

scrotal cleft, towards the anal region; but the man, speaking in perfect good faith, and evidently anxious to give every information, clearly stated that he never had had any sore on the penis (though gonorrhœal discharges had now and then occurred) either before or after the ulcerations had appeared on the anus. Thus, in searching for a syphilitic origin, we find that the very first link in the chain of symptoms is, in some degree, wanting.

In proceeding with the history, we find that after several very severe attacks of sore-throat, (and possibly ulceration about the velum or tonsils,) a peculiarly foetid discharge from the nose took place about three years ago. When that discharge had continued for some time, the septum nasi began to loosen, and in the space of six months the whole vomer had come away in separate portions of necrosed substance. The soft parts now fell in, and ulcerated from within outwards; the disease continued, and spread, without giving any pain, until the whole of the soft parts were destroyed, the ulceration creeping along the lower lid of both eyes, and on the forehead.

One year sufficed for all this havoc, and the destruction was the more complete, as the patient, instead of applying for medical aid, was content to use a few ineffectual homely remedies. When the disease had in some degree reached its height, he presented himself at the London Cutaneous Institution, where he was treated for some time, and the mischief probably arrested. We had afterwards an opportunity of seeing the patient in another hospital, where he stayed but a very short time, as it was considered that nothing could be done for him. It was here that we first became acquainted with the main facts of the history, and the man was soon afterwards admitted under the care of Mr. De Morgan, into the ward where cases of cancer are generally placed.

And here one can hardly help establishing a comparison between two diseases which so frequently produce the same ravages, and are yet so different in their essence. One, though sometimes fearful, yet amenable to cure by means of a specific; the other, slower in its progress, but beyond human art, and having once fastened on its victim, never letting go its hold, in spite of the best efforts of man, aided by fire or cutting instrument. One producing manifestations more or less severe according to the subject attacked; the other, ever surely and certainly developing in various parts of the body, with any kind of temperament, though pursued, tracked, and extirpated by the relentless hand of the surgeon. One, in fine, transmissible only under certain circumstances, and, happily, not necessarily propagated from parent to progeny; the other, infiltrating itself with a melancholy certainty through a chain of unfortunate victims.

Plenty of scope for reflection is offered to the intelligent student in the cancer wards of the Middlesex Hospital—a place where the disease may be seen and studied in its varied and distressing phases, where pathological information cannot be gained without the soul being moved to pity, and where the surgeon, though unable to cure, may do much to palliate, and prepare the *Εὐθανασία*. We hope soon to be able to bring forward some of these cases, which will offer instruction both in an ætiological and therapeutical point of view.

Mr. De Morgan's patient was first treated with soothing applications, as the ulcerations were in a foul, irritated state; and after a few doses of depurating medicine, iodide of potassium was prescribed, and the use of this salt was continued in small doses for upwards of six months. In the meanwhile, a good and nutritious diet was allowed, with a sufficiency of malt liquor to promote healthy nutrition where little exercise is taken. The caries continued its progress for some time; portions of the turbinated bones and the ascending plate of the superior maxillary bone, were gradually detached, and these were carefully removed whenever they were felt loose. The ulcerations under the eyes and on the forehead gradually cicatrized, the margins of the oval aperture left by the destruction of the nose became firmer, and the everted upper lip and lower lid lost their tension, though they did not regain their former shape; the discharge diminished, soon ceased entirely, and at last the patient was in a fit state to be discharged, the disease being arrested, and cicatrization complete wherever ulceration had existed. It remains for the prosthetic art, should the patient think it worth his while, to remedy the disfigurement which the entire loss of the nose necessarily produces.

Now, it might well be asked, was this a syphilitic or a simply lupoid affection? In favour of the syphilitic hypothesis, we have—1, the suspicious sores on the anal region, the explanation of which might be given in various ways; 2, the possibility of the patient having had a chancre in

the urethra at the time of the repeated discharges, or in any other part of the body where it might remain unnoticed; 3, the successive attacks of sore-throat, which preceded the necrosis of the vomer; 4, the discharge from the nose and the loss of the septum having preceded the ulceration of the soft parts.

