

strengthen the hopes, founded on the above considerations, of its proving curative; for the patient is represented as still being affected with the disease. In answer to this, it must be mentioned, that the disease was far advanced before the treatment by congelation was had recourse to; and that, probably, to prove curative as well as palliative under such circumstances, either a stronger frigorific must be employed, or the same must be employed for a longer period on each application, or be more frequently repeated. How long congelation, effected by the means which I have described, can be continued without injury to the parts, I have not determined. I can only say, that as I have never yet produced any injury by the longest congelation which I have deemed necessary to effect other remedial purposes, I think it probable that cancer may be safely subjected to twice or three times a longer period than any I have hitherto tried, and that much stronger frigorifics might be safely used. Even solidified carbonic acid might, perhaps, be rendered available. The case reported is, therefore, by no means unfavourable to the supposition of the curability of cancer by congelation. On the contrary, the extraordinary power which is shown by the case to have been exerted by this remedy in its palliative operation, would lead to a very different conclusion.

In estimating the effect of the application of frigorific mixtures to the animal tissue, it is highly necessary to take into account the condition of the part subjected to them, in respect to its own vascularity, and the vascularity of the neighbouring parts, and as to whether it be in a state of inflammation or not. A highly vascular or inflamed part necessarily requires, in order that the same effect should be produced, a much more powerful congealing agent than a part in the reverse condition. Although five minutes is the usual period of the congelation which I apply to the exterior of the body, when the skin and subjacent tissues are in their normal state, it was, as has been related, continued from fifteen to thirty minutes in the case of uterine cancer, and probably not with half the effect as when it is applied to the exterior, on account of the higher vascularity and natural heat of the part subjected to it. The difference between the periods mentioned was owing to the more or less perfect application, the time required to relieve the pain, and sometimes to the appearance of the congealed part.

Various modes of applying frigorifics to cancer must be employed for its various localities. That which has been described is perhaps the most complicated.* When the cancer is on the exterior of the body, the frigorific can be easily applied by the small net which I have already described in speaking of the use of congelation in neuralgia and diseases of the skin. As an illustration, I will very minutely describe its application to the case of cancerous breast, in the Middlesex Hospital, alluded to in the former paper.

It was made on the 22nd of June last. The patient (an elderly woman, of the name of Pocock) had long suffered from severe and almost continuous pain. Her breast was ulcerated, but not much enlarged. About half a pound of ice having been put into a towel, and broken up into powder on the floor of the ward, by means of a flat iron, was quickly mixed in a jug with about half the quantity of common salt. The mixture was then poured into a small net of the thinnest silk gauze, and immediately applied to the breast, over a circular space of about four inches in diameter. The brine, as it trickled from the net, was absorbed by a moist sponge held underneath; and the net was occasionally raised, for the double purpose of inspecting the breast (as the surgeon who had kindly permitted the application, and his assistants, were naturally anxious to watch the effect) and of stirring the mixture. The skin became white in a few seconds, and the congelation was continued for precisely three minutes. There was a slight pricking sensation produced for about half this period, which ceased upon the part becoming benumbed; and a similar sensation was experienced for some minutes after the congelation had ceased, although the greater part of what is usually felt at this time was prevented, by keeping the part covered for about five minutes with the ice net, (after washing out the salt,) and by the subsequent application of a rag dipped in cold water.

I did not see the patient again until the 6th of July,—fourteen days after the application,—when she told me that there had not been the least return of pain. The sore on the breast was clean, and even healthy in appearance; and nothing

but the common water-dressing had been applied. There had been no necessity for a repetition of the morphia, to which she had been so long accustomed.

In cases of this description, it would probably be wrong to wait for a return of pain as a sign for the re-application of the frigorific. The disease may advance without the accompaniment of pain; for it is well known that some cases of cancer are attended with little or no suffering. The congelation is demanded to stay the irritation, and the progress of the malady, as much as for the alleviation of pain.

In order that the frigorific mixture may be perfectly applied, it is necessary that the diseased surface should be in a horizontal position; and where it is denuded by ulceration, a thin membrane spread over it might act as an artificial cuticle, and prevent the smarting which the contact of the salt would otherwise produce before the production of anæsthesia.

Congelation need not be confined exclusively. Several of the measures enumerated above may be used in combination; and equable and easily controllable pressure, whether by itself, or conjoined with cold, is, as respects many localities, one of the principal of these.

It is an important fact, that cancer of the womb, in which pressure can hardly be employed, should, in cases to which the operation is applicable, have (probably from the isolated nature of the prolapsed organ) been more successfully treated by amputation than cancer occurring in any other locality. The misfortune is, that the cases are rare in which this operation can be resorted to. If the womb be forcibly dragged out before the excision is made, or extirpated while in its ordinary situation, death (as ample experience has shown) is almost the inevitable and immediate consequence. Yet, when we consider that a womb which has become prolapsed from natural causes may be removed with very little danger, (a fact attested by numerous examples,) it becomes an interesting question, whether, in the early stages, and before the disease has extended to the adjoining parts, it might not, supposing all other means should fail in arresting the malady, be very gradually, and without irritation, brought into the same favourable position. If natural prolapsus of the womb mainly proceed, as is commonly supposed, from relaxation of the vagina and the external parts, this relaxation could be easily effected by the use of such a fluid dilator of equal pressure, as I have, on another occasion, suggested (and which I have myself employed) as a substitute for the forceps, or for excitants of uterine contraction, in cases where the birth of the child has been opposed by the most common of all causes of protracted labour—the unyielding of the external parts.

