of whom he had secured a large and much-attached circle. But alas for the views, and resolutions, and anticipations of mortality! He returned to England, indeed, and for some time seemed delighted with his own position in the profession and in society in general, which, from his cheerful mind and manners, he seemed well calculated to adorn, when all his vital energies began to fail him, and those who saw most of him observed that he was daily more and more cherishing hypochondriacal feelings; these, a gradually increasing uneasiness in the region of the heart tended to aggravate, and caused at length an attack of fever and cerebral irritation, which were the obvious causes of his unexpected decease.

He had wrested, some time previously to his death, from a medical friend whom he prevailed on to examine him, the fact that the heart was embarrassed by slight thickening of the mitral valve. On this occasion he called on me, and expressed his horror at the discovery which had been made, in terms so much out of proportion to the actual evil, that I thought it my duty to press on him the slightness of the defect, and its comparatively mild character; for it was evidently one of those cases (as was proved by the post-mortem examination) of chronic endocarditis in which the valves become thickened by slight inflammation, perhaps of an arthritic character, rather than by the ossific diathesis with which we are familiar in old age, a distinction well worked out in Dr. Latham's last very able and useful "Treatise on Diseases of the Heart." But it was in vain to reason with him on the subject, for he would not be comforted. From this time he failed rapidly in health, and never recovered either his bodily strength or his intellectual vigour. I was well acquainted with him, and from the circumstance of his having married a relation of mine, enjoyed a degree of intimacy with him which afforded me much satisfaction; he was, in one word, a most amiable member of the profession and of society. His cheerfulness, indeed, in the midst of domestic misfortunes of no ordinary intensity and bitterness, was most remarkable, whilst his kindness to all around him, and especially to a large circle of relations, who depended on him for advice, comfort, and countenance, was sufficiently testified by the profound grief with which he has been lamented by them. But I need not enter at any greater length on these melancholy considerations. I would endeavour rather to lead your minds to the recollection of his kindly and benignant qualities,

"Purpureos spargam flores;"

and in concluding this tribute to his memory, leave you reposing rather on the contemplation of the brighter traits and amenities of his life, than of its shadows and misfortunes.

It only remains that I should congratulate the Society on its thriving condition, and thank you, at the same time, for the patient indulgence with which you have accepted my inadequate attempts to do justice to the duties you have imposed on me, by placing me in this chair,—especially that duty which has devolved on me this day,—and to offer you all, individually and collectively, my best wishes for your future success and prosperity.

ILLUSTRATIONS OF ULCERATION AND INDURATION OF THE CERVIX UTERI.

By J. HENRY BENNET, M.D.,

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CASE 9.—*Ulceration of the uterine neck in a young married woman without family; symptoms obscure.*

On the 5th of June, 1845, I was consulted by Mary W—, a young married woman, aged 23, respecting her menstruation, which had been totally absent ever since her marriage, that had taken place about a year previous. She was of small stature and light make; her health had always been delicate. She had not menstruated until eighteen, and then the catamenia were deficient in quantity, and irregular in their manifestation. She had been, on several occasions, two or three months without their appearing. Whether menstruated or not, she experienced but little uterine pain at the catamenial epoch; merely slight pelvic weight and uneasiness. She had been several times under medical treatment for amenorrhœa, but without much benefit. She was then residing in a healthy locality on the sea coast, and living well. On her marriage she came up to

London. The catamenia, which had appeared regularly for some months previous, at once stopped, and she thought at first that she had become pregnant; but no other change subsequently taking place, she was obliged to discard the idea. Her general health remained tolerably good; she had little or no uterine pain at the epoch at which she ought to have been unwell, and therefore did not for some time attach much importance to the absence of the catamenia. Within the few months, however, which preceded her application to me, she had experienced a good deal of pain in the lower part of the back, and had felt weak and disinclined for exertion, which induced her to apply for advice. On questioning her, I found that she had experienced of late a little pain in the right inguinal and in the lower part of the hypogastric regions, and that she had been also labouring under very slight leucorrhœa. The general health was not much impaired; the appetite was tolerable, and she slept well. She was, however, pale and weak. Finding symptoms of inflammation of the cervix thus present, although rather obscure, I pointed out the propriety of submitting to an efficient examination. Both she and the husband being very anxious that the uterine functions should be restored to their integrity, if diseased, I met with no objection.

