

many aspects, and some of these are such as to deceive an unpractised eye or an impatient finger. There can be no mistake in cases such as have been described, but there may very readily be in irritable subjects. In such persons, owing to the excitement of the examination, or some unusually severe pang at the moment, the pulse, when first felt, may beat with considerable force and fulness, and so give rise to an impression of fever or plethora; but this rapidly passes off, and the colour fades, and the pulse flags and falters. The pulse, indeed, is eminently changeable, and any excitement which may be manifested in it is quite momentary, in comparison with the almost constant state of depression. It must also be borne in mind, as confirming the same view, that in fatal cases the spasms of tetanus continue, and often increase, in spite of the progressive failure of the circulatory powers—a fact which is only explicable on the supposition that the spasms are dependent upon the very reverse of vascular activity.

The same conclusion arises also out of the consideration of cadaveric rigidity, for in this case we have a state of tetanoid, or rather cataleptoid contraction, which subsists with stagnation and death of the blood, and which endures untiringly until the muscles are broken up by incipient decay.

In spasm, therefore, as in tremulousness and convulsion, there is abundant evidence of a decided lack of circulatory power. It would seem, also, as if that lack were greater in convulsion than in tremulousness, and in spasm than in convulsion.

(To be continued.)

ON A CASE OF RUPTURE OF THE UTERUS.

By J. WATSON, M.D., Ashted.

S. L—, aged twenty-eight, a single woman, had been slightly indisposed for some days. During the last few hours she had complained of pain in the abdomen, and sickness. These symptoms becoming suddenly aggravated, I was sent for on the evening of February 14, 1853. My assistant returned with the messenger, and found her *in articulo mortis*.

On post-mortem inspection, (by coroner's precept,) the exterior of the body appeared plump, but unusually pallid, and the deceased was about seven months advanced in pregnancy. On opening the abdomen, the cavity of the peritonæum contained from two to three quarts of blood, a huge clot covering all the abdominal contents. On removing this, the uterus was seen to reach midway between the umbilicus and ensiform cartilage, and was found ruptured in its fundus to the extent of four inches, the edges of the wound being an inch and a half asunder. The placenta, lying in contact with the fundus, was exposed by the rent, and prevented the escape of the uterine contents into the peritonæum. On carefully examining the texture of the uterus, I found it to be no thicker than a sheet of writing-paper for at least a distance of two inches around the ruptured part. The liquor amnii was entire, and the foetus *in situ*, the breech presenting. Pressing against the thinned portion of the uterus just noticed lay the head of the foetus, made additionally prominent by its having the right hand and the feet, side by side, resting upon it. All the other organs in the body were healthy, and the stomach contained chyme.

Ashted, Birmingham, 1853.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum, et dissectionum historias, tum aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

GUY'S HOSPITAL.

Intestinal Obstruction for Ten Days; Death; Autopsy.

(Under the care of Dr. BABINGTON and Mr. BIRKETT.)

WE placed upon record, a short time ago, (THE LANCET, vol. i., 1853, p. 202,) a case of obstruction of the bowels, treated by Mr. Hancock at Charing-cross Hospital. It was in this case thought advisable to explore the abdominal cavity and to open the colon in the left lumbar region, with the hope that the artificial opening, by allowing the escape of the accumu-

lated faecal matter, might save the patient, in favouring the removal of the cause producing the obstruction. These hopes were not realized, but it is plain that in such extreme cases measures of a very hazardous nature are justifiable, when it becomes evident that the patient must, if they be not attempted, inevitably sink. To-day we have to direct attention to a case of an analogous nature, which, however, differs from Mr. Hancock's in several respects—viz., by the apparent existence of strangulated hernia, the number of days during which the obstruction continued, the seat of the latter, and the cause of the constriction. These points will become apparent by the following details obtained from the notes of the clinical clerk, Mr. R. B. Marriott:—

George P—, aged fifty-eight, an agricultural labourer, of rather emaciated appearance, and somewhat unhealthy, sallow complexion, residing at Southend, Bromley, was admitted into Job's ward, No. 13, under the care of Dr. Babington, on the 16th of February, 1853. The patient is married, of temperate habits; and has six children, all of whom are healthy. His father and mother died many years since; the cause of death is unknown to him.

The man states that he has for many years suffered from rupture on the right side, for which he has worn a truss; in spite of this, the bowel has frequently come down, but was always returned by himself without any surgical assistance. About twenty years before his present admission, the patient had an attack of jaundice, and a short time afterwards, one of inflammation of the bowels. Since that period his health has been extremely good, until a twelvemonth ago, when he suffered from diarrhoea, accompanied by sickness and pain over the abdomen. The looseness of the bowels soon ceased, but the pain and sickness continued, the latter recurring daily, generally a short time after taking food. The man's appetite has lately fallen off, and he has lost flesh. His bowels have been lately irregular—sometimes loose, at others costive. Defecation is not attended with any difficulty, nor has he observed his motions to be compressed or flattened. The painful symptoms became much aggravated about two months before the present examination, and obliged him to seek for medical advice, but he derived but little benefit from the treatment.

When admitted, the patient complained of a dull, aching pain over the whole surface of the abdomen, most severe in the right hypochondriac region, and below the umbilicus, where there was some degree of tenderness on pressure, a constant feeling of nausea and frequent vomiting recurring generally within two or three hours after taking food; there was also a disagreeable taste in his mouth, and entire loss of appetite. The bowels had not been open for a week, and the abdomen was found slightly distended, although not very tympanitic. On surveying the abdomen, a swelling, of the size of a hen's egg, was observed in the right inguinal region, which swelling appeared to contain principally fluid, as the greater part of its contents could be readily returned into the abdomen, although the tumour descended again immediately the pressure was removed. The right testicle was distinguishable, but atrophied; and nothing like intestine could be felt in the scrotum or inguinal canal. There was a slight tendency to umbilical hernia, for which a compress and bandage were applied. The skin was rather dry, but cool; pulse 90, regular; tongue slightly furred at the base and centre; respiration easy; no cough; urine small in quantity, specific gravity 1017, not albuminous; physical signs of chest normal. A drachm of sulphate of magnesia, in an ounce of infusion of roses, to be taken three times a day.

Second day.—The patient slept pretty well, but he has no appetite; the sickness has not returned since admission; pulse 100; tongue moist, but furred; skin cool; abdomen slightly tender on pressure over the seat of pain, which still continued; bowels not opened. Mr. Cock examined the swelling in the inguinal region, but could not detect any intestine in the old hernial sac. An enema with soap was ordered, and calomel and opium, one grain of each, every fourth hour.

Third day.—The man slept very badly; pain in abdomen more severe, and there is some tympanitis and fulness on the right side. He has been very sick, and retched a good deal, but did not vomit. As no relief was obtained from the injection and opium, Mr. Cock and Mr. Birkett thought it justifiable to explore the hernial sac, deeming it possible that a portion of intestine might be entangled at the internal abdominal ring. Accordingly, at two P.M., Mr. Birkett proceeded to operate in the usual way for oblique inguinal hernia. On dividing the external coverings, he found the atrophied right testicle immediately below and adherent to the old hernial