of firmness in one individual, and their opposite, intrepidity and fortitude, in another; over the general character or disposition, as connected with constitutional temperament, and recognised as phlegmatic and apathetic, or sanguine and zealous; over peculiar feelings and propensities—as in greater or less craving for excessive indulgence in eating, or drinking, or in other gratifications, the suggestions of corporal incitements; and over the liabilities of the mind to become extravagant, eccentric, discordant, or actually incoherent and unsound—as existing in the constitutional elements derived from hereditary sources, or engendered in the body by the workings of some inscrutable though powerful agency.

By giving their proper weight to elementary truths like these, the mind is led to regard them as safe and rational grounds for expecting to find in a wider range of observation, and a larger experience, examples still more numerous, and becomes prepared to meet with those unhappy instances in which the reason, weakened or overwhelmed under the influence of bodily disorder, loses its high attributes, and becomes the confused and misguided victim of impulses, which, although it may condemn and struggle against, it cannot wholly withstand.*

(To be continued.)

ON THE IMPORTANCE OF DIAGNOSTICATING BETWEEN PREGNANCY AND ABDOMINAL DISEASE.

ILLUSTRATED BY A VERY RECENT CASE.

By DAVID NELSON, M.D. Edin.,

PHYSICIAN TO THE QUEEN'S HOSPITAL, AND CLINICAL PROFESSOR, AT BIRMINGHAM.

THERE is no subject upon which it behoves the medical practitioner to exercise more care and caution than the above. Considering the magnitude of the physical and moral consequences involved in the question, and the well-known obscurity of many of the symptoms presented to us, along with the great difficulty of determining either their positive or their relative value, we ought to search diligently for every available proof, both on the one side and the other, and yet, after all, ponder over the matter well and deeply before we commit ourselves to a decided opinion. For if we only recall to mind the ordinary symptoms of pregnancy, we shall at once see that almost all of them are beset with doubt, and that their strength consists more in their number than in their individual weight. Thus, for instance, the increase of size in the abdomen may be due to sundry other causes, as polypus, ossifications, hydrops uteri, hydatids, &c.; and so may the irregularity of the menses, which discharges, from being profuse in the earlier or irritative stages of ovarian or uterine disease, may be quite stopped in the later. Sickness is certainly no criterion of itself. The enlargement of the breasts, and of their areolæ, and also the secretion of milk, may sometimes take place under other irritations of the ovary than pregnancy. Kiestine in the urine has also been shown to be a doubtful mark. Even the supposed movements of the child, when only felt through the parietes of the abdomen, may be simulated by rushes of gas under certain forms of disease; and though the stethoscopic signs of the cardiac and placental sounds within the womb must always afford proof positive of the presence of a living child, they are, of course, not applicable to one that may be dead. Ballotement is certainly a very valuable sign; but when that and the stethoscopic evidences are wanting, it becomes us to look with much distrust on any of the other symptoms, the most of which are merely sympathetic. Moral considerations are also to be taken into account in such a review of any case,—as the station, known principles, and habitual manners of the patient. That great difficulties will beset certain cases, even when there exists the most earnest desire to arrive at truth, there can be no doubt, as witnessed in the memorable instances of Queen Mary and of the Lady Flora Hastings. But these difficulties, thus heretofore exhibited, should

* Reverting to the influence of bodily constitution or temperament, we perceive, not only that the constitution or temperament gives a peculiar tone and character to the spirits and the mental energy, and to the general tendency and bias of the mind in health, but that it exercises corresponding influence over the tendency and bias of the mind when actually overthrown. Dr. Jamies, in the *Journal of Psychological Medicine* for April, 1850, p. 93, gives the following ratios between different temperaments and high and low mental delusions:—

