local, require, first general, afterwards local treatment. There is no reason to suppose that any of these local affections are protective or salutary to the system at large; yet under improper treatment they have occasionally given place to affections of the vital organs. In this class may be also included local diseases of uncertain origin, which, with others of a more obviously blended character, may be treated safely by first rectifying any disorder of the general health which may complicate the local malady, or which may be inferred from its existence alone: and secondly, by such topical accessories as may be necessary to complete the cure. Pertaining to this class are a large proportion of old and obstinate ulcerations of the lower extremities, originating in a cachectic condition of the system, and yet, from long habitudes, indisposed to heal when the system is righted, without aid from poultices, bandages, or other local management. The mechanical treatment suggested by Whately, Baynton, Spender, and others, though founded on good surgical principles, and often successful, will yet not only occasionally fail, but is liable, when successful, to endanger the vital organs, unless adopted with this limitation—that the system must first be prepared for their operation. The constitutional tendency to morbid action must previously be duly corrected, and “a retrograde motion towards health,” as Hunter expresses it, must be established before the mechanical management can be undertaken with both success and safety. Under such a system, judiciously and watchfully pursued, these different cases may generally be conducted to a most satisfactory termination. No surgeon who has a practical acquaintance with these principles of treatment, ever dreams of amputating a simply ulcerated leg, or fears for the result of healing it soundly.

These are the conditions on which it appears to the writer safe and judicious to attempt the radical cure of local diseases, however protracted, complicated, or inveterate. And this opinion has been long confirmed by his uniform experience. As regards all the recorded cases of metastasis or conversion of disease under treatment, it will be found probably, without one single exception, that either the treatment is not fully detailed, in which case nothing whatever is proved, or the management of the case has not been conducted with a due regard to the principles propounded in the preceding pages. These disasters, therefore, not only exist as an opprobrium to the profession, but they reflect especial disgrace upon individual management. It must be admitted, there may be some excuse for this. The knowledge of chronic affections must always be pursued “under difficulties,” which do not incumber the study of acute diseases. In the latter the patient is generally submissive and obedient under treatment, and the whole case, always of short duration, is brought under observation from its commencement to its close; whereas, in chronic disease, the reverse of all this often occurs; and the surgeon, meeting with little that is either satisfactory or instructive, loses that interest in the case which is essential to method and perseverance.

It remains only to be observed that, as compared with the general results of chronic local affections, cases of metastasis or conversion are of exceedingly rare occurrence, even under careless treatment: so rare, indeed, that except for incidental and purely practical purposes, and independently of considerations suggested by a knowledge of the existence of widely-spread prejudice, the subject would scarcely have been deemed entitled to formal or elaborate investigation. Moreover, there is reason to apprehend, with Mr. Plümbe, that in a majority of these cases, rare as they are, the cause is mistaken for the effect; and that the retrocession of the local action is merely the result of some previous change in the interior, wholly independent of the condition of the skin as a cause, yet incidentally restraining or suspending its abnormal tendencies.

In practice, however, we much more generally find—what might, indeed, have been expected from physiological considerations—namely, that where the skin is extensively diseased, the interruption of its functions, instead of proving salutary to the system at large, more or less disturbs the general health; that the suppression of its exhalations is either reflected upon the bowels, and diarrhoea complicates the skin disease—or upon some other organ which sympathizes with the skin; and that when the skin is restored, the general oppression is relieved, and the patient appears in improved health. Such has been the uniform experience of the writer. And this is equally true of cases of ulcers of the legs, and of anal fistulae. The system is far more commonly worn down; under the influence of local irritation, than relieved by it on the principle of counteraction, and it naturally recovers its healthy tone on the removal of the exciting cause. The ex-

ceptions to this rule are probably exceedingly rare, but, being curiosities in their way, are sure to be recorded when they do occur; while the cases in which the rule holds good—namely, where the local disease distresses the general system—occur a thousand times as often, too often, indeed, to obtain especial notice, or perhaps as much of observation as their practical importance may merit.

Upon the whole, therefore, it appears that the fear of the metastasis of local disease, under enlightened treatment, if not a mere bugbear, has certainly little foundation in fact; and that in the rare cases where such a tendency may be supposed to exist, it may be counteracted by watchful and judicious management. It seems scarcely necessary to add, that medical practice ought to be founded at least on rational deductions, and should never be diverted from its legitimate object by vague apprehensions, which in all probability will never be realized. “Semper in praeliis maximum est periculum qui maxime timent.” (Sallust, Bell. Cat.)

Herne Bay, February, 1846.