(To be continued.)

REPORT OF A CASE OF PURPURA HÆMORRHAGICA.

By EDWARD T. ROE, M.D., Plymouth.

MARIA B—, housemaid, aged thirty, of healthy appearance, slightly above the middle height, fair complexion, brown hair and eyes; osseous system largely developed, the bones of the hand especially being unusually large for a female even in her station. She states that she is a twin; that her father and mother are living and well, and that all her family, consisting of one sister and six brothers, are strong and robust. Her state of health has been generally good; but she has suffered occasionally from a feeling of sinking at the pit of the stomach, and from flatulence and sick headache. She only recollects having had one serious illness in her life, and that was a fever many years ago. Six weeks before her present attack, she observed a blackness around one knee, and she suffered also from a severe "cold on the chest." The discoloration continued for a fortnight, and was ascribed to kneeling.

On the evening of the 27th June, 1848, she retired to bed as well as usual, and slept soundly. On rising the following morning she observed some bruises and marks in the right infra-clavicular region, which she showed to her mistress, laughingly remarking, that her fellow-servant had pinched and treated her very badly during the night; she did not feel ill, but was very properly ordered to obtain medical advice, and on my seeing her, she presented the following appearances:—An ecchymosis under the right clavicle, about an inch square, surrounded by a few petechiæ; no spots elsewhere, except inside the lower lip. She is cheerful, and says there is nothing the matter with her; pulse 100, soft, and presenting no peculiar feature; heart's impulse powerful; sounds normal; says she has always had palpitation, but had never been prevented doing her work thereby; urine natural; bowels regular,

* Cancer is not the only disease of the womb to which congelation may be thus applied with advantage; and by means of a frigorific mixture contained in a thin tin tube, of the diameter of the common speculum, and having its end closed and rounded, congelation can be conveniently used in inflammatory affections of the vagina.

motions healthy. She has taken nothing unusual to eat, and the most searching inquiry fails to detect any cause for the onset of the malady. I ordered her a turpentine mixture, and a smart purgative. Lemonade as ordinary drink.

29th.—The ecchymosis on the right side the same as yesterday; but petechiæ have appeared on the left side, and over the legs and trunk; none on the arms; blood oozes from the inner part of the lower lip. She was sent to bed, and ordered a mixture, consisting of decoction of matico, chlorate of potass, and oil of turpentine every two hours.

30th.—The bleeding continues from the lower lip, and this morning has commenced to issue from the left nostril; the whole body is covered with ecchymoses, petechiæ, and vibices, the most extensive extravasations being on the lower jaw, and on the inner part of the left thigh, immediately above the knee. She is in no pain, appears cheerful, and desires to be allowed to get up, as she thinks she shall soon be well again. Pulse 110, jerking; tongue slightly coated and reddened by the blood, which has passed down her throat; urine dark, and evidently containing blood; motions black, grumous, resembling coffee-grounds, but more fluid. I plugged the nose with matico, and ordered lemonade to be taken in large quantities; to be allowed wine, beef-tea, and oranges, and to continue the same medicine.

July 1st.—Eight A.M.: Decidedly worse; countenance exsanguined; features pinched and anxious; pulse 120, feeble, jerking; slight cough; tongue thickly coated, dark; the hæmorrhage from the nose is profuse, and large quantities of blood have from time to time been swallowed, which now make her feel sick. She has vomited several times, and brought up much blackish blood; the lips are bleeding; the urine is of inky blackness, and throws down a heavy, black deposit on standing. The evacuations from the bowels are black fluid blood, without smell, or any other indication of containing feculent matter. More petechiæ have made their appearance over the body. I plugged the nostrils with matico, and ordered ammonia and catechu.—One P.M.: Worse; features more haggard; eyes half-closed; jactitation; frequent sighing; deadly faintness; surface of body cold and clammy; tongue thickly coated, black, and would be dry, but that she is obliged to wash her mouth out constantly to dislodge the clots at the back of the pharynx. On looking into the mouth, blood could be seen passing steadily down the œsophagus; pulse 140 to 150, reduced to a thread. She has lost all hope. Death, indeed, appeared inevitable, and an hour, or two at the farthest, would probably close the horrible scene—a scene which certainly presented as frightful characters as I ever witnessed, even in the worst form of Asiatic cholera. The bleeding lips and nose, the shrunk, discoloured face, the bruised jaw, the frightfully black excretions, and blood on everything around, looked more like some horrible domestic tragedy than the work of a few brief hours of ravaging disease. I determined to plug the nostril from behind, by passing a fossil of lint through the posterior nares; and even while performing this trifling operation I feared she would die. The tongue and pharynx were cold. Having succeeded in passing the plug through the left nostril, I ordered her a wineglassful of brandy, and the following mixture—gallic acid, half a drachm; tincture of opium, four minims; water, half an ounce—every half-hour, and plugged the right nostril, which, previously to the left having been stopped, had not bled much, but from which the blood now flowed in a stream.—Nine P.M.: Slightly improved; bleeding ceased. Continue the medicines.

