

CASE 19.—Excessive and neglected leucorrhœa.

CASE 20.—Leucorrhœa alternating with dysmenorrhœa.

In most of these disorders the uterus itself remains free from any structural alteration. But a common sequel of long-continued leucorrhœa is, relaxation of the vaginal mucous membrane. The disturbed menstrual conditions may have ceased; the menses may have ceased; the leucorrhœa accompanying former menstrual disturbances may remain, or, again, it too may have ceased; while the consequence of these successive occurrences, which have very likely been forgotten,—the relaxation of the vagina,—may be giving origin to a number of structural alterations. The commonest of them is, partial descent of the uterus, the os uteri being lower than natural. If this condition be suffered to continue a certain time, another change takes place. The os thickens and enlarges, or may even ulcerate. In such a case, treatment directed to the enlargement and real or supposed ulceration will be of little avail; whereas, if means be adopted to restore the tone of the vagina, the other condition will disappear of itself. Other well-known effects of relaxation of the vaginal mucous membrane may be, either vaginal rectocele, vaginal cystocele, or prolapsus uteri, all of them diseases which may last for years, long after the uterine fluxes which preceded them have ceased. In thus following out the effects of menorrhagia, leucorrhœa, &c., to their ultimate consequences, I do not pretend to undervalue the influence of other causes of prolapsus, any more than I ignore other causes and accompaniments of the disorders mentioned in this paper, which there has not been space to refer to.

CASE 21.—Prolapsus uteri; relaxed vagina from some form of uterine flux, the most probable cause, aided by exertion in house-work. This case is related in THE LANCET for January 22nd, 1859, p. 81.

CASE 22.—Prolapsus uteri, partly brought on by heavy house-work; vagina pale and relaxed; mucous membrane tending to bulge into its cavity opposite both rectum and bladder; leucorrhœa.

The frequency of prolapsus amongst washerwomen is well-known, and is doubtless owing, not merely to the long-continued standing position causing a tendency to prolapsus by the weight of the parts, and to the occasional strain of lifting heavy objects, but also to the upright posture causing gravitation of blood and vascular fullness of the pelvic organs, the loaded vessels tending to seek relief by some form of flux, which weakens the vagina, and permits either *relachement* or *descente* of the womb. Thus we are constantly brought back to the vascular condition of this organ, as the first clue to the series of changes which, exhibiting themselves in one form or other of uterine or vaginal flux, so often result in displacement.

Old Steine, Brighton, 1861.

## COMPLETE TRANSPOSITION OF ALL THE THORACIC AND ABDOMINAL VISCERA.

By EDW. PARKER YOUNG, Esq., M.R.C.S.

A LADY, aged eighty-five, who had, previously to her death, (with the exception of a slight cold,) enjoyed good health, was found dead in her room. A post-mortem examination was made by Mr. Barratt, of Hammersmith, and myself, on Jan. 15th, 1861.

On opening the thorax and abdomen, a complete transposition of all the organs presented itself. The heart lay with its base towards the left side of the spinal column, the apex pointing towards the right side, and reaching to the lower border of the fourth rib under the right mamma. The *venæ cavæ* were situated on the left side, passing into the pulmonary cavity of the heart, which was also on the left side; the aorta and systemic ventricle to the right: so that not only was the heart reversed in position, but also in formation. The left phrenic vein was lying on the superior vena cava; the right innominate was seen passing over the aorta to the left, and emptying itself into the superior vena cava. The lungs were healthy, but old pleuritic adhesions existed on both right and left sides, especially the former. The larger lobe of the liver was in close proximity to the left ribs, the smaller lobe extending only slightly to the right of the sternum. The spleen was situated on the right side, just beneath the heart; œsophagus lying to the right of the aorta. The stomach was situated on the right side, with cardiac extremity touching the ribs, and the pyloric end extending to the left side of the mesial line; sigmoid flexure of colon was on

the right side. The heart and its valves were healthy. The head was examined. On removing the calvaria, the veins over the surface of the brain were seen to be highly congested, and coagulated lymph was found beneath the arachnoid; the brain substance was firm; the *puncta vasculosa* were more numerous and visible than usual; the lateral ventricles contained a small quantity of serum, and there was œdema of the choroid plexus, giving them the appearance of a small bunch of white currants. About two ounces of fluid were found at the base of the brain. No clot could be discovered, though a minute inspection was made.

Delamere-crescent, 1861.

## MR. SIMON ON TYPHOID FEVER AT BEDFORD. CHANGE IN THE DOCTRINES OF THE GENERAL BOARD OF HEALTH.

To the Editor of THE LANCET.

SIR,—In a series of papers on typhoid fever which may be found in THE LANCET, and of which the first appeared on the 6th December, 1856, I have brought forward evidence to establish the following points:—

1st. That typhoid fever is an essentially contagious fever.

2nd. That the contagious element is principally contained in the specific discharges from the diseased intestine.

As these discharges issue from the body in a liquid form, the soil surrounding the dwelling of the fever patient necessarily becomes impregnated with them. It is further shown in the papers that the contagious element thus deposited may communicate the fever to others by exhaling into the air, or by percolating into the drinking water. The result is that the soil is the medium through which the disease is chiefly propagated.

In THE LANCET for July 23rd, 1859, I summed up these simple relations in the following statement:—“Like malignant cholera, dysentery, yellow fever, and others that might be named, this is one of the great group of diseases which infect the ground.”\*

In a paper entitled “Disregard of the Laws of Health,” which appeared in *The Times* on June 17th, 1861, and which purports to give the views of Mr. Simon on the prevalence of typhoid fever at Bedford, I observe the following passage:—“Typhoid fever, like malignant cholera, is one of the great group of diseases which infect the ground.”

The coincidence between the two passages is, it will be seen, singularly close. It extends not merely to the doctrine, but to the very words. The fact is the more remarkable because the doctrine is not only in direct contradiction to the whole teaching of the Board of Health, of which Mr. Simon is so distinguished a member, but is widely at variance with his own published views on these very points. For I suppose there can be no mistake in assuming that the words in *The Times* were used in the same sense in which they were used in the original paper, and were intended to characterize the particular mode in which, in typhoid fever and in cholera, the contagious principle takes effect. Unless they mean this they mean nothing.

Now as lately as 1858, in his preface to Dr. Greenhow's Papers relating to the Sanitary State of the People of England, published by Government for the General Board of Health, Mr. Simon, speaking of typhoid fever, says—“There exists no conclusive evidence to show whether this form of disease be in any degree, or in any manner, contagious.”† From the context it is evident that in the writer's opinion the origin and spread of this fever are mainly, if not wholly, the work of causes quite independent of contagion. Have his views on these subjects undergone a change? If so, it would be interesting to know from what quarter the new light has come.

I am, Sir, yours faithfully,

Clifton, Bristol, June, 1861.

WILLIAM BUDD, M.D.

\* The italics belong to the original.

† See page xvi., Papers relating to the Sanitary State of the People of England. General Board of Health. (In this passage the italics are mine.)

A CASE OF ALLEGED MALAPRAXIS IN PARIS.—An action was lately brought against a medical man of the French capital, by a patient of his, who claimed £400 damages. It was alleged that the medical attendant had opened the intestine, mistaking a hernia for an abscess. The fact of the error was not contested; but the legal bearing of the case was very lucidly stated by the Attorney-General. It was shown that no conviction can be obtained where there has been neither imprudence, negligence, nor disregard of rules. The verdict was for the defendant.