appeared about the fifth day from her delivery, and which Mr. Bacon informs me yielded to diluents and other mild treatment, nothing occurred to interfere with her well-doing; and her recovery was as speedy as after an ordinary labour.

Remarks.—The above instance of difficult parturition, the result of disproportion between the size of the child and the capacity of the pelvis, but relative, the child being above the average, was successfully treated, quoad the mother, by the employment of the long forceps, prefaced by the abstraction of blood. That measure, had recourse to on account of the disturbance of the vascular system, the heat and dryness of the skin and genital passage, the rigidity of the os uteri, (so much of it as remained unobliterated,) an agonizing pain, very different from, and super-added to, the proper pains of labour, (one of the premonitory indications of a certain proportion of cases of uterine rupture,) paved the way for the safe employment of the forceps; and, as in the case of the patient of Mr. Pascall, secured her from any subsequent inflammatory affection. Her recovery in consequence, although a considerable amount of force of traction had been necessary to effect the head's descent, was as speedy and as perfect as after a natural labour.

Russell-place, Fitzroy-square, Sept. 4th, 1844.

ULCERATION OF THE CERVIX FOLLOWING THE REMOVAL OF UTERINE POLYPUS.

By J. HENRY BENNET, M.D., Licentiate of the Royal College of Physicians, London, formerly House-Physician (interne) to the Paris Hospitals.

At the latter end of last year I had occasion to apply a ligature in a case of uterine polypus, in which the tumour, as it escaped from the uterine cavity, had contracted an extensive adhesion to the os and cervix uteri on one side. This adhesion had to be broken down before the ligature could be applied, and the consequence was, that a solution of continuity was necessarily created in the region where the adhesion between the tumour and the cervix had previously existed. Being anxious to ascertain the state of the parts, a few days after the separation of the tumour I applied the speculum, and ascertained the existence of an ulcerated surface on the right side of the cervix uteri, of about the size of a shilling. Considering that this ulceration was merely the result of the operation, I thought that it would, in all probability, heal spontaneously, and that vaginal injections with tepid water would suffice to favour the cicatrization of the ulcerated surface; I therefore confined the treatment to this simple remedy. On again examining my patient, however, ten days afterwards, I found that the cervix was considerably congested, that the ulceration had rather increased than otherwise, and was the seat of an abundant purulent discharge. A more energetic treatment being evidently necessary, I cauterized the ulceration with the lunar caustic, and enjoined the use of sulphate of zinc injections, and rest. Under this treatment the ulceration speedily cicatrized.

A month or two ago I had again occasion to apply a ligature to an uterine polypus in a woman fifty years of age. There were no adhesions, and the operation presented nothing unusual. A week after the separation of the tumour I examined the patient with the speculum, and to my surprise found an ulcerated suppurating surface as large as a half-crown, occupying both the anterior and the inferior lip of the cervix uteri. The usual treatment was adopted, but the patient left town before the ulceration was cicatrized.

In the first case, the presence of the ulceration was the natural consequence of the adhesion which existed between the polypus and the cervix. It is, however, worthy of remark, that instead of healing spontaneously when left to itself, it showed a tendency to increase and to become permanent, as is nearly always the case with inflammatory ulcerations in that region. In the second case, there was no adhesion to break down, nor was any solution of continuity occasioned on the cervix by the operation. The ulceration, therefore, must have existed antecedently to the operation, and have been occasioned, in all probability, by the contact of the tumour. When we consider how prone ulcerations of the cervix uteri are to perpetuate themselves, unless energetically treated, owing to the various anatomical and physiological conditions which I have explained at length in my late work on "Inflammation of the Uterine Neck," it must be admitted as very likely that in this case the ulceration would have given rise to much subsequent annoyance had it not been treated. Indeed, the patient, having left town before it was cicatrized, may not even now be cured.

