

Mrs. T—, aged 38, of rather a delicate and weak constitution, the mother of two or three children, in the last stage of pregnancy, and expecting her confinement every day, was attacked with cholera on the 21st of July, 1834, which proved fatal in eighteen hours, although the most prompt and judicious measures were employed by Mr. Murchison, a student at the school of Webb-street, to whose kindness I am indebted for the opportunity of making the *post-mortem* examination, which was done fourteen hours after death, by Mr. Murchison, Mr. Tyson, and myself.

As the friends would allow only a partial dissection, we particularly examined the uterus; and on cutting through the abdominal parietes (which were extremely thin) the peritoneal covering of the uterus appeared more vascular than usual; the muscular coat was rather thinner than natural, and not so firm as it is generally found to be. The uterine veins or sinuses were very large, especially in the immediate neighbourhood of the placenta, towards which they appeared to run, almost like *radii*, from the circumference to the centre of a circle; they all passed longitudinally, and appeared to run for a long distance closely under the lining membrane of the uterus, before presenting their semicircular or oval openings, which were very distinct; and though great caution was used in tracing them, *none* could be found to enter the placenta, nor to pierce the tunica decidua uteri, which was beautifully seen passing behind the placenta. Vessels, apparently arteries as well as veins, of some size (three or four as large as crow-quills), were distinctly seen passing from the uterus into the placenta, directly from without inwards and *vice versa*, and crossing the uterine sinuses almost at right angles. The placenta separated very easily from the uterus, the vessels above alluded to offering but little resistance, the uterine veins offering none.

The mouths of these uterine veins were filled with a sort of duplicature or plug of the deciduous membrane, which was everywhere soft, and in many places quite pulpy.

A full-grown and well-formed male fœtus was found in the uterus. There was no dilatation of the os tincæ.

C. MILLARD.

Dean Street, Southwark,  
July 29, 1834.

## RETENTION OF URINE

SUCCESSFULLY TREATED WITH THE  
TINCTURE OF LYTTA.

To the Editor of THE LANCET.

SIR,—Not having met with any account of a case of retention of urine from atony of the muscular power of the bladder, as being treated with the tincture of lytta, I am induced to submit to your notice the following successful instance. Should you deem the case of sufficient merit, an early insertion of it in your widely-circulated Journal would oblige yours, obediently,

JESSE LEACH,  
Clinical Assistant.

Westminster Hospital,  
July 25th, 1834.

Several objections might be urged against the internal use of lytta, but more especially that in general, if largely given, it produces strangury. The present case affords a good instance of its beneficial effects, without producing that unpleasant concomitant. In some cases treated at this hospital, strangury was brought on before any benefit was derived from the exhibition of the lytta. The acetate of morphia and camphor mixture were given in this case with a view of allaying the spasmodic hysterical paroxysms, which about this period were very violent, and which, shortly after the exhibition of the medicine, ceased.

Ann Gough, æt. 22, of a sallow and bloated appearance, having been for some years, periodically, a martyr to sparing menstruation and hysteria, suffered, about a year previous to the present attack, from retention of urine for four months. She was admitted into Queen's Ward on the 25th of June, 1834, under the care of Dr. Bright, labouring under a violent hysterical paroxysm, which readily yielded to the usual treatment, leaving, as on the previous occasion, a retention of urine, preceded by pain in the back, aggravated by percussion over the third or fourth lumbar vertebræ. The warm-bath, leeches, cupping, and, ultimately, the *ung. ant. tart.*, were had recourse to, without the slightest benefit to the bladder. On June the 29th, she could not void her urine without the aid of the catheter, which was necessarily employed twice a day. On July the 8th, it was determined to give internally the following medicine, in order to excite the bladder, as there was no evident inflammatory action:—

℞ *Tinct. Lyttæ* ʒij; *Acet. Morphiæ* gr. j;  
*Mist. Camph.* ʒviij. Cap. ʒj ter die.

July 10. The hysterical paroxysms have not recurred so violently, but no attempts as yet have been made to pass her urine without the catheter, although she complains of a burning pain in the course of the left ureter and hypogastric region.

12. The burning pain continues, without any tenderness upon pressure.

13. Several unsuccessful attempts were made during the morning to void her urine without the catheter, but she did not succeed till the evening, when the urine was voided with a slight scalding, and possessing an ammoniacal smell, but free from blood.

14. Has had no difficulty in voiding it this morning. The scalding continues.

24. She has perfectly convalesced up to this period, and leaves the hospital this day.

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ON THE USE OF COLCHICUM AUTUMNALE  
IN FLUOR ALBUS.

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*To the Editor of THE LANCET.*

SIR,—May I beg the favour of your inserting the following communication on the use of *colchicum autumnale* in fluor albus, in your very valuable periodical:—

Some years since I was desired to visit a lady labouring under a very complicated assemblage of symptoms, and amongst them an aggravated form of fluor albus. She had a pallid countenance, swollen feet, and a profuse discharge, which various remedies failed to relieve. With a view to treat other symptoms, I prescribed the powdered root of *colchicum*, and during its exhibition the patient remarked that the leucorrhœa and œdema of the feet gradually diminished and finally ceased.

Since that time I have treated a vast number of cases of leucorrhœa with the powdered root of *colchicum*, and I can faithfully add, with an almost invariable success. I commence its use with three grains of the powdered bulb made into a pill with hard soap, to be given three times daily, and I increase the dose to five grains. During the period the patient is taking the *colchicum*, it will be absolutely necessary for her to abstain from every beverage which contains alcohol. Five grains of powdered bulb of *colchicum*, exhibited three times daily, will very generally cure leucorrhœa in ten days. Some cases require its continuance for three weeks, and others for a month. I have several times seen the discharge return after the discontinuance of the medicine, but after further perseverance in its use, I can scarcely recollect a case which

finally resisted its influence. Under the hope that it may be as successful in the hands of other practitioners as it has been in mine, I have the honour to be, Sir, your obedient servant,

GEO. RITTON.

25, Great Charles-st., Mountjoy-sq.,  
Dublin, July 16th, 1834.

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RECORD

OF THE

CONCOURS HELD AT PARIS,

IN JUNE 1834,

*To supply the Vacancy in the Chair of*  
*CLINICAL SURGERY,*

OCCASIONED BY THE DEATH OF BARON  
BOYER.

(Continued from page 634.)

LECTURE OF M. LISFRANC.

(June 28th.)

*First Patient.*—FRACTURE OF THE  
CLAVICLE.

THE first patient examined by M. LISFRANC, was a man thirty-eight years of age, in the Salle St. Vierge, No. 8, Hotel Dieu. He was a mason by trade, and formerly had some affection of the vertebræ; there is also the mark of an old cicatrix in the right groin. Three days ago he was struck on the anterior and superior part of the chest by a large piece of wood, which fell from a second story. There is an erosion of the skin over the coracoid process of the scapula, and tumefaction below the scapula, near its external third. The skin here is marked by several yellow spots, resulting from the absorption of a portion of the blood. (Here a slight digression on the theory of ecchymosis.) There is no induration or fluctuation about the tumefied parts. The patient cannot raise the hand to his head, and the shoulder is brought nearer to the sternum than it should naturally be; this symptom alone is sufficient, without further question, to prove a luxation or fracture of the clavicle. In addition to these symptoms there was mobility of the two portions, and crepitation, with an inequality of surface readily felt by the finger. It is easy, from this account, to diagnose fracture of the clavicle. (Here M. LISFRANC returned to the symptoms, and explained them according to their causes and manner of development.) The fracture is situated at a point of the bone where the