in my practice, I am induced to refer to my note-book, and transcribe it for your columns. I was summoned to attend the case immediately, without any intimation as to its nature, and consequently went unprepared for such an accident.

Mrs. F.—, aged thirty-two, a greengrocer's wife, sent for me, Feb. 17th, at one P.M. She was stout and of lymphatic temperament; has a child eleven months old, not weaned; saw the catamenia a month since, and again *three days before* the accident. On my entering the room I found her sitting in a chair, looking extremely blanched; her pulse was very quick and fluttering, struggling against impending syncope. She gave me incoherent and partial answers in a faltering voice, and in a few moments fainted. The attendant told me she was violently flooding, brought on by a fit of coughing. I had her immediately removed to the sofa, and placed on her back in the horizontal position. Her clothes were completely saturated with blood, which was flowing from the vagina, running down her legs and coagulating on the floor. She lost, as far as I could judge, about three pints. I made pressure on the abdominal aorta, and directed the attendant immediately to place a napkin in cold water, wring it, and roll it in the snow (there was plenty on the ground that day), and place it over the uterus; and I got a piece of sponge a little larger than a hen's egg, had it also rolled in the snow, and placed up the vagina. After allowing her to remain a few moments in a state of syncope, I roused her and gave her a few teaspoonfuls of brandy, which revived her and "brought her to." I ordered her twenty minims of compound spirits of sulphuric ether, ten minims of diluted sulphuric acid, eight minims of Battley's sedative solution, and an ounce of camphor mixture, to be taken every two hours; to suck ice and drink iced beverages, with light, farinaceous diet; to enjoin perfect rest and quietude, and the sponge to remain in the vagina until I called again, at nine P.M., when I found her comparatively comfortable, and easy, and cheerful; the hæmorrhage had quite stopped; pulse 108, weak; the sponge to be withdrawn and replaced with snow as at first, and remain until the morning, and to continue the acid and ether draughts.

Feb. 18th.—Ten A.M.: Free from pain, but extremely weak; got up once, but fainted directly; no more bleeding; pulse 110; little flushed on the cheeks; tongue clean. Sponge to be removed and replaced as before; repeat the draughts *without the Battley's solution*, and to desist from putting the child to the breast.—Nine P.M.: Bowels not relieved since yesterday; pulse 90, fuller; free from pain; has a slight cough. To take, at bedtime, five grains of colocynth and blue pills; and fifteen minims of tincture of the muriate of iron, one grain of quinine, and one drachm of oxymel of squills in an ounce of camphor mixture, every four hours; sponge to be cleaned and replaced without snow.

19th.—Pulse 88; looks more cheerful; no pain; feels much stronger; appetite good. Continue the steel and quinine; to take beef-tea and boiled mutton; to be kept quiet; clean the sponge and replace it. The milk, which was nearly suppressed, has freely flowed into the breasts again, and she permits the child to suck, as she will not wean it. To take two glasses of port wine a day.

20th.—Much better; up and about; continue the plug; bowels regular. To take a mutton chop and porter, and continue the iron and quinine.

21st.—Convalescent. Ordered her to inject the vagina with decoction of cinchona every day, and to take a wineglass of the decoction three times a day, and to refrain from sexual intercourse for a few weeks. I could not detect any varices or other swellings in the vagina or vulva. About five years ago the patient ruptured a vessel in the lungs from lifting a heavy weight. In the blood discharged I could not detect any embryo or deciduary membrane. The blood was not menstrual. The patient micturated well throughout the illness.

I was again requested urgently to attend the case on the 4th of March, when I found the patient suffering from accidental hæmorrhage to a considerable extent, her pains assimilating labour, with a blanched countenance and quick, fluttering pulse; and whilst conversing with her, she felt "a substance" coming from her, which was pyriform in shape, and about the size of a hen's egg, convex, rough, and shaggy exteriorly, and smooth and concave interiorly, with a longitudinal fissure dividing it half way in two. I sent her to bed, enjoined rest, light diet, and gave her a sedative astringent mixture.

March 5th.—Very weak. To continue the mixture.

6th.—Much better; discharge less. Repeat the remedies, and take half an ounce of castor-oil.

7th.—Better. To take a bitter tonic mixture, with beef-tea, a little mutton and porter, and she has gradually recovered ever since, and is now quite well, and attending to her duties in the shop.

Dr. Druitt has kindly favoured me with his opinion of the expelled ovum, and I beg here sincerely to thank him, and hope he will allow me to quote it:—

"On examining the ovum which you were good enough to send me, I found that the cavity which contained the fœtus had been ruptured, and that all traces of fœtus, cord, and amnion had vanished. The mass consisted chiefly of blood-clot, excessively firm, and partially decolorized, mixed with other more recent coagula. By these the cavity of the chorion was compressed, and its sides brought into apposition. This blood-clot was of course infiltrated into every part of the decidual structure, and enveloped and matted together the villi of the chorion. The latter, when disentangled from it, appeared quite healthy, and so did the decidua, although just at the uterine surface its cells here and there displayed some few oil-globules."

I made every search for the fœtus, but could not find it. The detachment of the ovum was doubtless the cause of the former hæmorrhage, which then appeared to me to be enveloped in such mystery.

Cambridge-terrace, Hyde-park, May, 1853.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum, et dissectionum historias, tum aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

CASES OF AFFECTION OF THE KNEE-JOINT.

1. ST. THOMAS'S, under the care of	Mr. SOUTH.
2. GUY'S	Mr. BIRKETT.
3. ST. BARTHOLOMEW'S	Mr. STANLEY.
Ditto	Mr. LLOYD.
4. KING'S COLLEGE	Mr. FERGUSON.
5. ST. MARY'S	Mr. COULSON.
6. METROPOLITAN FREE	Mr. CHILDS.
7. CHARING CROSS	Mr. AVERY.
8. ST. GEORGE'S	Mr. HAWKINS.
Ditto	Mr. JOHNSON.
Ditto	Mr. HEWETT.
9. LONDON	Mr. ADAMS.
10. MIDDLESEX	Mr. SHAW.

SURGEONS are very frequently called upon, in nosocomial practice, to treat diseases of joints; numerous cases present themselves in the course of the year, and ample opportunities are afforded of watching the progress of these painful and too often obstinate affections. The joints most often attacked would appear to be the hip and the knee, the chronic variety being