In the three hundred cases already alluded to, there were twenty-two cases of first confinement, and the majority were of a duration varying from eight to thirty hours. The membranes were ruptured in from half an hour to two hours previous to the birth of the child. The placenta came away in from eight to thirty minutes. In five cases it was expelled into the vagina as the child was born; and in two cases it was expelled along with the child, and no very serious hæmorrhage ensued, as would be very naturally supposed from such unfrequent occurrence.

I would here draw the attention of the profession to the fact of the similarity in the duration or period of time between the birth of the child and the expulsion of the placenta; for I have been often struck with the remarkable coincidence that in the ratio of the duration of labour, so will invariably the expulsion or retention of the after-birth be regulated. If the one be *quick* or *tedious*, so is the other. This, of course, may not always be found to be so, but I have so frequently noticed it, that I am justified in introducing it here, with a view that others may, at some future period, corroborate or deny its frequency, as far as their own observations may enable them so to do.

CASE OF FÆCAL VOMITING

DURING

THIRTY-FOUR DAYS.

POLYPUS OF THE INTESTINE, INTUS-SUSCEPTION,
AND RUPTURE.

By J. STEWART ALLEN, Esq., Assistant-Surgeon, St. Marylebone Infirmary.

ANNA REGUS, ætat. 38, was first visited on the 3rd of February last; she complained of a severe but intermitting pain in the epigastric region, which was increased by pressure. She stated that her health was generally good, but that of late she had been obliged frequently to have recourse to purgative medicines. The pulse was not affected, nor was there any constitutional disturbance. A dose of calomel and opium was prescribed, to be followed by a dose of castor-oil. On the following day the pain had considerably increased; the bowels had not been acted on; she had frequent and violent eructations; and towards evening there was copious vomiting, of a green, foetid, bilious matter; pulse 70; tongue red and rather dry. Twenty-four leeches were directed to be applied. Calomel and opium every six hours; a common enema to be administered, and repeated until the bowels were acted on.

5. No relief from the leeches; the enema brought nothing away, but they gave great temporary relief; continues to vomit large

quantities of a foetid, yellowish, chalky matter. More leeches were applied, but they also gave no relief.

7. Much worse, the pain recurring in violent paroxysms; the spasmodic action going on in the intestines can be felt by placing the hand on the abdomen; they press in knots against the abdominal parietes; friction gives relief; countenance anxious; pulse 85. Was bled to sixteen ounces.

8. Did not vomit for nearly twelve hours after being bled; is easier, and slept for some time during the night; towards evening there was a return of the violent pain. She was again bled to twenty ounces, which produced syncope.

9. Gums affected by the mercury; pain abated.

10. Apparently sinking; countenance collapsed; extremities cold; pulse scarcely perceptible at the wrist. To have brandy and stimulants: did not vomit for some hours after taking the brandy.

11. Considerably revived. To continue six ounces of brandy daily: to have beef-tea, and an enema to be administered twice daily.

12. Abdomen became covered with large, round vesicles, or rather pustules.

From this time until the 20th there was no material alteration. She continued to vomit daily large quantities of fæcal matter, of the same yellowish, white appearance: the brandy had always the effect of relieving the sickness. That and the beef-tea were the only nutriment, solid or fluid, which she did not immediately eject. On the 20th the enema brought away a large quantity of fæcal matter, but the vomiting continued: no difference could be distinguished between the ejection and the defecation.

From this time until the 28th she continued apparently to make great progress towards recovery; the vomiting, however, continued, although not so frequent, and large quantities of fæcal matter were brought away with each enema.

On the 1st of March she had passed twenty-four hours without having vomited; the bowels had acted three times without the aid of enemas; she was able to sit up in bed; the countenance had lost every trace of anxiety; and she wished for permission to leave the bed.

On the 2nd the vomiting returned; the bowels had acted once of their own accord. The enemas were again directed to be administered, owing to the great relief which they gave.

From this until the 9th the vomiting continued, with little alteration in the other symptoms; the abdomen again became covered with large pustules, nearly the size of a sixpence; and a large patch of integument below, and to the right side of the umbilicus, became discoloured: it is in this region she complains of most pain.

