for many years, I am now fully convinced that it is a safe and efficacious medicine in accouchery cases; possessing all the properties which a practitioner could desire. Its effect on the contraction of the uterus, both before the expulsion of the foetus and after this has been accomplished, is such as to remove all danger attendant on the woman, quickening and facilitating the delivery, and preventing spasm or flooding afterwards. I am of opinion, therefore, that as soon as it is generally known in female practice, it will supersede the necessity for male practitioners, except in a very few instances, where the disproportion of parts is very great, or the presentation such that delivery cannot be effected without turning; in such cases the medical man will still be called in; but these will not occur in more than one out of 200 of the medical man's present accouchery patients. This, I have no doubt, will be hailed as a great relief by the generality of the surgeon-apothecaries in country practice. It may be considered as somewhat extraordinary that the virtues of the ergot should not have been known until the present century; had they been discovered before, the surgeon would never have acquired his present practice in midwifery; the females would still have retained it, and the lever and forceps would never have been invented; the new practice would not have superseded the old, which was a far preferable system, and most unquestionably so now when we have the ergot to assist in cases of sluggish labour, from the rigidity of the ligamentous and other soft parts of the pelvis. Before the ergot was administered, the forceps were a necessary appendage of midwifery practice; indeed, without them, the surgeon could scarcely have superintended this practice together with his other engagements. When the os uteri was fully dilated, and the friends and patient most anxious to have the delivery effected by any means in the power of the accoucheur, it cannot be expected that, with the means in his possession of expediting the labour, he should prefer waiting twenty-four hours, during which his attention is required in various other places, rather than have recourse to the forceps which have, perhaps, frequently relieved him in similar circumstances."

In 1828 Dr. Adam Neal published his researches respecting the "Natural History, Chemical Analysis, and Medical Virtues of the Spur or Ergot of Rye, when administered as a Remedy in Certain States of the Uterus." He collected all the information that he could obtain upon the subject, and gives a table of 700 cases in which the ergot of rye had been successfully employed.

All these circumstances then led to the universal reception of the remedy, and it is now universally admitted that the rye has no injurious effect on the child; that it does

not diminish the natural secretions, nor interrupt any of the functions of nature; that it has no action upon the muscular fibres of the uterus, except when this organ, charged with the product of conception, tends to get rid of it; that it is highly beneficial where the placenta is retained from the inertia of the uterus, as also where there are clots remaining there; it also arrests menorrhagia when occasioned by want of uterine contraction after labour, and likewise where it originates from a partial detachment of the placenta, that with proper precautions it can be relied on by the accoucheur to facilitate parturition.

FATAL CASE OF REMOVAL OF AN ENORMOUS TUMOUR.

By H. H. GOODEVE, M.D., Professor of Anatomy and Medicine in the Medical College, Calcutta.

THE following case bears several points of resemblance to the celebrated one of the Chinese, Hoo Loo, which will be found in THE LANCET for 1830-1. vol. 11. p. 67.

Golaum Hyder, ætat. 45, applied at the Medical College on the 6th of April for relief from an enormous tumour of the scrotum. He stated that his general health was good in every respect. His countenance was fresh and lively, his pulse natural, appetite good. He said that the tumour had commenced about seven years previously, by a increase in the size of the scrotum and thickening of the skin which covered it. This enlargement had gradually augmented involving in its progress the prepuce, and finally, about a twelvemonth since, completely hiding the penis from view. The tumour was still increasing.

The appearance of the swelling when it came to the College will best be understood by a reference to the accompanying drawing.

From the lower part of the abdomen, as from between the thighs, hung down as low as the ankles an enormous mass of flesh, a rounded form with a comparatively narrow neck. No sign of the generative organ could be observed in this tumour, but a large depression about the centre of its anterior surface marked the termination of what once had been the prepuce and gave passage to the urine. On the neck of this swelling a careful examination enabled us to trace the cord on either side, but neither penis nor testicles could anywhere be felt. The skin of the neck and upper part of the tumour was smooth and healthy, but there was thick, rugous and tuberculated. The dimensions of this large mass were as follows:

lows: Greatest diameter 3 feet 9 inches, length from pubis downward 21, circumference of neck 18 inches.

