remark, that the heart and all the bloodvessels are not simultaneously extensively diseased; for here we have all the latter affected, and the former triflingly so, or perhaps not at all organically involved, beyond calcification (not atheromatous degeneration) of the coronary arteries.

In my work on "Diseases of the Throat and Windpipe," just published, I have further dwelt upon this subject, together with the relationship which subsists between the changes in the cartilages of the larynx and in the arterial bloodvessels, but will refrain from entering into it here. I may observe, however, that as a rule atheromatous conversions are the commonest, and mostly involve the heart; whilst, on the other hand, calcification of the bloodvessels is more rare, and leaves the heart comparatively uninvolved. A mixture of the two is still less frequently to be seen; but a good example in point is the patient of Dr. Farre, already alluded to.

Among six hundred autopsies performed by myself, together with a very much larger number undertaken by others at which I have been present, the verification of the correctness of my views, in relation to the pathological changes giving rise to these three forms of expression, has been largely proved in those instances in which the latter were recognised during life; and although it is tolerably frequent, and rather common in some classes of individuals, there are others, again, who do not and never will possess it.

In my description of the atheromatous expression, the features will not always come up to what I have stated, but will present various modifications, no doubt influenced by the circumstances and condition of the possessors. There may be an absence of the fatty look in some, yet the features have the peculiar puffiness which resembles the brawny oedema of the arm, for instance, in cancer. But it is a most curious and really wonderful fact, that the intellectual vigour of the mind, in its perfection and purity, remains unchanged, and yet the body (no matter if the expression is present even before thirty) is in the condition of advanced senility; so that an individual who may be affected in the manner described at forty, and who should be enabled to reach sixty or even seventy, has his corporeal capacity relatively equal to the ages of eighty and ninety.

It is not my purpose to go into the question of treatment at all, but two or three things may be mentioned in concluding this paper. Persons thus affected should avoid malt liquor, and rather substitute light wines and pure spirit. Substances likely to turn into fat and atheroma should be eschewed. Chloroform should not be given when operations are required. Above all, a proper estimation of such lives should be taken into account by insurance companies. And lastly, in describing cases of disease, the use of the particular term of expression of the countenance will be found most convenient.

On another occasion, I may enter somewhat more fully into the details of this important subject; for the present, it is my desire only to introduce it to the notice of the profession.

Portman-street, Portman-square, May, 1860.

REPORT OF A CASE OF RETAINED MENSES FROM IMPERFORATE OS UTERI; OPERATION; DEATH.

By I. BAKER BROWN, F.R.C.S. (EXAMIN.),
SENIOR SURGEON TO "THE LONDON HOME."

S. L.—, aged sixteen, the daughter of a monthly nurse, was brought to me at "The London Home" by her mother. She had never menstruated. About every month she suffered great pain in the abdomen and back, lasting for a period varying from a few hours to three days. This was accompanied by all the usual symptoms of menstruation, without, however, there being any external appearance. The pain was described as being so severe, as to cause her to roll about the floor in agony. She had all the usual marks of confirmed puberty, was tall and well made.

On making an examination, per vaginam, I found it terminate superiorly in a perfect cul-de-sac. The neck of the uterus could be felt in its normal position; but no os uteri was distinguishable. The lips of the os could be obscurely made out,

covered, as it were, with the lining membrane of the vagina. By examination through the rectum, the uterus could be felt increased in size, and presenting to the taxis a sense of fluctuation. It was evident that the case was one of retained menses from congenital closure of the os uteri. The general health was becoming a good deal affected. I explained to the mother that the closure of the os uteri must have existed from birth, and that nothing but an operation would be of any service.

She was, therefore, admitted into "The London Home" on March 5th, and on the 8th of the same month she was subjected to the influence of chloroform, and further examined by Dr. Hall Davis and Mr. Philip Harper, who both agreed with me as to the nature of the case and the necessity of an operation. I therefore proceeded to operate in the presence of those gentlemen and Dr. Menzies, Messrs. Ince, Ince, jun., Andrews (all of Pimlico), Spencer, and Dr. Giles. She was placed in the lithotomy position, and I passed my finger into the vagina until the end of it was in contact with the obscurely-felt lips of the os uteri. I now introduced a pair of sharp-pointed straight scissors along the finger to the obstruction, and gently pressed them through it, without opening them. It required very little force to penetrate the membrane. On withdrawing them, a quantity of thick fluid, of treacly consistence, but of the colour of red-currant jelly, immediately flowed out. I now passed one finger into the rectum, whilst gentle counter-pressure was made on the abdomen, and thus a quantity of the fluid flowed out (about five or six ounces, subsequently increased to nearly three-quarters of a pint). The vagina was syringed out with warm water, a napkin and binder put on, and she was placed in bed. When she had recovered from the chloroform, one grain of opium was given to her, which was to be repeated every six hours. There was not the least hæmorrhage.