On the morning of the 19th, whilst sitting up in bed, she was suddenly seized with intense pain and shivering; when visited about an hour after, the pulse could not be counted, and was intermittent; abdomen tympanitic; extremities cold; countenance collapsed. Recourse was had to stimulants and sedatives, enemata of warm oil, mustard sinapisms, &c., but she never rallied. Death took place at about two o'clock on the morning of the 10th.

Examination of the Body Fourteen Hours after Death.

On opening the abdomen there was an escape of foetid air, and a quantity of thin, frothy, faecal matter was found in the cavity. A small rupture was found in the lower part of the jejunum. The intestine, for about sixteen inches, was in a gangrenous state; the finger could be readily pushed through its coats: immediately below the rupture in the intestine, and occupying its whole calibre, was a solid fleshy substance, about three inches in length; it had grown from the mucous membrane by a very narrow neck; when cut into, it presented a firm, fibrous appearance. The polypus, or tumour, from its weight, had dragged down a considerable portion of intestine, forming intus-susception. The liver was enlarged; but the other abdominal viscera healthy. The gangrenous portion of the intestine was lying in contact with that part of the abdominal parietes where the discoloured patch had been observed during life.

May 24, 1842.

VAGINAL DISCHARGES,

ACCOMPANIED WITH URETHRAL IRRITATION.

To the Editor of THE LANCET.

SIR,—Mr. Lane, in his valuable lectures on syphilis, now in course of publication in *THE LANCET*, when speaking of vaginal discharges, at page 39 of the current volume, although he expresses himself guardedly, appears to incline to the opinion, that urethral irritation will be present or absent according as the vaginal discharge be of a contagious or a non-contagious nature. As a general rule, this will probably be found to be the case; but if exceptions occur (and doubtless many of your readers have met with cases that would prove such), the value of the symptom, as a diagnostic, will be materially diminished; and I think that the young practitioner, at all events, will do well not to attach too much importance to it, as an erroneous opinion, in a case of vaginal discharge, might, under peculiar circumstances, prove highly detrimental to his interests and professional reputation.

I am induced to make these remarks from having met with cases of vaginal discharge, accompanied with urethral irritation, which,

I am fully persuaded, were not the result of contagion; an outline of one of these, which appears to me to possess some interesting and instructive features, although the treatment adopted did not prevent a fatal termination, I purpose laying before your readers. Before relating the case, I wish to make a few observations relative to the extension of inflammatory action in mucous membranes. Mr. L. says in the paragraph above referred to,—“It will also be readily understood that the gonorrhoeal matter, when transferred from the male to the female, could not fail of coming in contact with the vagina, and would be soon communicated from thence to the female urethra, as the mucous lining of the two canals is continuous;” from which it is evident the lecturer believes the urethral irritation results from the direct application of infectious matter to the orifice of that canal: consequently the continuity of the mucous membrane is a point of no importance, as the result would be the same, whether the walls of the vagina between the orifice of the canal and the infected spot were lined with tinfoil, or mucous membrane, as from the contiguity of the orifices of the two canals the gonorrhoeal fluid, flowing from the vagina, could hardly fail of coming in contact with the orifice of the urethra. The question, however, is this, Does the extension of the disease to the urethra necessarily depend upon the direct application of infectious matter to this part? or, Does the inflammatory action (the result of infection), set up in a part of the vagina with which infectious matter has come in contact, spread along the continuous mucous membrane to the urethra?

If an affirmative answer be returned to the first question, a negative must be given to the second, which would imply that gonorrhoeal differs from common inflammation not only in its cause and product (contagious matter), but also in its general characters and the laws which govern it, of which proofs are wanting. The well-known tendency of common inflammation of mucous membranes to diffuse itself over a more or less extended surface, depends, doubtless, upon the general constitution of the individual attacked by it; of this daily examples present themselves in catarrhal affections of the air-passages, the irritation in one being confined to the nostrils, in others affecting the fauces also; whilst in numerous cases it gradually extends down the larynx and trachea, and in some to the ultimate divisions of the bronchial tubes: such, likewise, is the progress of inflammation resulting from specific causes. In some cases the gonorrhoeal affection involves only an inch or two of the mucous membrane of the male urethra; in others it extends to the bladder and testes, to which structures we can hardly conceive the infectious matter to be conveyed; whilst in irritable subjects the inflammatory action