destroys the tissues with which it comes in contact. In other parts of the body, such excess of action may not be of much importance; but in the orbit, where the relations of the morbid growth cannot be accurately ascertained, and where, as in this case, it may completely surround the eyeball, the case is different. Violent inflammation would endanger the safety of the eye, and might even extend through the optic foramen to the brain, while sloughing, to any extent, would be followed by deformity from distortion of the eyeball or lids. It is therefore a matter of great importance to be provided with an agent which, while it induces a moderate amount of inflammation, is not liable to destroy the tissues with which it comes in contact. That tannin is capable of fulfilling these conditions, appears to be probable. Much more experience is requisite before we can form any positive decision as to its merits; but the result, in both the instances in which it has been employed, has been sufficiently favourable to warrant a more extended trial of its effects, as well in tumours on other parts of the body, as within the orbit.

George-street, Hanover-square, May, 1858.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proœmium.

SAMARITAN HOSPITAL.

THREE CASES OF MENORRHAGIA, TWO OF THEM DEPEND- ING UPON THE PRESENCE OF UTERINE POLYPI, suc- CESSFULLY TREATED.

(Under the care of Dr. ROUTH.)

CASE 1. Uncomplicated Menorrhagia.—Mrs. P—, aged about twenty-five, of a leucophlegmatic habit, spare and thin, had been an out-patient frequently prior to August, 1856, at this hospital. The disease was menorrhagia, which usually yielded readily to quiet, dilute sulphuric acid, oxide of silver, or bitartrate of potash. In August, 1856, this patient became again an out-patient under Dr. Routh. She had been married some years; had never had any children. About two years since had a miscarriage, which she attributed to excess of dancing, an occupation to which she was addicted. She was usually regular, but the catamenial flow was always very abundant, sometimes persisting for weeks; clots frequently passed. During the interim there was much leucorrhœa. At this time she was labouring under one of these attacks of menorrhagia. She was very pallid; pulse weak and frequent; she herself very weak and low spirited; eyes bright, with deep darkish furrows beneath them. The patient objected a good deal to an examination; it was, therefore, not pressed. She was ordered oxide of silver, three grains, with half a grain of extract of cannabis Indica, three times a day; quiet, cold ablutions. These failed. Tengrains of gallic acid, with dilute sulphuric acid, were now given every three hours. The discharge gradually diminished, but did not quite cease till ten days afterwards, leaving her, however, weak and exhausted.

In November following she again presented herself. The same symptoms were present, only that the flow was more copious; the debility greater; the face very pale. There were no symptoms indicating hepatic congestion. An examination was proposed and acceded to with great difficulty, and only permitted to be hastily made. The os was hard, prolonged, but pale. The sound passed readily; its passage, however, not increasing the flow of blood; mass of uterus not enlarged. The examination seemed to produce so much mental distress to the patient, and she so strongly discountenanced its employment, that it was not proposed a second time. She was ordered to keep her bed; cold affusion was employed frequently; gallic and sulphuric acid with opium, oxide of silver and hemp, given

by turns; but all failed. The menorrhagia continued; the exhaustion was greater; the vagina was plugged; but still no permanent result followed. She was, therefore, ordered five-grain doses of acetate of lead, with five minims of tincture of opium, some dilute nitric acid, and water, every hour: every night a purge of sulphate of magnesia, acidulated with sulphuric acid. After the first day of this treatment, the flow sensibly diminished. The medicine was only given now every two hours, afterwards every three hours; and by the third day it had ceased altogether. There was no colic; the bowels had been freely relieved; but violent sickness now came on, and which continued unremittingly for a week. There was no pain over the stomach. A mustard poultice was, however, applied to the epigastrium; ice was frequently given, and nutritive injections to support the strength. Effervescing mixtures were also ordered. In about a week from the first attack of nausea, and three weeks from the date of her being seen, she was convalescent, but very weak.

This case is a good example of the treatment of menorrhagia by general measures. Respect to the patient's feelings prevented the dilating of the os uteri and examining the lining membrane of the uterus, which it was believed was the principal part at fault. These attacks, we have no doubt, will recur.

CASE 2. Menorrhagia; large Polypus in Utero.—M. R—, aged fifty-two, of a ruddy countenance; generally in good health; has had five children, three still-born; the third labour was severe, the child a footling. She was bled twice during pregnancy, and once after labour, for supposed metritis. When not pregnant, catamenia usually recurred every three weeks, abundant, always in clots. For two years last January, it came on more copiously, recurring frequently once a fortnight, lasting seven or eight days, and sometimes continuing till what would have been the next period. If she wore a napkin tightly on, the hæmorrhage would not be so great; but if she went without one, it came on copiously; it never came on at night when in a recumbent position, but was instantly brought on by the erect position. She has been taking quantities of medicine for the last two or three years, but this only relieved her for the time; has never been examined, or asked to be so.