2nd.—Five A.M.: No return of the external bleeding; she is improving, but the excretions are still black.—One P.M.: The gallic acid produced vomiting, and effervescing draughts, with sulphate of magnesia and Battley's solution, were substituted. The following day she commenced quinine and acid. The urine had become of natural colour, and the motions, although still dark, had lost their blackness.

On the 5th, the catamenia appeared, and for a few hours assumed an hæmorrhagic character, but were checked by half-grain doses of opium.

On the 17th she was able to go home, a distance of thirty miles. There had been no return of hæmorrhage, and she was gradually gaining strength. The excretions were healthy, and the spots on her body had nearly disappeared. She was ordered to take quinine, iron, and sulphuric acid, while in the country.

Aug. 15th.—She returned to Plymouth, and I then examined into the state of the various organs of the body, as exactly as possible, with the following results: The heart is large and powerful, but otherwise healthy; the right lung healthy, with the exception of slight sibilous râles on deep inspiration; in the left, the respiratory murmur appears

normal upon ordinary inspiration, but when a forced effort to fill the lungs is made, a splashing or gurgling is heard, as if cavities half filled with fluid existed in the lung, but so circumstanced as to be out of the reach of ordinary breathing. This sound is heard throughout, and not confined to the upper portion only of the lung; expiration rather prolonged; resonance clearer on the left side than the right, and the percussion-sound duller; slight uneasiness on pressure in the epigastrium; the hepatic region does not present any enlargement, and the extent of dulness on percussion is perfectly normal; nothing abnormal in abdomen; urine healthy; tongue furred; pulse 100; no cough, nor night perspirations. She was ordered to continue her tonic medicine, and to apply a blister to the right knee, having inflammation of the bursa from kneeling.

On the 30th she again went into the country.

Sept. 22nd.—Returned to Plymouth much improved. She has gained flesh and colour; tongue cleaner; pulse ranging from 84 to 96, soft; menstruation regular, but still rather profuse; left lung improved, the splashing heard only in the centre of the lung. She was ordered to continue her medicine and apply a blister to the left side of her chest.

October 3rd.—She went home.

I have dwelt so long on the progress of the case as to leave little space for speculations as to the cause of the disease; nor do I regret this, for it would tend, I fear, to no satisfactory elucidation of the subject. It has been said that the liver is the organ generally at fault, but here, so far as we may judge by the evidence presented, such was not the case.

My valued friend, Dr. Butter, suggested the possibility of the system having been poisoned by the inhalation of the vapours of lead and turpentine, during the progress of painting the outside of the house she was living in at the time of her illness, he having seen several cases of hæmorrhage from that cause; and it did appear highly feasible that some such poison had been received into her system by the suddenness and violence of the attack; but subsequent investigation showed, that six weeks before her illness, and long before the painting began, a very extensive ecchymosis had made its appearance on one of her knees.

The house she lived in is large, and as healthily placed as any in Plymouth: her situation was light, many servants being kept, and the utmost regularity maintained, so that she was placed in very favourable circumstances for the preservation of health.

The remedy that saved her life was gallic acid in half-drachm doses; and I would earnestly advise recourse to it at an early period in any similar cases that my professional brethren may be called upon to treat. I trust they will favour us with the results of their experience.

Plymouth, 1849.

REPORT OF

A CASE OF CONGESTIVE MENORRHAGIA, WITH HYDATIDS OF THE UTERUS.

By W. H. ASHLEY, M.D. Edin., Notting Hill.

Mrs. F—, aged thirty-six, of good constitution, sanguineous temperament, somewhat inclined to obesity, has been married eighteen years, during which period she became the mother of nine children, and had also six miscarriages. She was generally subject to an abundant loss at the time of menstruation, and occasionally during gestation, induced sometimes by fright. Her mother and sister have been afflicted in the same manner, but in a milder form. Subsequently to the birth of the fifth child, severe uterine hæmorrhage for the first time supervened, and continued for many weeks. In every succeeding accouchement the same untoward loss of blood occurred, becoming more and more profuse and protracted, but generally abating about the fourth month after her confinement.

February 11th, 1847.—She was safely delivered of her ninth child; severe hæmorrhage came on shortly afterwards, and continued in a greater or less degree, with little intermission, to the following March. The sanguineous discharge evidently exuded from the uterine vessels, and became so considerable as to produce rapid and extreme prostration; her condition was oftentimes truly alarming; vision had become much impaired, and she was not unfrequently deprived entirely of sight. A very dark circle appeared around the eyes, not unlike ecchymosis produced by a blow. The anæmic state of the system will explain this appearance. The blood had not only been deprived of fibrine and globules, but the serum had become in consequence so attenuated, as to permit of its exudation through the parietes of the capillaries; the vessels