

Before leaving port for home I apprehended that cholera might break out on the passage, and therefore requested the captain to procure some medicines, which would be required if it should occur. He said he would not do so, as the owner would not allow the expenses. This certainly was acting on the old adage of "Penny wise and pound foolish," for had this dire calamity occurred, how would we have got on in a ship already insufficiently manned.

Though the fact I am about to mention is not strictly medical, still human life often depends on it—viz., ships are not obliged to have boats so fixed that they can be lowered in a moment at sea in case of a person falling overboard. We lost a boy from this cause on a very fine day, when the sea was very smooth; another ship belonging to the same owner lost another sailor from the same cause.

ON A CASE OF AMPUTATION AT THE HIP-JOINT.

By J. WHEATCROFT, Esq., M.R.C.S., Cannock.

Mrs. O—, aged forty years, complained twelve months ago of pain about the region of the hip-joint and down the inner side of the thigh, occasionally very severe, at other times slight, the pain being then referred to the knee. She stated that she had felt rheumatic pains for two or three years previously in the same locality. Disease of the hip-joint was diagnosed; cartilaginous ulceration evidently existed. Eight months ago, in attempting to move across the room, the patient fell, felt something give way, and suffering the most excruciating agonies was placed in bed. I found the limb shortened an inch and a half; the toes everted but readily reversed, so as to rest upon the dorsum of the other foot. Upon examining the joint, I could not detect the head of the femur, but imagined I felt the rough edge of a fractured neck. I could readily extend the limb, and could distinguish slight crepitus. I thought now that caries of the neck of the femur had taken place, and fracture of that part had resulted from the slight pressure put upon the limb in the act of moving. For eight months the patient lay upon her back, incapable of bearing the least movement either of the body or the limb. The trochanter major and the upper part of the femur considerably and rapidly enlarged. No fluctuation could be perceived. On consultation, it was agreed that amputation at the hip-joint was the most feasible course, the patient being in a good condition for the operation. This was performed with the kind and able assistance of Messrs. Coleman, Quinton, and Turton, of Wolverhampton, in the following manner:—After placing the pelvis of the patient well over the edge of the table, commanding the femoral on the pubis, and administering chloroform, an anterior incision was made, (the position and enlargement of the trochanter major preventing transfixion,) extending from an inch below the spine of the pubis to the outer side of the thigh, and upwards to the summit of the trochanter. This flap being reflected, I cut as close to the ramus of the pubis and ischium as possible upwards and outwards to the femur, dividing at one stroke the whole of the principal adductors, pushing the knife then through the posterior and outward parts, and brought it out; a triangular flap was there also formed; the trochanter major was then dissected and the limb depressed, and a posterior and inner flap formed, the three flaps being necessary from the position &c. of the femur. Three ounces of curdy pus escaped from the acetabular cavity. After securing the femoral, gluteal, ischiatic, and obturator arteries, the patient was conveyed to bed, and, although she rallied slightly, sunk and died four hours after the operation, apparently from the shock. The acetabulum was healthy; the head of the femur not only denuded of cartilage, but softened, uneven, and but half its proper size, pus passing down the anterior part of the limb close to the bone for one-half its length. Loss of blood remarkably small, considering the number and calibre of the vessels, not more than twelve ounces even taking also the drainage of the limb. The femoral vein bled about two additional ounces after the patient was placed in bed, but was easily commanded by a compress of lint.

Staffordshire, May, 1853.

PHARMACEUTICAL SOCIETY OF LONDON. — The members of this society held a conversazione, on Tuesday, at their rooms in Bloomsbury-square, and there was on that occasion a liberal show of pharmaceutical preparations, drugs, machinery, &c. The rooms were crowded during the evening.

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.

ST. MARY'S HOSPITAL.

Congenital Absence of the Uterus and Vagina, with Abortive Menstruation from the Vulva.

(Under the care of Dr. TYLER SMITH.)

CASES of congenital absence of the uterus have from time to time been recorded, many of these carrying with them almost a certainty that the patients were born without this important organ. But as autopsies were very seldom obtained, it may be suspected that in some of these cases the uterus was present, but merely rudimentary. The total absence of the latter, as proved by post-mortem examinations, is decidedly rare; and it may be mentioned, in support of this statement, that only one example of such deficiency is to be found in the thirty-three volumes of the *Medico-Chirurgical Transactions*. Columbus (*De re Anatomica*, lib. xv.) seems to have originally ascertained the absence of the uterus on the dead subject, and Theden and Rault (*Bulletin de la Faculté de Médecine*, 1818) also gave instances of it. Several cases have been recorded since, among which may be cited the unfortunate Hannah Brown, murdered by Greenacre.

The case related in the *Medico-Chirurgical Transactions* (vol. xxiv. p. 187) was brought forward by Dr. R. Boyd, and is entitled, "Malposition of the Kidneys; Absence of the Vagina, Uterus, and Fallopian Tubes;" and we shall just describe it in a few words. The patient was seventy-two years of age, and had died of chronic disease of the brain and lungs. There were some peculiarities about the kidneys. When the right ovary was divided, it presented the natural structure, and to its upper and free extremity was attached by a thin neck a small oval sac. A short ligament connected this ovary to, and was lost in, the cellular tissue behind the neck of the bladder. The situation of the left ovary was occupied by a fibrous tumour, of an irregular, globular shape, connected by a round ligament, smaller than that on the right side, but which took a similar course to the bladder. The Fallopian tubes were not present, but there was a slight projection of the peritonæum behind the bladder, from cellular tissue beneath it. A careful examination of the parts in their recent state was made by Dr. Robert Lee, Mr. Kiernan, and Mr. Perry, and no vestige of uterus could be discovered. The external parts of generation presented no unusual appearance; the mons veneris was but thinly covered with hair; a cul-de-sac, about half an inch deep, beneath the orifice of the urethra was all that existed of the vagina; and the mammæ were well-developed for a woman of that age. There was no history; it was known, however, that the patient had been married, but had not lived on amicable terms with her husband. It will be seen that this case bears some analogy with Dr. Tyler Smith's, of which we beg to adduce a few details.

Martha G—, aged nineteen, a brunette, rather below the middle height, but well formed, and in tolerable health, was admitted under the care of Dr. Tyler Smith. More than two years ago the patient had suffered from measles, and after this applied to a public institution, in consequence of pains in her head and loins, which unfitted her for her work as servant. After this she remained well for eighteen months; but in April, 1852, she again began to suffer from pains in the head, loins, and epigastrium. The pain occurred at intervals varying from three months to two or three weeks, and were accompanied by a slight sanguineous discharge, which appeared at the external parts, and lasted a few hours. Up to the time of the application to Dr. Tyler Smith no suspicion of any malformation had been entertained.

On examination, the mammæ appeared well formed; the nipples were surrounded by dark areolæ; a straight dark line extended from the umbilicus to the pubis, and the abdomen was full and tumid; the mons was covered with hair, and the external parts of generation were well developed.