present attack he considers that he had overworked himself; that he had, at the same time, to stand in a damp gravel pit, often got wet, and kept his damp clothes on his back. His illness commenced one month before his admission, and to come to the hospital he was brought twelve miles in an open cart. From this uncomfortable kind of travelling, he was quite cold and collapsed when admitted.

The previous treatment had consisted of baths, enemata, aperients, &c. &c. The man at first only felt pain in the back and across the loins, which was, however, so severe as to compel him to leave his work, and on the following day he was unable to turn himself in bed; he felt his jaws stiff, and had difficulty in opening his mouth. All these symptoms happened without any decided pain, except at times slight uneasiness about the articulation of the lower jaw; but the patient has had continued pain in the back along the spine. On examination, it is found that he swallows well when food is placed into his mouth. When moved sharply, he feels as if his breath were gone. The man never experienced any difficulty in micturition. Bowels costive; there is but little sleep, but it is difficult to account for this, as the patient says the pain is not severe nor continued enough to prevent rest. He now complains most of pain caused by lying in one position, as he is unable to move himself, except slightly, by drawing up his legs and pressing with the soles of his feet on the bed. The body rests on the shoulders and nates, the intervening parts being curved forwards; there is a sensation as if something tight was drawn across the shoulders; no priapism; no wound can be detected except an old sore over the left tibia of nearly three years' standing, and slight abrasion over the upper part of the cæcum from the pressure of lying on it; the man can move his legs and arms, but is unable to raise the latter to the top of his head; he can open his mouth to half-an-inch; the masseter and other muscles attached to the lower maxilla are hard and tense, those on either side of the spine and in the abdominal region are in the same state; tongue and gums red; pulse 56; teeth on the left side excavated by the tube of the pipe; no albumen in the urine.

Dr. Chambers ordered vapour-baths, small doses of calomel and opium, and pillows to be so arranged as to take off some of the pressure.

On the third day after admission the patient was placed under the influence of chloroform during the stage of excitement; the rigidity became much increased, but when fairly narcotized the stiffness gave way, and he sank quite flat on the bed, and soon afterwards fell into a sound sleep. Continue the medicine.

Fifth day.—Pulse 92; muscles as rigid as ever; when placed on his feet, however, the man can walk; appetite good; bowels open. He was now again put under the influence of chloroform.

Sixth day.—Chloroform used again; much tremor observed during the stage of excitement. The patient slept afterwards, and on waking tried to get out of bed, and fell on the floor.

Seventh day.—Mouth slightly affected from the pills. Stated that he would rather not have chloroform to-day. When Mr. Trotter began to make him inhale the anæsthetic agent, the pulse got very slow, then the man became insensible, but much sooner than usual. After this the pulse turned very weak and scarcely perceptible, irregular and intermitting, and at length disappeared altogether. On applying the ear to the heart, Mr. Trotter perceived at about every sixth beat a *very prolonged* first sound, but no second. The rhythm of breathing was, however, not affected. Ammonia was applied to the nostrils, and the chest smartly "*flipped*" with a towel, the end being moistened with water; this appeared to awaken his dormant powers, and he soon came round, though the heart's action was irregular for some time afterwards.

The patient was now placed on full doses of extract of belladonna, and when the specific effect was produced, they were left off, without any decided amelioration of the symptoms. He was now left without medicine for a few days, no change of symptoms being in the meanwhile noticed. The belladonna was now resumed, and on Jan. 4th, 1854, nineteen days after admission, the notes are as follow:—Pulse 84, regular; can get out of bed and walk about, but is unable to flex his back; opens his mouth one inch. Muscles of the left side of the spine normal; those of the right still rather rigid; abdomen much softer; some difficulty in getting the right hand to the top of the head, but none with the left.

Dr. Chambers now ordered a liberal diet, and the compound iron mixture, with tincture of valerian, thrice daily.

The patient remained in the hospital till Jan. 11th, being almost a month since he was admitted. There was only *slight*

stiffness in the back, and a *little difficulty* in raising the right arm to the vertex. The sore on the leg broke out since he has been up and walking about all day, but he says he will not have it healed, as it is no inconvenience to him. He is well enough to leave, as he only feels weak, and thinks the fresh air of the country will put him all right.

WESTMINSTER HOSPITAL.

Elephantiasis of the Leg; Amputation; considerable Infiltration of the remaining Limb two years after the Operation.

(Under the care of Mr. HOLT and Dr. BASHAM.)

It is not a little strange that the only hospital of this metropolis which possesses a ward for incurable patients is precisely one of the least extensive of these institutions—viz., the Westminster Hospital. No doubt but this privilege has been obtained by special endowment, but it is to be regretted that the boon is restricted to female sufferers. Though limited in this manner, the existence of such a ward is nevertheless a feature of some importance, and we sincerely hope that arrangements of the like kind may sooner or later be made in other charitable establishments. We saw, a few days ago, in this ward for incurables, a patient whose case was reported in the "*Mirror*" about three years ago, (*THE LANCET*, vol. i. 1851, p. 514,) and we were struck at finding that this woman, who had undergone amputation of the left leg for elephantiasis some years previously, was now apparently attacked with the same disease in the remaining limb.