	High Delusions. Per Cent.	Low Delusions. Per Cent.
Aggregate cases	31	69
Nervous temperament	30	70
Bilious ditto	26	74
Sanguine ditto	60	40
Lymphatic ditto	8	92

only afford a wholesome lesson against rash conclusions, especially when ladies are *unmarried*, of mature years, and of superior character; and the following case, as resembling in its most essential point that of the late Lady Flora, is now adduced to enforce such caution, especially on our younger brethren. The writer holds a very strong opinion in regard to the non-publication of cases in private practice; but he conceives that that principle does not apply to occasions such as the present, when he can positively vindicate, and feels that he ought so to vindicate, the injured reputation of a deceased female patient, who, though conscious of innocence, was yet deeply wounded in her feelings by the widely-spread suspicion circulated against her. The facts of the case are as follow:—

Miss P——, of this town, and late of Henley-in-Arden, aged about thirty-four, of pious reputation, and unmarried, had, about eight months ago, or more, first become conscious of an uneasy pain at the lower part of the abdomen, which was by-and-by followed by a swelling in that region. At first, without being subjected to any particular examination, she had been treated for dyspepsia, and some hepatic affection, by a general practitioner, to whom she did not seem to have mentioned the above notable enlargement. Afterwards, as the disease advanced, and assumed a more serious aspect, others were called in; and a physician of some standing, and others of obstetric experience, at length thought it necessary to declare positively that she was pregnant, in order to *save professional reputation*. Accordingly she was treated under this idea for some time, until, from certain communications to that effect, the patient and her friends declined further attendance, and decided on calling in the writer to pass an opinion. He visited her accordingly on the 12th of September last, requesting that Mr. Partridge, of the same neighbourhood (Bordesley) should meet him, as that gentleman had had some general management of the case before that period. On arrival, he heard from the mother and the patient what opinions had been previously given; Mr. Partridge also stated that pregnancy had been affirmed in the case, limiting, however, his own view to a statement of the plain physical facts alone—viz., that there was fluctuation, with a solid or liquid body in the neighbourhood of the uterus, and occasional movements.

On examination, the patient was observed to be of small stature, and much emaciated, with a calm and interesting expression of countenance. The head was cool, the tongue clean, and rather red; stomach tender, bowels obstinate, and kidneys torpid. The pulmonary sounds were natural; heart's action small, smart, and rapid; pulse 100 to 112. The abdomen was enormously distended with fluid, having a most distinct fluctuation all round, except just over the pubes and under the liver. The parietes were so tense, that it was difficult to press them down. Still, however, they could be sufficiently dimpled to permit the discovery of a more solid and pretty large body, like a child's head, in the left iliac region, which twice or thrice seemed to move with a jerk against the hand; while, on the right side, under the liver, there was an extensive doughy mass, distinctly margined, and giving the idea of hepatic enlargement. The os uteri was high up, and the cervix was scarcely distinguishable; but neither the placental blowing nor the cardiac tic-tac was to be heard. The breasts were not enlarged; there was no remarkable areola, nor any milk in the nipples. A scum did form on the urine, but it disappeared under acetic acid. She had menstruated some time before, (explainable, perhaps, by the exhibition of certain medicines.) The test by *ballotement* was not tried, as, besides the above group of negative evidences, she had that calm and straightforward look of the eye, which seldom can accompany any such concealment as was supposed. The opinion then given was, that there was no evidence of pregnancy, but certainly every evidence of universal abdominal fluid, with a solid body within it, most probably an ovarian tumour or cyst. Respect was certainly paid to former opinions on the subject, especially as they had been formed at an earlier period, before the abdominal fluid had so buried the tumours within, and thus beset the case with innumerable difficulties; but yet the diagnosis was sufficiently confident for a decided course of treatment. She had much flatulence, and she was ordered pills of aloes and assafœtida, along with a course of iodide of potassium, and blisters; under which treatment a patient of the writer's, now in the Queen's Hospital, has obtained much relief, with a diminution of the tumefaction.