These cases warrant me, I think, in advising all practitioners who operate for polypus uteri, either by ligature or by excision, not to dismiss their patients as definitively cured until they have

carefully examined them by means of the speculum, in order to ascertain whether or not there is any ulceration about the cervix. I am not aware that the precept has been given by any writer, and I have certainly never seen it followed, although I have witnessed many operations of the kind in hospital practice. The precaution, however, is obviously a judicious one, as ulceration of the cervix, under these circumstances, may be a much commoner phenomenon than is generally supposed; at all events, it is worth while to investigate the fact.

In connexion with the removal of uterine polypus by ligature, I may mention a practical point which was forcibly illustrated by these two cases—viz., that the length of time which elapses before the fall of the tumour, depends, in a great measure, on the thickness of the ligature. The stalks of the fibrous tumours were of the same size and consistency in each case, and yet, with one, for the removal of which whipcord was used, the polypus only fell on the eighth day, whereas, with the other, waxed silk being employed, it fell on the fourth day. When we consider that the irritation and annoyance produced by the presence of the instrument daily increase, it must be acknowledged, that if the duration of the operation is shortened by the choice of a thin ligature, there is a strong motive for preferring it to a thick one. I have not found the silk ligature cause more pain than whipcord, nor present any inconvenience or disadvantage.

As the cases to which I have alluded present some other interesting features, a brief narrative of them will not, I think, be unacceptable.

CASE 1.—On the 1st of August, 1844, I was consulted by Miss C—, aged thirty-four, for uterine hæmorrhage, from which she had suffered many years. She was unmarried, and had menstruated regularly until the age of twenty-seven, when she was seized with severe pains in the loins, and flooding, at each menstrual period. The duration of the menstrual flux increased from three or four days to eight or ten. She lost, at each epoch, large clots of blood, and experienced great pain in the loins and hypogastrium. She stated that for some time past she had lost, at each menstrual period, more than a wash-hand-basin-full of blood, and that she often lost blood in the interval of menstruation. Her health had all along been very bad, and she had been treated generally by various practitioners during the last few years, without the local disease having been discovered. Complexion exceedingly sallow; features bloated; tongue loaded; anorexia; loss of sleep; continued headach; cardialgia; palpitations; great general debility; legs œdematous; pulse quick and small; great pain in the loins and hypogastrium; sensation of weight in the pelvis when walking. On employing the toucher, the hymen was found intact, but sufficiently dilatable to allow of examination. In the cavity of the vagina was a tumour about the size of a small egg, perfectly regular and smooth, pedunculated, and traceable to the orifice of the os uteri, from the right side of which it appeared to grow. The examination occasioned a considerable discharge of pure blood, devoid of all odour. The ligature of the tumour was proposed, and accepted by the patient.

On the 17th I divided the hymen by a crucial incision, as a preliminary step, slightly cauterizing, the next day, the edges of the incisions with the nitrate of silver, to prevent their reunion.

On the 23rd, the incisions having perfectly healed, I proceeded, with the valuable assistance of my friend Dr. Heming, to apply a ligature of waxed silk. The noose was carried on to the tumour several times, but each time, on being tightened, slipped off. This led us to make a more careful examination, when Dr. Heming ascertained that the polypus did not grow from the cervix, as I had supposed, but, issuing from the cavity of the cervix, had become adherent to the right side of the os uteri. This adhesion preventing the ligature from reaching the stalk of the polypus, it was evidently impossible to apply it efficiently until the adhesion had been destroyed. This I attempted to accomplish by means of a pair of scissors, guided on the forefinger and medius of the left hand. Owing, however, to the insufficient length of the scissors, I only partially succeeded in accomplishing this object, which was at last attained by Dr. Heming, who contrived to pass his forefinger (which is very long) behind the adhesion, and then to break it down. There being still some little difficulty in applying the ligature, owing partly to the narrowness of the vagina, a speculum was introduced, and the polypus having been exposed, a noose, passed through a single branch of the canula, was carefully placed over it, and pushed on to the stalk by means of the forceps. The ligature was then tightened, and the hæmorrhage, which had been considerable during the operation, immediately ceased. As the patient was much fatigued, a composing draught, with twenty drops of tincture of opium, was administered at night. The bowels had been well opened the day before by castor oil.

