with great pain during menstruation. The pathology of these cases of dysmenorrhœa is doubtless very obscure, because in such cases post-mortem examinations are extremely rare: but if in some of our hospital museums you compare the womb of women who were affected with the form of dysmenorrhœa, with the womb of women who died during menstruation, you will in general find that when the mucous membrane of the womb was in the habit of exfoliating its internal cavity was much larger than usual, and the mucous membrane much more injected.

The mucous membrane of the body of the womb is sometimes affected with a variety of subacute inflammation which might be termed *hæmorrhagic*, inasmuch as the sanguineous discharge by which it is attended constitutes its chief symptom and danger. The following case will illustrate this variety:—

Eliza B—, admitted to the Farringdon Dispensary Nov. 21st, 1851; was twenty-three years of age; of middling stature and size; looks delicate, and has been so from childhood. The menstrual function began at fifteen, after three years of continued headache, giddiness, and drowsiness. The flow on its first appearance was very abundant, and returned once again at the regular time. Although the daughter of a major, she brought endless trouble on herself by marrying a workman, by whom she had a child at sixteen and three months, and three more children since then. She always weaned her children at nine months, because she felt weak; but she never menstruated until about twelve months after parturition, and then, in consequence of some fright or domestic altercation, after the appearance of which flow she has always fallen pregnant. She is always delirious after confinements, but makes good recoveries. When first admitted a patient, she was suckling a child four months old, and was suffering from mild hysterical symptoms, which were soon subdued.

On the 28th of April, 1852, she returned with an attack of menorrhagia, which yielded to cold aluminated applications and to the internal exhibition of acetate of lead.

In May there was slight leucorrhœa, burning pain in the back and in the left ovarian region; the patient felt a swelling there—I could not; but on making a digital examination, the body and neck of the womb was uniformly tender, but no lesion could be seen in the neck of the womb. I ordered alum injections and mercurial inunctions to the ovarian region; sedatives, opiate enemata; and the bowels were kept open by small quantities of sulphur and borax.

June 16th.—The same symptoms persisted; the neck of the womb was more congested. I painted it internally with nitrate of silver, in hopes of modifying some morbid condition which might remain unseen high up in the cavity of the neck. This was repeated every week several times without ill effects.

July 14th.—Flooding returned, and resisted cold applications and the injection of a solution of acetate of lead, as well as its internal exhibition. It was at last checked by ten grains of ergot of rye three times a day; when no blood came away, a serous fluid did; but this did not come from the vagina—that was seen to be healthy; it did not come from the neck of the womb, for the absence of pain on lateral pressure showed it was not diseased, and when chronically inflamed the secretions of that part are viscous. The uterine sound entered freely, and seemed to move on a smooth surface of an enlarged uterus. I left off the application of caustic, as it was no longer indicated; and as the liver was out of order, I gave blue pill, and ordered inunctions with mercurial ointment to the lower part of the stomach.

In September salivation came on; the sero-sanguinolent flow suddenly stopped, and she became delirious. The next day the discharge came from the womb, at first sero-purulent, then bloody, and then again sero-purulent with flakes of coagulated mucus described as “skins.” Saline draughts, opiate injections and applications, iodide of lead ointment to the abdomen, were then had recourse to, to allay the abdominal pain. During this time the strength of the patient diminished; but little emaciation had taken place, although, even when the patient was not feverish, scarcely any food was taken or sleep enjoyed. Hysterical attacks became more and more violent, and for a few months it was necessary to remove the urine every day. Active uterine treatment was out of the question, for if, while the patient was lying quietly in bed, a digital examination was made, she would go off in an hysterical attack so soon as the finger touched the womb. Tonics and steel were given, and acetate of morphine.

About February, 1853, Dr. Bennet saw the patient with me, and we agreed on the urgency of pushing the exhibition of morphine to saturation point. For several weeks the patient took from two to three grains of acetate of morphine daily, at

first without any appreciable result, then the pains in the hypogastric region gradually abated, and some time after sleep was induced. The dose of morphine was then diminished.

