

the most advanced age. The symptoms which attend its origin and progress, and the anatomical peculiarities by which it is characterized, will be best illustrated by the following case:—

MEDULLARY CANCER OF THE RIGHT TESTICLE; EXTIRPATION OF THE GLAND; RAPID RECOVERY FROM THE OPERATION; EXAMINATION OF THE MORBID PARTS.

A. B—, aged fifty-four, a healthy-looking, sunburnt, country gentleman, accustomed to take considerable exercise, accidentally noticed, about nine months ago, an enlargement of the right testicle, which had not given him any pain, nor in any way injured his health. The discovery would have caused him but little uneasiness, had it not been that, some years previous, his brother had suffered from a disease which, originating in the testicle, returned after complete extirpation, and proved fatal, by involving some of the abdominal viscera. He came to London in the early part of May, 1846, and placed himself under the care of Mr. Lawrence. The right testicle was enlarged to the size of a goose's egg, hard, and irregularly nodulated at the upper part. The spermatic cord was of its natural softness; there was no swelling of the inguinal absorbent glands.

Mr. Lawrence recommended the removal of the part by operation, to which the patient readily assented.

May 12th.—An incision, commencing over the external abdominal ring, was continued full four inches downwards along the scrotum. The spermatic cord being dissected out, and half divided, the spermatic arteries were tied, and the cord was completely severed. The testicle was then separated from its cellular attachments, and removed. Considerable bleeding ensued; from six to seven arteries were tied. The wound was subsequently united by sutures, and the patient was conveyed to bed.

By Mr. Lawrence's directions, I injected the morbid parts by passing differently-coloured size into the spermatic arteries and veins, both of which vessels were of larger calibre than usual. The vas deferens, healthy near the abdominal ring, was thickened and impervious below. Upon making a section of the testicle, it was found that a circumscribed mass of medullary cancer, divided into lobules by septa, irregularly distending, but not rupturing, the tunica albuginea, had pressed to one side the tubuli seminiferi, with their accompanying arteries and veins, which, unaltered in structure, were spread out in the form of a thin layer over the posterior part of the tumour. Towards the posterior part of the testicle the tunica albuginea had become very thin, and the morbid growth, which had enlarged chiefly in this direction, almost completely surrounded the epididymis.

The medullary mass was not of the same consistence throughout; anteriorly it was of brain-like firmness, and of whitish colour, and the only vessels injected were numerous veins, which terminated in a stellated form. Near the epididymis it was much softer, in parts semifluid, and the injection had passed into the small arterial capillaries: the coats of the vessels developed in the tumour were very thin. When examined microscopically, it was found composed of large cells, of caudate form, containing nuclei and nucleoli, with some free granules; there was scarce any trace of fibrous structure. In ten days the wound healed, and the patient returned to his residence in the country. Up to the present time there is no return of the disease.

The progress of soft cancer of the testicle, when not interfered with by a surgical operation, the gradual thinning and ulceration of the tunica albuginea, and the protrusion of a soft, bleeding, brain-like fungus, are circumstances too well known to need description here. There are, however, some points connected with the case just related which deserve particular attention. It is usual to state, that the disease commences with enlargement of the testicle, which preserves its oval form and even surface. The enlargement is attended with slight tenderness, a dull pain, and occasionally with a little effusion into the tunica vaginalis. We have here an instance of soft cancer of the testicle, occurring in a person to all appearance healthy, unattended by even the slightest pain, and inconvenient only from its bulk. Owing to the irregular enlargement of the morbid growth, the testicle had become nodulated at the upper part, and had partially lost its oval form; but in consequence of the tunica albuginea remaining entire, it felt hard and unyielding; there was no effusion into the tunica vaginalis. Upon examination after the operation, it was found that the cancerous growth, originating at the posterior part of the testicle, where the vessels enter from the spermatic cord, appeared as a circumscribed tumour; there was no cancerous infiltration; the surrounding structures

