It may be objected that physiological pressure, the result of change of position and of functional conditions, is essentially temporary, and that, were it permanent, it would not be so easily borne. Here, however, general pathology comes to our assistance, and teaches us that *non-inflammatory* morbid growths and tumours, slowly developing themselves, may exercise considerable *permanent* pressure on the organs which surround them, in any part of the economy, without the supervention of any symptoms of distress or inconvenience. This fact, which has not received the attention it deserves, I developed at considerable length in the third edition of my work; and I shall conclude this rapid survey of the anatomy and physiology of the uterus with reference to its mobility by the following extract, page 405:—

“The impunity with which pressure may be exercised on viscera and organs by tumours, the growth of which is very gradual, may be observed in every part of the economy. Even the brain, the most sensitive of all to pressure, will bear it if very gradually applied. Thus, we often see exostosis and tubercular formations greatly compressing the cerebral substance without the supervention of any symptom until the growths have reached a considerable size, or until inflammation supervene. It may, indeed, be considered an axiom in pathology, that all organs will largely accommodate themselves to pressure, provided such pressure be gradually applied, not carried to the extent of seriously interfering with their functions, and be unaccompanied by inflammatory action. The history of fibrous growths (of the uterus) permits no room for doubt on this question. These growths almost invariably attain a considerable size, and deeply modify the position of the uterus, giving rise to retroversion, or anteversion, and exercising considerable pressure on the pelvic viscera, before they occasion any appreciable symptoms. In fact, my experience shows that patients thus suffering seldom complain at all, unless there be some concomitant inflammatory affection of the cervix, or of its cavity; until either the external appearance of the abdomen be modified by the size of the tumour, or until hæmorrhage supervene. The first period of the existence of the tumour, and the displacement which it occasions, passing unperceived and unnoticed by the patient herself, and by her medical attendant.”

Grosvenor-street, 1856.

(To be continued.)

ON AN INSTANCE OF FEIGNED DISEASE.

By H. W. LIVETT, M.D., &c., Wells, Somerset.

On the 2nd of February, 1856, I was requested to attend a woman, aged forty, single, who was reported to have been ill for twelve years, and under the care of various medical men the greater part of the time. On my visit I was informed by the patient and her relatives, that she had originally cancerous disease of the breast, and that after suffering a variety of complaints, she had for the past two years been afflicted with dropsy, with retention, and indeed suppression of urine; for she had only passed urine at intervals of *six, eight, or ten weeks*, and then by means of the catheter. She was likewise subject to frequent attacks of fainting and convulsions, one of which, with very violent contortions of the face, came on during my visit. Her abdomen appeared to project enormously, but in a peculiar manner, protruding abruptly from the epigastric region for at least fifteen inches. She had her face tied up, to prevent dislocation of the jaw during the convulsions, an event which, she said, had actually occurred on two or three occasions. She spoke in a whisper, having had loss of voice for some time. At her desire I introduced the catheter, but *the bladder contained no urine*. When performing the operation, I had an opportunity of ascertaining, much to my surprise, that there was no enlargement of the abdomen from the pubis up to the umbilicus. I was stopped in any further exploration by her clothes, she being dressed at the time. I should here remark that she was always sitting up and dressed when visited; indeed she said she could not lie down.

I considered this to be a remarkable case, certainly not dropsy, but hysteria, complicated, perhaps, with liver disease; still, as the tongue was clean, and the pulse really natural, I confess that the enormous enlargement of the upper part of the abdomen, and the long-continued suppression of urine, puzzled me, and although I considered there was exaggeration, I did

not suspect imposture. It was not convenient for me to examine the tumour on that occasion.

On the 5th I saw her again, and again introduced the catheter, and drew off upwards of two quarts of urine, (natural in appearance, free from any ammoniacal odour,) the first, as she assured me, she had passed for ten weeks. Neither on this, nor on several subsequent visits, could I see the tumour divested of its clothing: it was not convenient, or the convulsions occurred, and prevented the examination.

My suspicions of imposition were gradually strengthened, and on the 19th I told her that I must inspect the tumour before I left the house. She had a very violent fit, and at its termination declared she could not possibly allow me to see the tumour then, but that to-morrow I should examine it if I pleased, and to this arrangement I was obliged to concede. I noticed that as she became excited at my perseverance, her voice became strong and loud.

The next day she sent to inform me that an immense discharge from the bowels had occurred during the night, and that she supposed this was caused by the bursting of the tumour, for it had greatly decreased. This discharge, I found upon inquiry, had been *unfortunately* thrown away. I was now convinced of the nature of the case, and was not therefore astonished to find, on examination of the part the next day, that not only was there no tumour to be seen, but not the least trace of its existence left, in the wrinkling of the skin, or any other appearance whatever. There was, instead, an efflorescence on the skin of the epigastrium, marvellously like the effects of a mustard poultice.