On examining per vaginam, I found the cervix high up, rather retroverted, and swollen, but not more resistant than natural, rather less so, indeed. The os was more open than is usual, and presented around its circumference a slight local induration. The uterus was not at all enlarged, or painful on pressure. On introducing the speculum, I found the upper part of the vagina slightly congested, the cervix larger than natural, of a florid red hue, and presenting around the os uteri an ulceration about the size of a sixpence, covered with minute granulations. This surface I touched with the nitrate of silver. I then prescribed slightly astringent injections, rest in the horizontal posture, an occasional laxative, and light diet. The application of the lunar caustic was at first, as is usually the case, followed by a slight increase in the leucorrhœal discharge, which then almost entirely disappeared. It was repeated at intervals of five, eight, or ten days, until the latter end of July, when the ulceration had completely healed, and the cervix had recovered its natural colour, consistency, and size. She felt stronger and better, and had long been free from hypogastric and lumbar pain. At the beginning of July, all local irritability having disappeared, and the patient being still weak and pale, I commenced the administration of the sesquicarbonate of iron, half a drachm a day. I also directed my attention to the catamenia. As it was about the time of the month at which she was formerly unwell, I told her to apply, during one week, night and morning, a large mustard poultice to the inside of each thigh, to be retained until the skin was quite red and painful. I made her also take a warm hip bath for twenty minutes or an hour, before going to bed. This measure did not appear to give rise to any irritation of the ulcerated cervix. The following month, (August,) I repeated these agents; and on the third day the menses appeared,—rather scantily, it is true,—lasting a couple of days. I then advised her to spend a month or two with her relations at the sea-side, which she did. I saw her two months afterwards, on her return to town. She had, by my directions, continued the iron, and resorted to the same means as before, at the following monthly period, with the same success. The third month, the menses appeared naturally. She was stronger, had gained colour, and felt quite well. I have latterly seen her, and learned that the menses subsequently stopped, and have not returned for the last three months. She stated, that finding herself well in other respects, she had not thought it worth while again to apply for advice, or even to resort to the simple means which had previously succeeded.

Remarks.—This is one of those cases of slight inflammation and ulceration of the cervix, evidently the result of marriage, of which I have elsewhere given several examples, and which are, in my opinion, the probable cause or origin of those much more serious forms of uterine inflammation which we occasionally meet with in females more advanced in life, who have had no family. A careful perusal of the symptoms which this young woman presented will show how slight and how obscure they are, and how necessary it is to be thoroughly acquainted with the pathology of the uterine diseases which I have described, to recognise them in such cases, and to prevent their gradually increasing, and eventually undermining the health and constitution of those who labour under them. It is more especially with a view to fix on the mind of my readers the faintness and obscurity of the symptoms of inflammation and ulceration of the cervix in females who have never conceived, that I have divided these uterine inflam-

mations into two forms—that which occurs in women who have never conceived, and that which occurs in women who have conceived. The complete stoppage of the catamenia subsequently to marriage, apart from pregnancy, is rather singular, especially when we recollect that the general health was not impaired. Their return, whilst she was under treatment, may have been partly owing to the action of the caustic on the cervix uteri. Although the symptoms indicating uterine inflammation only became apparent some time after marriage, I believe that it originated, in all probability, immediately. The existence of these inflammatory affections of the cervix in young women recently married, appear always to be accompanied by sterility.

The next case which I shall narrate is one of a much more serious nature, in a woman who had had a child; but the cause of the local uterine inflammation appears to have been the same, as will be seen.

CASE 10.—*Ulceration and inflammatory hypertrophy of the uterine neck in a married woman, not caused by parturition, complicated with severe dyspeptic symptoms.*

On the 1st of October, 1845, Hannah L—, aged twenty-nine, of fair complexion, and rather robust stature, the wife of a sailor, applied to me at the Western Dispensary. She appeared pale and out of health, and stated that for some months her digestion had been very bad, that she had had great pains in the stomach and abdomen, and had been gradually losing strength. On questioning her, I ascertained the following details:—Until within the last year or so her health had always been very good; she had menstruated early, and continued to be so, easily and regularly, until she married at the age of twenty-four; she nearly immediately became pregnant. The labour proved natural and easy. She subsequently soon rallied, and remained well, as far as she can recollect. She does not remember whether she had any leucorrhœal discharge or not. Her husband went to sea soon after her confinement, and remained away several years. He returned about six months ago, and remained at home two or three months, when he again went to sea. It was about this time that her attention was first vividly drawn to the presence of a vaginal discharge, although she believes that she had suffered more or less from it for some months previous. About this time, also, the catamenia became painful; she experienced pain in the back and in the abdomen; became costive, lost her appetite, and had cardialgic pains. The dyspeptic symptoms gradually increased in intensity, so as soon to mask all others. For the last two months she had suffered considerably from cardialgia, acid or tasteless regurgitations, oppression at the chest, cephalalgia, and general debility. It was to these symptoms more especially that she drew my attention; but on questioning her minutely, I found that she had likewise pain in the lumbar and hypogastric regions in the interval of menstruation, a sensation of pelvic weight and bearing-down after walking, and a rather abundant yellow vaginal discharge. The existence of inflammatory disease of the cervix being, therefore, next to certain, it became necessary to further investigate the case.