The following account of her progress is from the notes of Mr. Wratishaw, the visiting surgeon in charge:—

March 9th.—Nine A.M.: Has had a good night, and felt so well this morning that she was found sitting up in bed doing some crotchet work. The thick fluid had continued to flow during the night, and the nurse had collected about six ounces of it. It had now changed to a brighter red, having the appearance of natural menstruation.—Nine P.M.: Slight sickness had come on in the course of the day, and there was some uneasiness with tenderness in the epigastrium. The countenance was swarthy; tongue coated. Ordered hot linseed poultices over the abdomen; and to take three grains of grey powder with five grains of Dover's powder at bedtime, and effervescent every three hours.

10th.—At three A.M., as she had not slept and was very restless, a grain of opium was administered as a suppository. Not being relieved, another grain of opium was given by the mouth. This produced no effect, and at nine A.M. vomiting of dark bile came on, and was very frequent. The pain in the epigastrium was severe; pulse 120; tongue foul; bowels have not acted. She lies upon her back, with the legs stretched out and extended. Turpentine epithems were applied over the abdomen, and a dose of castor oil was given. This produced dark bilious motions, but the sickness continued. In the course of the day tympanitis came on, and the tongue became very dry; pulse 130, very weak. She became so prostrate and sinking in the evening, that frequent doses of ether were administered.

11th.—Has had a bad night; the vomiting of the same bilious matter is incessant; pulse 140; tympanitis and tenderness of the epigastrium; tongue dry and brown, except at the edges, where it is red. A grain of calomel was given, and a blister applied to the abdomen. The sickness ceased after this, but she continued to sink, and died soon after four P.M., continuing perfectly sensible to the last.

The following account of the post-mortem appearances was drawn up by Mr. Leggatt, of William-street, Lowndes-square, her usual medical attendant, and Mr. Philip Harper:—

Examination twenty-six hours after death.—On opening the abdomen, there was not any appearance of general peritonitis; but on examining that portion of the intestines which was in contact with the uterus, there was evidence of local inflammation, plastic lymph having been recently thrown out. The uterus was large, and had recovered from its retroflexed condition. On being removed from the body, it was laid open through the cervix. Its lining membrane was very vascular and injected, from the long contact of the menstrual fluid. The puncture had been made into the os, and its surrounding edges presented a dark and ecchymosed appearance. The ovaries were enlarged, softened, and granular in appearance and feeling. Liver quite healthy.

Remarks.—Cases of this kind are very rare; it is, therefore, of the utmost importance that they should be recorded, so that all medical men may know that such cases do sometimes occur. Ignorance upon this point is calculated to do much mischief, both to the profession and the public. The feelings of the relations may be severely tried, and the reputation of the surgeon seriously imperilled, by an expression of opinion as to the non-advisability of surgical interference. The slightest consideration renders it evident that there is no choice but between continually increasing suffering, leading to ultimate death, and the effort to restore the natural channel by surgical means.

Connaught-square, April, 1860.

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, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

GUY'S HOSPITAL.

EMBOLON IN THE LEFT CAROTID AND CEREBRAL ARTERIES, AND ALSO IN THOSE OF THE SPLEEN AND KIDNEYS; FATAL RESULT.

(Under the care of Drs. ADDISON and REES.)

A FEW years back Virchow described a disease of the circulation under the name of *emboli*, signifying the detachment of some of the particles of fibrinous concretions or solid bodies formed in the heart or great vessels, whence they are carried along with the current of the blood, and finally obstruct some of the smaller or secondary branches of the vascular system. Such obstruction would naturally give rise to a certain set of symptoms according to the situation in which it might occur. The conditions producing it, however, are referable to gangrenous inflammation of the veins, organic affections of the left side of the heart, and atheromatous degeneration of the large arterial trunks. There are, probably, some other causes; but of the three mentioned, the second would seem to be the most common, and is observed chiefly in connexion with the cardiac mischief arising from rheumatism. The third, perhaps, ranks next in frequency.

Curiously enough, the three cases of the disease which we record were those in which rheumatism apparently played a prominent part; and, if our space permitted, we could have added a few cases wherein no symptoms of embolon were present, but serving simply as illustrations of the class of cases most likely to give rise to the disease.

It is on the borders of the mitral valve that these fibrinous concretions chiefly grow; and as their adhesion is oftentimes of the slightest possible character, the activity of the circulation alone proves sufficient for their detachment and carriage along the current of the blood, until the calibre of the vessel becomes too small to permit of their passing any further.