Examination.—The finger being passed up, a tumour about the size of an egg was found occupying the vagina. Tracing this upwards, it was found to issue, by means of a pedicle, from the os uteri, which was patent. The examination was accompanied by some hæmorrhage. A sponge tent having been passed upwards into the uterus, at the side of the pedicle, to bring out as much of the polypus as practicable, the next day it was removed by the double-action écraseur of Matthieu, being first forcibly pulled down by a tenaculum. No hæmorrhage followed its removal, nor was there even any oozing from that period.

CASE 3. Small Polypi, in bunches and separate, in Utero; Menorrhagia.—B. B—, aged sixty-four, a widow for the last seven years; occupation, domestic; aspect, care-worn and melancholy; face ruddyish, but sallow, stringed with veins. As a young woman, was generally in good health and strong; always regular, even during pregnancy; catamenia began at fifteen; she frequently passed clots. Twice married: first marriage when twenty-one years old; she never went her full time, or had any living children; usually at the third or fourth month miscarried; had seven miscarriages; these were generally preceded by floodings, which came on with what she calls "inflammations of the lower part of abdomen and bladder," requiring leeches and venesections from both arms. Her first husband died about sixteen years from her marriage. She then remained a widow four years, and married again. During the period of her first widowhood she had no floodings, but several inflammations of "her lower parts" and obstructions in the bowels. She lived with her second husband thirteen years, but was never pregnant during this period. Catamenia ceased suddenly at fifty. Four years ago, hæmorrhage came on from the womb, at first little by little, at last it became excessive, to such a degree that she could scarcely go about. There were no large clots or bloody masses, but bloody strings, like the white of an egg, which fell out "all at once" after severe bearing-down pain. Has been under treatment for several years, but without amendment. Never examined before, or asked to be so.

Examination.—Constant oozing of blood from the vagina; no smell; os very small, scarcely admitting the sound, which does not penetrate three-quarters of an inch up the uterine cavity; os smooth, not hard; large drops of blood, however, every now and then exude from it.

The patient was admitted into the Samaritan Hospital. The

os was gradually dilated by sponge-tents. After two or three days, it was large enough to admit the finger. The surface of the uterine mucous membrane was now found to be studded with small bodies, about the size of beans and peas, in larger number about the internal os, but generally scattered over its whole surface. Those about the internal os were larger, and when the speculum was forcibly pressed against the os uteri, this was in part opened, and small polypous masses could be seen protruding. These were removed by a pair of pinchers, being first twisted, and forcibly extracted. The resistance of some of these, and the size of the pedicles, prevented the scraping out of those in the cavity by a curette. The patient was therefore left for a few days, till an instrument could be devised for their removal.

At the suggestion of his colleague, Dr. Savage, Dr. Routh had an instrument prepared by Mr. Coxeter, the best idea of which is, that it was like an ordinary silver spoon, with the projecting convex portion removed, slanting inwards towards the handle, the upper and therefore most projecting convex end being made so as to cut.

The os having been now dilated for two or three days successively, as before, by sponge-tents, the instrument was introduced, and the polypi gradually removed by thin slices, till the mucous membrane of the uterus felt quite smooth to the finger. There was very little hæmorrhage, but for some hours a good deal of colicky pain, which, however, gradually passed away. A solution of iodine, first of one part to three of water, then to two of water, then in equal parts, was now thrown up once or twice daily for two or three days. The strong solution produced a little pain for some hours. Finally, by means of Simpson's instrument, a little powdered caustic was introduced on the fourth day after the operation. This caused no uneasiness, and the patient was left to herself. Ordered a gentle tonic, and the douche daily. The discharge gradually diminished, till, when she left, it was nearly entirely watery. It was thought wiser not to check this last too soon, a drachm of bitartrate of potash being given every morning to relieve the habitually congested habit of the parts.

This case is full of interest. The question might be asked—Was the catamenia which she had during former pregnancies in any way connected with these small polypoid growths? Again, this is a case which proves the immense advantage to be derived from digital examination of the lining membrane of the uterus; nor do we think, looking to the size of some of the polypi, anything short of the scraping of the uterine mucous membrane with an instrument like the one devised could have effectually cured the patient.

ST. PANCRAS ROYAL DISPENSARY.

FALL ACROSS A CHAIR BY AN EIGHT-MONTHS PREGNANT WOMAN, WITH LACERATION OF THE GENITALS AND ESCAPE OF THE LIQUOR AMNII; REGENERATION OF THIS FLUID, AND DELIVERY BEYOND THE FULL TIME.

