

negro appeared to her and told her what answers to give; and that, when a patient was to die, she saw the angel of death, whom she called "Great Jacky," sitting on the bed-clothes.

§ 130. At the experiments performed on the two Okeys by Mr. Wakley, at his own house, Dr. Elliotson and others were present. Dr. E. having thrown Elizabeth into the magnetic state, Mr. Wakley applied alternately pieces of magnetised nickel and lead, for some time without any effect, but at length the catalepsy occurred, and lasted a quarter of an hour. During the next experiment, a gentleman present said, in a whisper, and with much sincerity, "Take care, don't apply the nickel too strongly," when the face of the girl immediately became violently red, "her eyes were fixed in an intense squint; she fell back convulsively in her chair, and all the previous symptoms were produced more powerfully than before. Dr. Elliotson observed that the effects were most extraordinary; that no other metal than nickel could produce them, and that they presented a beautiful series of phenomena. This paroxysm lasted half an hour. Mr. Wakley retired, with Dr. E. and the other gentleman, into an adjoining room, and convinced them that he had used no nickel at all, but a piece of lead and a farthing. This experiment was twice repeated with the same result. A third trial was made; nickel was used, and no effect produced." In seven successive experiments with glasses of water, magnetised and not magnetised, no effect whatever resulted.

§ 131. From twenty-nine experiments, it was found that "sovereigns unmesmerised threw the girls into convulsions, or fixed them. Mesmerised sovereigns sometimes did and sometimes did not produce those symptoms. Elizabeth Okey became repeatedly fixed when drinking unmagnetised water;" whilst magnetised water frequently produced no effect.

§ 132. Dr. Elliotson continued his investigations, and has since published a further account of the Okeys.* They would be mesmerised by merely touching an animal, and with a rapidity and intensity always proportionate to the size of the animal. Placing the finger on the nose of a *small* deer caused mere rigidity and concussion of the head; of a *large* deer, stupefaction, and, at last, perfect insensibility and *relaxation*. Touching the dry rough trunk of an elephant had no effect, but the instant that the elder Okey "touched the soft, moist, mucous membrane of the trunk of *this immense beast*, she dropped senseless, and snored loudly, and did not become sensible for ten minutes."

§ 133. "These sisters," writes Dr. E., "exhibit perfect specimens of double consciousness; the most remarkable, perhaps, on record. In their ecstatic delirium they know nothing of what has occurred in their natural state; they know not who they are, nor their ages, nor anything which they learnt in their healthy state; and in their natural state, they are perfectly ignorant of all that has passed in their delirium. They would then, indeed, speak; but their minds were nearly blank; they knew nobody, nor the names, nature, nor use of anything; they had to learn everything afresh. For above a twelvemonth, whatever was told them they believed; and whatever name was given to them for a thing, they invariably adopted. Not knowing what the terms father and mother meant, and the elder being told that I was their father, and Mr. Wood their mother, they always considered these words as applicable to us only. . . . This state has gradually improved; so that though at this moment, while in it, they know nothing of their natural mode of existence; they are comparatively sane; they have learnt afresh to read, write, work, &c. in this state; and behave extremely well, and speak nearly like other people, talk very little nonsense, and are only rather odd. Whenever they have been brought out of this state, during now three years, they, on coming into their natural state, lose all the intermediate period, and connect the present moment with the last of their natural state, when they were thrown asleep. *Vice versa*—when, by being sent into mesmeric sleep in their natural state, they wake up into the delirium, the present moment is continuous with the last of their former delirium. I have allowed the interval to be days, weeks, months, and never once have I witnessed a shadow of inconsistency; never once have they betrayed in one state a trace of knowledge obtained in the other state, or of anything connected with it, or a trace of the character of the other state."†

* Physiology, Appendix—in 1840.

† Elliotson's Physiology, p. 1166.

"'Regimental hospitals,' says Dr. Millingen, 'hold out advantages which will in vain be sought for in general ones. Conducted under the eye of the commanding officers of corps, they form part of the regimental economy. The surgeon can acquaint himself with every individual's character, habits, and description, circumstances which most materially tend to assist him in the execution of his duties.'"—*Ba'lingall's Military Surgery*.