ILLUSTRATIONS OF INFLAMMATION, ULCERATION, & INDURATION OF THE UTERINE NECK.

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PENETRATION OF ULCERATION INTO THE CAVITY OF THE OS.

CASE 1.—*Inflammation, ulceration, and induration, of the uterine neck, of several years' duration, in a married lady without family; peculiar cerebral symptoms, the result of the uterine disease; their gradual disappearance; ulceration in the cavity of the os.*

On the 4th of March, 1846, I was consulted by Mrs. H—, a tall, pale-looking married lady, aged twenty-seven. She had been requested to see me by a physician in town, who had attended her some time previously for a neuralgic affection. On inquiry, I found that her history was as follows:—

As a girl, her health was good. She had menstruated early, and continued to do so regularly and easily during four or five days every month, until she married, at the age of twenty-one. Very soon after marriage, (within a couple of weeks,) she was seized with acute inflammation of the vulva and vagina, for which she was obliged to have medical advice. The inflammation subsided under general treatment in the course of a few weeks, but left upon her a slight vaginal discharge, which she has had, more or less, ever since. Previous to marriage, she had never suffered from whites. She does not remember whether she experienced any other uterine symptom after this first attack of acute inflammation. Eighteen months later, she again suffered from a similar attack of vaginal inflammation, which again subsided under general treatment, leaving behind it, however, a rather more abundant vaginal discharge than that which previously existed. She also distinctly recollects having experienced soon after this a sensation of bearing-down, and pains in the lower part of the back, hypogastrium, and side. These symptoms have existed, with greater or less intensity, ever since, as also the leucorrhœal discharge. Soon after their manifestation, the general health began to fail. Slight dyspeptic symptoms showed themselves for the first time; various neuralgic pains appeared in the head and face, and she became nervous and hysterical. For the last two or three years, the nervous symptoms have been gradually gaining ground. She has become so timid, that she dares not walk out, either in a town or in a public promenade; she is frightened at all the persons she meets, without knowing why. Her brain often feels bewildered; fantastical ideas flit through her mind; her memory fails her; and she experiences singular and irrational impulses. Sometimes she becomes cold and chilly, and faints. She has been continually under medical treatment for some years, having successively placed herself under the hands of various medical men. She has been treated for neuralgia, hysteria, and for diseased liver; and all without any further result than temporary alleviation of the symptom attacked—indeed, the morbid nervous sensations have latterly been gaining ground. Four months ago, she consulted an experienced uterine pathologist, who carefully examined her per vaginam, and stated that the uterus was low, but was not inflamed nor otherwise diseased, and that all she had to do was to remain

as quiet as possible, and to attend to her general health. When I first saw this lady, she was pale, thin, and weak; and the following symptoms were present:—tongue white; anorexia; constipation; pains in the lumbar, hypogastric, and inguinal regions; leucorrhœa, pelvic weight, and bearing-down, especially after fatigue; catamenia scanty, but not painful; there was a very peculiar, absent, wild expression about the eyes; she scarcely ever looked before her, or towards the person to whom she was speaking, but on the ceiling, or sideways.

On examining digitally, I found the cervix voluminous, evidently hypertrophied, retroverted, and low down in the vagina. The os was open, and presented around its orifice the peculiar velvety sensation of ulceration. On using the speculum, I found the vulva and vagina red and congested, and the latter containing muco-pus. The cervix was soon reached, and fairly brought into view; it was so large as to scarcely enter the No. 2 conical speculum, indurated, very red and congested, and presented an ulceration covered with pus of the size of a shilling, and dipping deeply into the cavity of the os uteri.

Treatment.—Regular weekly cauterization of the ulcerated surface with the pernitrate of mercury, or the nitrate of silver; cold astringent vaginal injections; cold hip-baths; cold-water rectal injections; an occasional mild aperient; a mixture containing small doses of carbonate of soda, and a vegetable bitter, which was subsequently changed for iron in varied forms; rest in the horizontal posture; light diet. I was very anxious to commence the treatment by the application of a few leeches to the cervix, owing to the great extent of inflammatory hypertrophy that existed, but my patient would not consent to their application, and became so fearful and excited on the subject, that I was obliged reluctantly to discard all idea of resorting to them.

Under the influence of the above treatment, a very rapid amelioration took place. Within three weeks the ulceration began to cicatrize at the circumference, and, at the same time, the cervix itself began to melt, as it were; diminishing in size as the ulceration healed, and rising in the vagina. The various local symptoms enumerated gradually subsided also; the general health rapidly improved, and the abnormal cerebral sensations above mentioned became less marked and less distressing.

