

RUPTURE OF THE UTERUS.

To the Editor of THE LANCET.

SIR,—The following case may, on one account, be worthy of insertion in your Journal:—On the 27th instant I was sent for by a midwife to attend a Mrs. Catling, residing at No. 1, Mount Pleasant, Clerkenwell, who was in her ninth month of pregnancy, and was suffering from uterine hæmorrhage. I found the woman with a weak, intermitting pulse, and that state of restlessness usually met with after profuse flooding. She complained of much pain in the chest, but *was free from vomiting*. The absence of this last symptom renders the case interesting, inasmuch as *all writers on midwifery* describe the rupture of the uterus to be accompanied with *the vomiting of a brown fluid*. Upon proceeding to examine the state of the uterus, I found that hæmorrhage had ceased. The uterus was flabby, and in a state of extreme relaxation, so that I had no difficulty in introducing my hand into the uterus, but no child could be felt. At this moment Mr. Faranda, surgeon of Clerkenwell parish, who had been sent for previous to my arrival, entered the room. He examined the state of the uterus, and we both concurred in the propriety of delivering the woman with as little delay as possible. The feet were found, and brought through the os externum, but there was considerable difficulty in extricating the shoulders and head, in consequence of the small dimensions of the cavity of the pelvis, which was greatly distorted. To this distortion the rupture of the uterus was evidently to be attributed. The poor woman survived but for a few moments.

I am, Sir, yours, &c.

H. WISEBY, Surgeon.

94, Charlotte Street, Fitzroy Square.

The patient, a Mr. Biggs, of this village, aged about 42, came to me on the 19th December last. He complained that he had been troubled for 18 months past with what he considered rheumatic pains. On questioning him, I found that during that interval he had, at times, suffered the most acute agony in passing water, and that, owing to the frequent inclination to void urine, which was as often as 20 times during the day, and four or five during night, his life (to use his own expression) was rendered a source of constant fatigue and pain to him. From further inquiries, I found most of the symptoms of stone clearly defined, and on examining the urine it exhibited a very considerable quantity of muco-purulent catarrh.

Having known cases in which the Baron Heurteloup had most ably succeeded in removing stone, I gave Mr. B. a letter of introduction to that gentleman, who, after sounding, and finding a stone, appointed the 24th December for operating.

On the day named, the stone (a uric acid calculus) was pulverised in three or four minutes, and the patient immediately voided a large portion of the detritus, and the remainder during the same evening and the next day. On the 31st December the Baron again sounded, and found the bladder, as he expected, entirely free from calculi. The patient, who has just left me, is well comparatively, and entirely free from those distressing feelings with which he has been for 18 months past so greatly afflicted.

The whole case is an argument, in addition to the many already in existence, of the value of lithotripsy, more particularly if had recourse to in the earlier stages of the evil. I am, Sir, respectfully yours.

JOSEPH REES.

Stratford, Essex, Jan. 1832.

OPERATION OF
LITHOTRITY.

To the Editor of THE LANCET.

SIR,—I beg to call the attention of your readers to the following case of lithotripsy. This case is particularly interesting, as proving that the operation is to be performed without running any great risk, since the patient went a distance of seven miles to be operated upon,* and returned again immediately, without inconvenience,—a fact which speaks loudly for its almost universal practicability.

* The operation was performed at the Baron's residence, Vere Street, Cavendish Square.

INFLAMMATION.

OBSERVATIONS BY DR. BILLING ON SOME REMARKS IN "THE LANCET," PAGE 737.

To the Editor of THE LANCET.

SIR,—I am aware how dangerous a thing it is to remonstrate in even the mildest way with an article in a journal; but though I have to remark upon one of your reviewers, perhaps you will not identify yourself with him sufficiently to feel implicated. As a man devotedly fond of his profession, and ambitious withal, I must plead not guilty to the charges of promulgating "opinions diametrically opposite to wisdom," of my "reasoning being extremely inconclusive," and of "confounding a contracted state

with an effort towards contraction." (Vide page 737.)