The operation was performed on the 19th April at half-past 7, A.M. In attempting to remove the diseased growth it was resolved to save the organs of generation if practicable, and I determined to commence the ope-

ration by clearing these from the surrounding mass, and then to cut away the remainder as rapidly as possible.

A long director was first introduced into the opening in the front of the tumour and pushed up for about eight inches as far as the penis. I had originally intended to slit up this canal, and I regret that my wish

was overruled, because I think it delayed the operation, for I should at once have found the extremity of the penis and have had a free opening to work in. Instead of this, I cut down upon the end of the director, with a cross cut about four inches in length. The instrument lay very deep, probably three inches below the skin. This incision formed a well that instantly filled with blood, the continual flow of which for a short time impeded any further progress in the operation, for I did not dare to cut deeper where I could not see, lest I should wound the glans penis. The bleeding was merely venous, however, and soon stopped. I then made an incision joining the first nearly at right angles in the direction of the spermatic cord, upon the left side, extending down upon the front of the tumour. In the bottom of this wound I expected to find the testicle, but after cutting for the depth of four or five inches, I came to the bag of an enormous hydrocele, containing certainly not less than five or six pints of fluid. Dividing this lengthwise, and, discharging its contents, I found the testicle at the most depending portion of the sac—indeed very nearly at the bottom of the tumour itself; the spermatic cord could not have been less than 16 or 18 inches in length. It was determined to remove the gland as a useless body: the spermatic cord was accordingly compressed between the fingers of an assistant, and divided. Scarcely any bleeding followed this division when the pressure was removed. An incision similar to that on the left side was then made in the direction of the right spermatic cord, which was readily found and traced downwards to the testicle. Another but a smaller hydrocele filled the tunica vaginalis in that quarter. This was emptied and the testicle and cord separated from the surrounding parts. The penis was then completely cleared, and with the testicle was held up towards the abdomen, whilst the remainder of the tumour was removed,—a part of the operation very readily accomplished. A long Liston's catline was driven through from the front of the wound below the penis backwards to the perineum, and with one cut brought out so as to leave a flap of healthy skin on the left side. A similar cut upon the right separated the mass from the body, and left a large gaping wound between the thighs, which, however, together with the body of the penis, was readily covered with the flaps left by the concluding incision. The divided spermatic artery was tied as a precautionary measure. The edges of the wound were then closed with five or six ligatures, and water dressing was applied. The whole operation lasted but 14 minutes, and there may have been between 30 and 40 ounces of blood lost; this was almost entirely venous, and flowed within the first minute or two of the operation. Subsequently there was no

bleeding whatever: the diseased structure did not appear to contain a drop of sanguineous fluid—indeed it possessed altogether a very low degree of vitality. The patient was very faint once or twice during the operation, but he revived by the administration of some brandy and laudanum, and the application of hot water to his epigastrium; so that after it was all over he was warm; his pulse beat pretty freely; he talked rationally, and appeared very thankful that he was relieved from the disease. For two or three hours he continued tranquil, and expressed himself to be very comfortable, except that the wound *burned* a good deal, as he expressed it. He vomited once; complained occasionally of thirst, and it was necessary to give him a little ammonia from time to time. At 11 o'clock his pulse was beating freely; he was warm and apparently doing well. But in half an hour afterwards a slight convulsive fit occurred; he grew faint, and gradually sunk till half-past 12, when he expired.

The tumour upon examination was found to weigh 56 pounds, exclusive of the water contained in the hydrocele, which must have been five or six more. Its structure resembled that of all other tumours of the elephantiasis variety which I have met with. It consisted of layers of tough fibro-cellular texture, with deposits partly of gelatinous matter, partly of a glairy fluid within the denser substance. The dermis and the tumour seemed insensibly to blend into each other. In the centre of the mass were the remains of the two empty bags of the hydroceles with the left testicle.

I need not say that the unfortunate termination of this case was a great disappointment to me. I confess that I did not anticipate it, for everything conspired to favour its success. The patient was in excellent health and good spirits; no very alarming quantity of blood was lost; and the operation was rapidly performed, and the patient's sufferings did not appear to be great. The immediate cause of his death was unquestionably the severe shock to his nervous system produced by the removal of so large a portion of his body—"The punishment was greater than he could bear." Failure in such a case is entirely a question of that inexplicable quality, *vitality*; one patient may enjoy a sufficient degree of vital force to bear that under which another will expire.