On the 14th, however, it was discovered that her digestives were so irritable, that they could not bear the iodide of potassium, which was therefore discontinued, and a preparatory treatment substituted, of compound tincture of gentian, with hydrocyanic acid.

On the 16th, three leeches were applied over the liver, where there was pain, and she commenced some mercurial frictions over the abdomen; and as the bowels and kidneys did not act, purga-

tives and diuretics were also resorted to. These, however, had no effect; and as the legs began to swell to a great degree, while the fluid &c. pressed upwards on the diaphragm, and fluctuated even over the pubes, the writer proposed that tapping should be resorted to. As, however, there was a married female friend present, who specifically put the question in regard to pregnancy once more, and recalled to mind the positive affirmations formerly made, it was considered proper, in full justice to the patient, that some eminent *surgical* opinion should be taken before that procedure was adopted. Accordingly, after a day or two, Professor W. Sands Cox, F.R.S., met Mr. Partridge and the writer in conference. He also conjoined in the opinion that there was no evidence of pregnancy, but that there was a vast accumulation of fluid, and some very solid body within it. He deferred tapping, however, and only advised the feet to be punctured for the œdema, which operation was performed by Mr. Partridge, and gave, for the time, some relief. Shortly afterwards, some erythema set in, and healing measures had to be resorted to forthwith.

The distress now increasing, Mr. Sands Cox was again summoned, and on the 19th of October, in presence of the writer, &c., and assisted by Mr. Partridge, he performed the operation of tapping per vaginam, without inflicting the slightest pain, when there drained away upwards of two gallons of thick fluid, like pea-soup, found to be almost pure albumen. After this had ceased to flow, the belly still remained very large, but it was much softer. The tumour, also, in the left iliac region had disappeared, though the doughiness of the right side remained as before. It was not deemed prudent, for the present, to tap again through the parietes of the abdomen, and she was accordingly bandaged round and left at rest, feeling considerable relief in her breathing, &c., while the œdema of the legs had almost at once diminished. She was so wasted and faint, however, from her long-protracted sufferings, that this ease proved but a brief and partial respite. Her appetite and flesh were gone, and all her organs so torpid, that, with the view of hastening her improvement, she exceeded the prescriptions given to her, and swallowed of herself, one after another, many strongly purgative pills. These only increased the flatulency and gastro-enteric irritation, without producing the desired effects; and she gradually sank, and died on the 24th.

On the 25th, an autopsy was instituted by the writer and Mr. Partridge, in presence of the nurse and another female attendant. On cutting through the parietes of the abdomen in front, a large, thick sac was found closely adherent to the walls, and from this sac was drained off upwards of three or about four (for there were no means of exactness) gallons of an albuminous fluid, as before. There was then seen a large solid mass attached to the right wing of the uterus, and stretching away under the liver. The uterus was thereby pulled upwards. This mass appeared to be of the weight of four pounds. On cutting into it, it had a fibrous covering, and appeared partly solid and partly of a honey-comb structure, from which exuded a bloody and brownish-white matter. This, under the microscope, was observed by Mr. Partridge and Dr. John Wright, resident officer at the Queen's Hospital, to consist partly of fibrous filaments, with pus- and blood-corpuscles, granular matter, and fusiform cells. The sac was universally adherent, of a thick, leathery, fibrous structure, interspersed with large vessels, and here and there it presented extensive patches of inflammation, and of effused lymph, on its inner surface. The liver was soft, almost diffuent in some parts, and of a dirty-grey colour. The uterus was of natural size and structure, and, on being cut open, there was no pregnancy.

HYDROCHLORATE OF AMMONIA IN INTERMITTENTS.