In favour of the supposition that the patient had all this time suffered from lupus, the following facts might be adduced:—1, there never having been any *bonâ fide* and evident primary sore; 2, the ulcerations in the anal region having disappeared without a regular course of mercury; 3, no eruption of any kind having ever occurred; 4, no loss of hair, nor pain in the bones; 5, no iritis, and no certain ulceration of the velum or tonsils; and 6, the length of time (five years) which elapsed between the only supposed syphilitic symptom (the anal sores) and the first appearance of sore-throat.

Such, we conceive, is the balance of evidence on both sides, and we have dwelt upon it, not so much (as stated above), because the matter required to be fully elucidated in view of the treatment, but principally as a purely pathological inquiry. We have followed with great attention another case of this kind, where the patient was first under the care of Mr. De Morgan at the Middlesex Hospital, and then under Mr. Curling at the London Hospital; here the syphilitic principle seemed to predominate, though the question might still be looked upon as open to discussion. We shall have much pleasure in drawing attention to this case on another occasion, and shall then, if possible, combine it with a third case of destruction of the nose, plainly and incontestably syphilitic.

GUY'S HOSPITAL.

Cæsarian Section; Mother and Child Saved.

(Under the care of Dr. OLDHAM and Mr. POLAND.)

It is now some time since the annals of the hospitals of London have offered a case of Cæsarian section, in which both mother and child have survived this very dangerous operation;* nor is the cause for which it was performed in Dr. Oldham's patient of very frequent occurrence. Such causes are generally connected with coarctation of the pelvis, as is shown by the various statistical tables which have been published; whilst malignant disease with occlusion of the womb has so seldom necessitated the Cæsarian section, that we could not find an example of it in the works within our reach. Indeed, Dr. Churchill, in his excellent essay on the operation, expresses himself as follows, towards the conclusion of the paper, (p. 228, § 7):—"Authors have mentioned other cases to which the operation is applicable, as in occlusion of the vagina, scirrhus uteri, &c. But these do not appear to me adequate grounds for so serious an operation."

Dr. Churchill suspects that with the older practitioners the operation may have been resorted to unnecessarily, as many of the patients were, in subsequent labours, delivered "per vias naturales;" and his opinion is very probably correct. Indeed, the first well-authenticated case on record is of that description. It occurred in Thurgovia, in 1500, when the patient's husband, a pig gelder by trade, obtained permission from the magistrates to operate upon his wife, as the midwives and surgeons had stated that she could not be delivered in any other way. The section was performed, and the woman, when again parturient, was delivered in the natural manner.

It is therefore no wonder that so many early authors should have expressed themselves strongly against the operation upon the living subject, tolerating it only when the mother died undelivered, with a viable child in the womb. Thus we have Ambrose Paré, (1570,) Guillemeau, (1635,) Mauriceau, (1672,) Sir F. Ould, (1742,) against the section. But the following authors approved of it when the pelvis was reduced to one inch and a quarter in its antero-posterior diameter:—La Motte, (1746,) Burton and Smellie, (1751,) Dr. A. Hamilton, (1775,) Lauerjât, (1788,) Denman, &c.

Lauerjât is said to be the first who made his incision in the linea alba. Whether the latter practitioners were right in supporting the operation may be gathered from the following figures, obtained, like the dates just mentioned, from Dr. Churchill's Essay:—1. Among British practitioners, in 40 cases 11 mothers recovered and 29 died, or nearly three-

* In the *Edinburgh Medical and Surgical Journal*, for July, 1851, will be found an account of three cases of Cæsarian section; one unsuccessful to mother and child; the second favourable to child, who died at seven months old, and leaving the mother alive with artificial anus; the third a very startling case, embodying embryotomy, rupture of the uterus, and Cæsarian section. The account of the case closes with these words,—"I visited her yesterday for the last time, which was the 29th day since the operation, and found her sitting up by the fire, directing the domestic affairs of her family."

fourths. 2. Out of 37 cases where the result to the child is mentioned, 22 were saved, and 15 lost. 3. Among continental practitioners, out of 369 cases 217 mothers recovered and 152 died: viz.—1 in $2\frac{1}{2}$. 4. Out of 187 cases where the result to the child is given, 138 were saved and 49 lost, or nearly 1 in 4.