It may be objected to this case, that the removal of one of the testicles materially increased the severity of the shock to the patient's constitution, and contributed to his death. I am inclined to believe, however, that the danger and importance of excising these glands has been much exaggerated; and in the first successful operation of this description on record—that performed by Mr. Liston in Edinburgh—the whole organs

generation were cut off at one sweep of the knife with the rest of the tumour. This also occurred in Clot Bey's case. The next question which arises is this—Has experience shown the propriety of attempting to remove other tumours under similar circumstances?

All circumstances taken into consideration, I confess that my own opinion is still favourable to the operation, and I do not think we ought to withhold it from patients anxious as Golaum Hyder and Hoo Loo were to be relieved from a burthen which rendered life miserable, though aware of the imminent risk to which they exposed themselves. In this country cases of similar disease are exceedingly numerous, and the question is an important one to decide; but for the present it must remain a matter of individual opinion, until the experience of a few more instances shall enable us to make the propriety of the operation a settled point of surgical practice.—*Calcutta Quarterly Journal*, &c., No. 3, 1837.

THE LANCET.

London, Saturday, August 18, 1838.

ONE of the disastrous results which followed in the train of the Tender System, and the false views propagated by the Poor-Law Commissioners, is described in another page of this Journal. A majority of the *Bridgewater Guardians* has deprived a poor woman of the use of her arm for ever: and the sight of that limb, withered, idle, and distorted, will perhaps rise some day in their recollection, with the forms of childbearing women—and the unfortunate CASWELL—consigned under their humane administration to untimely graves. The retrospect of all their cruelties, of all their reckless follies, of all their victims will, it may be hoped, not end in harrowing their minds with remorse, but at length awaken a spirit of repentance, and induce them to take immediate steps for redressing, so far as lies in their power, the evils which they have inflicted upon the poor of the Bridgewater Union.

The circumstances that led to the trial have already been before the public: and the name of JOHN RODNEY WARD is sufficiently notorious; but we may remind our

readers, that the medical officers of the Bridgewater Union, finding their salaries entirely inadequate, signified the same to the Board of Guardians. An ignorant, truculent, mean majority refused to accede to the terms of the medical officers,—terms exceedingly low, and, as the evidence before the Poor-Law Committee has proved, not sufficient to meet the cost price of the medicines. Advertisements were inserted in the newspapers,—the poor of Bridgewater were brought to the hammer under the auspices of Mr. Assistant-Commissioner WEALE—the GEORGE ROBINS of the occasion—and knocked down to Mr. JOHN RODNEY WARD, whose pretensions were announced with due magniloquence, in a card, of which the following is a *verbatim* copy:—

“Mr. John Rodney Ward, Graduate in Medicine and Surgery of the *University of Leyden*, and Member of the Worshipful Society of Apothecaries in London; late *Consulting Surgeon Accoucheur* to the Royal Maternity Society, Doctors' Commons; *Surgeon* to the Royal Infirmary for the Diseases of Children; *Consulting Surgeon Accoucheur* to the Southwark Childbed Society, Guy's Hospital, and Honorary Member of the Physical Society, Guy's Hospital; &c. &c. At home for consultation on all Diseases incident to Women and Children, every morning from 8 till 10 o'clock; 69, Pilgrim-street, Newcastle-upon-Tyne.”

In some instances it would not be easy to discover the institutions to which Mr. WARD was *Consulting Surgeon*, and in others, it would be impossible to trace the connection of that gentleman with the societies which he has honoured with his paternity: but this is matter of little moment; and if the phial was charged at the University of Leyden, the electricity was apparently *negative*; yet the sagacious Somersetshire Guardians were electrified. The “*Somersetshire Gazette*” observes, after printing the card:—

“To this distinguished dignitary the poor of the Bridgewater District of the Union, including the inmates of the Union Workhouse, were consigned. The managers of the Board *plumed themselves* beyond measure, at having attracted to Bridgewater this constellation of dignities from Newcastle, by the tempting bait of £130 per annum. Thus, to add £17 11s. 9d. a year, to their *savings*,