After the uterine discharge had lasted for more than twelve months, sometimes as a flooding, at others to a trifling amount, it ceased towards the end of August, and about the same time the patient brought up a considerable quantity of blood from the lungs; and notwithstanding repeated hæmorrhage to a less amount, she had all the appearance of health, and was able to keep a day-school.

In October menstruation returned, being attended by great pain and a clotty discharge. Thus a highly nervous temperament, early marriage, repeated pregnancies, were the predisposing causes of a complaint for which it is impossible to trace a determining cause. She was often despaired of, and the cure is perhaps to be attributed as much to nature as to art. Although cured, the patient's constitution remains unaltered, and she is liable to relapses from over-work and over-excitement.

I have seen several cases more or less resembling this, in which long continued hæmorrhage was the principal symptom of a low type of internal metritis. One is related at page 387 of Dr. Hennen's translation of Boivin and Dagis. Light is thrown on such cases by one observed by Dr. Mackenzie, in which the uterus being inverted, the effects of stimuli on its internal surface could be demonstrated. The irritation of this surface was always followed by a sanguineous discharge.

York-street, Portman-square.

(To be concluded.)

A CASE OF FRACTURE OF THE BONES OF THE PELVIS.

By W. WOOD BRADSHAW, D.C.L., M.D., &c.

WILLIAM B—, gardener, of Amersham, Bucks, a steady, sober, and apparently healthy man, on the 13th of October last fell from a tree to the ground, a distance of forty feet, without breaking his fall, and pitched, according to his own showing, between the ilium and sacrum. He was speechless for a few minutes after the fall, beyond that there does not appear to have been any symptoms of concussion of the brain, as he recovered perfect self-possession. When first seen by Mr. Gray, surgeon, of Amersham, early after the accident, there was great pain about the crista of the ilium and on the inside of the femur, which abated the following day. He did not exhibit the exhaustion which might have been expected immediately upon so great a shock. Twelve leeches were applied on the day of the accident to the seats of pain, and some repeated on the following day. On the second and third day after the fall—viz., 14th and 15th, it was found necessary to employ the use of the catheter to empty the bladder. On the third and following days, vomiting was set up, and everything he took was ejected from the stomach with large quantities of fluid resembling that in cases of hæmatemesis. There was a general collapse from the time of the accident, but greatest during the paroxysms of vomiting, though never to an extreme. He was supported by beef-tea enemata; ammonia was administered, but speedily ejected by the stomach. The bowels being torpid were called into action by saline and aloetic purges, assisted by castor oil enemata; afterwards the castor oil was taken by the mouth. He continued in this state up to the 22nd, when it was found necessary again to use the catheter to draw off the contents of the bladder, this however happened but once. On the 23rd, icterus made its appearance, and increased to a deep tinge of the skin, which began to abate in intensity on the 25th, at which time the parotid glands began to enlarge, and no secretion could be discovered to pass from them into the mouth. There was sense of suffocation, and extreme difficulty of deglutition; the tongue and fauces were covered with a brown, leather-like crust, of much density; there was partial paralysis of the left limb, the side on which he sustained the fall; a crepitus of the bones of the pelvis could be distinctly felt, with some pain in the perinæum, he did not, however, suffer much from pain; there was sleeplessness, which was overcome by the hydrochlorate of morphia; and on one occasion this remedy appeared to have a good effect upon the irritable state of the stomach by being administered in beef-tea enemata, thereby allaying sickness; the pulse was slow and feeble, and did not become accelerated until after the appearance of jaundice. He was delirious during the first few days, while the sickness continued and remitted during the last.

