From the writers of the Arabian school, Avicenna and Rhazes,* I shall not quote, as the substance of their remarks has been anticipated in the passages which I have cited above.

These, though interesting, and, as far as they go, not incorrect, do not evince any great extent or accuracy of observation: they seem to imply that the attention of the writers had been awakened by the singularity of the phenomena rather than rivetted by their frequency.

The truth is, that lead was in very little use amongst the ancients. Their reservoirs of water were of marble and cement; their domestic utensils, when not of their own inimitable pottery, were of copper, with its various compounds, (which they early learnt to line with tin,) or of metals yet more precious. In decorative painting, their pure atmosphere encouraged the use of fresco, in which the oxides of lead, so essential in oil-painting, might be readily dispensed with. The extensive use of lead-piping alluded to by Horace,† as well as by Vitruvius (*ut supra*), would doubtless bring into more notice a certain class of morbid effects, and the entire silence of Celsus as to these is probably owing to his having followed Greek authorities. Still, had the medical profession of the present day no stronger motive for the close investigation of this subject than their predecessors under the Cæsars, it would have little of practical utility to recommend it to an assembly like the present. But, unhappily, the victims of that poisonous agency which in days of yore was but suspected or casually remarked, are now to be numbered by hundreds—nay, thousands—in all classes, and especially among the artisans of several trades hereafter to be particularized.

It is a fact now so clearly understood as to become familiar, that when lead, whether in fumes or in powder, is diffused in the atmosphere, it may be absorbed into the system. After a variable period of exposure to its influence, an impairment of some of the functions of the body becomes manifest by certain signs and symptoms. The effects of the imbibed poison are by no means constant: different individuals are affected in dissimilar ways. In one colic will be the result, in another paralysis; in a third the effect may be merely anomalous pains in the limbs or in the body, which without the history of the case might seem obscure in their origin and nature; in a fourth, the morbid influence may be manifest in the form of epilepsy or convulsions, and a modification of the paralysis is sometimes found in the forms of amaurosis and deafness. These several varieties have been separated by the French into distinct forms of disease, for each of which they have elaborated a high-sounding designation, such as "arthralgia," "encephalopathic," &c.

All these various results of the action of lead may, however, be set up in different individuals under the same identical circumstances, labouring in the same workshop, and exposed to the same deleterious influences. It is more reasonable, consequently, to regard them as a series of symptoms developed differently, according to the peculiarity of individual constitution or of the especial mode of absorption of the poison. The classification will be more convenient, as well as more efficient for the purposes of treatment, if we divide the subject into the two leading forms of Colic and Paralysis. Colic has usually been called the acute, and paralysis the chronic form; but I have considerable doubt of the accuracy of this distinction. There are well-recorded instances of paralysis being set up after a very short period of exposure to the noxious influence, without any intervention of colic, while, on the other hand, long-continued and frequently-repeated attacks of colic occur without paralysis supervening. Colic is undoubtedly the form of most frequent occurrence, and that with which practitioners are most familiar, especially in this country. Happily, also, it is the form which is the most amenable to treatment—indeed, so manageable that it is rarely fatal.

(To be continued.)

* Avicenna, vol. 5, Fen. 6, Quarti; Tract. 1, cap. 4, 5. Rhazes, lib. 8, cap. 41.

† "Purior in vicis aqua tendit rumpere plumbum,
Quam quæ per pronum trepidat cum murmure rivum?"
L. i., Epist. 10.

Or by Francis—

"Is water purer from the bursting lead,
Than gently murmuring down its native bed?"

ON TWO CASES OF OVARIAN ABSCESS.

WITH REMARKS.

By T. H. TANNER, M.D., L.R.C.P.

IN July, 1849, a poor woman, forty-four years of age, the mother of three children, the youngest eighteen months old, came under my care at the Farringdon General Dispensary, suffering from the symptoms to be presently mentioned. Her history was, that seven weeks previously she was kicked by her husband over the lower part of the abdomen, which gave rise to so much sickness and suffering, that she was obliged to remain in bed for two days. The pain then diminished, but returned with increased severity, accompanied with rigors, at the end of a fortnight, when her catamenia appeared, though more scantily than usual. She had some medicine from the parish surgeon, which gave her relief, and she was enabled to continue doing her household work, until the following monthly period, when she became much worse, complaining especially of acute pain at the bottom of her abdomen and towards the left side, of lancinating pains down the thigh of the same side, and of inability to keep any food, &c. upon her stomach. The menstrual flow was very scanty, and ceased five days ago.

On examining the abdomen, I found it swollen, tympanitic, and tender on pressure, especially in the left iliac region, on pressing into which, a tumour, about the size of an orange, could be felt. On examining per vaginam, this swelling could be more distinctly felt on the left side of the uterus; it appeared rather moveable, that is to say, as if it could be pushed upwards, and on pressure an indistinct sensation of fluctuation was communicated to the finger. The cervix uteri was healthy. Her bowels were costive, and she experienced much pain on going to stool, and was never free from "bearing-down pains."