This patient, who is now twenty-eight years of age, has been for some time under the care of Dr. Basham in the ward above mentioned, and had not left the hospital since the operation, except to spend a few weeks at Margate. Her health remained tolerably good up to about eight months before the present time, though she had been known to pass albuminous urine, when the remaining limb began to swell, the enlargement taking place soon after an attack of typhoid fever, which was at that period reigning in the hospital. She was then treated by Dr. Basham, her life being in great jeopardy. The leg has been increasing in size ever since, and has become larger than the amputated one ever was, the whole limb, up to the middle of the thigh, presenting not only an enormous bulk, but that considerable infiltration, which, as it increases the size of the part, renders it hard, tough, and lardaceous. The foot presents that peculiar thick and indurated swelling on the dorsum so characteristic of elephantiasis, and has lost all feeling; in fact, an observer, unacquainted with the history of the case, would, on seeing the leg, pronounce it ordinary elephantiasis, though the swelling of the left arm and hand prove that the hypertrophy of the leg depends more on general or renal causes than on local changes. The urine is albuminous, and the patient passes very little of it.

It is easy to foresee what will be the end of this case; but the kind of recurrence of elephantiasis suggests a train of reflections. What was the cause of the enlargement of the limb amputated two years ago? Did the elephantiasis then depend on general or local causes? If the former, how is it that none but the left leg was originally attacked, and that at the present time the stump is not increasing in size, nor the hand and arm of the corresponding side? If the latter, by what mechanism, or by what kind of obstruction, did the elephantiasis take place? However these questions may be answered, the facts detailed above will retain their full force, and should teach us to put into the scale, when we are deliberating about the propriety of removing a limb affected with enlargement, the possibility of seeing the same kind of affection spring up in the other. It should be noticed that the elephantiasis in the right leg crept very slowly upwards from the foot to the knee, and has reached the thigh only the last fortnight. Oedema of limbs, depending on albuminuria, generally invades the parts more quickly, and this circumstance might go some way to prove that there is another agency at work besides the renal affection.

We should mention here that the late M. Roux recently removed a leg, at the Hôtel Dieu in Paris, the limb being in the same condition as was the case with this patient at the time of the amputation performed by Mr. Holt. M. Roux was inclined to think that the elephantiasis observed in the man upon whom he operated was owing to either of two pathological changes—an obstruction in the lymphatic vessels of the part, or an enlargement of the bone; he does not, however, touch upon the supposition that some general cause might be at the root of the evil; yet the sequelæ of the case which we detailed above clearly show that this latter cause should not be overlooked, and that any taint in the system which we can dis-

cover by fully investigating the history of the patient should carefully be taken into account when we are endeavouring to establish our diagnosis. Such of our readers who reside in London should visit the museum of Guy's Hospital, where they will find a beautiful model in wax of a leg affected with elephantiasis.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 28, 1854.—JAMES COPLAND, M.D., F.R.S.,
PRESIDENT.

ON THE EXTRACTION OF POLYPI FROM THE UTERUS. By
GEORGE CANNING, Esq., M.R.C.S. &c., Bishop Auckland,
Durham.

THE object of this communication was to establish the superiority of the operation by excision over that by ligature in all cases of uterine polypi under a certain size. The case recorded was that of a lady who had been twenty years married, but never pregnant; and who, in the year 1840, had a polypus removed from the uterus by ligature. In 1842, symptoms of a return of the previous disease presented themselves; and the author felt distinctly the presence of a small hard body within the os uteri. About the end of 1848, frequent retention of urine and obstructed bowels occurred, which conditions were found to depend on the presence of a large polypus which completely distended the vagina, and projected by a lobe through the os externum. All attempts to pass a ligature proved fruitless; violent expulsive pains, attended by alarming hæmorrhage during the catamenial period, induced an attempt to promote the uterine efforts for the dislodgment of the tumour. It was a good deal torn in the experiment, but these efforts were abandoned; portions of the tumour eventually sloughed, her health somewhat improved, but retention of urine becoming again troublesome, with frequent and violent expulsive efforts, accompanied by hæmorrhage, it was proposed to attempt the extraction, under the influence of chloroform. Some difficulty was experienced in seizing the tumour to obtain a fair purchase; this was ultimately accomplished, and steady traction was made for twenty or thirty seconds at a time, with intervals of two or three minutes. It was conducted so as to imitate as far as possible the process of ordinary labour. Expulsive efforts of the uterus eventually came on; and in three hours and a half, the expulsion of the tumour was effected in the last stage, solely by the natural efforts, which became violent and continuous, so soon as the polypus reach the os externum. The tumour was found to be connected posteriorly, at the juncture of the middle with the upper third of its concavity, with the inverted fundus of the uterus by a short and thick neck. This attachment was severed, and the inverted fundus carefully replaced. There was very little hæmorrhage, and none afterwards. The length of the tumour was seven inches, its circumference twelve inches, and its weight thirty-four ounces. It was of a firm, fibrous character. The author thought that the case established a proof that Dr. Locoock's plan of excision was preferable to ligature in all cases of hard and pedunculated polypi.

