to look upon the form of ulcer found in this case to be pathognomic of typhoid or gastric fever, the small intestine, more especially the lower third, being most frequently involved. In dysentery, on the contrary, the large intestines are found ulcerated. The exact bearing of such a "typhous" ulcer on the present case of encephalitis, Dr. Burrows was inclined to believe was still doubtful; from the disease setting in with miliary tubercles of lymph deposit in the pleura, and from the presence at first of severe headache, he believed the case to be one of acute tuberculosis, or tuberculoid encephalitis. The red rash, he conceived, was erythema, caused by the use of the mercury, and the diarrhoea, an uncommon symptom in inflammation of the brain, he regarded as dependent on the greater susceptibility of the bowels to act from the tuberculoid deposits and ulcer already mentioned, as well as from the aperients exhibited as medicines.

CALCULUS VESICÆ—MR. ALLARTON'S OPERATION.

(Under the care of Mr. LLOYD.)

ONE might think that all that could be said on the simplification of lithotomy, and the lateral operation, had been said long since; but the revival of the urethro-rectal proceeding, or Mr. Allarton's modification of the Marian operation, adds no little interest to a case at present under the care of Mr. Lloyd, at St. Bartholomew's Hospital, where he has performed this operation, or, rather, a mode of getting at the stone through the rectum. Mr. Lloyd differs from Mr. Allarton in only one particular; the latter saves the sphincter, whilst Mr. Lloyd cuts through it.

The case was that of H. P—, aged twenty, who was admitted into St. Bartholomew's Hospital on March 22nd, with the ordinary symptoms of stone in the bladder. He had had warm baths, leeches, and all the usual preparatory preliminaries applied. The man now appears nearly well, without having had any bad symptoms. The urethro-rectal opening has healed up very kindly, without hæmorrhage, pyæmia, &c., or any of those other mishaps which we often find following the lateral operation, or injury of the parts between the pelvic fasciæ. The danger of dilatation of the membranous portion of the urethra, and parts engaged in this operation, were so recently dwelt upon in THE LANCET, that we simply allude to the case as an illustration of the new operation. It will be remembered, that Mr. Allarton introduces the index-finger of the left hand into the rectum, placing its extremity in contact with the staff as it occupies the prostate; then, with a sharp-pointed straight knife, he pierces the perineum in the middle line, about half an inch above the anus, or at such a distance as may appear necessary to avoid dividing the fibres of the external sphincter. This last precaution, Mr. Lloyd believes, is not necessary; and, as far as this case goes, his opinion is borne out.

ST. THOMAS'S HOSPITAL.

POLYPUS OF THE EAR—PARALYSIS OF THE PORTIO DURA.

(Under the care of Mr. LE GROS CLARK.)

A CASE of some interest to aural surgeons is under the care of Mr. Le Gros Clark: it is that of a young man who had a polypus of his ear removed for deafness, and which is now succeeded by complete paralysis of the portio dura of the seventh nerve.

The case is that of R. W—, a brushmaker, aged twenty-one, admitted on the 10th of April. He has had "running from the ears," deafness, and polypus; the latter having been removed has been succeeded by complete crookedness of the mouth, inability to move it, or to shut the eye on that side of the face. He is quite deaf also in that ear. He was ordered a lotion of sulphate of zinc for the ear, Dover's powder and blue pill internally. The diagnosis was easier than, it is feared, the prognosis may be.

April 27th.—Blisters behind the ear were ordered, and subsequently quinine internally. It is rather too clear, that if not arising from direct injury, inflammatory exudation may be pressing on the portio dura as it enters the meatus auditorius internus, or aqueduct of Fallopius. The man's face is a curious study. He cannot close the eyelid, or act on the various muscles of one side of the face. When asked to shut both eyes firm, as if asleep, the globe and pupil of the left are curiously turned up, but the action of the orbicularis palpebrarum is null. The emotion of smiling throws his face into curious contortions at the side not paralysed. The movement of the eyeball, due perhaps to the trochlear, and other small muscles supplied by the third nerve, is interesting. When asleep, the nurse says, his eye is wide open. These anatomical details

point out specifically, we need hardly say, the point of the disease—namely, injury of the portio dura near the meatus internus of the ear.