While I was considering the best means for exposing the imposture, of which I was now abundantly satisfied, further proof was put into my power by herself. She sent to say that she had had a violent fit of vomiting—that she had brought up a quantity of blood, with substances like rotten flesh, which she supposed was part of the tumour. This so-called evacuation was preserved for my inspection; and upon a careful examination I found the substances (which were contained in about a quart of water tinged with blood) to consist of *shreds* of fresh meat, some membrane, part of a vein or nerve, and a piece of an artery of the size in diameter of a common tobacco-pipe; none of which appeared to have ever been at all subjected to digestion. These substances were examined microscopically, through the kindness of Mr. Bowman of King's College, by Professor Beale, and the following are extracts from his report:—“The cylindrical piece consists of about half an inch of the trunk of an artery, about the size of a common quill, cut off sharply at each end. . . . Upon the surface are entangled several fibres from a blue cotton cloth and a few blanket-hairs, and a little epithelium from the fauces. Other parts consist of nerves, probably from the sympathetic. None of the portions have been subjected to any cooking.”

In this case, then, the tumour and the vomited substances and the loss of voice were certainly deception. I believe the convulsions to have been voluntary, and the whole of her illness exaggerated or simulated for the purpose of exciting compassion, and its more substantial effects in the shape of money, food, and clothing, from her richer neighbours; in this attempt, I may add, she was eminently successful, the humane of all classes having been for a long period contributing towards some mitigation of her *sufferings*.

Her illness might possibly have been in the commencement (and may be even now) to some extent real; and finding herself an object of interest, she was induced as she became better to feign that which was before true; and in order perhaps to stimulate declining sympathy, and replenish a failing exchequer, was gradually incited, as we have seen, to over-act her part. I should have mentioned previously, that she lived with a brother who carried on the trade of a butcher; thus the substances said to be vomited were readily obtainable by her.

Cases of malingering in the army and navy are more or less frequent; but it seldom falls to the lot of the civil practitioner to attend and decide upon such cases as that now detailed; and even when he is himself convinced of the deception, it requires some degree of moral courage (unless his proof be as clear as sunshine) to denounce as an impostor one who has doubtless managed to create sympathizing and powerful friends in the little world in which he lives. Still, his course is plain; and it is equally his duty to expose the malingering as to aid the real sufferer, and thus to direct the stream of public charity in the right direction. The practitioner may at least learn one lesson from this case: never to be satisfied with a superficial examination of any ailment which comes under his treatment, nor to be guided too much by details given him by the patient or her

friends of the disease and its symptoms, however long-continued it may have been.

I may add, that upon inquiring of Dr. Purnell, of this city, who had attended her for a part of her long illness, that the affection of her breast was a most anomalous one, certainly not cancer; that he had never reduced her jaw when dislocated, as she reported; and that he always considered her "fits" as in a great degree assumed. He had never, himself, heard of the tumour, but his assistant had attended her for dropsy for some time.

April, 1856.

REPORT OF A CASE OF

CAULIFLOWER EXCRESCENCE OF THE OS UTERI,

TREATED BY EXCISION.

By ROBERT MACLIMONT, M.D., &c.

MARY-ANN W—, married, aged thirty-one, mother of four children, the youngest of whom is twelve months old, applied at the Hospital for Women, on the 14th of August, 1855. In the temporary absence of my friend, Dr. Tanner, physician to the hospital, she was seen by me. Her history is as follows:—

During childhood her health was good; she menstruated at the age of fourteen, and continued regular until her marriage, at twenty-four. She became pregnant shortly afterwards, and parturition took place without the occurrence of anything out of the common. She subsequently gave birth to two other children, while in the enjoyment of perfect health, but shortly before becoming pregnant with her fourth and last child, she began to notice that a clear, viscid, and inodorous discharge escaped per vaginam: this was not attended with any pain or abnormal sensation whatever, her general health continued good, and she followed her usual avocations. During her pregnancy the discharge continued steadily to increase, being always augmented by any effort or extra exertion on her part. She still remained free from pain, but her general health became impaired, she was sensible of a diminution of her strength, and it was remarked by her friends that she was rapidly losing flesh and colour. She gave birth to her child at the full period, without anything occurring in the delivery to awaken suspicion either in her own mind or that of her medical attendant. She suckled her child till about a month ago. The catamenia have since appeared, but the watery discharge has now greatly increased, and is mixed with blood from time to time, especially after any exertion.

Before seeking advice at the Hospital for Women, the patient had been examined by a medical man, who told her she was labouring under some serious disease of the uterus, the nature of which, however, he was not prepared to state. The woman said that her mother was still living, but that four maternal aunts had died of cancer, one of them after the removal of a diseased breast; she could not inform me as to the seat of the disease in the other three.