I agree most fully with our critic, that J. Hunter was a great man in his day, but I hardly expected to find in the pages of *THE LANCET*, such prejudice in favour of the *veneranda ærugo* of antiquity, as to bring forward a great name to the exclusion of all argument. I believe if J. Hunter were alive now, seeing with the lights of modern physiology, he would change some of his published opinions, and I think he would at least reason calmly, nor tax me with lack of wisdom for merely differing with him.

But our critic is in a dilemma, either he has not read my work which he abuses, or having read it, brings forward as a "suggestion" of his own, my opinion therein contained respecting warm applications in inflammation.

Now permit me to lay before your readers the passage alluded to as extremely inconclusive:—(See *First Principles of Medicine*, page 20 to 24.)

"The action of the arteries also is acknowledged to be contraction, whether muscular or not, but there is some difference of opinion as to the state of the arteries in inflamed parts. It is very common to say, that in an inflamed part there is an increase of arterial action; but a consideration of the phenomena, and of the nature of arterial action, will show, that in INFLAMED PARTS the CAPILLARY ARTERIES are WEAKER in their action, that there is DIMINISHED ARTERIAL ACTION, for the action of arteries is contraction; now the arteries in inflamed parts are evidently larger than before, less contracted, that is, acting less.

"An inflamed part is redder and swelled; where the vessels are visible, as in the eye, we can see the redness is caused by the minute vessels becoming larger, so as to admit red globules of the blood, which before admitted only the more fluid and transparent part, or the minute vessels carrying red globules becoming larger; this enlargement of vessels is not from increased action, but on the contrary, from their action being diminished, their giving way, and being *dilated* by the injecting force of the heart. The way to diminish the inflammation is by increasing the action of the arteries, as by cold or astringents, which make the arteries contract, that is, increases their action; so that so far from the arteries in an inflamed part being in a state of increased action, one of the means of *diminishing inflammation*, is by *increasing arterial action* in the part inflamed. It is common to remark the *throbbing* of the *carotid* arteries as increased action, but the more they throb, it shows that they the more

yield to the injecting force of the heart; when the eye, or any other part, is injured by heat, or a stream of cold air, a blow, or cantharides plaster applied to the skin, &c., the part becomes redder from the vessels enlarging, and carrying either more red blood, or admitting red blood where there was none before. Now in this first and simplest instance of inflammation, the heart does not act more strongly than ordinary, not affecting the pulse, so that the capillary arteries evince debility, having given way when there is no more force than they bore before without distension; from this they sometimes recover of themselves, gradually contracting to their natural size; or if not, the simple application of cold or astringent lotion makes them contract, and the redness disappears.

"On the other hand, by savine or cantharides ointment, we can produce an inflammation, such a relaxation of the capillaries, that those which can be dilated are, and separate from those which are confined by firm surrounding substance, by which means warts are thrown off, which has been called increasing vascular action beyond what they could bear; it is increasing the *size* of the vessels, but not their *action*. It is the opinion of some persons even at the present day, that the motion of the *blood* is *accelerated* in inflamed parts, though the experiments of Parry and others prove the *contrary* to be the case, as follows from the *capillaries* being *enlarged*, inasmuch as when fluid passes through a given space, the current beyond that will be slower in proportion to the wideness of the channel, as every one must have observed in a wide part of a river, where the current becomes slower; and the same may be observed by passing water mixed with grains of amber through a glass tube with a bulbous enlargement in the middle, the current will slacken in the bulb and resume its velocity beyond it.

"Some will allow that the capillary arteries, where the blush of inflammation is, are weak, as they visibly have given way; but they still talk of *increased arterial action*, and say that the arteries *around* or leading to the inflamed part are in increased activity, as a part of the condition, or what keeps up the inflammation; not considering that an increase in their action would be contraction, and so a diminution of the flow of blood to the inflamed part; wherefore an increased action in the arteries both in and leading to the inflamed part is just what is required to diminish the inflammation.