The fact has also been pointed out, that if the patient does not succumb from the first attack, he is liable to do so from the second or third; but occasionally they may be multiplied. If it be admitted that Dr. Parkes's patient is an example of the disease in question, it might be said there were frequent recurrences of the symptoms; but the patient ultimately recovered. Dr. Farre's patient is slowly improving, and the state of the patient's heart leaves no doubt of the correctness of the diagnosis.

It is impossible to say that any one set of arteries more than another is liable to be plugged up, as it manifestly depends upon the course which the floating body may take. The carotid and cerebral are, perhaps, the most frequently found in that condition; then come those of the extremities; and, finally, those of the kidney and spleen. Some of these are clearly verified in the annexed case.

It is a noteworthy fact, that if the collateral circulation becomes established, the general disturbance is but temporary. It is otherwise when it fails, for then we encounter one of the forms of gangrene, dry or moist, partial or general, according to the trunk involved. These points are well understood in diseases of the bloodvessels, but they have hitherto not been given sufficient prominence. Pott's gangrene, described so many years back, is clearly due to total arrest of the circulation in minute arterial twigs, the result of atheromatous or, more likely, calcareous degeneration in their coats in the aged.

The following case (for the notes of which we are indebted to Mr. John Henry Gatton, clinical clerk) will be found one of extreme interest, and an excellent example of the disease under consideration:—

Jane P—, aged fourteen, was admitted Nov. 2nd, 1859, into Lydia ward, under the care of Dr. Addison. She was a pale, strumous-looking girl, with widely-dilated pupils. Menstruation had not commenced, and there was no mammary development. Her mother stated that, though delicate, she had never had any illness till eight weeks before admission, when her joints became painful and swollen, the smaller joints being affected as well as the knees, ankles, &c. A week before she entered she became worse and began to lose flesh. On admission, her knees and ankles were affected, and a large systolic bruit was audible over the mitral valve, with abnormal roughness over the aortic valves. Præcordial dulness was slightly increased; respiratory sounds normal. No history of previous rheumatism. The symptoms were attributed by Dr. Addison to sub-acute rheumatism. Ordered three grains of iodide of potassium and twenty minims of tincture of hyoscyamus, in peppermint julep, three times a day. A blister over the sternum.

Nov. 4th.—Ordered four grains of calomel at once, and a senna draught with twenty minims of wine of colchicum five hours afterwards.

11th.—Some improvement; pains less. Ordered two grains of iodide of potassium three times a day.

On the 19th, the case came under the care of Dr. Rees. Return of pain from cold. To have five grains of Dover's pill every night, and decoction of cinchona with soda twice a day.

21st.—Right knee contracted and painful. To be rubbed with mercurial ointment.

30th.—Knee better, but the patient complains of general pains. Pulse quick; skin hot.

Dec. 4th.—She is very ill; unable or unwilling to speak or protrude the tongue; pain in the knees and ankles; memory slightly affected. Ordered one grain of opium every eight hours, and six ounces of brandy.

5th.—Pains and taciturnity continued; pupils natural; perspiration profuse; tongue white, thickly furred; urine found to be albuminous. Ordered three grains of calomel and one of opium at bedtime.

6th.—In great pain if moved; has complete loss of motion of right arm and leg; no anæsthesia; feet peculiarly inverted; facial paralysis on the right side also noticed.

8th.—She is more cheerful, and the pulse stronger.

9th.—Action of facial muscles continues stronger on the left than on the right side; no double vision; right pupil slightly more dilated; can flex the right forearm after it has been extended, and move her fingers; can also move the right leg; tongue clean, protrudes towards the right side of the median line; pulse 116. (Dr. Rees diagnosed the occurrence of "embolon" in one of the cerebral arteries, and also—from the "bloody urine"—in the kidney.)

14th.—Bowels confined. Ordered suitable aperient medicine, and a blister to the nape of the neck. Urine still bloody; specific gravity 1015.

18th.—Much improved; paralysis gradually diminishing. Ordered a mutton chop.

She then continued improving till the 27th, when vomiting occurred, and she became rapidly worse, losing her speech, and at times her consciousness; paralysis also returning. On the 2nd of January diarrhœa had supervened, and she was ordered by Dr. Barlow an enema of starch and opium, and half an ounce of a mixture, twice a day, containing half a grain of strychnine to eight ounces of water. She continued gradually sinking, incapable of motion, and losing all consciousness, till the 9th of January, when she died at four o'clock A.M.

Post-mortem examination.—Body extremely emaciated and ill-developed. On examining the brain, the left carotid artery at its base was completely obstructed by a fibrinous plug, which extended a short distance into the middle cerebral artery. The left corpus striatum and thalamus opticus were soft, and, on microscopical examination by Dr. Wilks, pre-