

much pain, and she had often been laid up for months at a time with the pain. Nine years ago she consulted one of the most distinguished authorities, and was told to wait for the menopause; and in October, 1885, she again consulted him, and the same advice was given. She was keenly anxious for operation, because of the attacks of pain and the increasing renal and bladder trouble. I found the abdomen occupied by a large irregularly-lobed tumour, with the bladder drawn up on its anterior surface; the tumour evidently contained a large quantity of fluid. Vaginal examination revealed a large soft fluctuant swelling pressing down between the bladder and cervix, so as to almost obliterate the latter, and a harder mass behind the os. The sound passed a little over three inches, and apparently into the centre of the mass, for the slightest touch on the abdominal swelling at once moved its handle. Looking to the long history, the evident opinion of the authority mentioned above, and the vaginal relations, I came to the conclusion that it was an old fibro-myoma which had become cystic; and as these tumours usually then grow very rapidly, and are quite as dangerous to life as the ovarian cysts, I had no hesitation in assenting to her wish that it should be removed, though I was fully prepared for a serious operation, and was very anxious as to the behaviour of the evidently damaged kidneys. I operated upon the 7th of April, and, after working hard for three hours and a half, succeeded in removing the greater part of what I have no doubt was a papillomatous cyst of the right ovary embedded in the broad ligament, as they so often are, and united by firm fibrous tissue to all the neighbouring organs, the adhesions having become denser and denser with the repeated attacks of pain (? peritonitis), and the uterus and bladder having been drawn out over the tumour, so that I had to remove the former and peel back the latter. In the course of the operation I tied both uterine arteries (the first time I have ever knowingly ligatured them), and exposed several inches of the right ureter, distended with urine. I was unable entirely to remove the cyst growing between the bladder and cervix, and this brought about a fatal result, for it filled gradually with ovarian fluid and blood; the mixture putrefied, and just when I thought she had got over her dangers, it was suddenly discharged into the peritoneum during the first action of the bowels on the sixth day, and she collapsed and died within an hour.

Here, again, we have a case evidently difficult to distinguish from a fibro-myoma in its early growth, and I am sure quite impossible to distinguish from a fibro-cyst of the uterus at the time it came under my care. I have operated upon many of these cases of ovarian or other cysts embedded in the broad ligament and without a pedicle, and though their enucleation requires care and is tedious, they usually recover well if only they are taken in time—i.e., while their connexions are mere loose cellular tissue; and I have no doubt that this poor woman might have been saved many years of misery, ending in a sudden death, and I the misfortune of an unsuccessful case, if only she had been lucky enough to fall into the hands of someone courageous enough to attack a somewhat doubtful case. The kidneys threatened to cease secreting for the first few days after the operation, and then, as if rejoicing in the unaccustomed freedom from obstruction, poured out an abundance of fairly healthy urine with a much-increased specific gravity; and while I was welcoming this new feature of hope the final catastrophe occurred. It is a combination of hysterectomy with incomplete ovariectomy, and, like a good many operations in the present practice of abdominal surgery, very difficult to classify for statistical purposes. It should be borne in mind that cases like this, though they may not kill the patient by rapid and excessive growth, may be slowly and surely doing so by pressing on and obstructing the ureters, and that the same pathological condition is brought about by many a large solid fibro-myoma, which gives apparently little inconvenience, and certainly neither causes severe pain nor danger from its size or from hæmorrhage—the three symptoms in these cases which have been over and over again insisted on as the only justification for operative interference.

(To be concluded.)

At an inquest held at Burton on the 15th inst. on the body of James Sproule Smythe, a surgeon, who for some time had been in practice in the town, and whose death occurred on the previous day from prussic acid, the jury returned a verdict of "Death from misadventure."

## ON VICARIOUS BLEEDING FROM THE UNDER LIP,

WITH CASES, AND REMARKS ON THE MODERN TREATMENT OF HÆMORRHOIDS.

