expressed, that prolapsus of the uterus was one of the necessary sequences of ruptured perinæum, a fact which was denied in some quarters when I first wrote upon the subject. I wish to make a few remarks upon those cases where the result was unsatisfactory.

First, the unsuccessful case. This woman deceived me about her age. When she first came under my care, she stated it to be fifty-five, but it was proved afterwards to be sixty-five. Further, it was discovered after the operation that she was in the habit of taking large quantities of opium to alleviate her pain, as well as of drinking large quantities of gin. Had I known these facts before the operation, I should not have performed it. The attack of paralysis with which she was seized whilst in the hospital was an additional proof of her broken-up system. There appeared no vigour or power left in her system. The hæmorrhage which took place further weakened her a good deal, and appeared to come on more from want of coagulating power in the blood than from any particular vessel.

Secondly, the partially successful case. This lady was born without any anus, and an operation was performed soon after birth in order to produce one. It consequently was very deeply retracted, (at least two inches above its normal situation,) and was very small and contracted, as well as irritable. The tendency to prolapse of the bladder was a great disadvantage, and altogether nothing but a strong desire to alleviate somewhat her constant sufferings induced me to attempt an operation. It must further be borne in mind, that the length of time this state had existed had added most materially to the difficulties to be contended with under the peculiar circumstances.

Thirdly, the case of partial relief. This poor woman was in a most miserable condition. Fully two inches of the rectum itself had sloughed away. The permanence of the symptoms of disease in her rectum previous to her confinement showed that there already existed a strong tendency to mischief, which would be aggravated at the time of labour. There was a slight band of superficial perinæum and a few fibres of the sphincter, which appeared to add much to her sufferings, and when I divided them, she was much relieved. It took away the tension of the parts. The entrance into the rectum being closed by an almost cartilaginous ring, which barely allowed the passage of the finger, whilst it showed what Nature under circumstances will do, nevertheless was a further obstacle to relief being obtained. After a most mature consideration of the whole bearings of the case, I determined to divide the sphincter and levator ani muscles from their coccygeal attachments, and I did so by subcutaneous incision, as recommended by Mr. Hilton. This allowed the parts to fall into a more natural position, and relieved their state of tension, as well as allowing the fissures to heal and the parts to become more sound. No ingenuity could do more than this for the poor woman. She expressed herself as having much greater comfort and freedom from pain than she had known for a long period.

It will be seen, that if we add these cases to those formerly published, it makes my present number stand thus: forty-seven cases operated upon, of which forty-two were perfectly and entirely successful, two partially successful, one relieved, one unsuccessful, and one death; or, excluding the case I have just considered, and which cannot fairly be classed with my operation, I show forty-six cases, with forty-two perfect cures, or an average of 91·30 per cent. This per-centage, large as it is, would, I have no doubt, be much increased. It requires very careful dissection merely to take off enough mucous membrane, for the purpose of making a raw surface, without leaving small pouches in the cellular tissue beneath to become the seats of the ulcerative process. Upon the whole, the results are most satisfactory, as showing how one of the most painful and wretched conditions to which females are liable is now entirely under our control, and can with almost certainty be cured.

Connaught-square, Hyde-park, 1857.

THE EPIDEMIC.

By J. PIDDUCK, M.D.

The successful practice of physic depends upon sound pathology, which is deduced not only from morbid anatomy, but also from the causes and symptoms of disease.

The cause of the prevailing epidemic is doubtless atmospheric, though probably telluric in its origin, the emanations

being influenced and rendered poisonous by electric agency. Upon this point all are agreed.

The symptoms, the most important part of the pathology, as coming more immediately under the cognizance of our senses and observation, are distinctly those which result from the action of a morbid poison. The first or premonitory symptom is epigastric irritation—a dull, depressing pain, with a sense of fullness and soreness, in the stomach and bowels. This is followed by nausea, vomiting, and purging, or *bilious diarrhœa*. If this evacuation of bile by a natural effort be restrained, by stimulants, sedatives, or astringents, bile ceases to be poured out, and the natural efforts continuing, only serous evacuations are passed, constituting the *serous diarrhœa*.

To assert that diarrhœa and cholera are only well-marked stages of the same disease is not quite correct; it is the presence or absence of bile in the evacuations which constitutes the essential difference between them. So long as bile continues to be present in the stools the case is one of simple diarrhœa, and, if uncomplicated, unattended with danger; but when the diarrhœa ceases to be *bilious* and becomes *serous*, the case is eminently dangerous.

What is the condition of the alimentary canal which occasions this marked difference? The answer is supplied by the morbid anatomy of the disease. In the inspection of fatal cases, two most important facts are revealed: a congested state of the mucous membrane of the stomach and duodenum, and a distended state of the gall bladder. That these two states stand in the relation of cause and effect there cannot exist a rational doubt. The congested condition of the mucous membrane lining the duodenum closes the orifice of the bile duct, and prevents the flow of bile.

If this pathological statement of the epidemic be correct, the methods of treating the disease in its invasion by astringents, by stimulants, and by sedatives, on the one hand, and by large and repeated doses of calomel or castor oil—not to mention croton oil and violent drastic purgatives, which is now pretty nearly exploded—on the other, must be equally unphilosophical and dangerous. One danger arises from converting a bilious into a serous diarrhœa; another, from converting a case of diarrhœa into one of bilious typhoid fever. That the same poison which is the cause of diarrhœa is also the cause of bilious typhoid fever, is evident from the fact that cases of both are always rife at the same time, and that the one is convertible into the other by a sudden arrest of the diarrhœa, by which the poison is allowed to enter the blood.

Treatment.—The indications of cure in aid of the natural efforts are, first to dilute, and then to expel the poison. The best diluent is that prescribed by Sydenham—thin meat broth, drank copiously in bed. The safest aperient, and which has answered in a multitude of cases, is half a grain of calomel and three grains of rhubarb, in a pill, taken immediately after the broth, and followed in three hours by three drachms of castor oil.

In the premonitory stage, this method of cure prevents the access of diarrhœa by at once expelling the poison; and if diarrhœa have already supervened, it serves to carry off the poison and also the bile, which is poured out profusely for its expulsion.

But if the bilious diarrhœa should have been arrested, and should not recur, the case assumes one of two forms equally dangerous—serous diarrhœa or typhoid fever.

In cases of serous diarrhœa, the indications of cure are, to remove the congested state of the mucous membrane lining the stomach and duodenum, and to restore the evacuation of bile. To remove the congested state of the mucous membrane, cooling salines, cold drinks, and cold applications to the epigastrium, with warmth to the biliary extremities. To restore the evacuation, the calomel-and-rhubarb pill answers better than more active aperients.

In the treatment of the typhoid fever, since the disease, when once fully formed, runs a definite course, the object is to conduct the patient through its several stages in safety, by meeting dangerous symptoms as they arise, taking care not to arrest the attendant diarrhœa, only to restrain its excess.

This brief statement is the result of a careful observance of every return of the epidemic from its first appearance in 1831-2 to the present time, a period of twenty-five years, during which I have had extensive opportunities, in private and dispensary practice, of testing the truth of the pathology and the success of the practice. The motto to guide us in the treatment of this and every other epidemic is, *obsta principiis*. If the golden opportunity be lost, or the case be mismanaged at the outset, it quickly assumes a formidable aspect, and becomes extremely difficult of cure.

Montague-street, 1 loomsbury, Aug. 1857.