"The more the heart acts the more of course it forces the arteries of the inflamed part, and the *pulse* showing the degree of power of *action* of the heart is erroneously, by some, considered as an evidence of arterial action, as the *throbbing* of the carotid

arteries for instance; the heart then acting against the capillaries, if we cannot get them to act strongly enough to resist its force, we are obliged to diminish the force of the circulation, either by taking away blood which diminishes both the quantity of blood sent to the arteries and the action of the heart itself, and in this way we leave less for the arteries of the inflamed part to do; or, we can lower the force of the heart by medicines, such as digitalis, &c. Here for illustration the simplest cases of inflammation have been taken, where the heart is acting naturally, the inflammation being from injury.

"Sometimes parts are loaded with blood when we cannot find evidence of inflammation, and which state is called congestion, Inflammation or congestion are but varieties of distended vessels, which, if they cannot unload themselves, we assist, by applications or medicines, which make them increase their contractile action, or if that alone is not sufficient, by taking off some of the force which injects them, or as it is called the *vis a tergo*."

There is no part in which I have expressed myself as your reviewer asserts—viz. "that as contraction is the active state of the artery, the vessels in inflammation being dilated, are in a state of debility." He has cut out some of the links of my sorites, and thereby made confusion. He has also made confusion, by a false analogy of the biceps muscle of a man attempting to raise a thousand pounds weight. My statement is analogous to asserting, that the biceps is weak if it cannot raise twenty pounds, or whatever it was able to raise previously; I have even mentioned the necessity for taking off the extra weight from the weak arteries, or weak heart, by bleeding; and have myself pointed out the difference between the contracted state and the effort towards contraction, when I used the homely simile of a horse struggling in an overloaded cart.

I found too late that I was wrong (as every one who has mentioned the subject tells me) in omitting to put an index to the *First Principles of Medicine*; I really thought that, for so short a work, it was not worth while, when the whole of it could be so soon read through; but I have been told that this takes more time than I had contemplated. If there had been an index, your reviewer, whose time is doubtless fully occupied, might have looked at the passages relating to inflammation, and formed a less hasty judgment. The only expedient now left me, is to make an index, and send it with the cover of *THE LANCET*, and I am certain that wherever my book may have reached—

*Omibus in terris, quæ sunt a Gadibus usque,
Auroram et Gangem,*

the index will thus come up with it for the benefit of whoever may have a copy, and I hope whoever has, will think better of it than my friend the critic, though—*pauci dignoscere possunt vera bona atque illis multum diversa.* I remain, your obedient servant,

A. BILLING.

OLD DOCTRINES & NEW CUSTOMS

AMONGST

ENGLISH MEDICAL PRACTITIONERS.

To the Editor of *THE LANCET*.

SIR,—A recent Number of a medical journal contains a lecture on "Medical Jurisprudence, delivered in the Anatomical Theatre of St. Bartholomew's Hospital, by Dr. G. Burrows." This production is not distinguished for elegance of composition, accuracy of information, novelty of views, or appropriateness to the subject. Having described it negatively, it might puzzle an *Œdipus* to conjecture for what it is remarkable. Not to suspend expectation, however, I may state that it is notable for containing the following passage, which, with the reflections that inevitably suggest themselves, it may not be incompatible with the professed principles of *THE LANCET* to insert.

Dr. Burrows says, "Within a short period there has been a tendency of the Court of Examiners of Apothecaries' Hall, to raise the standard of education very rapidly, and to demand qualifications perhaps more than requisite for the ordinary duties of the medical practitioner. They should reflect that a *competency of knowledge* is sufficient, and that by expecting too high attainments, they not only increase expenses and impose unnecessary difficulties on the education of the general practitioner, but may raise him above the sphere in which he is generally expected to act, and where he will be most useful. If higher qualifications, or a longer course of study, were required of the individual who is about to settle in a retired country town or village, I think that no success that he could there attain, would ever repay him for all his toil and expense in the acquirement of a due knowledge of his profession."

I shall not long dwell on the obvious impolicy of a physician's proclaiming so absurd and iniquitous a doctrine, which must tend to widen the daily increasing breach between exclusive and general practitioners; more especially as these last are ra-