By ALEXANDER HARKIN, M.D., F.R.C.S.,

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CASE 1.—Mrs. M——, aged thirty-eight years, of bilious temperament, sallow complexion, dark hair and eyes, the mother of six children, called on me early in March, 1885. Before her marriage she had suffered from hæmorrhoids, and during her first and subsequent pregnancies from hepatic congestion and occasional hæmorrhage from the bowels, which frequently gave me some anxiety on her account. Among other troubles, in 1880 she was prostrated with profuse hæmorrhage from a cluster of varicose veins connected with the left femoral vein and close to the knee-joint. On this occasion she presented every sign of debility and anæmia: blanched cheeks and lips, sunken features, compressible and feeble pulse, undue palpitation of the heart on the slightest exertion, continuous headache, and frequent vertigo. She attributed her exhaustion to a profuse bleeding from the left under lip, occurring at every meal, and generally continuing for ten minutes each time. On examination I found a slight abrasion at the junction of the epidermis with the lining membrane of the lip, about half the size of a threepenny coin, from which the flood flowed freely. Mrs. M—— had removed from my neighbourhood two years previously, and, as the hæmorrhage from the piles had again become troublesome, acting on the advice of a physician of experience, she entered the Royal Hospital, Belfast, in February, 1883, where soon after the offending growths were deligated by one of the attending surgeons to that institution. After her return home in April, she experienced complete relief for a short time only, irritation about the anus occurring occasionally, and now and then a slight discharge of blood from the nostrils; but in the following June her left lip became painful, and blood began to ooze from it once or twice in the week; the intervals then became gradually shorter, the drain occurring every day, and for many weeks before her visit to me the discharge reappeared at every meal, or when accidentally the lip was hurt. Having from previous lengthened experience acquired a thorough knowledge of the patient's constitution and requirements, I did not hesitate in adopting a plan of treatment. I ordered the immediate application of a blister, 8 in. by 4 in., for eight hours over the region of the liver, to be followed by cotton-wool dressing. On visiting Mrs. M—— next day, I was informed that from the moment free vesication was established all labial hæmorrhage had ceased, and a return of health began to be felt. I then prescribed the use of chlorate of potash and iron in liberal doses; her colour and bodily strength soon reappeared, her headache and vertigo troubled her no more, and, with the exception of an occasional feeling of pain at the seat of discharge in the lower lip, she has not had a recurrence of any of her former ailments. In January last she gave birth to a male child without any unusual trouble, and up to the present date (a period of two years and seven months) there has not been even the slightest sign of the hæmorrhage.

CASE 2.—Mrs. McD——, aged thirty-six years, mother of six children, sent for me on March 8th, 1886. I found her confined to bed, pallid and exhausted from a profuse discharge of blood from the rectum, which had continued for several days, having delayed from motives of delicacy to send for medical advice; the blood accompanied every evacuation, and frequently after feeling a desire the motion consisted of blood alone, often to the amount of three or four ounces. On examination I found a fringe of external piles surrounding the aperture of the rectum, and inside the sphincter a number of knotty tubercles, from one of which red arterial blood flowed freely. In this, as in the former case, I immediately applied a blister over the region of the liver, and ordered as an adjuvant a mixture of tincture of perchloride of iron and chlorate of potash solution. The relief was immediate, and the patient very soon recovered her natural colour and strength, and was able to take out-door exercise. At the end of a fortnight, however, I was again called to the

case, and found that the bleeding had returned as freely as ever, with great mental and bodily depression. The relapse was due to the patient having unwisely stood behind a counter to assist her husband for ten hours on a previous day. As her friends had now become anxious on her behalf, I requested Dr. Walton Browne to see the patient with me. After recognising the nature of the ailment, we agreed to continue the hæmostatic medicine, and gave her a sedative enema at intervals. These remedies only gave her partial relief, and as the drain was still continuous and severe, at the request of the patient I reapplied the blister to the same place on March 28th. The remedy was again successful; all bleeding ceased, and has not made any reappearance up to the present date.

As bearing upon the etiology of these discharges, I wish to append the history of three recent cases in growing youths, very similar in character and cure.

On May 13th, 1885, I was asked to visit J. B—, a counter hand in a spirit store. He had been subject to free bleeding from the right nostril at short intervals for many weeks; he also suffered from severe headaches and constipated bowels; no history of piles. On examining the region of the liver, I found the organ tender on pressure and somewhat enlarged. I then applied the liquor epispasticus freely over the hepatic region, telling the young man that after five hours the hæmorrhage would permanently cease. I ordered some cholagogue medicine, at the same time giving him general directions as to diet. As I predicted, the hæmorrhage ceased, and now after the interval of more than a year it has not returned.

On the same day (May 13th), a young man, apprenticed to a chemist, was brought to me by his father, who stated that his son had suffered very much from indigestion and vertigo, and that he had been bleeding from the right nostril for many days. I had formerly treated his father for congestion of the liver due to excessive drinking. On looking at the abdominal region, I found an enlarged liver, with congested cutaneous veins traversing the abdominal surface over that organ. I applied the fluid blister, with the usual result—an immediate cessation of the epistaxis. The young man has since emigrated, but until the day of his departure, six months after, the cure had been complete.

On May 25th, 1885, J. S—, an in-door servant, suffering from profuse epistaxis from the left nostril, sought my advice. The bleeding had continued for six weeks, at intervals; it had first appeared at 6 A.M. and 9 A.M. daily, but latterly it observed no limits, coming on six or seven times in the twenty-four hours. On examination, I found a large and torpid liver; the patient had, besides, many of the subjective signs of the disease—disturbed sleep, headache, irritable temper, borborygmi, hardened fæces, high-coloured urine, depressed spirits, inability to rise in the morning, and drowsiness during the day. I applied the counter-irritant over the site of the disease, and with the result that the epistaxis yielded at once as well as the other objective and subjective symptoms of hepatic disorder. After an interval of more than a year he has continued well.