My diagnosis was, that the left ovary was enlarged, and that suppuration had probably taken place. As there were no indications for immediate local treatment, and as the woman was exceedingly weak, I ordered her tonics and nourishment, and directed her to keep as quiet as possible. This treatment was continued until the morning of the 12th of August, when I was suddenly called to visit her, as she was said to be dying.

On my arrival I found that she had rallied, and learnt from her that the catamenia had appeared on the previous evening, that the flow was rather more abundant than it had been on the previous occasion, and attended with less pain until this morning, when, on getting out of bed, she felt something give way in her stomach, and became very faint. Feeling a strong desire to go to stool shortly afterwards, she did so, and passed about half a pint of unhealthy-looking pus mixed with a little blood. She had felt easier since taking some hot gin-and-water. On examining the abdomen, the tumour could not be felt in its usual situation; but as pressure gave her pain, and caused a sensation of sickness, it was only employed with gentleness.

The further progress of this case was very satisfactory; although much depressed by a troublesome attack of diarrhoea, yet, as she was fortunately able to obtain nourishing food, and had a good appetite, she gradually gained strength, and at the end of three months was quite well. I should mention that she continued to pass small quantities of pus with her stools for some time after the first discharge, and that she always felt much relief on doing so. On examining the abdomen at the end of the three months, no swelling nor enlargement whatever could be felt; but on making a vaginal examination, a slight hardness could be felt at the left side of the uterus, pressure on which gave a little pain.

Before making any remarks on the peculiar features of this case, it will be better to relate the second example of the same disease which has come under my notice, but which unfortunately has terminated in a very different manner. On the evening of the 28th January, 1852, I was hastily summoned to a lady who had been under my care for about two months, suffering from incomplete hemiplegia of the left side of the body, attended with great debility. I was unable to attend for about an hour, and on my arrival found her propped up in bed, excessively prostrated, body and extremities cold, and covered with a clammy sweat, and with a pulse scarcely perceptible; she was gasping and crying out with agony, and appeared to have her sufferings increased on touching her abdomen, to which she pointed as the seat of her pains; while her countenance was distorted, and bore a peculiar expression strongly indicative of approaching death. She appeared, in

ESSAY ON HYDROPHOBIA.—It will be seen, by an advertisement in this day's LANCET, that the sum of £50 is offered for the best essay on Hydrophobia, its Nature and Treatment.

fact, to be suffering from all the symptoms of rupture of the urinary bladder, or of the intestines. She was unable to lie down, owing to the difficulty with which the respirations were performed, the bronchi being choked with mucus. Brandy in large quantities was administered, heat applied to the extremities, and fomentations and mustard cataplasms to the abdomen and chest; while, as a measure of precaution, a catheter was introduced into the bladder, and a small quantity of urine withdrawn. A draught of Battley's solution and ether in camphor mixture was also given, and she was enabled shortly to utter a few words to her husband, to the effect that she was dying. Such appeared to be the case; but as I could not satisfactorily or with certainty account for the symptoms, I determined to keep her alive, if possible, by the administration of brandy, &c., and in about an hour was much pleased at finding the pulse more perceptible, and a slight return of warmth in the extremities. To avoid being tedious, I may say that she gradually rallied, though not to any great extent, and that when I left her, at the end of twelve hours, she was comparatively free from pain; her pulse was distinct, although too quick to be counted, and she expressed herself as being much better. She had brandy frequently during the night, and altogether about a drachm and a half of Battley's solution of opium.

I subsequently endeavoured to get the system under the influence of mercury, at the same time supporting the strength, as she was exceedingly depressed. The stomach was so irritable that only the smallest quantities of fluids could be retained at one time, occasional draughts of champagne appearing to agree the best, as well as proving very refreshing; while lumps of Wenham Lake ice were employed to allay the urgent thirst. It was necessary also to continue the use of the opium, for as soon as its effects went off, the suffering returned, accompanied by pains resembling those of labour. The catamenia were present, but were very scanty.

On the morning of the 31st January, the pains recommenced, and, from the depressed condition of the patient, were badly borne. As the pupils were contracted from the effects of the opium, I thought it unwise to continue the use of this drug; and being strongly entreated to give relief by some means or other, I determined to have recourse to the vapour of chloroform, and accordingly did so with a most beneficial effect. The influence of this agent was kept up for some hours, not to such a degree as to deprive the patient of consciousness, but sufficiently to annul the pain; relief was also experienced from applying a rag saturated with it over the abdomen. However, although the pains were mitigated, it became quite clear that the case was becoming hopeless, and that she was sinking; and after remaining free from pain for some time, she gradually became more exhausted, and died on the evening of the 1st February, about ninety-six hours from the commencement of the attack.

Sixteen hours after death, I made an examination of the abdomen, on opening which, marks of inflammation extending over a great part of the peritonæum were visible, a large extent of it being congested and thickened, especially that portion which lines the lower part of the abdominal walls, and is reflected thence over the bladder and uterus to the rectum.