On examining digitally, I found the cervix rather low down, within less than two inches of the vulva, voluminous, congested, and rather indurated; the cavity of the os was open so as to admit the end of the index, and presented the soft fungous sensation of an ulcerated surface. The middle-sized conical speculum revealed a large hypertrophied cervix, the seat of an extensive ulceration, covered with bleeding granulations, and secreting a great quantity of muco-pus. The hypertrophy of the cervix was evidently of a sub-acute inflammatory nature; there was not much pain experienced on pressure; there was a decided sensation of pelvic weight after standing or walking. The uterus did not appear to be inflamed or enlarged; there was no retroversion of the cervix. Considering that the disordered state of the general health was merely the result of the persistence of the disease of the uterine neck, I cauterized freely the ulcerated surface with the pernitrate of mercury, and ordered tepid hip baths, astrigent vaginal injections, and rest in the horizontal position, merely prescribing for internal administration a mixture containing small doses of the sulphate and carbonate of magnesia. I also recommended light diet, abstinence from stimulants, and rest in the horizontal position.

On examining this patient a week later, I found, as is usually the case, that the irritability of the ulcerated surface had much diminished, as also the inflammatory congestion of the vagina, and of the uterine neck. The hypogastric and lumbar pains were likewise less, but the dyspeptic symptoms remained as intense as before. This continued to be the case

for the first three weeks of the treatment, which was continued on the same principle, the ulcerated uterine neck being cauterized every week or ten days, either with the pernitrate of mercury or the nitrate of silver. About that time, the cicatrization of the ulcerated surface commenced at the circumference; the abdominal pains, at first so severe, nearly entirely disappeared; and the purulent vaginal discharge became much less abundant; the cervix had also become less voluminous, and softer. The dyspeptic symptoms, which had been but little modified hitherto, now began to ameliorate, the tongue appearing cleaner, the acid regurgitations and cardialgia ceasing, and the bowels beginning to act naturally. A mixture containing carbonate of soda with compound infusion of gentian was substituted for the former one, and the local treatment of the uterine inflammatory affection continued in the same manner as before.

From this time the case progressed gradually towards a cure under the above treatment, until the 4th of December, when I found the ulceration perfectly healed. The inflammatory hypertrophy of the cervix had disappeared, leaving the cervix still rather voluminous, but perfectly soft, and free from congestion, the mucous surface again presenting its natural pale rosy hue. The uterus had also risen considerably in the pelvis, the cervix no longer lying low down in the vagina, as when the patient was first examined. There was no vaginal discharge, and the hypogastric and lumbar pains had been entirely absent for several weeks. All dyspeptic symptoms had likewise given way; the complexion was no longer pale and wan, and the patient again presented the appearance of health; she felt stronger and better in every respect. Discharged cured.

Remarks.—In the above case I think the inflammatory and ulcerative affection can scarcely be traced to the confinement which had occurred four years previous to the patient's applying to me. Not that an ulceration may not exist in a semi-latent state for a much longer period, merely indicating its existence by leucorrhœal discharge, lumbar pains, and disordered general health; but I do not find, in the account she gave of her state of health during the years that followed the labour, any decided evidence of the existence of uterine disease. Moreover, the hypertrophy of the cervix was merely inflammatory, there was no general deep-seated chronic induration of its tissue, which would probably have been the case had the inflammation and ulceration immediately followed parturition, and existed for four years. It appears much more probable that the disease commenced on the return of her husband from sea, six months previous to her applying at the dispensary: in this case the cause would be similar to that which not unfrequently occasions uterine inflammation in young married females within the first months of their marriage. The most prominent feature in this young woman's state when I first saw her, was the intensity of the dyspeptic symptoms, which had gradually increased ever since the first appearance of the leucorrhœal discharge. In ordinary practice the leucorrhœa would have merely been considered symptomatic of disordered digestion and of general weakness, and the dyspepsia would have alone been treated. I am, however, so accustomed to find dyspepsia complicating inflammatory diseases of the cervix, that I always carefully inquire into the state of the uterine functions when I find any indication of digestive disorder in married females. In the numerous instances in which I have thus ascertained the co-existence of uterine disease and confirmed dyspepsia, I firmly believe that the uterine affection has been the primary one, and that the dyspepsia has been merely symptomatic, as in the above case. So convinced am I of the above fact, that in such cases I generally attach but little importance, and pay but little attention, to the dyspeptic symptoms, merely regulating the diet and the state of the bowels, knowing full well that they will diminish, and finally disappear, as the uterine disease progresses towards a cure. Sometimes I resort to the medicinal agents usually administered in dyspeptic cases—alkalies, bitter and tonic infusions, &c.; but it is more with a view to satisfy the patient, than with the idea that any very great benefit is likely to be derived from their use.