LONDON HOSPITAL.

EXTERNAL APPLICATION OF BALSAM COPAIBA TO ULCERS.

(Under the care of Mr. ADAMS.)

SHORT hints of cases are sometimes useful, and we would here group together a series of new applications we have observed, of more or less value, during the last few months. We have seen three cases of ulceration in and around the root of the penis—one now in St. Bartholomew's, and two under Mr. Birkett, at Guy's. The disease, Mr. Birkett thinks, is not described in books; and we found Mr. Paget also not exactly satisfied with the knowledge possessed already on the subject. It is not epithelial cancer, probably, but it is very nearly allied to it. The application Mr. Birkett found most useful was a solution of oxalic acid as a lotion externally, and opium given internally. The patients were stout, fat men, with no syphilitic or other cause for the disease. A very troublesome form of fibrous recurrent ulcer or tumour over the knee has resisted several external applications, such as chloride of zinc, ligatures, &c., at St. Bartholomew's; but in a precisely similar case under Mr. Adams, at the London Hospital, he has been trying with good effect the external application of balsam copaiba, which seems to act as a thick demulcent and mild stimulant. Mr. Curling, also, during the winter, has tried with good effect the use of ice in orchitis; but it does not seem a remedy of general applicability in the heat of summer. A very marked case of malignant lupus was shown to his class lately by Mr. Lloyd, in which a singular remedy appeared to excel all others in its efficacy—namely, a free pencilling of the lupus with oil of turpentine. In a case of strumous lupus, Mr. Birkett has tried with equal effect a saturated solution of oxymuriate of potash. We give these cases rather as offering hints, especially the external application of balsam copaiba, than as specifics to be adopted before other remedies.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, APRIL 24TH, 1855.

MR. CÆSAR HAWKINS, PRESIDENT.

SEQUEL OF A CASE OF EXTIRPATION OF THE UTERUS.

BY JOHN WINDSOR, ESQ.,

SENIOR SURGEON TO THE MANCHESTER EYE HOSPITAL.

THIS operation was performed August 22nd, 1818; an account of the case was communicated to the Society June 22nd, 1819, and is printed in the tenth volume of the Society's "Transactions." The patient died from an accident Oct. 27th, 1854, aged sixty-eight years. The patient's age at the time of the operation was thirty-one. For the first ten years she had irregular discharges of coagula at intervals varying from two to six months; these intervals gradually became much longer, and all discharge of blood ceased about the age of fifty. The following is the author's account of the state of the parts after their removal from the body:—"The preparation shows well the os uteri apparently in its normal state; it is about half an inch in width. A probe passed through it into the blind or closed cavity beyond does not penetrate more than three-eighths of an inch. This therefore is all that remains of the cervix uteri by the operation performed in 1818. The communication with the abdomen seems to have closed well. Under the abdominal aspect of the cervix, (or opposite to the vaginal one,) a sort of extended membranous or fleshy surface is seen, on which a portion, apparently, of one Fallopian tube, with its fimbriated extremity, can be traced; and near it is an appearance of an atrophied ovary. On the opposite side are somewhat similar appearances of tube and ovary. Both terminate in the membranous-like expansion near to the cervix uteri, each being about two inches in length." This case is rendered additionally interesting from the fact that the woman was four times the subject of strangulated hernia on the right side; that on the first occasion, no surgical treatment being permitted, the tumour sloughed on the eighth day, fæces were discharged from the wound, and in six weeks the opening spontaneously closed. This occurred about 1840. In 1854 she was twice operated on, at intervals of six weeks; and in

1853, the fourth occasion, the hernia was returned by the taxis with some difficulty. Her death was the result of a severe injury to the head, occasioned by an accident while travelling.