It is freely acknowledged by all writers on the pathology of hæmorrhoids that these adventitious bodies owe their existence chiefly to the congestion of a distant organ—the liver,—or to obstruction, from various causes, of the great portal vein, through which the venous blood from the abdominal viscera passes into the liver. Van Buren<sup>1</sup> has called attention to the fact “that these veins, including the hæmorrhoidal, are unprovided with valves, and that consequently, whenever the abdominal circulation is sluggish or obstructed, as by an overloaded colon, abdominal tumour, or congested liver, there is a strong tendency to stagnation in its lowermost tributary—the hæmorrhoidal vein. When a mass of dilated veins is thus frequently subjected to bruising in the act of defecation, it is liable to an attack of inflammation, the connecting tissues surrounding the veins becomes infiltrated with exudation, and the morbid anatomy of the hæmorrhoidal tumour is thus explained.” With such a history of the genesis of piles, does it not appear strange that to a great extent the remedy is sought for, not in the removal or mitigation of their primary cause, but in their mechanical obliteration by ligature, by the actual cautery, or by the clamp? Yet such, unhappily, is too often the case; and what but serious injury must be the result, when this line of treatment is adopted in men with enlarged and indurated livers, with persistent engorgement of the portal system, and the

circulation through the abdominal viscera almost completely obstructed? The fault, if such there be, is chargeable to the medical adviser, who, instead of proceeding upon physiological grounds and labouring to cure the disease by removing its cause, too often turns over his patients to the operating surgeon, and considers his responsibility at an end, when these erectile tumours, whether internal or external to the sphincter, are deligated in a scientific manner.

My first case clearly exemplifies the failure of merely surgical appliances in the absence of constitutional treatment, and the mistake of regarding a prominent symptom as the primary factor in the cycle of morbid phenomena. The violent suppression of a salutary discharge was soon followed by its re-establishment at the superior outlet of the digestive tract; and had similar methods been applied to its extinction on the labial outlet, we should doubtless have found that the nasal organ would in due course have protested, according to its wont, by profuse epistaxis, against the mere mechanical treatment of a systemic lesion. Would the doctrine of deligation be permissible in the latter case? The second example illustrates the advantage of counter-irritant and derivative treatment in immediately controlling and finally suppressing the hæmorrhoidal flux, and in this manner superseding the necessity for operative procedure, with its attendant dangers and discomforts.

The frequent occurrence of epistaxis in youth is evidently due to the excitement and hyperæmic condition of the liver and digestive organs during the period of active growth and the constant demands on its functional activity. The liver at this stage closely approximates to the condition in after-life, which is the causal factor in the development of piles, and as such is equally amenable to treatment in accordance with etiological principles; the derivative that cures the hæmorrhoidal flux as certainly puts an end to the epistaxis, the outcome of hepatic congestion. The cases related are but the types of many others in a lengthened experience. I have chosen them as being of recent occurrence, and as sufficiently removed from the date of treatment to test the validity and permanence of their cure.

My object in this paper is to enter my protest against the unsound principles upon which hæmorrhoids are so frequently treated, and the routine procedure adopted in the sudden suppression of a habitual discharge without sufficient attention to its remote cause.

Belfast.

## AORTIC ANEURYSMAL DILATATION, RUPTURE, CAUSE, AND NECROPSY.

By W. A. HOLMES, M.D., &c.

THE following is an account of a young man cut off in the prime of life through a defect, but aided by a sudden effort in spurts whilst rowing. His age was twenty-three years; he was apparently strong, healthy, and well built. He assisted his father in business, was not called upon to do sudden or heavy work, and was fond of rowing.

The following description of how the calamity occurred is culled chiefly from the coxswain's narrative of events:—In the evening, while practising for a rowing competition in a crew of four oarsmen and coxswain, they rowed for about half a mile at an ordinary pace, the deceased being No. 3 in the boat. They then had a sharp spin for 300 yards down the stream; shortly after this another for 200 yards; they then stopped, but for no alleged reason, for a few minutes, and then rowed leisurely. Again they put on another short spurt, and finally gently rowed to the boat-house. All this occupied about half an hour. During this period the unfortunate young fellow never showed any signs of fatigue or embarrassment, but when stepping from the boat he exhibited signs of fatigue, made apparent by his not helping to take the boat in as usual. He walked with the others into the dressing-room, but did not return at the time they did. This caused the coxswain to look for him, and he found him partaking of some brandy he had sent for. At the same time he complained of a bad attack of indigestion. The coxswain remarked to him, after he had finished dressing and come out of the room, “You don't look at all yourself,” as he looked very heated and red in the face; the reverse was the case generally after exertion, when he looked white. He now got into a boat and was rowed home by the coxswain.

<sup>1</sup> Diseases of the Rectum, p. 18.