bled several times, and leeches were applied to the neck of the womb.

After two months of treatment the inflammatory state of the womb subsided, but the ovarian swelling was still the same. As the patient could bear no further loss of blood, two drachms of mercurial ointment were ordered to be rubbed over the tumour, and calomel and extract of cicuta were given internally. In a month from this time the patient was cured, and has not since suffered from ovarian pain or swelling.

We have already seen that these cases are of rare occurrence, and have pointed out the roads by which the pus escapes, showing, at the same time, that the most frequent and least dangerous mode of elimination of the pus is through the vagina. From the observation of this fact to our attempting to imitate the process by which Nature has often brought about a cure, there should be but one step. Practitioners of former times were obliged to found their diagnosis of pelvic tumours on rational symptoms only, as they were not possessed of those improved modes of exploring the deep-seated abdominal viscera which we have carefully detailed; and therefore they were prepared to let these tumours take their own course, and open spontaneously, which we must allow was sometimes done with impunity, even after the prolonged retention of pus in the system. Thus, Lassus relates the case of a woman, who for several years had a hard, voluminous tumour in the abdomen. The abdominal pains became excessive, and the patient's death was supposed to be imminent, when she suddenly voided a great quantity of pus through the vagina. The pain vanished, the abdomen returned to its natural size, and the patient was soon restored to health.—(*Lassus, Path. Chir.*, t. i. p. 138.) Marjolin also describes a perfectly similar case. (*Dic. de Méd.*, Art. Kyste.)

The thickness of the parietes of the abscess may be such as to delay its spontaneous opening for a long time. It may thus acquire a large size, and predispose the patient to peritonitis, by extension of the inflammation, as well as by the continued presence of a large quantity of pus in the system; there is here also a greater chance of its perforating the peritonæum, and causing mortal peritonitis. Even when the perforation fortunately takes place through the skin or a mucous membrane, it will seldom take place until too much mischief has occurred, by extensive inflammation in the adjoining organs and cellular tissue, for the constitution to be benefited by the result; while, at the same time, prolonged sickness, hectic fever, and subsequently protracted suppuration and permanent fistula, reduce the patient to the most frightful state of marasmus. It often happens that the spontaneous opening of the abscess is not effected in the most favourable situation for voiding the pus, and thus a vitiated fluid is allowed to remain in the *cul de sac*, causing inflammation of the surface of the cyst, which may be followed by symptoms of its absorption. Should the abscess communicate with the bladder or the intestines, the contents of these viscera may penetrate into the ovarian abscess, causing symptoms which are afterwards explained by the post-mortem examination. Thus in two cases where matter was found in ovarian tumours, death supervened upon diarrhoea, the existence of which, without being satisfactorily explained, lasted a year. The issue of the pus may also occur in an intermittent manner: thus Chomel mentions, in his lectures, that two of his patients experienced every two or three months a swelling in the iliac region, and then passed a considerable quantity of pus by the vagina. One had been in this state for two years, the other for eight. If, instead of leaving the opening of pelvic tumours to Nature, the surgeon, as soon as fluctuation becomes manifest, opens them with all due precaution at the place where they point, and whence, consequently, the pus can easily flow, the patient is immediately relieved from the pain arising from the inflammatory distention of the cavity, and from many other dangers we have already enumerated. Loss of strength being thus prevented, the patient has a better chance of recovering from the complaint, for it stands to reason that the small opening thus made has a greater tendency to heal than the rugged lips of a spontaneous and ulcerated opening. Chronic inflammation of the neck of the womb, of the vagina, the rectum, and the bladder, the results of the continual passage of pus on the mucous membranes of these parts, is also generally avoided by this artificial opening; no doubt from the tumour's collapsing, and its sides speedily adhering, and thus healing without fistula. By opening these tumours in that portion of their extent accessible to the surgeon, we have also the great advantage of being able to inject various liquids into their cavities, whether our object in so doing be to remove the fœtidness of the secretion, or, by keeping them full, to preclude the entrance of air.

If there exist cases where it is quite natural that practitioners should differ in opinion, there are also others where there is no room for dispute; such as where the development of a pelvic tumour does not allow of parturition taking place. Park, Merriman, and Velpeau have published cases wherein they found it necessary to perform an operation, when the life of both mother and child depended upon it, and the same cogent reasons have determined many eminent practitioners to advise the opening of these tumours as soon as fluctuation becomes manifest. Bossu and Martin de Bordeaux have successfully followed this plan in circumscribed abscesses of the peritonæum, and Baudelocque looks upon the question as decided in favour of artificial opening of the tumour. Dr. Grizolle, in his paper on abscesses of the fossa iliaca, abscesses much resembling the tumours we are now considering, also decides in favour of an artificial opening. Velpeau, Madame Boivin, and others, are of the same opinion, and Professor Recamier has for many years successfully adopted this plan of treatment, because, in the majority of cases where it is not had recourse to, and pelvic tumours are left to themselves, sudden death is caused by their opening into the peritonæum, or the drain made on the system by interminable fistulas produces an equally fatal, though perhaps a less speedy result. While following the Paris hospital practice, we have often observed those patients from whom the pus had been voided by the bladder or the rectum, leave the hospital uncured, after remaining five, six, or seven months there, and a year or two afterwards: we have not unfrequently met these same individuals still suffering from discharges caused by the protracted suppuration of the broad ligaments. I shall narrate a case in an ensuing paper.