Mr. CÆSAR HAWKINS referred to a paper in a late volume of the Society's "Transactions," by Mr. Gregory Forbes, in which many cases of inverted uterus were mentioned, but which appeared to be unknown to the author of the paper. One point of considerable importance had been decided by the cases recorded—the relative advantages of excision and ligature, the latter having been proved to be most successful.

Mr. GREGORY FORBES mentioned a case which had occurred to Mr. Smith, of Leeds, of an inverted uterus, which had been supposed to be a polypus, and was removed by two clips of the scissors. There was little loss of blood, but the woman suffered much pain, and was faint. No untoward symptom followed, and the patient got quite well. There could be no doubt that it was the uterus, as one of the ovaries was found in the tumour.

Dr. LEE said, in the autumn of 1826, at Odessa, he was called to a lady of the highest rank, the Princess T——, who was attended in her confinement by a Russian midwife. The child was expelled after a few hours, and in removing the placenta, the uterus was completely inverted. He saw the patient about half an hour after this fatal accident, but she was already dead. The bed and floor were covered with blood, and the uterus was hanging out between the thighs. He immediately replaced it, but the respiration and action of the heart were gone. This was the first case of inversion of the uterus he had ever seen, and it could not be forgotten. He returned to London the following year, and ever since had been connected as physician with several of the largest Lying-in Hospitals, and other similar institutions, in the metropolis. Not one case of inversion of the uterus, partial or complete, in the course of the last twenty-eight years had occurred in his private practice, or in those institutions, all the patients of which had been attended by educated midwives, and the pupils of his class in the Borough, and at St. George's Hospital. He had been disposed to infer from this fact, that inversion of the uterus will rarely occur where the proper management of the placenta is understood, and where no traction is made upon the umbilical cord while the uterus is in a relaxed condition. Some maintained that the uterus could spontaneously invert itself; but from what was known of the structure and actions of the uterus, this was greatly to be doubted. Certainly if the uterus did possess this power, it had enjoyed ample opportunities amongst the numerous patients in these public institutions during the last twenty-eight years, without having exercised it in a single instance. Three cases of partial inversion of the uterus had come under his observation, the details of which he would briefly state to the Society. On the 17th of February, 1843, he saw a patient who had been delivered fourteen hours before, and whose uterus had been partially inverted. The umbilical cord had been twisted tightly round the neck of the child, and the placenta had adhered with unusual firmness to the uterus, and required to be artificially removed. Repeated attempts were made to restore the uterus to its natural situation, but without success. This patient was alive some years after, and he had never heard of her death. Some years ago he was requested by one of the most experienced, judicious, and humane practitioners of midwifery of the present century, now deceased, to see a lady from the country, in consultation with him. The patient had been delivered some months before, but no circumstance had occurred to excite any suspicion that the uterus had been inverted. There was a tumour in the vagina, the neck of which was surrounded by the os uteri, as in cases of common polypus, and they had no doubt that it was a polypus, and in a fit state for the ligature. This was readily applied by him with the double canula, and when the ligature was tightened, not the slightest degree of pain was produced to make them suspect that they had put the ligature around an inverted uterus. Next day on its being tightened, great pain followed, which was relieved by withdrawing the canula. On the third day, the ligature was twisted, which did not appear to produce pain. On the fourth day, the tumour being apparently deprived of vitality, and in a sloughing state, and the patient being feverish and uncomfortable, they determined to draw down the tumour, and divide its root. No sooner was this done, than the most alarming symptoms supervened: rapid, feeble pulse; coldness of the extremities, and hurried breathing, and the patient died in less than twenty-four hours, without vomiting or symptoms of peritonitis. On examining the tumour, they found that they had removed the uterus, which was still in his (Dr. Lee's) possession. He hardly knew how this fatal accident could have been prevented, and it was at once made known to the husband

