accompanied with bearing-down sensation, loss of appetite, and constant nausea and vomiting; the bowels were very constipated; tongue foul; pulse 95, small and weak. She told me that five years ago she had a very bad labour, that instruments were used, and that from that period she had always menstruated regularly until within the last four months, having lived quite separate from her husband all that time, being informed that another pregnancy would be likely to prove fatal. On examining the abdomen, which was very large, tympanitic, and tender, I succeeded, after a good deal of manipulation, in detecting a tumour of considerable size in the right hypogastrium. The examination was, however, most unsatisfactory, in consequence of the distress occasioned and the tympanitic condition of the belly. A vaginal examination did not assist the least in the diagnosis, the parts being normal, and *in situ*, with the exception of a slight anteversion of the uterus. Examination per rectum elicited the presence of a considerable fullness pressing upon the posterior walls of the rectum, and obscurely fluctuating. A stethoscopic examination elicited nothing. The breasts were very soft and flaccid, no areola perceptible around the nipples, nor any of the glandulæ in the neighbourhood enlarged.

Not feeling satisfied as to the nature of the case, I ordered a brisk cathartic of turpentine and castor oil, which dispelled a quantity of flatus, and allowed a much better examination on the following day. The tumour seemed to be attached to the posterior part of the uterus, but so undefined as to render any opinion as to its nature of little use. I accordingly directed my attention to allay the more troublesome symptoms, particularly the nausea and vomiting. Prussic acid was given internally, and the bowels regulated by the administration of enemata daily, together with light, nutritious food in small quantities. She seemed at first to improve a little under the treatment, but the sickness was most distressing, and the prostration so great as to prevent her leaving her bed. Having an idea that the tumour might be owing to a collection of fæces in the colon, a circumstance which had previously occurred to myself in practice, I introduced an O'Bierne's tube. The instrument passed up, without any difficulty, its whole length, but, with the exception of a slight escape of flatus, no good resulted, except of a negative character.

Ten days later, I met another practitioner in consultation, and the various examinations, abdominal, vaginal, rectal, and stethoscopic, were repeated, but without assisting the diagnosis in the least. It was evident that so much constitutional disturbance must have a cause, and it was determined to watch the case, and meet symptoms as they arose. All idea of pregnancy was stoutly and indignantly denied.

Towards the latter end of March, the lady complained of pain in the right breast, which led to an examination. I found it fuller, and with a slight moisture around the nipple; the skin was also darker. On making a careful stethoscopic examination, I detected a faint bruit, and informed my patient's sister of my suspicion. Early in April, I heard the foetal heart distinctly, which set the matter at rest, although the lady assured me she was unconscious of the fact.

Everything was allowed to remain as a matter of course; and although confined almost entirely to bed, as the enormous size of the abdomen precluded motion, and produced great sickness, still by attention to diet, and regulation of the bowels, she suffered less than might have been expected. Labour came on on the 18th of July; the first stage was very tedious and distressing, the prostration being great. After twenty-four hours' labour, I felt, what at first seemed to be the membrane protruding, but which, on a careful examination, I found to be the whole posterior wall of the vagina, which was pushed down, and as large as a child's head. At this time the os uteri was dilated to the size of half-a-crown, the head presenting, and the membranes unruptured. The pains were now so distressing, and her shrieks so violent, that I put her under the influence of chloroform, its administration being kept up during the whole of the after part of labour. At this stage, a consultation on the case was held with another practitioner, when, as there appeared sufficient room for the exit of the child, and as no urgent symptom was present, it was determined to leave Nature to herself. The catheter was used, and an enema given. At six o'clock P.M., after thirty-two hours' labour, the os uteri was fully dilated, pains brisk and frequent, head above the brim of pelvis; I ruptured the membranes, the pains became frequent, but there was no advance of the head. The long-continued pain was now beginning to tell upon her, the pulse rose to 110, stomach very irritable, and considerable tenderness over the abdomen. The uterine action was brisk, frequent, and powerful; but it was evident that Nature could

not effect the delivery, the obstruction being too great, the posterior part of the pelvis being completely filled with a firm solid body, apparently passing behind the rectum, and protruding that viscus before it, so as to occupy nearly the entire of the pelvic cavity. Having, therefore, waited as long as I thought safe, I determined to deliver her, and tried first with the long forceps. I could not, however, succeed in locking them, and therefore did not deem it prudent to persevere, but perforated the child's head; and, after some delay, and no slight pulling, delivered her. The placenta was extracted from the vagina in half an hour after the delivery. The uterus contracted pretty well; but as the pulse continued above 100, I remained some time with her for fear of flooding, which was not however violent, and quickly succumbed to a dose of ergot, and the compress and bandage.