On making a vaginal examination, my index-finger came in contact with a fungous mass, encircling the os, and involving both lips of the uterus. This struck me at the time as resembling the head of a mushroom, and was, as nearly as I could guess, about three inches in circumference. The head-like expansion of this growth completely filled up the upper part of the vagina, and was attached to the lips of the uterus by a broad base, which, however, did not extend up the cervix more than perhaps a quarter of an inch. The surface of the tumour had a lobulated feel, firm, but not at all hard. The patient did not complain of any pain from the examination, but the discharge, which I had previously satisfied myself was very abundant, limpid, and of a very faint odour, was now mixed with blood in considerable quantities. On introducing the speculum, the mass presented a granulated surface, and was of a red raspberry colour. On injecting some cold water through the instrument, the bleeding from the superficial vessels was checked, but the secretion of the above-mentioned watery discharge went on actively, and appeared to be transuded from the surface of the tumour. This discharge strongly resembled glycerine, was structureless, except when mixed with blood corpuscles, coagulated by heat—in short, presented all the characters of serum.

I had no hesitation in pronouncing this case to be the so-called "cauliflower excrescence" of the os uteri, and my diagnosis was most fully confirmed by Dr. Tanner, who, on his

return to town, examined the patient at the hospital. The woman consented to submit to any operation likely to benefit her, and it was agreed that the only chance of saving her life was to amputate the cervix uteri, and for this purpose she became an in-patient on the 16th of August.

Preparatory to the operation, the patient was put on a diet of strong beef-tea, with two ounces of port wine daily.

On the 20th, Dr. Tanner, assisted by Mr. Scott and myself, proceeded to remove the diseased mass, the patient having been put under the influence of chloroform, and placed in the ordinary position for lithotomy. By means of a pair of hooked forceps, the tumour was brought pretty low down in the vagina, but not sufficiently so to extrude the mass beyond the external os; no amount of justifiable force could effect this, and the incisions were consequently made by the sense of touch only, from above downwards, the whole of the diseased mass and sound cervical tissue, to the extent of two or three lines, being removed by a few sweeps of the bistoury. The bleeding was not considerable, but to guard against any hæmorrhage that might arise, the whole of the vagina was tightly plugged with cotton wool, previously soaked in a strong infusion of matico. The patient was removed to her bed, and had two grains of opium, to be followed up by one grain every four hours. She was also ordered strong beef-tea, ice, and a liberal allowance of port wine.

On the second day after operation, the plug was removed, and no hæmorrhage followed. The opium was now ordered to be given every eight hours, beef-tea and wine as before, with the addition of a mutton chop.

On the fourth day, the opium was discontinued, and the bowels opened by a small dose of castor oil. About a week after the operation, the patient was examined per speculum, and the potassa fusa freely applied to the excised surface, lest any portion of the tumour had escaped the knife. In the course of two weeks the parts began to contract and granulate, and it was found necessary to keep the cervical canal patent by introducing one of Dr. Simpson's uterine stems. The patient progressed satisfactorily, gaining strength and colour daily, so that on the 2nd of October she was able to leave the hospital apparently cured, and better in every respect than she had been for fifteen months. She has attended as an out-patient up to the present time, and although feeling well and continuing to look so, she states that unfortunately the watery discharge has returned in a slight degree, although no trace of disease can be felt or seen on examining her; however, from the re-appearance of this formidable symptom one is led to fear that the disease is not eradicated.

The tumour, on removal, presented a deeply lobulated surface, covered externally by a transparent membrane, resembling the arachnoid of the brain, but dipping between and dividing the lobules. Beneath it, numerous bloodvessels were seen ramifying over the surface of the lobules, just as the vessels of the pia mater are seen through the transparent arachnoid.

The cut surface of the tumour presented a brain-like appearance, and was easily rubbed down between the fingers. Here and there small loculi or cells were conspicuous, containing fluid blood. When placed under the microscope, this brain-like tissue appeared to be made up of granular nucleated cells, imbedded in a cellular framework. The cells themselves were for the most part angular; each contained one small round nucleus, studded with molecules. I looked in vain for the "laminated capsules," (the *globes épidermiques* of M. Lebert,) which are supposed to be somewhat characteristic of epithelial cancer.

The cauliflower appearance of these tumours is not peculiar to the uterus, for epithelial cancer more or less takes this form, regardless of its seat; it is due to the multiplication and hypertrophy of the epithelial cells, forming innumerable papillary growths. Cauliflower excrescence, so far as I am aware, has never yet been found within the uterus, although it sometimes attacks the external labia, where it often passes as a form of elephantiasis.

Epithelial cancer of the uterus appears to be as certainly, though more slowly, fatal, as any of the other forms of malignant disease; like them it is a constitutional affection, for we shall almost always find that the patient can bethink herself of one or more relations who have suffered in like manner.

Mr. Paget states, that in sixty persons of both sexes operated upon for epithelial cancer, the disease recurred in twenty-nine; the rest were lost sight of. Dr. E. Watson, of Glasgow, however, states, that of nine cases of cauliflower excrescence of the os uteri treated by excision, five were radically cured, one doubtful, three died; of seven treated by ligature, the disease