and relatives. In the diagnosis and treatment of uterine polypi, this case, which had excited the greatest distress in his mind, taught him the necessity of the utmost circumspection, and made him averse to adopt the practice recommended by the French surgeons, to drag down uterine polypi with the forceps of Museux, and at once divide their roots. The history of the last case of inverted uterus which had come under his (Dr. Lee's) observation, had been published by Mr. Gregory Forbes in the "Medico-Chirurgical Transactions," Vol. XXXV. There was a smooth pyramidal-shaped tumour, with a neck about an inch and a half in diameter, encircled by the os uteri, which, he was firmly convinced, was the uterus inverted, and not a polypus. From her medical attendant in the country it was afterwards learned that the ergot of rye had been given during the labour, and that the delivery was completed with the forceps. The placenta was reported to have been expelled in a few minutes without any traction upon the cord being made, and the uterus contracted well. Some days afterwards it was discovered that the uterus had been inverted; but this fact was not communicated to them until the diagnosis had been completely established. Unsuccessful attempts were made to reduce the uterus. The hæmorrhage was controlled, to a certain extent, by pressure and styptics. At one time everything was prepared to pass a ligature around the root of the tumour, but it was postponed in consequence of the hæmorrhage having been checked. But for the unfortunate case above referred to, it was not impossible that he might have mistaken the inverted uterus in this patient for a polypus. The diagnosis must be very difficult in some cases, for in nine out of the thirty-six in Mr. Forbes' table, and in the case now related to the Society by him, the ligature was applied around the inverted uterus when it was supposed to be applied around the roots of polypi. In one of the cases in this table, three eminent accoucheurs are stated to have committed this mistake, and the case terminated unsuccessfully. However carefully performed, it is a very dangerous operation, and ought not, he thought, to be had recourse to, unless the patient's life is in immediate danger.

Dr. MACKENZIE had had an opportunity of observing the progress of inversion of the uterus, and had been led to entertain views respecting the practice which should be followed in such cases which were somewhat at variance with those which generally prevail in the profession. In the first place, he would express his decided conviction, that little was to be expected from palliative or remedial measures. He had tried those most approved in the case under his care, and had found them to be altogether unavailing, and he did not think that any medical treatment whatever could be relied upon for arresting those sudden and formidable hæmorrhages which are so liable to occur in these cases, and which, in the majority, sooner or later terminate the patient's existence. This, then, being the case, we have hitherto been accustomed to fall back upon two operative proceedings, excision or ligature of the inverted portion of the uterus. But before speaking of these, he (Dr. Mackenzie) was anxious to bring before the Society some facts with which he had been unacquainted when he had the treatment of a case, and which tended to show, that, with the aid of anæsthesia, it is possible to effect the re-position of the uterus long after the inversion had occurred. He (Dr. Mackenzie) had collected and published four such cases, and they appeared to him to be well worthy of the attention of the profession. It was to be observed, that anæsthesia was useful, not merely by rendering the patient insensible to the necessary manipulations of the operator, but also by inducing a state of extreme relaxation of the parts, and thus overcoming one of the principal obstacles to the re-position of the organ. Thus, in each of the four cases, it is reported that the relaxation was so great, that the whole hand could be readily introduced into the vagina, and that the relaxation extended to the constricting portion of the cervix, so that the reduction was effected with comparatively little force. He (Dr. Mackenzie) thought that these facts were highly encouraging, and might justify our attempting and effecting the restoration of the organ under circumstances in which it would otherwise be imprudent or impossible. Supposing, however, the attempt to be unsuccessful, and the patient's danger imminent, we have then to consider the propriety of either ligaturing or excising the inverted portion of the uterus, but against both these operations very serious objections exist. With regard to ligature, apart from the pain, irritation, and inflammation immediately produced, the patient has to encounter the danger of secondary fever and phlebitis, from the absorption of purulent and putrefying discharges; whilst the results of excision have not been of a very encouraging character. Under these circumstances, he (Dr. Mackenzie) had not ventured to adopt either in the case which was under his care, but he had been led to