Gloucester-road, Hyde-park, 1849.

(To be continued.)

ON A CASE OF LACERATION OF THE PERINÆUM, CURED BY OPERATION.

By JOSEPH ROGERS, Esq., M.R.C.S., London.

On the 3rd of March, 1848, I was called to see a young married woman residing in my neighbourhood. On making inquiry into her history, I found that she had been delivered a fortnight previously; her labour was most tedious and difficult, and after occupying upwards of thirty hours, was terminated by instrumental aid. Since that nothing of any consequence had occurred, except that she had suffered considerable pain and smarting on passing urine, and her bowels had been more than usually relaxed. On attempting to walk about she suffered much pain and sense of bearing-down. I proceeded to make an examination, and found that she was labouring under a laceration of the perinæum, extending through its whole length, but not involving the sphincter; it had, however, proceeded as far as the verge of the sphincter, and then had extended around the extremity of the rectum, quite to its posterior part, the whole length of the fissure being about two inches and a half. On passing my finger into the rectum, I could distinctly see it through the thin parietes of the bowel. The edges of the wound had nearly cicatrized, except at the superior part, which was still red and discharging.

I immediately concluded it would be necessary to pare the edges, and bring the sides together by suture, as there was evidently no chance of its uniting by the efforts of Nature. Having previously emptied the bowels, I proceeded to carry out this intention, but unfortunately, although I took every pains with the case, at the end of five days I found that the two stitches had ulcerated through, and that the fissure was as bad as ever.

Being anxious to afford her effectual relief if possible, and having gained her consent to a second operation at the end of ten days from the date of the first, I proceeded to operate a second time, in the following manner:—The bowels being emptied by castor oil, and a good dinner being given to her, chloroform was administered, and while under its influence I carefully pared the edges to the full depth of the fissure, and then brought them into perfect apposition by the hare-lip pins, secured by the twisted suture: this was attended with a very considerable amount of difficulty, as the breadth of the perinæum was exceedingly slight, and it consequently became necessary to cut off half the length of the pin after its introduction. My patient was then placed in bed; the thighs were carefully secured together by means of a strap, and she was wholly interdicted from all food, except a little toast, and the yolk of an egg, daily, for six days; her bowels being kept in

a state of constipation by means of opiates administered each night, whilst the contents of the bladder were drawn off by means of a long flexible male catheter. The only local application was a napkin, on which a piece of lint spread with simple ointment was placed.

Nothing of any consequence, with the exception of occasional smarting pain, occurred until the evening of the fifth day, but at that date she became extremely anxious with respect to her bowels, and without my leave she took an ounce of castor oil. This failing to produce effect she sent for me, and insisted on my doing something to relieve the bowels. Being compelled to disturb her position, I gently turned her on the right side, and introduced the tube of an enema apparatus into the bowel, but on proceeding to inject, I was much annoyed to find the fluid escaping on all sides of the tube. However, having done enough to quiet her mind, I directed that she should retain her position, and in the course of the night the bowels were relieved without any pain.

On proceeding to remove the pins on the morning of the sixth day, I found that in front and behind them, perfect though slight union had occurred, but in the interval between them no union whatever had occurred, a probe carefully introduced passing readily up into the vagina. The parts were then sponged; a simple dressing was applied, and the patient was again made to lie on her back. The same dressing was applied each morning following, and ten days after the operation the union of the upper and lower parts was so complete that I was enabled to pencil the orifice of the opening which remained with the lunar caustic, and by these means, at the end of seventeen days from the date of the second operation, perfect union of the whole length of the fissure had been insured. A perfect removal of what would otherwise have remained a source of considerable inconvenience and pain to my patient was thus effected, and I entertain the earnest hope that its history may be the means of removing the doubts which exist as to the probability of cure in similar cases.

Wardour-street, 1849.

REPORT OF

A CASE OF SUICIDAL WOUND OF THE THROAT, WITH PROFUSE HÆMORRHAGE,

SUCCESSFULLY TREATED BY LIGATURE OF THE COMMON CAROTID
ARTERY.

By A. EVES, Esq., F.R.C.S.,

SURGEON TO THE CHELTENHAM GENERAL HOSPITAL.

On April 2nd, 1847, about eleven o'clock P.M., I was sent for to a man, named J—, about forty-five years of age, living at the Knap, in this town. I found Dr. Brookes, Mr. Gregory, and Mr. Gregory, jun., in attendance on the patient, who was lying perfectly insensible, and deluged with blood: the bedroom had the appearance of a slaughter-house rather than of a sleeping apartment. From Dr. Brookes I learnt the following particulars:—That he had found the patient with a wound extending from the angle of the jaw on the left side to within an inch of the same point on the right side; the larynx was not divided, nor was the cavity of the mouth penetrated. This wound was inflicted by the patient himself, by means of a sharp-pointed, curved pruning-knife. It was said that he stabbed himself three times with this instrument, apparently in the angle of the jaw on the left side, afterwards drawing the knife transversely across the throat.