In the case of Hannah L—, the connexion between the uterine disease and the dyspeptic symptoms, as cause and effect, is very strongly marked. She had never suffered from dyspepsia until attacked with uterine symptoms, and with a vaginal discharge, and then it gradually increased with the uterine disease, diminishing and disappearing as the latter got better, and was finally cured. The form in which the disease of the uterine neck presented itself, and the manner in which it gradually gave way to treatment, offer nothing unusual,

well illustrating, however, the principles which I have elsewhere laid down. I would merely call attention to the marked subsidence of the general and local symptoms as soon as the inflammatory irritability of the cervix had been subdued, and the cicatrization of the ulceration had commenced. The duration of the treatment was not very great,—two months only,—considering the amount of disease that existed at the onset. Here, again, we see the beneficial influence on the course of the disease, of the absence of the husband. The cure may be considered perfect, as there was no induration of the cervix left behind.

Cambridge-square, Hyde-park, Feb. 1846.

ON EPIDEMIC SCARLATINA.

By J. J. KELSO, Esq., M.D., Lisburn, Ireland.

(Read before the Belfast Medical Society.)

HAVING glanced at the more prominent features of the epidemic, in reference to its external and more distinctive symptoms, I am, in the next place, in conformity with the plan proposed, equally briefly to notice it in its pathological relations. The pathological states which the affection is now generally considered to involve in some degree, are, as already intimated, either congestion or inflammation, acute or sub-acute, of some of the internal vital organs or structures: hence the division of the disease into the congestive and inflammatory forms.

With respect, then, to the *congestive* form of the disease, this, in its pure and unmixed state, is regarded as of but rare occurrence. It is described, permit me to remind you, as commencing with oppression and very considerable debility, preceded or accompanied with rigors. The face is pale; the features are somewhat sharp; the eyes appear less prominent in their sockets, and lustreless; the extremities are cold, while the body is over hot; the pulse generally is soft, feeble, and labouring; and the tongue is coated and shrunk in appearance. If the patient complain, it is of the universal prostration and headach, together with the oppression at the chest and the difficulty of swallowing which he experiences. The fauces, moreover, may appear swollen and of a dark colour, with or without ulcerations of an ash-coloured and indolent appearance. Dr. Mackintosh (whose description, in substance, this is) says that he has witnessed such appearances in one individual of a family, while other members of it had the disease in its ordinary form. Similar appearances, too, have displayed themselves on the sudden retrocession of the rash from any cause; while, on the contrary, congestive symptoms have been found to disappear on its free re-establishment on the surface—circumstances which, to his mind, seem to prove its common parentage with that of the other or inflammatory variety of the disease. Now, without offering a word of comment on the doctrine, which seems to be among the best established in medicine, that the same exciting cause, whatever it really may consist in, which is capable of giving rise to any one form (or variety, if you would rather) of the disease, will equally surely originate, under given but by no means well understood circumstances, another or either of the rest; it will be sufficient for me in this place to remark, that this description of the pathological condition under notice applies, in strictness, to very few, if any indeed, of the 200 cases noted. The following, perhaps, may be considered as an instance of this, and certainly it was the best marked of any which I witnessed.

May 19th.—To-day I was requested to visit J. J.—, a boy of five years of age, who presented the following symptoms:—The face is pale; countenance expressionless; and the eyelids droop languidly over the eyeballs, as if he were going to sleep; he is roused with some little difficulty, but can be made to give no account of his feelings; occasional sighing. The skin covering the body is rather hot and dry, while the extremities, both upper and lower, preserve, perhaps, their natural warmth. The pulse is 96, small, but not very weak; the respiration is 26 in the minute, and somewhat oppressed; the tongue is furred, and presents a somewhat mottled appearance from the injection of its papillæ; bowels costive. His illness, I found, commenced with chilliness, followed by increased heat of surface, and some feverishness, two or three days since; but the tendency to somnolence, with the general prostration of the bodily powers, set in only on the preceding evening. Two leeches were ordered to be applied to each temple, and a purgative of jalap and calomel to be administered; diaphoretic medicine; in the evening, a warm bath.