think that the inverted portion of the uterus might be removed in a manner which would obviate the dangers of both simple ligature and excision—viz., by the electric cautery. He had accordingly devised an apparatus for the purpose, but unfortunately the patient had died before it could be completed, and he could not therefore speak of its practical working. Looking, however, to the very serious nature of this malady, and the very unsatisfactory results of our present treatment, he (Dr. Mackenzie) did think that some innovation upon the existing practice was justifiable, and he would venture to urge upon professional notice, first, the possibility of replacing the organ, with the aid of anæsthesia, at distant periods after the accident had occurred; and, secondly, the possibility of devising some means for the removal of the inverted portion, when reduction was impossible, in a manner that would obviate the dangers of either simple ligature or simple excision.

The PRESIDENT had removed an inverted uterus by ligature under the impression that it was a polypus; and which had been so regarded by the accoucheur who sent the case into the hospital. The woman died afterwards from softening of the brain; but the operation itself was quite successful.

ON THE EMPLOYMENT OF THE CHLORATE OF POTASH AS A TOPICAL APPLICATION.

BY C. H. MOORE, ESQ.,
SURGEON TO THE MIDDLESEX HOSPITAL.

The chlorate was used in solution in the proportion of from one drachm and a half to three drachms to one pint of water. He (Mr. Moore) had found it very useful in cases of indolent ulcer and phagedæna, in cleansing cancerous sores, and as an application to the mucous membrane of the nose, mouth, and tongue in cases of ozæna and secondary ulceration. The author suggested that the beneficial effects of the application were probably due to its setting free oxygen, and proposed its use in some forms of dysentery, with affections of the lower bowel.

Dr. MAYO believed that in certain cases of syphilitic ulceration Mr. Stanley was in the habit of employing the chlorate of potash, in scruple doses every four hours, with great benefit.

The PRESIDENT had, ever since the publication of Dr. Hunt's paper on the use of chlorate of potash in some cases of ulceration of the face, been in the habit of employing with great benefit that remedy with tincture of myrrh as a lotion in some cases of phagedænic ulceration. Chlorate of potash was a most useful deodorizer in cases of cancer. He used the chlorate as a lotion in the proportion of three drachms to the pint, but occasionally it could not be borne of greater strength than two drachms to the pint. With respect to its internal use, half a drachm to a drachm, in a larger quantity of liquid, was the proper dose.

MEDICAL SOCIETY OF LONDON.

SATURDAY, MAY 5TH, 1855.

DR. SNOW, PRESIDENT.

CASE OF STRICTURE OF THE ŒSOPHAGUS; ULCERATION; DEATH. PRACTICAL POINTS ON THE USE OF THE PROBANG.

Dr. RICHARDSON exhibited the Œsophagus of a patient who had been under his care at the Royal Infirmary for Diseases of the Chest. The man was in the middle period of life, and had enjoyed good health generally; but had once suffered from syphilis, with secondary symptoms, from which he had recovered many years ago. The first symptoms of stricture of the Œsophagus appeared about eight months previous to the time at which he (Dr. Richardson) first saw him. Finding there was no sign of aneurismal tumour in the thorax, he tried to pass a probang down the Œsophagus; it reached the middle of the tube, but would go no further—at least with such force as he thought it prudent to employ. Mr. Wells, the surgeon to the Infirmary, failed also in passing the probang. The man was unable to swallow anything, save a small quantity of fluid, and that with great difficulty. The treatment to which he was subjected consisted simply of enemata, consisting of three ounces of cod-liver oil, with milk, twice daily. This was continued for a fortnight with benefit. The man expressed himself as feeling nourished by the injections, which were never returned, and seemed to be assimilated. Dissatisfied with Dr. Richardson for not urging on the practice of using the probang, the patient consulted a distinguished surgeon, who passed a probang down to the stricture, and with a little force succeeded in making it pass down, but the operation caused great pain and faintness, and also sickness, in which