The ligature was tightened every morning until the fourth

day, when it came away along with the tumour, a fibrous polypus. From the time of the operation, there was no more loss of blood. Injections with tepid water were used three or four times a day, to cleanse the vagina of the slight purulent discharge which set in on the second day after the application of the ligature.

A few days after the fall of the polypus, I examined the os uteri with the speculum, and found an ulceration existing where the polypus had adhered to it; injections and rest were prescribed, in the hope that it would heal spontaneously. Finding, ten days afterwards, that the ulceration had, on the contrary, increased in extent, I cauterized it with the nitrate of silver, and ordered astringent injections to be used. The cauterization was repeated several times, and in about a month the cicatrization was complete.

The general treatment pursued subsequently to the operation consisted in the occasional administration of compound rhubarb and blue pill, or saline purgatives, and the daily use of a preparation of iron. When the menstrua reappeared, the flow of blood was perfectly normal, and in the course of a couple of months all the symptoms of anæmia and disordered digestion had disappeared; indeed, the patient stated that she was as well as ever she had been in her life.

CASE 2.—On the 1st of May, 1845, Mrs. D—, aged fifty, came to town, from Somersetshire, to place herself under my care, by the advice of a medical friend. During eight years she had suffered from uterine hæmorrhage, the intensity of which had gradually increased. She had had several children, the last at the age of forty-two. The two following years she miscarried at three months. After the last miscarriage she was seized with flooding, which returned at each menstrual period to such an extent as greatly to debilitate her; sometimes even producing syncope. At forty-five she ceased to menstruate, or at least to lose blood at periodical periods. Since then, the hæmorrhage has been nearly continual. She has seldom passed a day without losing more or less, but the hæmorrhage has not been carried to such an extent, at any given time, as to produce syncope. She has experienced at the same time all the symptoms of anæmia. The skin is sallow, the body emaciated. She suffers from palpitations, headach, want of sleep, and extreme debility. A bellows-murmur is heard over the heart and along the arteries. The digestive functions do not appear much disordered. The appetite is very good, and she takes, she says, a great quantity of meat, wine, and porter, in order to keep up her strength. She complains of lumbar and hypogastric pains, and of a bearing-down sensation when walking. On examination per vaginam, a pedunculated tumour, as large as a goose's egg, was found situated in the vagina, issuing from the orifice of the os uteri. The examination occasioned a copious flow of blood. Ligature of the tumour was proposed, and gladly accepted, as she had been told that no operation was possible.

On the 3rd, the bowels having been previously well relieved, I passed a whipcord ligature round the neck of the tumour with the greatest ease. The hæmorrhage during the process was, however, considerable. The blood evidently exuded from the entire surface of the tumour, which I was able to expose by merely separating the labia, and which was of a florid-red colour.

11th.—The tumour escaped from the vagina whilst she was making water. The canula and ligature remained, constricting the neck. On pulling, I brought down the uterus, but did not bring away the ligature and canula. I was therefore obliged to untie the whipcord, and pull it through one of the branches of the latter. For the first three days, the ligature had been tightened only in the morning, subsequently it was tightened morning and evening. Very little pain was experienced on these occasions, and that went off in less than half an hour. A purulent discharge set in on the second day, and continued to manifest itself, but not very abundantly. Injections with tepid water were used twice a day. She became very much excited on the evening the tumour came away. I therefore gave her a composing draught, with Battley's solution of opium, twenty minims.

12th.—Slept well; much refreshed. The bowels having only been opened once during the last eight days, a slight aperient was administered. The discharge from the vagina continued, without being abundant. Several small lumps, similar to the tumour, came away in the first few days which followed the fall of the polypus. They were, no doubt, constituted by the part constricted by the ligature.