A PRACTICAL HISTORY OF INFLAMMATION, ULCERATION, & INDURATION OF THE NECK OF THE UTERUS.

By J. HENRY BENNET, M.D., Licentiate of the Royal College of Physicians, London; formerly House-Physician to the Hospital St. Louis, &c., Paris.

DURING my residence in the Paris hospitals, owing partly to fortuitous circumstances, I found myself the subordinate of several of the physicians and surgeons of that capital, who take the greatest interest in uterine pathology, and my attention was thus early directed to this interesting department of medical knowledge. As I generally availed myself of the permission allowed to Paris "internes" by the hospital authorities, to take private clinical pupils, I was compelled to analyze carefully the morbid phenomena of every case, so as to render them intelligible to men of mature age and understanding, whom only I could take with me in my rounds, owing to the delicate nature of uterine maladies. I was thus soon led to perceive, that however carefully the field of uterine pathology had been investigated, there still remained much to be done. One point more especially attracted my attention—viz., the nature, causes, and therapeutics of ulceration and induration of the neck of the uterus, of all others the commonest lesion. On referring to the most esteemed works on the subject, both French and English, I found that the data which they contained were insufficient to account for the numerous modifications which I daily witnessed. After much doubt and uncertainty, I at length arrived at views which appeared to me to explain much of that which had heretofore been obscure. It was not, however, until the experience of one year and one hospital had been corrected by that of other years and of other hospitals, that my ideas on the subject took the direction which is embodied in the following paper.

To render this statement intelligible to those who are unacquainted with Paris, I may mention that that city is remarkable for the extent and number of its special hospitals. There are immense separate establishments for the young, the adult, and the aged, as also for the syphilitic, the skin-affected, and the scrofulous. Into these the subordinate office-bearers are successively draughted, so that, in the six or seven years during which lasts the Paris "interne's" connexion with the hospital authorities, disease is studied on a large scale, in very varied fields. These successive changes of the point of view from which pathology is seen, I found of the greatest possible use. Uterine disease is not the same at St. Lazare, where are found five hundred female prostitutes affected principally with primary syphilis, as it is at the Hospital St. Louis, the receptacle for cutaneous syphilis and scrofula, or as at the general hospitals, where non-syphilitic patients are received. Even in the latter, great differences exist; some—such as La Pitié—being near La Maternité, where five thousand women are delivered annually, receive many patients recently discharged from that hospital; others—such as La Charité and the Hôtel Dieu—depend more on the general population; whilst in the Salpêtrière, which contains three thousand five hundred women above sixty years of age, and several hundred incurable cancerous patients, the uterine field again changes. I do not mean to say that the same forms of disease are not met with in these various establishments,—for such an assertion would be erroneous; but that the proportions in which the different forms shew themselves, and, often, the mode of their manifestation, differ considerably. An outline of the facts contained in the present paper was hastily thrown together, and presented to the Faculty of Medicine of Paris, in the form of a thesis, in 1843, on my graduating at that university. I intended, on my return to England, to have made this disease the subject of a more elaborate essay, but have hitherto been prevented, by the pressure of other occupations. This I shall now endeavour to do; for the sake of brevity, however, confining myself principally to the elucidation of my own views, some few of which have, I believe, the merit of originality,—at least, if I can trust the results of my researches. I shall have also some details, which I believe interesting and important to present, with reference to the treatment of ulceration and engorgement of the uterine neck by the Paris physicians and surgeons—details which will, I think, be new to most of my readers.

In Paris hospital practice, the objections which exist in England to examination by the toucher or by the speculum, either are not met with, or are not allowed, the result being, that the physicians and surgeons experience no more difficulty in fully appreciating, by their means, the symptoms furnished by the uterine organs, than in resorting to any usual means of investigation in diseases of other parts of the economy.