On the fifth day after the accident, I visited him in consul-

tation with Mr. Gray. His symptoms were violent hiccough and vomiting; heart feeble; pulse scarcely perceptible; tympanitic and tender abdomen; very restless, with feelings of fright; tenderness to the touch over the duodenal cavity and about the cholemic duct; extremities cold. To stop sickness, cinnamon oil was administered with success, followed by the oxide of silver to sustain a tone of stomach for the retention of nutriment; this plan succeeded, stimulating cataplasms were applied to the regions of the heart and stomach, with heat to the extremities and body generally. He rallied on the following day, and was able to retain nourishment on the stomach. He continued to fluctuate in symptoms when I saw him again with Mr. Gray seven days after my first visit; he was then supposed to be rapidly sinking. The surface of the body cold; pulse sinking; large quantities of gas passing involuntarily from the rectum; thirst distressing, and difficulty of swallowing increased; the heart conveying to the ear a sound of fluttering; tenderness over the region of the bladder; the volume of urine increased but nearly colourless; the parotids swollen to an enormous size, without pain, and the tongue increased in volume; there was a numbness at the back of the neck, with an uneasy sensation stealing round the head; the chest was ecchymosed, but the bones sound; the left leg, the side of the fall, was drawn up several inches; the extremities deathly cold. Several days having elapsed without the appearance of bilious excretions, it was deemed necessary to attempt to rouse the liver, and induce the peristaltic action of the small intestines by mercurial action, and although this treatment would have been incompatible in an earlier stage with the oxide of silver, it was now employed as a *dernier ressort*. Every means, however, to accomplish this end failed, and the pulse continued to sink, notwithstanding that the efforts made to retain reaction, when once gained, were sedulously resorted to. The feelings of alarm, amounting to fright, increased. The intellect was perfectly free, and consciousness entire at intervals.

Diagnosis.—Fracture of the bones of the pelvis, which were driven from their point of approximation; injury to the spinal and cervical nerves, the second cervicals being paralyzed; lesion of the duodenum or common cholemic duct; the heart bloodless.

Prognosis.—From the constant drooping of the vital energies after each attempt at reaction, and the total absence of physical capability, the hope of his recovery was altogether abandoned; and it being now only a question of time, we daily expected his death.

From the time of my first visit to that of the second and up to his death, I received at intervals the following reports from Mr. Grey, whose skill and unremitting attention to this case cannot be too highly appreciated:—

“October 20th.—I am glad to say since you left, B— has remained free from sickness and hiccough, and the pulse maintains its strength, indeed increases a little. (This was under the use of the cinnamon oil and oxide of silver.) But you will not be surprised to learn that some delirium came on yesterday afternoon, and although he is not entirely free from it to-day, it does not attract the notice of his attendants. He has had two short sleeps since yesterday—about ten minutes at one time, and half an hour at another. Takes nourishment sufficiently, but with too much avidity; passes urine well, and the abdomen is as when you left. Took a dose of castor oil this morning, to be repeated this afternoon if required, and, if necessary, I purpose giving him an enema. A sensation of heat in his head is relieved by cold lotion.”

“22nd.—The patient is going on as well as time and circumstances will permit, only now a little difference in his natural manner. The pulse retains sufficient tone, ranging between 80 and 90. Has occasional slight flushes, and to-day a light, yellow tinge of the skin. Takes sufficient nutriment, and has had two good nights by the aid of morphia.”

“25th.—The tinge of yellow has proceeded to complete jaundice; urine deeply loaded; faeces devoid of bile; bladder emptied by the catheter, only required once. The pain felt in the left side of the neck attacked the right yesterday and to-day. Since this morning there has suddenly risen considerable glandular swelling at both angles of the jaw without much pain; pulse raised to near 100; has good nights with the morphia; takes sufficient nourishment; took a glass of sherry wine mixed with his food; bears the necessary movements in bed very well; does not complain of abdomen or pelvis, indeed he lies for the most part like a patient with low fever, and his tongue is dry and brownish; no return of delirium, sickness, or hiccough, but sometimes palpitation and pain in that region. Has continued the oxide of silver.”