were all in their natural state. It was in greater part of the consistence of brain, and filled with venous capillaries; but where it was making its way externally, it was softer, and of reddish tinge, which indicated increased arterial action. Although there can be no doubt as to the propriety of operating in these cases, and of relieving the patient, for a time, at least, from a disease occurring in an organ where its further development would be attended with much suffering and inconvenience, it must be confessed that experience speaks very unfavourably as to the permanency of the cure. The anticipations of an unfavourable issue were in this instance stronger than usual, from the suspicion that a disease, most probably of similar character, which had manifested itself in the person of a near relative, had returned, and proved fatal after early and complete extirpation of the organ first diseased.

BRISTOL INFIRMARY.

CONTRIBUTIONS TO CLINICAL SURGERY.

By CHARLES GREIG, Esq.

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DOUBLE FRACTURE OF THE BASE OF THE LOWER JAW.

JOHN D—, aged twenty-seven, admitted into No. 10 ward, under the care of Mr. Lowe, Feb. 17th, 1843, with double fracture of his lower jaw, from falling, and striking his chin against the pavement. On examination, the body of the lower jaw was found to be drawn downwards and backwards, the points of separation being on the left side, between the bicuspid, and on the right side, between the second bicuspid and the first molar tooth. On the left side, the second bicuspid was much displaced, but not altogether detached, and there was also free arterial hæmorrhage. The tooth was replaced, and the detached portion of bone was made to resume its normal position with very little difficulty. The hæmorrhage now ceased; pasteboard, softened in hot water, was applied, and retained by the ordinary four-tailed bandage. Ordered, tincture of opium, thirty minims, to be taken directly; cold water to be applied over the seat of injury occasionally; gruel and milk for diet.

Feb. 18th.—Has had a restless night; complains of great pain in his face and mouth. The lips are much swollen, and he has copious salivation; pulse 96, rather sharp. Ordered, a lotion, with lead and rectified spirit, to be applied to his face; tincture of opium, forty minims, at bed-time.

19th.—Has had several hours' sleep; pain still violent; bowels not moved since admission; bone in good position; pulse 98, sharp. Ordered, chloride of mercury, six grains immediately; lemonade for drink.

20th.—Several large motions have been passed, and he feels much better; the swelling and pain have greatly subsided, and the salivation is considerably diminished; pulse 90, softer.

21st.—Has slept well; the swelling has almost disappeared, but the pain in the lower jaw is occasionally severe; the bone is in good position, notwithstanding the appliances have got very loose. The pasteboard and bandage to be readjusted, some lint being placed between the former and the skin. Omit the lotion; to have broth.

24th.—Doing very well; swelling, salivation, and pain, have quite subsided; pulse 78, natural. To sit up.

March 9th.—Has been going on well since the last report, the bandage only being occasionally readjusted. To have rice milk.

March 24th.—There is complete union, and the bicuspid tooth is re-fixed. The pasteboard splint is to be removed, but the bandage is to be continued. To have boiled mutton.

April 1st.—Discharged, cured.

OBLIQUE FRACTURE OF THE BASE OF THE LOWER JAW.

Mary O'B—, aged twenty-two, married, was admitted into No. 15 ward, June 6th, 1843, under Mr. Smith, with an oblique fracture of the base of her lower jaw, and contusions of her nose and left cheek, occasioned by a blow from a poker by a drunken man. The line of separation commenced behind the left canine tooth and extended backwards. The right side of the lower jaw was drawn downwards and backwards, and the left side upwards. The cheek and nose were much swollen and discoloured. The fractured ends could be easily replaced, but owing to the difficulty of retaining them in proper position, a piece of strong thread was passed round the left lateral incisor and the second bicuspid tooth, and tied. Moistened pasteboard was applied and retained by the

ordinary four-tailed bandage. Cold-water dressing to face and nose. Gruel for diet. Tincture of opium, half a drachm, at night.