matter tinged with blood was thrown up. Whatever was swallowed now did not return, but gave immense pain. Two days later, the operation was attempted again, but was not persisted in, and the man gradually sank, and died six days afterwards. On opening the body, he (Dr. Richardson) found that there were two strictures in the Œsophagus, one at the middle, and the other about two inches from the pylorus. They did not present any sign of malignancy. The tube above the upper stricture, and to the right side, presented a long ulcerated surface, and through this there was a clear round opening into the pleural cavity. The heart and internal organs were emaciated, but there was no other peculiar sign of disease. Dr. Richardson said, in commenting on this case, that it was the third of the kind he had met, in which he had seen used, or had himself used, the probang with, as he thought, unfavourable results. It was questionable whether in these cases the probang ought ever to be used, except to ascertain merely the seat of the stricture. In this case it was passed by a most skilful and careful surgeon, and still it had, as he believed, been thrust, not down the tube or through the stricture, but through the weakened Œsophageal wall into the pleural cavity. The effects of cod-liver oil, administered in full doses by the rectum, were most promising in this case, and would encourage him (the operator) to pursue this plan in the next similar case that should come in his way.

Dr. ROUTH inquired if the disease was of a cancerous character, as he had found stricture of the Œsophagus to be so in almost every instance. This case resembled cancer, but that disease, if present, would have been detected by its odour on withdrawing the probang. With respect to cod-liver oil, administered *per anum*, he had employed it with advantage; but in one instance he was obliged to discontinue its use, from its being constantly tasted in the mouth by the patient.

Dr. RICHARDSON remarked that the disease, in his case, was clearly not cancerous; and in answer to another question, stated that the opening in the Œsophagus was made during life, and not in the process of dissection.

Mr. DENDY observed that all cases of stricture of the Œsophagus which he had seen had been cancerous, or connected with a pouch in the canal.

Mr. HENRY LEE referred to a case of simple ulceration of the Œsophagus, without stricture, thickening, or pouch. The patient died from vomiting consequent upon the ulceration. He mentioned a case, also, of stricture of the Œsophagus, of a cancerous nature, in which he had refrained from passing a probang, under the apprehension of producing mischief.

Dr. ANDREW CLARK exhibited some

SPECIMENS OF PHTHISICAL EXPECTORATION,

which possessed a peculiar interest, from the fact that they had all been expectorated by one person during a period extending over several years, that they illustrated the various stages of one of the spontaneous modes of the cure of tubercle, and that the form of phthisis under which the subject laboured differed in many respects from the usual varieties recognised by writers on this subject. The form of phthisis resembled the latent in the abeyance of general symptoms, but differed from it chiefly in that it occurred to a limited extent, and at successive periods. In latent phthisis, physical signs were discovered when sought for; in the form in question, these were always, until the very last, obscure. The symptoms were those of dyspepsia, with pain about the shoulder, or under the scapula, great nervous disturbance, and general pains. There was no ostensible cough, expectoration, or dyspnoea, and not till after long duration any wasting. The other cases seen by Dr. Clark occurred in persons of high intelligence, sensitive character, refined tastes, and sedentary pursuits. Upwards of seven years ago, the subject of these expectorations was considered to be dyspeptic, was treated for dyspepsia, but grew worse. Attention was then directed to the chest, but he denied having any cough or expectoration. Observation detected an occasional "hem," and cross-examination elicited the fact that he occasionally expectorated a little, but never more than twice in a day. This was sometimes hawked up—sometimes came into the mouth without effort. After pain about the shoulder, and a sense of eating under the scapula, a small, yellowish mass was easily hawked up one morning, and preserved. It contained numerous portions of air-vesicles, various kinds of altered cells, and *débris*. For a month he continued to expectorate one or two pieces from time to time, but so small, and so easily brought up, that they must, under ordinary circumstances, have escaped notice. The characters of the expectoration changed. The cell forms were more disintegrated; free fat granules were present; then, with greater disintegration, came much cholesterine; and at