20th.—Not so dull or depressed since the application of the leeches, three of which only bled; skin more hot, and there is

some faint indication of eruption on chest; bowels still acting from the medicine; thirst; pulse 100.

21st.—No appearance of rash to-day, which, if it existed, has receded. Appears more stupid, breathing seems oppressed, and there is some cough. Chest sounds natural on percussion, but on the right side, in front, mucous and sub-mucous râles are discoverable; countenance still continues pale and void of expression; three or four motions since yesterday of a dark-brown fluid, and very offensive matter; tongue coated with a whitish matter, but moist; skin more moist, but feet feel rather cold. Arrow-root for diet, to which a little wine is to be added. A teaspoonful of the following mixture every four hours:—Carbonate of ammonia, ten grains; camphor mixture, one ounce; cinnamon water, two ounces. Mix.

It is unnecessary to give the further reports of this case; suffice it to say, that he made a slow, but perfect recovery.

Here then, if I mistake not, is an instance in which congestion to some extent evidenced itself,—first, within the head, and, next, in the lining membrane of the lungs and bowels. The tendency to drowsiness, and disinclination to reply to questions in connexion with the general symptoms, was indicative of the first; the evident oppression at the chest, together with the cough, and mucous and sub-mucous râles discoverable in the right lung on auscultation, was significant of the second; and the tendency to relaxation of the bowels, after their being moved by the aperient, rendered the existence of the third all but certain.

But, on the other hand, the *inflammatory* form, either alone, or complicated with more or fewer of the symptoms of congestion in the lungs and alimentary canal, was found to be of very common occurrence indeed. The annexed description of this particular form—which is substantially that supplied us by Dr. Mackintosh, by whose premature death science sustained a serious loss—is so applicable to two-fifths, perhaps, of the severer kind of cases noted, that it may be regarded, in the main, as a pretty correct representation of the phenomena which they presented. The rigors with which it is ushered in are soon followed by increased heat of surface, restlessness, anorexia, thirst, and sleepless nights, with weight at the chest or head. The tongue is loaded with a brownish or yellowish fur, the edges and tip presenting, at the same time, a more or less intense degree of redness. But among the earliest, if not the very first, of the symptoms, is soreness of the throat, which is found to be either considerably inflamed and swollen, or of a dusky hue, with but little swelling; ash-coloured ulcerations being not unfrequently discoverable after a time, though exudations of coagulable lymph, which are still more common, may, on careless examination, be easily mistaken for them. The topical inflammation, however, is rarely, if ever, confined to the organs about the throat, but descends, implicating more or less severely the mucous membrane of the larynx and bronchia, as clearly evinced, not only by the hoarseness, difficulty of breathing, cough, and sense of constriction at the chest, which in some degree display themselves, but by the results of auscultation. There is, besides, sometimes delirium, especially at night, and occasionally some symptoms of coma appear. Nor should it be forgotten that the disease may first be announced by the cutaneous eruption; but this is the exception to the rule, occurring only in the mildest description of cases.*

However provocative of remark this important and interesting part of the subject may be, the length to which this communication has already extended unfortunately forbids its indulgence, and I hasten on to remark upon the remaining topics proposed for a brief consideration here—namely, the sequelæ of the disease. These were rather numerous; but, as most important, I shall content myself in simply adverting, in this place, to the three following:—1. Anasarca; 2. Rheumatism; and 3. Bronchitis and Broncho-pneumonia.

1. *Anasarca*.—Of the different sequelæ mentioned, this, as is usual, was by far the most common. But with regard to the frequency of its occurrence, I am, for reasons already adverted to, quite unable even to hazard a conjecture. Of one thing, however, there can, I think, be little doubt, that in many instances—the great majority, perhaps—it manifested itself under the mildest possible form, thus requiring little, if any, treatment beyond the employment, it might be, of aperients. As to its predominant character, speaking generally, the few memoranda relating to this sequela which I have by me, go very decidedly to show that this was essentially inflammatory—a view which is further borne out by the results of treatment. But the inflammatory nature of scarlatinous anasarca has for a length of time been generally admitted, and acted

* Practice of Physic, vol. i. p. 185, fourth edition.