On the 15th of April the ulceration had healed entirely around the os; but on separating the lips as far as possible with the bivalve speculum, it could still be seen within the cavity of the os. The pernitrate of mercury was therefore carried into the cavity, to the depth of a quarter of an inch. The internal application of caustic was subsequently twice repeated.

On the 1st of May, the ulceration of the cavity of the os appeared perfectly healed, although a rather florid hue could still be distinguished in the interior. The cervix had nearly regained its natural size, and was perfectly soft, and of a natural pale rosy hue; it had risen so high in the vagina that the index could scarcely reach it. The vagina was healthy, and there was no leucorrhœal discharge. The bearing-down had entirely disappeared, as also the pain in the side and in the hypogastrium; but there was still a little pain in the back on fatigue. The general health was very much improved; the tongue had become clean; the appetite had begun to return, and the bowels were regularly moved without medicine. The cerebral symptoms, although not entirely subdued, were much ameliorated. The memory had become stronger; the ideas were more under control, and less fantastical; and she had not, to the same extent, the nervous dread of meeting in the streets persons she did not know. She was, however, still pale, weak, and thin, and as she wished to spend the summer with relations at the sea-side, I readily acceded to her desire, considering nothing more likely firmly to re-establish her general health than a residence on the sea-coast, and sea-bathing.

Remarks.—The above case presents many points of interest. The appearance of acute vaginal inflammation immediately after marriage, followed by constant leucorrhœa, renders it probable that there existed more or less uterine inflammatory disease from that period up to the time when I was consulted. At all events, the presence of the various symptoms which I have enumerated, as experienced subsequently to the second attack of vaginitis, eighteen months after marriage, proves, in the most conclusive manner, the existence, at that time, of ulceration of the cervix, and of its concomitants and sequelæ. It is thus evident that this lady had been suffering under severe uterine inflammatory disease, perhaps for six, but certainly for four years previous to my seeing her. I have not, therefore, the slightest doubt, that the neuralgic, hyste-

rical, and dyspeptic symptoms, for which she was successively treated, all had their origin in the uterine affection. The only symptom which could be construed into an indication of diseased liver, was the pain in the right side, in the region of the ovary. In ulceration of the cervix, sympathetic pains in each side, in the region of the ovaries, are nearly as universal as pain in the back. This ovarian pain may exist on one side only, or on both. Singularly enough, when on the right side, it is very often mistaken, as with Mrs. H—, for a symptom of liver disease. This is a gross mistake, but one that is often fallen into when an accurate examination of the case is not made, although the free edge of the liver is several inches above the region where the ovarian pain is felt.

The long-continued existence of uterine disease had deeply affected the mental functions when I saw this lady, and from the nature of the sensations which she described, and the expression of the countenance, I question whether insanity would not have followed, had not the disease been checked. It is well known to all pathologists, that confirmed uterine disease, or even mere functional disorder of the uterus, is not an unfrequent cause of insanity; and that when such is the case, it is only by restoring the integrity of the uterus and of its functions that the insanity can be cured.

It will have been remarked, that the ulceration persisted for some time in the cavity of the os, after it had been cured on the cervix around the os. The circumstance of the ulceration of the cervix extending into the cavity of the os, or, rather, co-existing in that cavity, is of very common occurrence, as I have stated in my treatise on uterine inflammation, pages 34—38. In many cases, the internal ulceration heals along with the external; but this is not always the case, and sometimes, as with the above patient, the ulceration internal to the os remains, and has to be treated alone; indeed, occasionally, the limited ulceration that exists within the os is very obstinate and difficult to heal. Here it is that the bivalve speculum has often a decided advantage over the conical or any other speculum. Opening to the extent of two inches, as it does, the lips of the cervix may be dragged asunder, so as to allow the operator to ascertain, ocularly, the state of the cavity. The latter may be ulcerated, even when the eye fails to detect a lesion, owing to the depth of the ulcer. This may be suspected when a drop of pus remains within the lips of the os, after the cervix has been carefully wiped, or if a drop or two of blood oozes from the cavity of the uterine neck, on a bougie or sound being passed half an inch up it. When this is the case, a pointed stick of the nitrate of silver, or a very small dossil of lint tied to a small piece of wire, and dipped in the fluid caustic, must be carried up the cavity of the os, as high as the point which appears to be still the seat of ulceration—that is, for about a quarter or half an inch.