The wound had been inflicted about half an hour before Dr. Brookes saw the patient, and was filled with a large coagulum, on removing which, to examine the nature of the injury, a gush of arterial blood, in a large stream, immediately poured forth from a great depth in that part of the wound situated in the angle of the jaw. Pressure was instantly applied, and complete syncope came on, during the continuance of which the bleeding was greatly diminished, and the wound was brought together by means of sutures, in the hope that the hæmorrhage would not return. However, when reaction was again set up, the bleeding re-commenced as profusely as ever, until syncope again took place.

At this point I saw him, lying perfectly insensible, with the throat distended with an enormous coagulum, and blood still gently flowing from the wound. I then cut the sutures, and turned out the coagulum, but the man being very full about the neck, the wound was so deep that we could not discover the bleeding vessels. The position of the patient, and the difficulty of throwing a strong light into the bottom of the wound, were circumstances which also added to our

perplexity. He was now lying in a state of insensibility, with occasional convulsive movements of different parts of the body, and all present considered his case hopeless, and expected every moment to see him expire. His pulse at the wrist had quite ceased. Under these circumstances, I thought it would be giving him a slight chance of recovery, if the common carotid were tied below the omohyoideus muscle. This being agreed to, I cut down to the artery, guided by the inner edge of the sterno-cleido mastoideus muscle; the artery, when found, was perfectly flaccid and empty, and, of course, without pulsation. The aneurism needle was gently insinuated under it from the outside; the vessel was slightly raised, so that it could be decidedly ascertained that the nervus vagus was not on the needle; the ligature was then tied; and the wound made by the operation brought together by sutures. During the whole of this procedure the patient was perfectly insensible, and manifested no feeling whatever. There was not any gush of blood after this, but a slight flow continued until we again brought the wound together by sutures, adhesive plaster, and bandage. Before doing this we examined the wound, and tied two or three open mouths of vessels. In two or three hours the patient gradually began to rally, and, to my great surprise and satisfaction, when I visited him the next morning, I found reaction fully established. He had great difficulty in swallowing for some days; at first he only took a teaspoonful of milk occasionally through the day, whenever the person in charge could get him to attempt it. As we found the suicidal propensity still predominant, he was constantly watched with care, and as soon as he was strong enough to be removed, which, I think, was about the tenth day after the perpetration of the rash act, I sent him to the Gloucester Lunatic Asylum. The wound in the throat healed by granulation, and Dr. Williams, the resident medical officer of the Gloucester Asylum, had the kindness to inform me that the ligature on the carotid came away on the 27th of April, being twenty-five days after the operation. He also mentioned the fact, which I afterwards had an opportunity of observing with him, that the muscles of the left side of the tongue were paralyzed, doubtless owing to injury of the ninth nerve, and evidenced by the point of the tongue being invariably turned to the left side when protruded.

Considering the situation of the wound in this case, and the effects produced, I am almost led to believe that either the common carotid artery was wounded just before its bifurcation, or one or both of the carotids immediately after its division; the superior thyroid artery was also doubtless divided; and perhaps the lingual, and possibly the facial, shared the same fate, as in some instances they are given off very closely together.

In Mr. Ellis's "Lectures on Clinical Surgery," a similar case to the above is given, except that in that instance the common carotid was tied six days after the infliction of the wound. As in my case, the bleeding vessels could not be found, owing to the "great depth of the wound, the constant supply of blood poured into it, and the retracted state of the arteries." The wound was plugged with lint dipped in spirits of turpentine; and compresses and a roller were applied. About three hours after the wound was dressed, the subject of this case "quietly got out of bed, stole down stairs, and made his escape."

This fact convinces me that more important vessels were divided in my case than in that of Mr. Ellis, because it was altogether impossible for my patient to move during the night, in fact, for two or three hours we could scarcely tell whether reaction would take place or not, the exhaustion was so very great. The perusal of Mr. Ellis's case quite convinces me that my patient must have died, if the operation in question had not been performed; because although the hæmorrhage was restrained for a time in Mr. Ellis's case; nevertheless, it broke out on the sixth day, at last requiring the ligature of the common carotid artery to restrain it. In my case, the wound was inflicted by means of a sharp pointed curved instrument, which would penetrate deeper in the angle of the jaw, and be more likely to reach the principal vessels, than the instrument (a razor) which was used in Mr. Ellis's case. Since the above particulars were arranged, I have heard from Dr. Williams of the death of J—, which happened about fourteen months after the ligature of the carotid. The suicidal propensity continued very strong until nearly the end of his life; he died extremely emaciated, owing, in the opinion of Dr. Williams, to disease of the mucous membrane of the stomach and bowels. Owing to a number of pressing engagements happening at the moment, Dr. Williams had not time to make a post-mortem examination.