As a matter of course, no examination of the kind is even attempted when the hymen is found entire; but the morality, or, rather, the want of morality, of the young females who are found in the hospitals is such, that, married or unmarried, its non-integrity is taken to be the rule and its integrity as the exception; and the conduct of the practitioner is nearly the same in both instances. This being the case, the opportunities for investigating the state of the internal organs of generation in young females presenting uterine symptoms, must necessarily be much greater than in England, where no examination of an unmarried person is attempted by the most experienced practitioners, unless there be very serious reason for such a step, and often not even then. That this laudable sense of propriety is, however, often carried much too far by the medical profession in England, is well known to all who have specially studied uterine pathology. As an illustration of the fact, I may mention that, a few months ago, I was consulted by an unmarried female who had presented for several years, not a few only, but *nearly all* the symptoms of uterine polypus. During this period she had been attended, for weeks and months at a time, by five or six different medical gentlemen of undoubted talent and ability, not one of whom, however, ever proposed an examination, and that evidently because the patient was unmarried, for they *must* have suspected the nature of her disease. This person has repeatedly told me that she would at any time have submitted to an examination had she been requested, so great were her sufferings. Delicacy carried to such an extent becomes absolutely criminal, and, moreover, reflects discredit on the profession, the patients always attributing to ignorance, as in the case alluded to, the excessive scruples of their medical attendants.

Favoured by the above circumstances, I have ascertained, to my complete satisfaction, setting aside cancerous disease—firstly, that in the very great majority of adult females, who have been exposed to sexual intercourse, a confirmed leucorrhœal discharge, whatever may be its nature, is accompanied by inflammation of the neck of the uterus; secondly, that this inflammation seldom exists long without producing ulceration; and, thirdly, that ulceration is *always* accompanied by more or less engorgement (swelling with or without induration) of the substance of the uterine neck. The causes, frequency, extent, and nature of the disease, which complicates or occasions the leucorrhœal discharge, vary very considerably, according to the functional state of the uterus. Following up this latter view, I admit a fundamental, and most important, distinction between the inflammations and ulcerations which occur in the uterine neck of females who *have never conceived*, and those which take place in the same region in females who *have conceived*—that is, who have either miscarried or borne children. This constitutes, in my opinion, a practical division which ought never to be lost sight of. We have, in addition, syphilitic ulcerations, which may occur either in women who have or have not borne children, varying accordingly; and, lastly, malignant or cancerous ulcerations. I shall now examine the pathology of each of these four kinds of inflammation and ulceration, but more especially of the three first.

Inflammation and ulceration of the cervix uteri in women who have not borne children.—In order to appreciate the morbid changes, the result of inflammation, which take place in the cervix uteri, it is necessary to keep in mind the peculiar structure of that organ. It is now a well-known anatomical fact, that the cervix uteri contains a certain amount of cellular tissue, of which the uterus itself is totally devoid,* that it is much *more vascular* than the other regions of the uterus, and that it also presents but few muscular fibres. Dr. Ashwell, in his recent very valuable treatise on Diseases of Women, even states that he has not been able to trace any muscular tissue in its structure, (page 266,) but I have myself distinctly seen circular muscular fibres, and the termination of longitudinal ones, in the cervix uteri of a woman who died at the eighth month of pregnancy; and M. Jobert, whose researches I have above alluded to, states that he has met, in the entire animal creation, both with circular decussating and longitudinal muscular fibres in the uterine neck. The size and length of the cervix uteri vary considerably in different females—a fact which must necessarily be taken into consideration if we wish to appreciate the existence or non-existence of engorgement, or morbid increased volume, of the organ. Indeed, these physiological variations are so great, that were we to allow ourselves to be guided by size alone, as appreciated by the toucher or the speculum, we should, undoubtedly, be often misled, and induced to suppose that disease existed when it did not. In reality, a very voluminous healthy cervix uteri is perfectly compatible with entire freedom even from any uneasy sensation. The difference in length of that part of the cervix uteri which projects into the vaginal cavity, is evidently owing, principally, to the vagina being implanted, as it were, at different heights on the

cervix, so that in some females it is merely a few lines in length, whereas in others it is an inch and a half, or more. This physiological elongation of the cervix uteri may, it appears, be carried to such an extent that its free extremity reaches the orifice of the vulva. Dr. Heming, in the interesting papers which he lately published in *THE LANCET*, mentions several curious cases of the kind. I never recollect having met myself with a cervix uteri, in its physiological state, of more than an inch and a half or two inches in length.