7th.—Has slept badly; pulse 94, irritable; complains of more pain in her head, than at the seat of injury; there is slight swelling of her face, and the salivation is considerable; her bowels have not been moved for four days. Spirit lotion to be applied to her head and face. Calomel, five grains, to be taken immediately. Lemonade.—Nine p.m.: The bowels have not been moved. Ordered, an enema immediately.

8th.—The bowels have been moved several times during the night; feels greatly relieved and inclined to sleep; swelling diminished; salivation still very free. To have broth daily.

10th.—Going on very well; the salivation is considerably less.

13th.—The fracture is in good apposition, but the bandage is very loose. The pasteboard and bandage to be removed, and to be re-applied with a piece of the soap plaster interposed between the splint and the skin. The lotion to be omitted.

16th.—Going on very well; swelling quite subsided; pulse 80; bowels costive. A powder of calomel and jalap to be given in tea immediately.

20th.—Quite easy. The thread, which was applied to retain the fracture in apposition, to be removed, as it appears to keep up irritation of the adjacent soft parts. To have bread-pudding daily.

24th.—Salivation has entirely ceased, and the fracture is united.

30th.—Since the 13th, the bandage has been occasionally changed, for the sake of cleanliness. There is now firm union of the fractured bone, and the patient is discharged cured.

TRANSVERSE FRACTURE OF THE BASE OF THE LOWER JAW.

Thomas M'G—, aged twenty-six, was admitted into No. 9 ward, August 2nd, 1843, under the care of Mr. Clark, having received a blow on his chin from a policeman's staff. On examination, the right side of the lower jaw was found to be transversely fractured between the first molar and second bicuspid teeth, and the bicuspid teeth and a portion of the alveolar process of the same side were also broken. The ends of the bone were greatly displaced, the right side being drawn forcibly upwards, and the left side downwards and backwards; there was also very free arterial hæmorrhage; pulse 100. The fractured ends were readily restored to their natural position, and retained by moistened pasteboard and a four-tailed bandage. The hæmorrhage, which still continued, was arrested by the application, between the gum and cheek, of a piece of lint saturated with the muriated tincture of iron; and thirty drops of laudanum were administered to allay the excessive pain which he complained of in his throat and ears. Spirit lotion was applied over the injured part.

3rd.—Has slept soundly, but has contrived to loosen the bandage, so as to allow the fractured ends to get somewhat misplaced. The hæmorrhage was very soon arrested after the application of the tincture of iron, and there has been no return of it since. The pain in the throat and ears is diminished, but there is great swelling in his throat and face; pulse 98, full, and rather sharp; skin hot and dry; and there is slight salivation. Venesection to twelve ounces. The ends of the bone were re-adjusted and were supported as before by the pasteboard and bandage. The spirit lotion to be continued; to take six grains of calomel immediately, and to have gruel and lemonade.—Four p.m.: he insisted on leaving the infirmary, and did not subsequently present himself here.

DOUBLE AND COMMUNUTED FRACTURE OF THE LOWER JAW, WITH EXTENSIVE LACERATION OF SOFT PARTS.

George W—, aged seventeen years, of Thornbury, a tailor, was admitted into No. 14 ward, under Mr. Harrison, on the night of the 2nd November, 1843. Of good height and muscular, and his general health excellent. He had mounted a horse-pistol in imitation of a cannon, and having loaded it, he placed it on a bank, in order to discharge it, when, from some accidental circumstance, it unexpectedly exploded, and striking him on the chin and throat, knocked him down. He was very soon visited by Mr. Jones, surgeon, of Thornbury, who did all that was necessary at the moment, and then very kindly accompanied him to this charity. On his arrival here, it was found that there had been considerable hæmorrhage; but the means adopted by Mr. Jones, together with the severe cold to which he had been exposed during a ride of twelve miles in an open cart, and some degree of syncope which he complained of, had effectually arrested it. He is very pale