“28th.—The patient expired this morning at five o'clock.

His symptoms continued the same as when you saw him, rising and falling, answering frequently to the diffusible stimulants. Nothing passed the bowels till the period of death arrived; delirium was persistent for the last forty hours; the pupils were rather dilated, but he did not complain of pain anywhere. He died quietly, without a convulsion.”

Post-mortem examination.—Intestines distended; pelvis completely divided into two parts, being separated from the sacrum of the left side and at the symphysis pubis, so that after the section of the integuments, all the fingers could be placed into each fracture; bladder uninjured; no internal hæmorrhage; great extravasations behind the peritoneum, and throughout the internal lumbar and dorsal muscles, from the pelvis to the left side of the spine, so as to make the dissection of the parts very easy with the fingers. Tracing from the pylorus through the duodenum into the other intestines, there was no obstruction; the aliment he had taken was diffused through the canal; gall bladder greatly distended with most viscid black bile; ductus communis choledocus impervious, except by very hard pressure, which made the bile to ooze out; liver healthy, but its upper surface firmly attached to the diaphragm by old adhesions; chest: old adhesions of the right lung to the pleura costalis universally, but its structure sound; in the left side of the chest there was about half a pint of bloody serum, but the lung itself was healthy and collapsed; pericardium no effusion; heart pale, flaccid, and entirely bloodless; the valves all natural without ossific deposit; the head and neck were not examined.

My colleague in this case is of opinion that the heart was in an incipient state of atrophy, which explained the feebleness of its action, and that it must have been pre-existent to the accident, and had he lived, would soon have shown symptoms. The shock sustained by the nervous system in this case, in the broad acceptation of that term, does not appear enough to account for the symptoms presented, and under which he sunk, seeing that the several reactions had followed the remedies employed with that view, after which a gradual sinking of the action of the heart invariably followed until the reverse could be no longer sustained. It is clear that some more important local injury had happened in the nervous economy, whether by laceration of the spinal nerves, shock to the medulla or base of the brain, it is difficult to determine, as it is possible to conceive that if either of these had been the cause, there would have been more marked symptoms of such lesions during life, especially as the case remained fifteen days from that of the accident, with long-continued and entire uses of the faculties of the brain. It is much to be regretted that an examination of the head after death did not take place, as it is possible that some injury to its contents might have thrown a light upon the more prominent symptoms.

Portland-place, Reading, Nov. 1853.

CASE OF CONGENITAL HERNIA:

STRANGULATION; OPERATION; DEATH.

By JOSEPH MULREANY, M.D.

J. B—, aged thirty-three; chest and upper extremities well formed; pelvis and lower extremities badly developed, and walked with a lateral motion of the body, as if alternately to relieve the legs. One of his brothers has a reducible rupture. This man came to me on a Saturday to have a truss adapted. On examination, I found a right inguinal hernia extending into the scrotum, but not of large size. After some manipulation, I could not get the contents of the sac so satisfactorily restored as to warrant me in giving him a truss. Being hurried at the time, and learning from the patient that the rupture had existed from his youth, I directed him to return in a day or two, when I should have more leisure to see what could be done. He, notwithstanding, procured a truss, and put it on. The Saturday following, eight days from that on which I first saw him, his brother came for me, stating that I should not find B— living by the time I got to his house. They resided six miles off. Upon visiting the man, I found him labouring under the symptoms of strangulated hernia, which had been coming on for two days previously. I at once conceived that the pressure of the truss had brought on adhesive inflammation, and converted what had been a harmless, reducible, or at most irreducible, rupture into an incarcerated hernia. Temperature low; pulse frequent, small; considerable thirst; vomiting; bowels obstinately confined; abdomen greatly distended and tympanitic. He had had, previously to my arrival, two doses of castor oil, an ounce each, which he had thrown off. I bled him to about twelve or sixteen ounces,