In the healthy condition, the cervix uteri is perfectly soft and smooth. On being pressed by the finger, no hardness or resistance, indicating condensation of tissue, is felt. There is at the same time a certain degree of elasticity about it, the varying degree of which indicates general or local congestion, or atony of the uterine system—states, however, which, as Dr. Ashwell justly remarks, can only be appreciated by long habit. In the healthy condition, the surface of the neck of the uterus is often, indeed generally, unctuous to the touch. The layer of mucous by which it is then covered accounts for this very characteristic sensation. There is also complete absence of pain on pressure. In examining the cervix by the toucher, it is advisable to appreciate carefully the state of the entrance to its cavity, as slight local induration existing on or within the margin of the lips might otherwise escape notice. The pulp of the finger should be brought successively to bear on each part of the surface of the organ, above, below, and on each side, which may be easily accomplished. Not only does this mode of examination contribute to render our sensations of density and smoothness more perfect, but it also enables us to judge of the size and freedom from adhesions of the body of the uterus itself. In the unimpregnated state, and when not morbidly enlarged, the body of the uterus moves readily on pressure being made on the neck; pressure thus applied acting like it would on one extremity of a liver—that is, raising the other in the opposite direction. If these facts respecting the healthy uterine neck are borne in mind, the detection of disease becomes comparatively easy.

The opportunities of investigation which I have had at my disposal, as a matter of course, and as before stated, not extending to virgin females, I shall not trouble my readers with lengthened surmises as to what is probably the state of their uterine organs in confirmed leucorrhœa. In virgins, no doubt, when the mucous membrane of the vagina is inflamed, that of the uterine cervix may participate in the inflammation, and ulceration may follow; the numerous mucous follicles, also, which exist on the cervix, may occasionally inflame and ulcerate, like those of the mouth. But in both these cases, the inflammation not being kept up or increased by mechanical irritation, it is probable that, generally speaking, it soon subsides, and that the ulcerations heal spontaneously, as is mostly the case with aphthæ in the mouth. In married females, on the contrary, if any slight irritation of the internal genital organs exists, the cervix uteri is certain to suffer. It is continually contused and bruised, and thus the irritation passes on to inflammation and to ulceration. Thence it is, most likely, that the symptoms indicating inflammation and ulceration of the cervix uteri are scarcely ever met with in virgins, and that leucorrhœal discharges in women exposed to sexual intercourse, are nearly always very soon followed by their presence. This is so universally true, that in nearly all the instances in which females not virgins—whom for the sake of brevity I shall henceforth call married females—have complained to me of permanent leucorrhœa, even in the absence of all other symptoms, on examining with the speculum, I have found the cervix uteri inflamed, and generally ulcerated. It will be perceived, from the above remarks, that I look upon inflammation and ulceration of the cervix uteri in married females who have not conceived, as nearly always the immediate result of sexual intercourse, although the primary cause may be quite different. In other words, I believe that slight vaginitis, whether it gives rise or not to leucorrhœal discharge, will nearly inevitably be followed by disease of the cervix in married females, whilst such is by no means the case in virgins. In many cases sexual communication alone is, no doubt, the only cause of the disease.

Inflammation and ulceration of the cervix, on the other hand, may exist, with little or no perceptible leucorrhœal discharge.—The inflammation which attacks this organ in women who have not conceived, is nearly always confined to the mucous membrane, the deeper structures seldom becoming implicated, except in cases of general metritis. The inflammation may co-exist with general vaginitis, as is generally the case in gonorrhœa; or it may be confined to the uterine neck, and to that part of the vaginal cavity which is in contact with it—viz., the superior fourth or fifth; or it may be limited to the orifice of the os uteri. As I have already stated, the leucorrhœal discharge may be a prominent symptom, or it may be absent, or nearly so, which is the case when the inflammation is very limited, the mucos-

* See *LANCET*, Sept. 7th, 1844. Researches of M. Jobert on the Structure of the Uterus.

purulent secretion being then but slight, and lost in the vagina. This generally occurs when the inflammation is the immediate result of sexual indulgence. There are, however, other symptoms present to guide us in our diagnosis. The patient complains of pain in the loins, and sometimes, of deeply-situated pain in the hypogastric region, behind the pubis, and, a most important symptom, sexual intercourse is painful. In some few cases there is a vivid perception of heat at the superior portion of the vagina, when the lesion has become extensive. There is no sensation of weight, heaviness, or bearing down, except in extreme cases, in which the disease has been long neglected.