Her recovery was very slow and tedious. On the third day symptoms of peritonitis showed themselves, but having given her small doses of calomel and opium immediately after the delivery, they soon subsided; she was not, however, able to leave her bed for two months, and could not walk across the room even then. By degrees, however, she gained strength, and is now able to walk two or three miles. The prolapse of the rectum was most distressing for some time, but as the uterus ascended into the pelvis it disappeared, clearly proving that the tumour was attached to the uterus. Numerous careful examinations after the delivery failed in discovering the exact nature or condition of the tumour, being evidently at the back part of the uterus and close to the spine. The lady, at the commencement of the present year, enjoyed pretty good health, and suffered no inconvenience except at each menstrual period, when she experienced a good deal of pain.

There are, I think, in this case several points of great practical importance, fully showing how careful we ought to be in forming our diagnosis, and how necessary that we should not be induced to place implicit reliance on the statements of patients or their friends. It is, indeed, a great wonder that the uterus did not expel its contents, when we consider the vast amount of provocation it received, and the powerful means that were employed. I have no doubt that the tumour had existed for years, and that it was the cause of difficulty in her former labour, and induced her medical attendant to warn her against any future pregnancy.

Liverpool, 1856.

ON

NEGLECTED PURULENT OTORRHŒA AND ITS RESULTS.

By THOMAS WESTROPP, Esq., M.R.C.S.,
Bristol.

As long as obstinate popular prejudice and stubborn medical indifference, if not ignorance, coexist on the subject of diseases of the ear generally, so long will it be the duty of those who are conversant with the subject to protest frequently against errors so fatal in their tendencies, till at length the danger of neglected purulent discharges from the ear shall have become as familiar as "household words."

This is no new fact: every writer of repute on aural surgery has insisted on it; every modern well-written book on general surgery directs attention to it. Fatal cases are occasionally detailed in the medical journals, lectures of eminent men are published, all tending to establish the certain fact, and advocating the necessity of immediate scientific and patient attention being paid to ear affections, and especially to otorrhœa. Yet, after all this, although one would think a tyro in his profession ought to thoroughly understand it, an amount of carelessness, ignorance, prejudice, and utter neglect, is daily to be observed, both amongst patients, as well as amongst their medical advisers, with very few exceptions. I can scarcely account for it: all I know is, that it is a palpable fact—a fact which, I am sure, every aural surgeon in the kingdom will corroborate from his own experience. One reason may be, that it requires more than ordinary trouble, dexterity, and patience to properly investigate the details of an ear case; suitable apparatus and instruments are required which are not in

general use. It sometimes takes from half an hour to an hour to give the requisite attention to a patient, on his first visit, who is suffering from chronic purulent otorrhœa: it is rather an offensive proceeding to the medical man, and one which, unless he is well paid for it, he is little likely to repeat over and over again. And even should the surgeon prove competent and patient enough for the task, there is the prejudice, and often stupidity, of the sufferer (who cannot be made hear without a great deal of extra trouble) to contend against.

It is not my intention to dwell on the treatment, (with the exception of stating that I have found lotions of either chloride of zinc or tannin most useful,) for this has been well laid down by Mr. Wilde, of Dublin, and very many others; but I wish to direct the attention of medical men to the subject, and let long experience, together with appropriate study teach them. Through them I desire to battle with the false notions of the people; to do which, I think, it will take many years.

I will here introduce a few facts from my own experience in these matters. Firstly. People, even when they consult me about their ears, frequently remark that it is very dangerous to *tamper* with such delicate organs; that they were afraid to do so when the complaint began; are still afraid; that friends of theirs had been severely injured by allowing their ears to be interfered with. (This I do not altogether doubt, as delicate manipulation of the ear with surgical instruments is not much cultivated.) That different medical practitioners had advised to this effect—viz., to let well enough alone; that it would not signify; to put a bit of wool in to keep out the cold, (or, rather, to keep in the discharge;) that it was best to leave it to Nature; and many other such recommendations. In some instances, a syringe has been used at random, *lest there might be some wax in the ears*. I have known the membrana tympani to be ruptured in more than one instance during this simple operation. A blister is occasionally applied at a venture, which sometimes increases the irritation of the organ in no slight degree, as in a case I have at present, where acute inflammation and tumefaction was seated in the region of the parotid gland, and extended to the ear. Secondly. It takes sometimes a few weeks' regular attendance to manage an acute case, so as to prevent bad results; it generally requires several months' steady, judicious treatment to benefit a chronic case, even when it can be benefited at all. Here, it may be repeated, that disease of the ears is just as remediable as disease of any other organ, if taken in time, and treated on the same rational principles, and with as much perseverance. Thirdly. That I do not magnify the danger to life from subsequent and consequent cerebral disease, when a discharge is allowed to go on unchecked for years, I appeal to the lectures and cases published by Mr. Toynbee within the last two which medical men have ignorantly asserted to be over-rated and over-stated. I would also refer to statements and remarks of Mr. Yearsley. These two gentlemen have lately been publishing, in the London medical journals, directions for the proper examination and registration of ear cases, which the general practitioner might study with great advantage. I also refer to the article on, and cases of, otorrhœa, in Mr. Wilde's work on "Aural Surgery," which points out the danger to the organ, as well as to life itself, and the reasons thereof, as clearly as can be done.