There was a small quantity of sero-purulent fluid in the iliac fossæ, and slight shreds of coagulable lymph connected the rectum and uterus, the uterus and bladder. The right ovary appeared to consist of a cyst, as if suppuration had taken place in its substance; its walls were collapsed, and it was slightly glued to the intestines and surrounding parts by lymph, especially to the right Fallopian tube, which was matted to it. The cyst, when full, must have been about the size of a hen's egg; it had discharged its contents into the peritonæum through a small ulcerated opening. The left ovary was turgid and vascular; there was no appearance of any Graafian follicle having burst, although one was fully developed, and projected from the surface; it was filled with fluid, but no ovum could be discovered. The Fallopian tube of this side was vascular; its fimbriated extremity was free; it was pervious through its whole extent, and contained mucus. The uterus was enlarged to at least double its natural size, and its fundus was covered with a semi-fluid, glutinous coating; on opening it, it was found congested, and its cavity contained a small quantity of fluid blood. The cervix uteri was enlarged and indurated, the os had assumed the form of a transverse fissure, and both the lips were ulcerated and lobulated, as if they had been lacerated some time previously. The ulcerated surface extended about half an inch up the cavity of the cervix.

The remaining organs in the abdomen were healthy, with the exception of the liver, which was enlarged, and covered

with a large number of minute tubercles. The other cavities of the body were not examined, in deference to the wishes of the friends.

I should mention that this lady was about forty-two years of age, that she had had ten or eleven children, and that her last labour, which was a severe one, took place fourteen months ago. Since this period she had been hemiplegic on the left half of the body, and had suffered from great debility. Her catamenia were regular, and were present at the time of this attack; she also suffered from leucorrhœa. No ovarian tumour was discovered during life, as she never complained of any symptoms which could lead me to suspect the existence of one, prior to the bursting of the abscess. She suffered occasionally from a dull, burning, aching pain at the lower part of the abdomen; but as it appeared to be slight, and as she was rather hysterical, I did not pay much attention to it. She had long been in a very low and depressed state of health, and the adoption of any lowering measures would, I doubt not, have been immediately fatal.

Remarks.—I have thought these cases worthy of record, partly on account of their general interest, and partly because they help to prove that inflammation of the uterine appendages, and its consequences, (as enlargement, induration, and abscess,) are by no means as uncommon in the non-puerperal state as was at one time considered. The erroneous nature of such an opinion has, however, been previously pointed out, especially by Dr. Bennett.

As regards the first of these cases, it is of course impossible to say whether the abscess was situated in the broad ligament, the Fallopian tube, or the ovary of the left side; or whether it may not have been in the cellular tissue of the pelvis. I can hardly give my reasons for having diagnosed that the ovary was the organ affected, although such was the opinion come to after a careful examination. Had the abscess, however, been situated in the pelvic cellular tissue, it is probable that it would have been less circumscribed, and certainly less moveable. Its cause, no doubt, was the blow received seven weeks previously, by which acute inflammation was set up. Had advice been sought at that time, and proper treatment adopted, the formation of pus might have been prevented, cases of ovaritis being as amenable to treatment as inflammation of most other internal organs.

In looking for a cause in the second case, we find much more obscurity, there never having been, as far as it can be ascertained, any symptoms of acute inflammation of the affected organ. It appears by no means improbable, however, that the chronic inflammation and ulceration of the cervix uteri, which I am inclined to think had existed for some months, may have given rise to ovaritis, ending in suppuration; though at the same time it must be remembered that the causes of these abscesses are numerous.

The evacuation of the contents of these tumours—the one emptying itself into the bowel, the other into the cavity of the peritonæum—is by no means that termination which most frequently occurs. As is well known, abscesses of the uterine appendages may open into the vagina, uterus, bladder, intestinal canal, surrounding cellular tissue, peritonæum, or externally; of these, the most frequent, as well as the most favourable, is that into the vagina; the next in frequency, that externally. Of nine cases related by Dr. Lever,* six opened into the vagina, two externally, and one, first externally and then into the bowel. The external opening usually takes place in one of the inguinal regions.

The last point worthy of notice, is the fact of these abscesses giving way at the menstrual periods—a fact which can only be explained by the increased excitement of, and the greater flow of blood to, the uterine organs at this period.

In reviewing and reflecting upon these cases, the questions naturally arise—Could any other plan of treatment have been adopted? or, supposing similar instances again to occur, should anything further be attempted? I am inclined to reply in the negative, not only from looking at the evidence in these examples, but also from the general nature and course of diseases of the uterine organs, feeling convinced that irreparable mischief is often done by too much local interference. As a general rule, in these particular cases, Nature is the best physician; and although she may sometimes err, (so to speak,) as in the last instance, still our limited powers could not direct her aright.

Charlotte-street, Bedford-square, 1852.

* Guy's Hospital Reports, 1844.

BATH UNITED HOSPITAL. — On the 29th ultimo Dr. H. F. A. Goodridge was elected physician to this hospital, vice Dr. C. H. Clarke, resigned.