On examining by the toucher, the neck of the uterus is found hotter than the lower part of the vagina; it has lost its unctuous, greasy feel; its volume is more or less increased, as also its elasticity, owing to its being more or less congested. Still there is no general or deep-seated induration of its tissue. The surface likewise is smooth and unresisting, unless ulceration has set in. When this is the case, it is at the orifice of the uterine cavity that the ulceration nearly always begins, and from that region that it spreads, owing, no doubt, to the greater tenuity and delicacy of the mucous membrane. Pathologists generally state that the ulceration may be recognised by its producing the same sensation that a velvety surface would produce when the finger is passed lightly over it. Finding, however, that this peculiar sensation is so difficult to appreciate, and so uncertain that those who rely upon it alone must be as often wrong as right, I have endeavoured to find out a more correct guide, and have ascertained that ulceration of the mucous surface, however limited, nearly invariably gives rise to a slight induration of the tissue underneath, which induration is very perceptible to the touch. In the form of ulceration that we are now examining, the induration to which I allude is very superficial; it is merely a thickening of the ulcerated mucous membrane, and of the sub-cellular tissue, most perceptible at the circumference of the ulceration; yet it is easily appreciated by the finger of one who is accustomed to look for it, and to him is a valuable symptom. It is generally felt most distinctly at the edge of the uterine lips, where the mucous membrane passes into the cavity of the neck, and where, consequently, two mucous thicknesses are approximated by the folding of the membrane. Although I have found this symptom of great assistance in the diagnosis of ulcerations, nevertheless I must confess that it is not infallible. In the very first stage of ulceration, induration may not yet exist, and, on the other hand, the ulceration may heal, and the superficial induration remain for a few days. This, therefore, leads me to speak of examination by the speculum, the use of which is calculated to allay all doubts as to the state of the parts, and must, consequently, often be resorted to. I must not, however, omit to state, that the toucher often occasions slight pain, which is not the case when the cervix is healthy.

On examination by the speculum a certain quantity of mucoso-purulent matter is always found at the superior region of the vagina, even when the lining membrane of that organ is not inflamed; the cervix uteri is generally increased in size, but seldom so much so as not to be admitted into the cavity of an ordinary sized conical speculum, the one I generally use, and by far the most convenient and the least painful to the patient. The tumefaction is generally greatest on the upper lip, which is the larger one of the two in the healthy condition; it is, therefore, often necessary, in order to expose the orifice of the os, to raise the speculum towards the pubis, and by thus slightly pressing with the superior edge of the instrument on the anterior lip, to push it back, and allow the inferior one to enter its cavity. Even if the cervix uteri is too large to be admitted at once into the speculum, by thus alternately depressing its different parts the entire organ may successively be brought fairly into view. When inflamed, the tumefied cervix presents a more or less intense red, glistening hue, instead of the pale, dull, whitish colour, which is natural to it. On its surface may frequently be seen small white or red vesicular, or papular, elevations, the result of distention of the mucous follicles, or of their hypertrophy. Different forms of inflammation have been admitted by some writers, founded on this appearance, but without any practical utility whatever. When the mucous membrane is ulcerated, the glossy appearance of the membranous surface is lost, and a number of small vascular granulations, of a vivid red hue, are seen covering the ulcerated region, after the mucus has been wiped away with a pledget of lint, a necessary precaution. Sometimes the ulcerated surface appears raised above the adjacent level, whilst occasionally, on the contrary, it appears depressed. When the ulceration is at the entrance of the os uteri, it is often difficult to discover, unless the uterine lips be slightly separated. There is generally a mass of semi-transparent mucus occupying the cavity of the os uteri. The ulceration may be so superficial and slight as to be scarcely perceptible, or extend over a con-