A few cases, from my own notes, may not be amiss. Some years ago, I was asked to see a man whose friends said he had been suddenly taken ill with a pain in his head. I found him in bed insensible, his eyes exhibiting the bright glistening of phrenitis. On inquiry, I was informed he had long been suffering from an ear complaint—neglected, of course. He died next day. No examination of the body.

Another case: an elderly man consulted me, at an ear dispensary in Bristol, some time since; long-continued and profuse discharge from both ears; odour very fetid. I did everything that circumstances admitted of—made a deep incision over the mastoid process, but it was too late; ere long, death stopped our proceedings.

Again: it is no uncommon thing to be told by mothers, in the lower walks of life, that children who had had runnings from the ears, suddenly got *fits*, which carried them off in a day or so. Yet, after all this, it was but the other day that an intelligent mercantile man, who has had a long-continued purulent discharge from both ears, and a large hole in one membrana tympani, told me he has been frequently advised by several surgeons, one of them a distinguished provincial in high practice, to let it alone—that it would be dangerous to stop it!

Clifton, July, 1856.

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.

GUY'S HOSPITAL.

LOOSE CARTILAGE IN THE KNEE-JOINT; ATTEMPT TO REMOVE IT FROM WITHIN THE JOINT BY SUBCUTANEOUS INCISION; SUBSEQUENT REMOVAL BY EXCISION; CURE.

(Under the care of Mr. BIRKETT.)

MOVEABLE bodies are occasionally met with in the cavities of the different joints, such as the elbow, the shoulder, and the lower jaw, but they are by far most common in the knee. Although generally quite loose and detached, now and then they are found connected with some part of the articulation by means of a pedicle or narrow neck, and they vary in number from a single one to two or three, although as many as fifty or sixty have been found in a single joint; as a rule, however, one only is generally present.

As to their real nature, Mr. Erichsen observes that "These bodies in many cases, are not truly cartilaginous, but appear to be composed of masses of condensed and indurated fibroid tissue, not very dissimilar in structure to the warty synovial membrane just referred to. In other cases, however, it is probable that they may be of a truly cartilaginous formation."—"Science and Art of Surgery," p. 618.

Mr. Syme describes them as having a glistening pearly lustre, and when divided they are found to consist of a gristly substance inclosed in a firm capsule, with a bony nucleus in the centre. In the examples we have had the opportunity of seeing, they proved to be wholly composed of cartilage, which was the case with the example we now record. The point of the greatest interest in their natural history, however, relates to their origin; and whatever this may be ascribed to,—such as effusion and organization of blood and lymph; separation of a fractured articular portion; and the separation of morbid growths from the margin of the cartilages,—we think most surgeons will agree with Mr. Syme, that the last of these explanations is, on the whole, most probable. The specimen in Mr. Birkett's case had all the appearance of having been broken off one of the larger cartilages, as for example, one of the semilunar; as its thickness, oval shape, and semicircular margin somewhat resembled a portion of this cartilage. The patient's history would seem to point to something of the kind, for his knee gave way when lifting a heavy weight, followed by inability to extend the joint for a few days, when the loose body was distinctly felt. Mr. Birkett made an effort to remove it in the manner recommended by Mr. Syme; it did not, however, give liberty to the loose body; but by careful strapping, &c., it was retained *in situ*, and partly adhered to the inner side of the joint. This result permitted of its escape more readily on a subsequent occasion, when a valvular incision was made over the body, through the synovial membrane. Not a drop of synovia escaped, and with great care the man got well, without a single bad symptom. Every surgeon is well aware that this very simple operation is sometimes attended with considerable risk of life and limb; and the late Mr. Liston, from a case of this kind, where the limb was saved with difficulty, the joint becoming ankylosed, was disposed to dissuade from operative interference altogether, unless the patient should be willing to assume the responsibility of the consequences on himself.

M. W—, aged twenty-two, an Irish labourer, in good health, muscular and well-made, but of a fair and delicate complexion, was admitted on March 17th, 1856. In July, 1855, whilst lifting a heavy weight, the right knee gave way, and the patella seemed as if it were displaced. He was unable to extend the joint fully; but after a few days he did so, and he then perceived a moveable body in the joint. Since that time he has had more or less pain, and a sensation of weakness in the knee, particularly when flexing it, or in the