Unless the internal cavity of the cervix is thus carefully examined, and its integrity ascertained, relapses will necessarily often occur. I, consequently, never dismiss a patient as cured without using the bivalve speculum, unless I can clearly see into the cavity of the os without it, which very frequently is not the case. I should have much wished to have kept Mrs. H— in town for a week or two longer, until the redness which I have alluded to had disappeared; but she was so anxious to leave, that I could not insist. I merely told her that I did not consider her quite safe,—that she must continue to use cold-water vaginal injections night and morning during the summer, and that she must be again examined, in case there were the slightest return of the former symptoms. In this instance, menstruation was never painful or much disturbed—an unusual circumstance.

I cannot conclude these observations without remarking how little the pathology of these affections can be understood, when we find an enlightened and experienced accoucheur examining carefully this lady only a few months before she came to me, and telling her that there was nothing amiss with the uterine system, and that the falling of the womb was merely the result of weakness. In reality, the lowness of the womb was the result of chronic hypertrophy, itself the result of long-continued inflammation and ulceration of the cervix. Indeed, as I have elsewhere stated, such is the cause and explanation of nine cases out of ten of partial uterine prolapsus.

The following case is a good illustration of the above remarks on the penetration of ulceration into the cavity of the os uteri.

CASE 2.—*Ulceration of the cervix, extending deeply into the cavity of the os uteri. Symptoms obscure. Obstinacy of the internal ulceration.*

On the 1st of February, 1846, Mrs. F—, aged thirty, the wife of a tradesman, delicate-looking, and of rather

sallow complexion, applied to me for advice. She stated that she had long felt very weak and poorly, and attributed the change in her health to an attack of bowel complaint, which she experienced the previous autumn. Since then she had lost strength and flesh, had had no appetite, and had been generally unwell. She had also suffered from whites and from a pain in the lower part of the back, the result of weakness, she considered. The above account of her symptoms, coupled with the expression of the physiognomy, inducing me to suspect the existence of uterine inflammation, I at once directed my inquiries to the state, past and present, of the uterine system. It appeared that, although of delicate constitution, she had always enjoyed tolerable health up to within the last five or six months. Menstruated at fourteen; she continued to do so regularly and easily both until and after her marriage, which occurred at the age of four-and-twenty. She has since had two children. The last was born two years ago. The labour was rather tedious, but natural, and she soon recovered. She nursed her child during seven months, when it was weaned. During that time she does not recollect having experienced any uterine pain, or having suffered from leucorrhœal discharge. The catamenia returned, as usual, on her ceasing to nurse, and have continued to make their appearance regularly until the present epoch. From the time that she had the bowel complaint last autumn, however, they have been painful, scanty, and have lasted six days instead of four. Since that epoch, also, she has had a slight leucorrhœal discharge. On questioning her minutely, I also found that it was more especially since then that she had experienced the pain in the back; and that she had also had pain low down in the hypogastric region, although her attention had not been directed to the circumstance. She stated likewise, on inquiry, that she experienced pelvic weight and heaviness after any fatigue, or after standing long.

The presence of these symptoms necessitating further scrutiny, I examined digitally, and found the cervix rather low in the vagina, voluminous and retroverted, but soft, or, at least, elastic. The lips of the os uteri were widely open, so as to admit the extremity of the medius, and presented the peculiar soft velvety sensation of ulceration. No great sensibility on pressure. The uterus appeared small and healthy. As there was evidently inflammation and ulceration of the cervix, I told her to procure a letter for the Western Dispensary.

On examining her there on the 10th, with the speculum, I found, as I had anticipated, that the os uteri was ulcerated; the ulceration extending on both lips, and into the open os, so as to present, externally, a surface a little larger than a shilling. The ulceration was not unhealthy, the granulations being small and florid; the cervix itself was greatly enlarged, but not indurated, the hypertrophy being evidently inflammatory. The mucous membrane of the cervix, and of the upper part of the vagina, was of a deep-red hue, and covered with thick yellow muco-pus. Tongue rather white; appetite bad; bowels costive.

Treatment.—To take a mild, saline, opening mixture daily; to use a sulphate-of-zinc injection twice a day. Periodical cauterization of the ulceration with the pernitrate of mercury, or the nitrate of silver. Rest in the horizontal posture as much as possible. Mild diet; no stimulants.