Dr. TYLER SMITH said it appeared to him that, in the case just read, the polypus might have been removed much earlier by the common operation of the ligature than it had been by the knife. In cases in which he had employed the ligature, it had not been necessary to wait, as in this case, until the polypus had been expelled from the uterus. With Gooch's instrument it was as easy to tie a tumour in the uterus as when it was in the vagina. He had removed several polypi from the cavity of the uterus by ligature in cases in which it would have been impossible to have passed the knife into the uterus. As these cases were chiefly dangerous from the occurrence of hæmorrhage, it was desirable that the tumours should be removed as early as possible. He might observe that, for the last three or four years, during the time, indeed, in which the furunculoid epidemic had been prevalent, he had not tied a polypus in any case in which a crop of boils did not make their appearance three or four weeks after the removal of the tumour. The offensive discharge appeared to be absorbed and followed by the furunculoid eruption.

Dr. TANNER observed, that with regard to the question of the excision of uterine polypi, he considered this operation perfectly safe if performed when the tumour was in a quiescent state—that is to say, when there was no bleeding from it. But

cases not unfrequently presented themselves in which abundant hæmorrhage was going on, and in which, from the exhaustion of the patient, it became imperative at once to take steps for checking the flow of blood. Under such circumstances, excision was unjustifiable, and it became necessary to resort to the ligature. Still the application of the ligature was by no means unattended with danger. In the last instance in which he had used it the patient had died, but not, it was thought, from this mode of treatment so much as from its having been too long deferred; for when she was first seen by him, she was in such a state of exhaustion from the loss of blood, which was still continuing, that large quantities of stimulants were necessary to prevent immediate death. Under all circumstances, however, he thought this rule might be adopted—that the operation of excision was the preferable plan of treatment where there was no hæmorrhage, but in the opposite class of cases the use of the ligature was to be preferred.

Dr. MOORE observed that polypi must be looked at with reference to their mode of removal under two conditions in which they presented themselves—viz., whether the tumour was pedunculated, or had a large base, and whether it was entirely in the uterus, or had protruded into the vagina. In every case the amount of hæmorrhage must also be taken into consideration. In the case immediately before the Society, he could not understand why it should have been necessary the perineum should have been lacerated. He could not regard extraction, attended by so much violence, as good practice. Such mischief was not necessary to be inflicted, when either the knife or the ligature were employed. The ligature, in most cases, was the safer and easier mode of proceeding, unless the base of the tumour were very large. He did not think that any injury was to be apprehended from absorption of matter following the operation.

Mr. HODGSON said, in addition to the modes of removing polypi by ligature and incision, a third plan—that by torsion—might be mentioned. He had resorted to this proceeding on several occasions. It was unattended by difficulty or danger. There was less risk of hæmorrhage when the neck of the polypus was twisted than when it was divided by the knife. He had long been in favour of the application of the ligature in the mode which had been recommended by the late Dr. Gooch—a preference arising, probably, from the circumstance of having seen that distinguished physician employ it in many cases. He (Mr. Hodgson) had usually resorted to this mode of proceeding until a case had come under his notice of a very large polypus, in which mischief resulted from the operation. In this case a ligature was passed round the neck of the tumour, and from the great size of the part included, it became necessary to tighten the ligature several successive times. The polypus eventually sloughed, but putrid matter became absorbed, and the patient died from uterine phlebitis. He considered that when the base of the tumour was large, its removal by excision or torsion was preferable to the application of the ligature, because, if removed by the latter process, there was danger of the absorption of putrid matter, and death of the patient from symptoms analogous to those of puerperal fever. He had never seen the fearful hæmorrhage from torsion, which occasionally followed the operation by the knife. The experience of Sir Charles Clarke bore him out in this particular.

Mr. SPENCER WELLS considered that in some instances the polypus might be removed with more safety by an operation which combined the use of the ligature with that of the knife. In two cases, he had first passed a ligature round the neck of the tumour, and then divided it just external to the constricted part. By such a proceeding, there was no fear of hæmorrhage, or of the absorption of putrid matter.

Dr. SHULOFF objected to the use of the ligature in cases of polypus, from having observed three cases, in which very bad consequences had followed its application.

Mr. ALEXANDER URE had, three years since, a case of polypus with a narrow pedicle, under his care. He passed a double ligature through the centre of the pedicle, and tied it on both sides. He then cut off the tumour. The result had been most satisfactory, not a single bad symptom having followed the proceeding. Mr. I. B. Brown had practised the same operation in St. Mary's Hospital with a similar result.

Dr. COPLAND remarked that two or three facts of great practical importance had been developed in the course of the discussion. First, the fact mentioned by Dr. Tyler Smith, of the occurrence of boils after the removal of the tumours by ligature, showing that the putrid matter had been absorbed into the system, and got rid of by the eruption upon the skin; and secondly, the more important absorption of matter, as mentioned by Mr. Hodgson, which terminated in the death of the patient