siderable portion of the cervix. In many cases, the pressure of the edge of the speculum, or even of the pledget with which the mucus is wiped off, occasions a slight oozing of blood from the abraded or ulcerated surface. This also frequently occurs when patients thus affected expose themselves to intercourse, a fact of which they themselves are often aware. Menstruation is generally more painful than in the healthy state, and occasionally slight irritation about the urinary organs is present, giving rise to frequent desire to urinate. There is seldom much general reaction, unless it be such as is occasioned by the annoyance and distress of mind which the local lesion occasions in many instances.

Such are the symptoms to which ulceration of the cervix and os uteri usually give rise in the unimpregnated female. The inflammation, ulceration, and induration, are nearly always superficial—limited to the mucous membrane. The cervix becomes tumefied, congested, but remains soft and spongy. There is scarcely ever the deep-seated, solid engorgement of the cervix, which is so often met with as the result of the same lesions in females who have borne children, and which is occasioned by inflammation and effusion of lymph in the central tissues of the neck, giving rise to the peculiarly distressing bearing-down pains experienced by persons thus afflicted. The reason is evident. Although subject to the periodical menstrual congestion, the uterus is, until impregnated, in a dormant condition, as it were. Its mucous membrane is a mere film, and its proper tissue, which we have followed into the neck, is in an elementary fibro-muscular state, very sparingly supplied with blood, and possessing a very subdued vitality. It is owing to these anatomical and physiological circumstances, in my opinion, that the inflammations and ulcerations of the cervix uteri *seldom* assume the more serious form which I shall have to describe as that which is frequently met with in women who have borne children. I shall conclude this brief account of this species of uterine inflammation by the narration of two cases, chosen out of many, which will admirably illustrate the facts that I have above stated.

CASE 1.—At the beginning of 1844, a gentleman who had been married about four months, requested me to see his lady, who had, he stated, been suffering for some time. The lady, four-and-twenty years of age, was apparently in the enjoyment of robust health, the various functions being all accomplished with great regularity. On inquiring minutely, however, into her state, I found that she had experienced pains in the loins nearly ever since her marriage; that these pains had gradually increased, had lately been accompanied by slight pain behind the pelvis, and by a deep-seated sensation of heat in the same region; that intercourse, at first unattended by pain, had, a few weeks after marriage, become painful, and was then unbearable, from the last-mentioned cause. There was no perceptible leucorrhœal discharge. Being convinced that inflammation and ulceration of the uterine neck were the cause of these symptoms, I obtained the consent of the parties to an examination. On practising the toucher, I found increased heat in the superior region of the vagina, and a large tumefied, but soft and pulpy, cervix uteri. The anterior lip was evidently much more tumefied than the posterior; on its margin, I distinctly felt a superficial induration of several lines in length, presenting a rather uneven surface. The conical speculum having been introduced, I found the mucous membrane of the lower two-fourths of the vagina perfectly healthy, but the superior fourth was red, inflamed, and partly covered with a mucoso-purulent secretion, especially where in contact with the inflamed cervix. The latter was of an uniform red colour. The anterior lip was so much congested and swollen, as to occupy nearly all the concavity of the speculum, and to cover the orifice of the uterine cavity, and the under lip. On its being pushed back so as to expose the latter parts, a circular ulceration, of the size of about a shilling, was discovered around the os, but more especially extending on the anterior lip. The pressure of the speculum was found rather painful. A slight oozing of blood took place on the copious mucoso-purulent secretion, which covered the ulcerated surface, being wiped away. When this had been done, the mucus passing from the interior of the cavity of the neck was found quite transparent, shewing that the internal surface of the uterine cavity was not inflamed. The entire surface of the cervix, and upper part of the vagina, was painted over with the solid nitrate of silver, which was passed two or three times over the ulcerated region, and into the cavity of the os for a couple of lines. The application of the caustic was scarcely attended with any pain. The patient was then told to use cold water vaginal injections several times a day, for two days, and, after that period, injections with the sulphate of zinc. She was also told to remain quietly at home, on an easy chair, or a sofa, and, as a matter of course, forbidden any communication with her husband. A couple of days after the cauterization, the pains in the loins and pelvis had much abated, as also the other