(Under the care of Dr. GIBB.)

DURING the pregnant state how often do we see serious injuries sustained, which do not prevent the female from going on to her full period and ultimately lying in, without bad results either to herself or her offspring! If the nature of the injury be such as to produce a sudden rupture of the membranes and escape of the amnial fluid, as occurred in the following case, some anxiety is felt lest the result should be premature labour. Most generally it does ensue, and yet the instance which we briefly narrate cannot by any means be a solitary example in which the whole or greater part of this fluid has escaped without the induction of labour. The prominence of the abdomen greatly diminished; it was quite soft and flaccid, and in the course of a few days it began to get prominent again, until, by the secretion of fresh fluid from the amnion, it had assumed its natural size and form; and when, we may say, the tenth month was completed, labour set in with no unusual result.

Mrs. T—, aged thirty-three, a small spare woman, the mother of four children, and just eight months gone with her fifth child, was standing upon a chair, in the afternoon of the 7th of January, and was lifting her right foot on to the sill of the window to hang up something, when the chair slipped, and she fell straddleways across the back of the chair, and then,

with the chair, fell heavily on to the ground upon her side. Simultaneously with the accident there gushed about a pailful (as she describes it) of blood, but which proved to be the liquor amnii and blood, which continued to flow for a little while and then diminished, a little discharge of blood, however, still continuing. She was severely hurt in the external parts, which were found to be lacerated on Dr. Gibb's seeing her, about two hours afterwards. The part injured was the upper portion of the left nympha, which was torn across, and was very sore and tender. A pencil-shaped clot of blood protruded from the urethra, but about an hour before she passed her urine naturally and without difficulty. The vagina was uninjured, and so was the uterus, so far as could be ascertained. The abdomen was quite soft and flaccid over the uterus; its prominence had greatly diminished from the loss of fluid, but the motions of the child were distinctly felt. She had suffered some slight collapse, and was very cold; reaction, however, set in, and the pulse became moderately full, soft, and 88 in number. She expressed some uneasiness about her children. The bleeding had quite ceased, and she now lay quiet and tranquil. An anodyne draught was ordered of laudanum and camphor mixture.

Jan. 8th.—She has passed a good night, with occasional bleeding from the wound. To-day she is free from pain; her abdomen is quite soft; no labour pains.

She went on well without a bad symptom, and attended to her household affairs. The abdomen slowly filled after a few days. Her bowels were relieved once only by a dose of castor oil, and the wound perfectly healed up.

Feb. 5th.—She has gone on quite well without any bad symptom; the uterus has become filled again by regeneration of the liquor amnii, and the motions of the child are quite strong. The abdomen is now much larger than before the accident, and her health is good.

March 28th.—Labour set in at nine o'clock this morning, and birth was given to a female child at the same hour on the next day. The membranes ruptured six hours after the commencement of labour, when a very large quantity of liquor amnii escaped, followed afterwards by a good deal of hæmorrhage. The head was high up, and the presentation that of the hand across the head. The labour was somewhat tedious, but delivery was satisfactorily accomplished, with the hand at the side of the head.

She had no untoward symptoms after delivery, and got up on the tenth day. The patient states that she has had a better time of it than with any of her previous children, and that the labour was quicker. Both mother and child are now (May 15th) quite well.

We may remark that, according to the period of delivery, as stated above, which took place two months and a half after the accident, some doubts might be felt as to whether she was actually eight months gone at the time of its occurrence. This, however, she states to be the case, and, on careful inquiry, there seems no reason to doubt the truth of it.

It is quite possible that the period of utero-gestation was prolonged, from the very fact of the loss of the liquor amnii, the complete repose thus given enabling the uterine contents to assume their normal condition.

CLINICAL RECORDS.

REPAIRS OF STUMPS AND FRACTURES.

At Guy's Hospital on the 4th May a stout healthy man was brought into the theatre, having fractured the lower part of his fibula, with a dislocation of his tibia inwards, about a year ago. Probably at the time of the accident the sole of the foot turned outwards, with its inner edge downwards. This fracture and dislocation were attended to in the usual way, but was followed by an unusual projection of the tibia inwards, which was not only unsightly, but very awkward for the patient. Mr. Cock on this occasion cut down upon the projection, and removed all that was necessary by means of a mallet and chisel, under chloroform, and we learn that since this proceeding he has gone on well.

Three years ago a healthy-looking girl had her thigh amputated in University College Hospital for osseous ankylosis of the knee-joint, existing since she was a year old. The stump was good at the time, and the wound healed kindly. But since that time, although the end of the bone is well covered by integument, it is somewhat in the way of an artificial leg, and from disuse the stump generally has become wasted and atro-