and cold; pulse 88, and not very feeble. On examination of the injury, it was ascertained that the soft parts were so completely divided, from the left angle of the mouth to the inferior border of the cricoid cartilage, that the cavities of the mouth, larynx, and pharynx, were exposed, and the body of the lower jaw fractured, on the right side, anterior to the first molar tooth, and on the left side, anterior to the canine tooth, the detached portion being much comminuted, and its appropriate teeth dislodged and broken. Two teeth and eight pieces of bone were removed; but there were two other pieces of bone so firmly impacted in the substance of the tongue, that it was deemed imprudent to interfere with them. The wound was cleansed from coagula, and portions of dress, which had been driven in; and there being no appearance of hæmorrhage, its edges were approximated and retained in position by three sutures, and strips of adhesive plaster; the fracture was adjusted, the chin was supported by moistened pasteboard and a four-tailed bandage, and he was placed in bed, with hot-water bottles applied to his lower extremities. His pulse is somewhat stronger; warmth is returning to the surface; he is not in pain, but is very restless. Head and shoulders to be raised on pillows. To take thirty drops of laudanum in a little syrup immediately, and the throat and face to be covered with a cold-water pad. In applying the pasteboard and bandage, care was taken not to interfere with the depending openings, which had been left between the stripes of plaster.

3rd.—He has had a restless night; cold water has been diligently applied to his face and throat, and there has been no recurrence of hæmorrhage. There is so much pain and swelling of the face and throat as to render it necessary to loosen the bandage; he has also much headach; pulse 120, jerking, but easily compressed; skin hot and dry. The face and throat to be frequently fomented with decoction of poppies. Five grains of calomel to be taken immediately, and the following draught every three hours: potassio-tartrate of antimony, an eighth of a grain; saline mixture, three drachms and a half; syrup of poppies, half a drachm. Mix. Diet, gruel and arrow-root.—Nine p.m.: Great increase of swelling and pain; copious salivation; bowels have not been moved. One drop of croton oil to be given on a little sugar immediately, and after the bowels have been moved, let him have thirty drops of laudanum in a little syrup.

4th.—Had two copious motions soon after taking the croton oil, after which he took the opiate, and enjoyed some sleep, but towards morning he wandered, and got very restless. He is now quite conscious; the pain in his head is diminished; there is increased tension, pain, and redness of his face and throat, and the tongue is so swollen as to impede, to a considerable extent, respiration and deglutition. There is excessive salivation, accompanied by much fœtor; pulse 116, somewhat softer; there is some tendency to moisture of skin. The mixture to be continued, and let chloride of lime be added to the decoction of poppies.—Nine p.m.: No improvement. To take forty drops of laudanum immediately.

5th.—Has passed a sleepless night, and has wandered occasionally. The swelling is about the same as yesterday, but the pain is less; bowels have been freely moved during the night; there is copious salivation, and a pretty free discharge of reddish secretion from the wounds; pulse 100, soft; skin more comfortable; great fœtor. Less swelling about the throat; he breathes better, and signifies that he is more comfortable; he has used the gargle frequently, and with much benefit. Continue as before. Ordered, sedative solution of opium, twelve minims, at bed-time.

6th.—He has passed a good night; the swelling is so diminished as to render it necessary to tighten the bandage; there is less salivation, and not so much fœtor; the secretion from the wounds is thicker and more purulent, and his skin more natural; pulse 100, soft. To have broth; and the anodyne of last night to be repeated.

7th.—Has slept well; there is much less fœtor; discharge from wounds more healthy; pulse 96; bowels not moved. Let the mixture be taken three times a day; omit the poppy fomentations, and let the application of cold water to the parts be so regulated, that the pasteboard may stiffen, but not become hard.