—Dr. ARAN, an hospital physician of Paris, and one of the most zealous investigators in the field of medicine, is attempting to revive the use of sal ammoniac in ague. Dr. Aran read, a short time ago, a paper on the subject before the Academy of Medicine, wherein he states that on looking through some books of the last century, he was struck by a memoir presented by Dr. Muys to the Royal Society of London, in which thirty-seven cases are clearly and distinctly given where the above-named salt acted beneficially with various types of ague. Dr. Aran being convinced that a succedaneum to quinine was much wanted, especially in the country, owing to its high price, began to put the hydrochlorate to the test. Herein he found some difficulty, as ague is rather a rare disease in Paris; but he nevertheless succeeded in collecting thirteen cases in a few months, in which the salt was administered with complete success. Dr. Aran thinks that his own cases, coupled with those of Muys, may prove of some importance, and be the means of introducing a succedaneum to quinine, which, as stated above, is much wanted in districts where this alkaloid, on account of its high price, cannot be thought of.

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, tum aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

WESTMINSTER HOSPITAL.

Scirrhus of the Left Mamma; Operation; Recovery.

(Under the care of Mr. BARNARD HOLT.)

If we may trust to the experience we are gaining by regular peregrinations in the hospitals of this metropolis, we would say that the operations the most frequently performed, independently of those required by injuries, are, extirpation of tumours, amputation of limbs for articular disease, and removal of the female breast. This latter operation is, indeed, very frequently practised, and, as may readily be supposed, mainly to combat malignant disease. Now it may be useful to inquire—1. Whether the majority of surgeons are loath to operate, from feeling certain that the carcinomatous affection will return, either in the cicatrix or in some internal organ? 2. Whether enlarged, or actually scirrhus lymphatic glands, are an obstacle to the removal of the breast? 3. Whether a state of ulceration of the carcinomatous growth lies in the way of the operation?

Setting aside such cases, especially in very old subjects, where the disease has reached its utmost development, it would appear that the three circumstances above stated do not, with the greater number of surgeons, forbid the operation. Nor is it well possible that it should be otherwise. How are we to refuse our assistance to a patient, who, made fully aware of the nature of the disease, prays for a temporary mitigation of suffering, and is willing to abide all the subsequent phases of the affection? What we are saying of the breast applies with equal force to the testicle and labia; and we well recollect seeing extirpations of cancerous growths in those regions, where it might with almost certainty be foreseen that the carcinomatous affection would return, and where it actually developed itself again at no distant period.

But, act as we may, such operations are, as it were, unavoidable. Of course we are advised to interfere early, before the disease has taken a firm hold of the frame, &c., &c.; but patients, especially in hospital practice, do not apply early; and when we come in contact with a distressing, repulsive case, what course should be pursued? Listen to Mr. Miller's advice. ("Principles of Surgery," p. 328.)—"Operation, even in the most hopeless cases, may sometimes be deemed expedient, as a mere palliative. When there is a large and ghastly sore, as of the mamma, pouring out much foetid ichorous discharge, and the seat of constant agonizing pain, conversion of the foetid and painful ulcer into a comparatively simple wound, may for a time afford very marked relief. . . . Degeneration ultimately results, and its advance is again rapid and untoward, but, during the interval, the patient may have been privileged to enjoy much comparative ease and comfort. In those cases, however,—and they are the majority,—in which the exhausting shock of an operation, acting on the system, will more than overbalance the contemplated benefit to the part, operation is altogether to be abstained from."

We have known the disease return in a great many instances, nor has it appeared that early extirpation was a guarantee of safety. Among the number, we recollect a patient operated upon by Mr. South, at St. Thomas's Hospital. Here the breast was removed for simple scirrhus, on the 17th of March, 1849, and two months afterwards the patient left the hospital in excellent condition. In the space of three months after this period a small tumour appeared in the cicatrix, the size of a walnut, and when the woman applied again the swelling was twice the size of what it had been before the operation. She now remained six months in the hospital, and died exhausted. No trace of cancerous disease was found in any of the viscera.

Such cases are frequently seen, and they make us naturally wish that some medication may be discovered, which, being used after operation, might in some degree indefinitely keep off