March 1st.—The leucorrhœal discharge is much less abundant, and less purulent; the cervix, which is higher in the vagina, is still large to the touch, although less than it was at first; the vagina and cervix are less injected; the ulceration on the cervix appears healed at first; but on expanding the bivalve speculum, it is found still to exist in the cavity of the os, which is large enough to admit the extremity of the middle finger; the pain in the back is much less; there is scarcely any in the hypogastric or inguinal regions; the general health is much ameliorated; the appetite and digestive functions are improved; the bowels are less confined, and the rest is better. The periodical cauterization and astringent injections to be continued. Citrate of iron to be taken internally, instead of the saline mixture.

14th.—The local and general improvement continues; the menses have just appeared, and are easier and more abundant than they have been for many months.

April 1st.—The ulceration is healed externally, and in all that part of the cavity of the cervix which the eye can reach, when the lips of the os uteri are fully expanded by the bivalve speculum; but there are still a few drops of muco-pus issuing from the os, and on introducing the extremity of the uterine probe into the os, its contact is followed by the effusion of a drop or two of blood. The ulcer evidently still existing in the interior of the cavity of the cervix, a pointed stick of

nitrate of silver was pushed into the os for nearly half an inch.

This internal cauterization of the cervix was resorted to three or four times, at the interval of a week, along with cold-water vaginal injections, with complete success. On the 11th of April, every trace of inflammation and ulceration of the cervix had disappeared, inside of the cavity of the os as well as outside; the cervix is still rather voluminous and retroverted, but soft in its entire extent, and high up in the vagina; the mucous membrane of the cervix is rather more rosy than usual, and there is on it a scanty white secretion; she has no pain in the hypogastrium, nor in the inguinal regions; she has neither any pain in the back, nor any sensation of bearing-down, except after fatigue, when she still feels slightly the two latter symptoms; the tongue is quite clean; the appetite and rest good; she is very much stronger—indeed, quite well. I recommended her to continue the cold-water injections, to avoid fatigue, and to be careful as to diet.

In the middle of May, I again examined this patient, as a precautionary measure, and found that the cicatrization had remained perfect; and there was complete absence of local inflammation or irritation. She was evidently quite well and safe from relapse.

Cambridge-square, Hyde-park, June, 1846.

ON THE USE OF THE STARCH BANDAGE IN VARIOUS SURGICAL DISEASES.

By ALFRED MARKWICK, Esq., M.R.C.S. London.

IN a paper lately published in *THE LANCET*, (p. 240,) I called the attention of its readers to the use of the starch bandage in the treatment of fractures, and attempted to prove that its advantages were due to the great solidity and support it gave to the fractured limb; to its preventing the displacement of the bones; to the facility with which it can be split open, for the purpose of examining the state of the injured member, and applying such remedies as the case may require; and though last, not least in importance—to its enabling the patient to leave his bed, and move about from place to place, and attend to his accustomed avocations, without either risk or danger, in the majority of cases: his strength being by this means kept up, while those cachectic and debilitated states of the constitution consequent on a prolonged decubitus are prevented.

In the present communication, I propose adverting to its application in those cases in which, as in fractures, the chief indication is to keep the part motionless. These are—dislocations, sprains, and other injuries of the joints; diseases of these parts; ruptures of the muscles and their tendons; re-sections of bones; necrosis and caries; certain deformities, either congenital or acquired, or from vicious cicatrization; aneurisms; varicose veins; hernia; indurated testicle, &c. I shall consider each of these in the order in which they are here given.

It is not my intention to enter into a full description of every species of luxation: I shall confine my remarks to the subject of treatment, and more particularly to that portion of it which more directly concerns us in this paper.

There are some dislocations in which it is almost impossible to prevent a repetition of the displacement by the ordinary means—as, for instance, in the dislocation, forwards, of the sternal end of the clavicle. Now with the starch bandage we can effectually overcome this difficulty.

The indications in this accident are, to keep the shoulder outwards and forwards, and the sternal end of the clavicle in its proper situation. The best apparatus for fulfilling these indications is a starch bandage, consisting of a combination of a portion of Dessault's bandage for fractured clavicle and the anterior figure-of-8 bandage. The former, which should only be sufficiently starched to prevent it from getting slack, will keep the shoulder outwards by means of the axillary pad, while the latter will bring it forwards and keep the sternal end of the bone in its place by its firmness and solidity—properties that are due to the starch, with which it should be abundantly covered, especially over the sterno-clavicular articulation. Should more firmness be required to effect this object, a piece of paste-board or stiff leather, previously soaked in warm water, and starched, may be applied, and secured by a second figure-of-8 bandage. The arm is then to be supported in a sling. As the axillary pad, by pressing on the vessels of the arm, has a tendency to produce cedema, it is always advisable to commence by passing a roller around the limb from the fingers upwards.