17th.—Examined the os uteri with the speculum, and found a large ulcerated surface on the anterior and posterior lips. The anterior was much more voluminous than the inferior, and was the principal seat of the ulceration. There was no trace whatever of the tumour, or of its pedicle. Cauterized the ulceration with the nitrate of silver. Ordered injection with sulphate

of zinc, and also sesquioxide of iron, half a drachm a day, in two doses, and a nourishing diet.

On the 22nd she was cauterized again. The ulcerated surface had diminished; the granulations were small and healthy; the general health very much improved.

On the 25th, she was absolutely obliged to leave town for family reasons. I ordered her to use the sulphate of zinc injections carefully for six weeks, and to take half a drachm of sesquioxide of iron, in two doses, every day, for two months. The sallowness of complexion was already much modified, and she felt stronger than she had done for some time.

I have since heard from her, and learnt that the general health has very much improved. She, however, still feels pain in the back, and it is not impossible that the ulceration may not have cicatrized. Nevertheless, as the ulcerated surface was considerably modified for the better when she left town, and as she continued the injections, it may have healed. Her age, and the fact of menstruation having ceased, were in her favour. Inflammatory affections of the cervix uteri, when they do not become cancerous, are generally favourably modified, and no doubt often cured, by the atrophy of the uterine system which follows the cessation of menstruation.

Cambridge-square, Hyde Park, July, 1845.

CLINICAL CONTRIBUTIONS FROM PRIVATE PRACTICE.

CASE OF SPONTANEOUS GANGRENE OF THE FOOT, WITH OPERATION AND RECOVERY.

By GEORGE BOTTOMLEY, Esq., Surgeon to the Croydon Infirmary.

MARY M—, aged thirty-nine, was confined on the 8th of February. Her general health during pregnancy was good till within two months of her confinement, when she became subject to cough and great debility, probably arising from cold and want of proper nutriment, it not being in her power to procure animal food more than once a week, and then only a small quantity of bacon. Her labour was expeditious, the child diminutive, lochia small in quantity, and after-pains exceedingly slight. The child was born with spina bifida, and died within twenty days of its birth. The woman continued to do well for ten days, when symptoms of pleuritis, accompanied with considerable constitutional disturbance, presented themselves. She was bled, blistered, and leeches, &c., and recovered very speedily.

Two or three days after her recovery from the pleuritic attack, she complained of pain in the heel, taking a course from thence to the great toe, and into the ankle-joint. Externally nothing could be discovered to account for the excruciating pain she suffered; the foot and leg preserved their usual warmth; the integuments had quite a normal appearance; in fact, there seemed, as far as vision would dictate, nothing the matter; nevertheless, under the supposition of its being a neuralgic affection, the veratria ointment was applied in considerable quantities; it produced the usual tingling sensation, but no other effect resulted from its employment. She also took the acetate of morphia internally, to allay the tormenting and agonizing pain to which she was constantly a victim. Fomentations and a variety of applications were had recourse to, but all to no effect. At length a livid spot appeared at the inferior part of one of the toes, the temperature of the foot and leg at the same time gradually falling below the natural standard, accompanied with corresponding diminution of sensibility. The pain continued to increase and sensibility to diminish; the livid spots progressively became larger, until at length all the toes became perfectly black: this appearance gradually extended, involving the foot and ankle. It went through its stages in the usual manner, until at last it made a stand, and formed a line of demarcation between the dead and the living parts, about two inches above the ankle-joint. During the whole of the latter process she was well supported by meat, wine, beer, &c., but her health having suffered so much, it was deemed advisable to defer the amputation for some time, in order to get her constitution into a vigorous state to undergo so severe an operation.

On the 2nd of May her health had so far improved that it was thought expedient to amputate, which was done on the following day. Although the line of demarcation was only just above the ankle-joint, and the integuments above the line retained their normal colour; still, as the calf of the leg was much swollen and rather hard, also a little painful, and, above all, as I presumed the cause to be constitutional, I deemed it advisable to remove the limb above the knee. Upon applying the tourniquet, the pulsation of the femoral artery could with difficulty be felt, which circumstance will be accounted for hereafter. When the first incision was made through the integuments, a considerable quantity