8th.—Slept well without the anodyne; bowels still costive; pulse 96; the swelling of the tongue, face, and throat, almost entirely subsided; salivation diminished; there is free purulent secretion from the wounds; the position of the bone is good; he complains of weakness; there is scarcely any fœtor. Omit the mixture, gargle, and anodyne draught. To have strong beef-tea.

9th.—Has had a restless night, and does not feel quite so

well; there is less secretion, and thinner, from the wounds; pulse 100, rather sharp; skin hot and dry; bowels costive. The pasteboard, having stiffened during the last two days to the shape of the jaw, was removed, when the wound was found to be healed, save at its extremities; the sutures and adhesive plaster were removed, and some lint having been placed on the inside of the splint, it was re-applied as before. To have six grains of calomel immediately, and lemonade for drink.—Three P.M.: Bowels have not been moved. Let him have one drop of croton oil on some sugar, immediately.

10th.—He has had three large motions; pulse 96. He states that he feels himself altogether better. Omit the cold-water pad, that the pasteboard may harden. To have one pint of milk and two eggs daily.

13th.—The wound is healed, save about half an inch of its extent, just under the chin, through which a large quantity of laudable pus escapes.

16th.—Doing very well; salivation has ceased; a piece of bone was discharged through the fistulous opening yesterday.

20th.—Doing favourably; the quantity of discharge is much diminished, and in quality it is thinner; two small pieces of bone have been discharged since the last report.

28th.—There is considerable union of the fracture. The fistulous opening under the chin secretes a small quantity of sero-purulent matter, and on the introduction of a probe, a loose piece of bone can be detected. The fistula was enlarged, and a fragment of bone, the size of a fourpenny-piece, was removed. The pasteboard and bandage were re-applied. Pulse 72; bowels costive. Let him take five grains of calomel and one scruple of jalap immediately. Bread and rice pudding daily.

December 15th.—Since the last report he has progressed most favourably. A small fragment of bone was discharged through the fistula three days ago.

27th.—The fracture is firmly united, and the disfigurement occasioned by the injury is scarcely perceptible. Omit the splint, but let the bandage be re-applied. To have a mutton-chop and one pint of beer daily.

January 5th.—The fistulous opening continues, and secretes a very small quantity of sero-purulent matter. His health is very good. Discharged, with directions to present himself at the infirmary occasionally. Several weeks after this date, he made his appearance here, when it was ascertained that another piece of bone had been discharged about ten days after he left the house, and that the fistulous opening then speedily closed. He was in the enjoyment of rude health, and so little disfigured by the extensive injuries he had received, that an ordinary spectator would not have remarked it.

ON
INFLAMMATORY ULCERATION
OF THE
CERVIX UTERI DURING PREGNANCY,
AND ON ITS INFLUENCE AS A CAUSE OF ABORTION.

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(Continued from page 354.)

In the first part of this paper I have described at length the nature, symptoms, progress, and treatment of inflammatory ulceration of the cervix uteri in pregnant females. I now intend to lay before my readers a few interesting cases which have recently occurred in my practice, as illustrations of the novel, and what may at first appear the startling assertions, contained in the previous portion of the essay.

Extensive ulcerative inflammation of the cervix uteri existing during pregnancy, and subdued without abortion occurring.

CASE 1.—On April the 24th, 1846, I was consulted, at the Western General Dispensary, for leucorrhœa, by Anne E—, aged 29, a physician's patient. The following was what may be termed the uterine history of this young woman:—