Taking the entire number, (409,) we find 228 mothers saved and 181 lost, or about 1 in $2\frac{1}{2}$; and out of 224 children, 160 were saved and 64 lost, or about 1 in $3\frac{1}{2}$.

Dr. Churchill, very justly distrusting some of the earlier accounts, takes a glance at the cases recorded since 1750, and finds 316 operations, upon which 149 mothers recovered; and out of 182 cases where the result to the child is mentioned, 129 were saved and 53 lost.

These are certainly very cheering figures, and when we consider that in the tables which have been published, many women are stated to have undergone the operation three, and even four times, we may well be inclined to side with Dr. Churchill when he says,—“After a careful examination of the cases on record, I think we may fairly conclude, that as so many women have recovered from the operation, it does afford a chance to both mother and child, and that, therefore, we may be justified in having recourse to it; but that as the danger is much greater than from any other operation, we should not be warranted in performing it, if there were a prospect of success by other means.”

It is plain that such an operation offers a chance of success where both mother and child would certainly die. We heartily congratulate both the physician-accoucheur and the operating surgeon upon the success of the present case, of which we proceed to give a few details.

The patient is twenty-eight years of age; has been married several years, and has had five children. For the last seven months, being the commencement of her present pregnancy, she has been troubled with pain in the uterine region, with discharge; she consulted several medical men, and was admitted into Guy's Hospital, June 4th, 1851, into Lower Peter-sham ward, under the care of Dr. Oldham, being then in the seventh month of gestation. The os uteri was found occluded by scirrhus disease, and Dr. Oldham not thinking it advisable to resort to the induction of premature labour, considered that at the conclusion of gestation, by puncturing the membranes, the os would dilate to allow of the passage of the child; but the mouth of the uterus proved unyielding.

The steps of the parturition were as follow:—On July the 2nd, labour pains became manifest, and an examination being made, no os uteri could be felt. Dr. Oldham made the patient inhale chloroform, the distress being very severe; the second time that the anæsthetic agent was inhaled being about three o'clock in the afternoon: a discharge of a small quantity of liquor amnii took place before she was under its influence. The patient, however, soon fell asleep, and continued in that state for about an hour and a half, when she awoke with a severe bearing-down pain, and she stated that she was sure labour was coming on. The liquor amnii was in the meanwhile escaping, and the fœtus very lively, its movements being plainly visible.

She had now from six to eight pains an hour, and was ordered a dose of morphia. At twelve o'clock at night, the pains rather increased in strength and frequency. No os could be felt, although it was imagined to be very far back, where rather a larger depression than elsewhere was noticed. The latter appears to terminate at the os internum, which is entirely shut up by malignant growth.

Dr. Oldham was sent for at half-past one A.M., as the labour was steadily progressing, and on reaching the hospital, he decided upon Cæsarian section, to which measure the patient at once assented. Mr. Poland having been requested to operate, chloroform was administered, and the urine drawn off. Her pulse was not quickened, having throughout been about 100, and her respiration was scarcely hurried. Mr. Poland made his incision from below the umbilicus to within an inch of the symphysis pubis; the peritonæum was opened on the director, and an incision in the same direction, but somewhat shorter, made through the body of the uterus. The membranes came first into view; these were ruptured, when a small quantity of liquor amnii escaped, and then the child (a girl, of rather small dimensions) appeared, with the back towards the mother's abdomen, and the head at the brim in the first position.