symptoms above mentioned. On the eighth day, the cauterization was repeated, the tumefaction of the cervix had much diminished, as also the inflammatory congestion. The ulcerated surface was decidedly smaller. The same local treatment was pursued. On the sixteenth day, nearly all pain in the loins had disappeared; the cervix uteri was evidently rapidly regaining its natural size, and the ulceration had still further diminished. She was allowed to ride out in a carriage, and even to walk with moderation. Cauterization with the nitrate of silver was again resorted to on the twenty-first and twenty-fifth day, but much more slightly, and on the thirty-second she was quite cured. The ulceration had cicatrized, without leaving the slightest induration behind it. The tumefaction of the uterine neck had disappeared, and it had regained its usual coloration and unctuous feel to the touch. I need scarcely say that not a vestige of the symptoms experienced during the preceding months remained. I gave her no medicine internally during the treatment, because she did not require any, and did not even think it necessary to modify her usual diet, which was simple.

The above is a very instructive case, embodying, as it does, most of the symptoms which are observed in the more intense cases of this form of inflammation and ulceration. When the disease is as severe as in this instance, I think it very probable, that, if left to itself for years, as is no doubt often the case in England, general induration and hypertrophy of the cervix may take place even in women who have never borne children.—The cause being local, if that cause be subtracted, and proper local measures taken to subdue the inflammation, the cure in most instances takes place rapidly. That this disease is worthy of more attention than it meets with, is certain, not only because it is a source of misery in married life, but because it is, no doubt, often a cause of sterility. That such is the case will be readily understood when we consider that the congestion of the uterine neck, and the copious purulent secretion, which clogs up the uterine orifice, must frequently obliterate the latter. Young females seldom become pregnant whilst suffering from this affection. Messrs. Gendrin, Emery, and Jobert, whose experience of uterine affections in private life is very great, have repeatedly told me that they have known many young married women, their patients, who were labouring under this form of disease, and had remained sterile, become pregnant, as soon as cured.

The case which I have just related is an example of ulceration in a severe form. The one which I now intend to give is equally interesting as illustrating the incipient stage of the malady, and also as proving that it is not necessary for intercourse to be carried to excess to give rise to inflammation of the cervix. This is a point which is not without some importance, as if we admit, which I believe we ought to do, that the cervix in some is so sensitive that very slight irritation is sufficient to inflame it, we shall be induced to look upon our patients in a different point of view to that which would otherwise obtain.

CASE 2.—In Paris, as all who are acquainted with Parisian matters well know, the police is very severe, and exercises great scrutiny and control over all persons who are not regularly domiciliated householders. In pursuance with this line of conduct, domiciliary visits are made at irregular periods, in the middle of the night, in the lower order of hotels or lodging-houses, and also in those inhabited by students. This is a precaution rendered absolutely necessary by the irregularity of the lives of some of these gentlemen, and by the circumstance of their congregating, to the number of fifty, a hundred, or more, in the favourite hotels of the "Pays Latin." When these "*descentes*," as they are called, take place, every room is visited, and all persons whose passports are not found in order, as also all "*ladies*" on a visit, are marched off to the prefecture de Police. The following morning the latter are sent to St. Lazare, (the hospital and penitentiary for unfortunates,) unless claimed by two respectable householders. I have known nearly a dozen thus caught at one draw of the "police net," and among them more than one fine lady, who did not most certainly anticipate such a "*denouement*." On one of these visits, a young female, named Jourg, eighteen years of age, was taken, and, not having any friends, was detained by the police. In the course of a few days, she was examined by the police medical authorities—a precaution usually adopted in these cases,—previous to being discharged, and was found by them to be labouring under slight ulceration of the os uteri.

It was thought that the affection might be syphilitic, and as she was not an enrolled woman of the town, she was sent to a general hospital, (L'Ourcine,) and not to the infirmary of St. Lazare. The hospital physician kept her a few days, and then not thinking her affection sufficiently severe to require further treatment, sent her back to the police. Here she was again examined by the police physician, who found that the ulceration had not been cured, and sent her into M. Emery's wards at Saint Louis, where she consequently came under my notice.