The catamenia appeared at the age of eleven, and thenceforth returned irregularly every fortnight or three weeks, lasting from five to seven days. The flow of discharge was always very abundant, and accompanied by great pain during the entire period. In the interval, she generally was subject to a slight white vaginal discharge. Her general health was very indifferent, and she was nearly always under medical treatment. Married at nineteen, she became pregnant immediately, and had a tedious and difficult labour, the forceps having been used; the child was still-born. She rallied slowly;

the menses returned about a month after her confinement, and she again became pregnant. She subsequently had two natural labours, and then three miscarriages; one at three months, one at nine weeks, and one at ten weeks. During this latter period she suffered from an abundant yellow vaginal discharge, with bearing-down, and severe pain in the hypogastric, lumbar, and ovarian regions; the intervening catamenia were also very painful. After passing three months at the sea-side, the symptoms above enumerated diminished considerably, and on her return to town, she again became pregnant. She was confined at her full period eighteen months ago, and nursed the child for a twelvemonth. During this pregnancy she was very poorly, had severe pains in the uterus, and was made to apply leeches repeatedly to the left inguinal region, where she felt continued pain. Whilst nursing, and since, the menses have appeared regularly, with great pain, and very abundantly. In the interval of menstruation she has had an abundant yellow vaginal discharge, and has suffered greatly, as before, from bearing-down, and from pain in the lumbar, hypogastric, and ovarian regions. Within the last few months, the yellow discharge in the interval of menstruation has often been mixed with blood, especially after congress. The latter has always been painful since the first period of marriage, but has become unbearable within the last five or six months. Her general health has gradually been giving way for the last three or four years. She is now wan, emaciated, sallow, and presents the appearance of a person labouring under confirmed organic disease. She bends forward, and can scarcely hold herself upright. The tongue is white; no appetite; the stomach so irritable, that it rejects nearly everything, and that she lives entirely on rice and arrow-root; constipation; rest bad; extreme weakness. The last time she regularly menstruated was at the latter end of February; the flow of blood then lasted six or seven days, and was very abundant, amounting nearly to flooding; she has since had repeated sanguinolent discharge, which she thinks may have been the menses, but she cannot be certain.

On examining digitally, the following was found to be the condition of the uterine organs:—Cervix voluminous, indurated, especially the anterior lip; velvety fungous sensation around and in the os, more especially marked on the inferior lip; cervix very much retroverted.—Speculum: vagina very injected, containing pus; cervix attained and exposed with difficulty, even with the bivalve speculum, owing to the extreme retroversion; the anterior lip presents considerable chronic hypertrophy and induration, but is only ulcerated in the immediate vicinity of the os; the inferior lip and circumference of the os presents a fungous, bleeding, ulcerated surface; uterus slightly enlarged.

The great and rather dark injection of the vagina, the fungous character of the ulcer, and the absence of any considerable flow of blood since the end of February, inclined me at first to suspect the existence of pregnancy; but I nearly discarded the idea on reflecting, that she had evidently been suffering from ulceration of the cervix for years; that, as she had been subject for some months to continued bloody discharges from the ulcer, the existence of menstruation might have passed unperceived, and that the vaginal redness might be merely the result of inflammation. I determined, however, to be cautious in the treatment, as there was some doubt as to the exact nature of the case. The nitrate of silver was freely applied to the ulcerated surface; weak sulphate of zinc vaginal injections, (half a drachm to the pint,) were prescribed, as also a light diet, perfect rest, the infusion of diosma, with carbonate of soda internally, and an occasional mild purgative.

May 1st.—The free application of the nitrate of silver was attended with but little uneasiness or pain, but was followed by rather severe pain for the two ensuing days. On the third day there was a considerable discharge of blood, and from that time she was easier. The nitrate of silver was again used, as also on the 8th, the other means of treatment being continued, and the general state remaining the same.

15th.—The ulceration still presented the same fungous appearance, and excreted blood continually: she had had a sanguinolent discharge for the last week, without intermission. The nitrate of silver, although freely employed, being evidently powerless to modify the ulceration, I applied the acid nitrate of mercury. Much more pain was experienced than on the previous cauterization, the patient nearly fainting: same treatment.—The flow of blood was arrested for two days and then came on again, only lasting, however, three days. Subsequently, the vaginal discharge assumed a yellow purulent character only. At my next examination I found the character of the ulceration favourably modified; it was no longer