Dr. Oldham first seized the right arm, but as he could not in this way deliver the child, the opening of the uterus being small, he brought out the feet, and then, with some difficulty, the head, the extraction of which required the incision to be slightly enlarged; the placenta, membranes, &c., were very

soon afterwards likewise removed. Little blood was lost, and the unimportant hæmorrhage was arrested by sponging with great care. The wound, uterus, and peritonæum were carefully washed with warm water, the integuments were brought together by means of seven sutures, with strips of adhesive plaster between each, and the whole gently compressed with lint, pads, and plaster.

The bleeding through the vagina was very slight. The breathing and the pulse remained normal during the whole period. At four A.M. the patient had recovered the effects of the chloroform, and expressed herself as having been in heaven. Three grains of opium were administered. She had not felt anything of the operation, except a smarting pain, as of a cut over the umbilicus, with an occasional twinge of the after-pains.

She kept slightly dosing until about a quarter past five, when she was awoke by the crying of her child, which, although she had heard before, she did not notice till this time. She now turned very anxiously towards the student on the watch, and inquired whether that were her child, and could scarcely be persuaded that such was the case.

The patient slept at intervals. She had grain doses of opium, and upon asking, towards seven, for some nourishment, a little port wine in warm water was given. At nine she was free from pain, took some beef-tea, and a piece of ice. Dr. Oldham saw her at one in the afternoon, and drew off some high-coloured urine.

A good deal of lochial discharge now took place per vaginam, and the opium was continued. Towards the evening the pulse rose, and became sharp, and there was slight tympanitis. Dr. Oldham saw the patient at ten P.M., when slight tenderness in the right side was complained of. Opium during the night every third hour; beef-tea and ice. The urine was regularly drawn off, and on the next day there was rather more sero-sanguineous fluid from the wound. In the afternoon the patient vomited a small quantity of greenish-looking bile. She went on very favourably, but, on the fifth day, there was a good deal of sanguineous discharge from the vagina. The patient progressed very satisfactorily; a great portion of the lochia came through the wound.

On the ninth day, Mr. Poland removed the sutures; the wound gaped somewhat, and a good deal of foetid lochia escaped; strapping and a poultice were applied. On the eleventh day, the upper portion of the wound was uniting; the lochia were lessening in quantity. The patient is now, two months after the operation, in a very satisfactory state. The wound is entirely healed, all but one inch in extent, which was granulating fast on the day she was discharged. The child is likewise thriving, having been placed under the care of a wet-nurse.

One very interesting question will ever be started, whenever the Cæsarian section is being discussed—viz., whether induction of premature labour, in cases of considerable narrowing, would not be the proper course, rather than allowing the fœtus to reach its full development and necessitate extreme measures. The present case, however, is quite exceptional, and it is evident that artificially exciting labour would have been hazardous, the more so as it could not with certainty be foreseen that the mass would resist the dilating stage of labour.

We cannot conclude without quoting an extract which appears in the *Medico-Chirurgical Review* for July, 1851, as taken from the *Revue Med. Chir.* of Paris:—

“While the Cæsarian section has never yet succeeded in a Parisian hospital, and while of more than twenty women operated upon in the Brussels Hospital by Seutin and Van Huevel, not one escaped, it may seem surprising to find a Belgian practitioner maintaining, and at present without contradiction, that he has resorted to it *thirteen times*, without ever losing a case. All his patients, however, inhabited the country; and M. Hoebeke attributes his success to his resorting to the operation sufficiently early, prior to any sign of phlegmasia being set up,—the usual cause of death being, in his opinion, the not resorting to it until the favourable moment has passed away.”

WESTMINSTER HOSPITAL.

Enormous Pendulous and Fatty Tumour in the Clavicular Region; Removal; Recovery.

(Under the care of Mr. CHARLES G. GUTHRIE.)

Of all the tumours which are generally brought before the surgeon, the adipose or common lipoma is certainly the most frequently met with, and this circumstance is doubtless a matter of congratulation, since this peculiar form is of a very