On examination by the toucher, 4th July, 1843, the cervix uteri appeared small and soft, and there was a scarcely susceptible, very superficial, and very circumscribed induration; no pain on pressure. The speculum shewed the vagina to be narrow, and of the natural hue unto very nearly its superior extremity, where it became rather red and injected. The cervix was small, about the size of the ungual portion of the medius finger; it was evidently congested, but soft, offering little or no resistance to pressure. On its anterior aspect there was a small abrasion, about the size of a sixpence, covered with minute red granulations, and a little semi-purulent mucus. There was no other mucoso-purulent discharge in the vicinity. The mucus issuing from the uterine orifice was perfectly transparent; no pain whatever in the loins, or hypogastric region; no heat or burning sensations; no leucorrhœal discharge; health perfectly good. The patient said, that had she not been told that she was ill, she should not have thought that there was anything at all the matter with her. She stated that she had been brought up in the country; that eight months previously she had come to Paris, and had lived since her arrival by working as a sempstress; that she had made acquaintance with a student who had persuaded her to accompany him home to his lodgings the night she was seized by the police, and that it was the first and only time she had known any one—an assertion which the state of the genital organs tended to corroborate. She had menstruated for three years, had never experienced any leucorrhœal discharge whatever, and had always been in excellent health. M. Emery, the physician who at first examined her, told me that the lesion, which was very slight indeed, had increased since then; whilst she was at the Ourcine she had been treated by emollient injections. It was therefore considered that these means were not sufficiently energetic, and the ulcerated surface was cauterized by the acid nitrate of mercury. Emollient injections and general baths were also resorted to. The tumefaction of the cervix and the ulceration increased under the influence of the first cauterization, (it was evidently rather too energetic,) but decreased under that of the second, third, and fourth, which were performed at intervals of six days. On the 5th of August the tumefaction and redness of the cervix had disappeared, and the ulceration was all but healed. Astringent injections were then alone used, and on the 15th of August she left, perfectly cured. In this case, as usual, the cauterizations were scarcely felt by the patient, owing to the natural want of sensibility of the cervix uteri; no lumbar or hypogastric pains or other symptoms developed themselves during the treatment. Had this girl been a young married woman, in the course of a few months she would most likely have been in the same state as my first patient.

In my next paper I shall examine inflammation and ulceration of the neck of the uterus in women who have borne children, reserving all considerations respecting the treatment of these diseases for the last.

Cambridge-square, Hyde-park.

CASE OF "ILEUS," CAUSED BY AN ABNORMAL FORMATION OF THE SMALL INTESTINES, PRODUCING FATAL STRANGULATION AND DEATH.

By J. BERNCASTLE, Esq. M.R.C.P., London, &c.

WILLIAM H—, aged twelve, a boy of a strumous diathesis, but otherwise enjoying good health, first came under my care for a severe attack of purpura, which for a long time resisted all treatment, but was at last perfectly cured. His mother states that the only illness he ever had before was five years ago, an attack of inflammation of the bowels, with obstinate constipation for four days, which the medical men in attendance could not overcome, and the case becoming hopeless, the father gave him, on the fifth day, a strong glass of hot gin-and-water, thinking that as the doctors had given him up, it would either "*kill or cure*," and that not many hours after taking it, the bowels were freely opened, and the patient recovered rapidly.

On Sunday afternoon, he had been wrestling with a boy, older than himself, and complained shortly afterwards of feeling sick, and of pain in the stomach, which he supposed to arise from that. No particular notice was taken of it until the next day, when I was requested to send him a little medicine, the symptoms appearing to be those of colic or indigestion. On Tuesday morning, I saw him for the first time. The disease had then taken a more serious aspect; the pulse was 100, very feeble and thready, countenance pallid, and anxious, tongue slightly coated, great pain on pressure over the umbilical region, a remarkably cold surface all over the body, no appetite, craving for drink, and constant sickness, rejecting everything as soon as taken. The bowels were confined, he having had no evacuation since Sunday