

failing in his means to open her bowels, and not satisfied with the patient's description, passed his hand under the clothes, and, in the situation of femoral hernia, felt a small tumour. Mr. Callaway was then sent for, but, on arrival, did not think the symptoms such as to warrant an immediate operation. He ordered an enema, and promised to return again in three or four hours. Returned, but still saw no urgent symptom. On the following morning she had had no motion, nor any vomiting, except, as she then recollected, on the first day of being taken ill, her stomach had rejected a little broth. He now deemed it right to operate. On cutting down, he found a small knuckle of intestine most firmly embraced by stricture—the firmest stricture he had ever seen. It was with great difficulty a small-grooved probe was passed through it, for the purpose of division; and the black appearance that presented itself, satisfied the operator that the incarceration must have existed for a long time. At the moment, he was almost led to conclude that gangrene had taken place. This case, he remarked, was well calculated to show how careful young practitioners ought to be, not to be misled by the absence of certain usual symptoms, nor to delay operating for too long a period.

CASE OF EXTIRPATION OF THE UTERUS.

By JOHN MAURICE BANNER, Esq., *Surgeon to the North Dispensary, Liverpool.*

IN May, 1827, I was first called to Mrs. J., on account of retention of urine. On inquiry, it appeared she had suffered occasional shooting pains, from pubes to sacrum, for near two years; that these had become more frequent, were accompanied with pain across the loins, sense of weight within the pelvis, and bearing down, and that she was much troubled with dyspeptic symptoms; I examined the os uteri, and found it painful on being touched, thickened, hard, and irregular. Catamenia were irregular.

The patient was 44 years of age, had enjoyed good health to within the last four years; was married at the age of 21, and had had two children. In a few years her husband died, and since then she has led a very irregular life. She states that her father died of a cancerous affection; that it was twice extirpated from the breast, and subsequently once from the axilla; that at length he died, after suffering severely for several years.

The removal of the neck of the uterus was now proposed, but not assented to.

In July, 1828, I was again requested to visit her. Various remedies had been used,

by a physician, with no permanent benefit; frequent hæmorrhages, to a greater or less extent, had taken place. The pains were increased, and a quantity of bloody offensive matter had passed some weeks previously, per vaginam. On examination, I found that ulceration had taken place to a small extent, on one side of the os uteri. The general health was evidently impaired. In this state, she determined to undergo the operation that had been proposed to her in 1827, which, however, I thought would be unjustifiable, as no boundary to the disease could be felt by the most careful examination, the hardness of the neck appearing to extend to the body of the uterus, as far as could be ascertained. In this state she continued until the beginning of August, when I mentioned to her the operation of Dr. Blundell, with its dangers; informing her, at the same time, that his patient had recovered. She consented to its performance, and requested it might be done without delay.

The operation was therefore performed at noon on the 2d of September, with the assistance of the following Gentlemen:—

Dr. Renwick	} of the Liverpool In-
Mr. Bickersteth	
Mr. Dawson	
Mr. Halton	

and my colleague at the Dispensary, Mr. Wainwright.

The patient being placed on her back, as in the operation for lithotomy, but without binding the hands and feet, Weiss's speculum vaginae was introduced, and held by an assistant; a strong hook was then passed into the anterior part of the cervix, and the uterus drawn down, with little difficulty or pain, to about half an inch from the os externum. A strong aneurism needle, (with a handle,) having its extremity pointed, and armed with a double ligature, was then passed through the neck of the uterus, the hook withdrawn, and the ligature held by an assistant, whilst the speculum was also removed, and the labia held out of the way by those on each side. I then made a semi-circular incision on the inferior part of the cervix, through the vagina and peritoneum, and widened it with a hernia knife from one broad ligament to the other; afterwards, a similar incision was made at the superior part, and extended as before, so that the broad ligaments and fallopian tubes only remained to be divided. To accomplish this, I first passed the index finger of the left hand through the upper opening, and the middle finger through the lower, including the right broad ligament between them. I then carefully made an incision, with a scalpel, between the fingers and uterus, close to its body; the nearest part of the included portion was thus divided, and was attended with slight hæmorrhage. Some time was

lost in endeavouring to secure the bleeding vessel, which, however, proved unsuccessful. The hæmorrhage not being very profuse, I proceeded with the operation, but finding my former plan of dividing the broad ligament tedious and difficult, I brought down the fundus, by passing two fingers through the upper incision, and then the strong hook between them and uterus; the point of the hook was easily pressed into the fundus, and thus the object was quickly accomplished. The fallopian tubes and remaining part of the broad ligaments were now distinctly seen, and by passing the fingers beneath them, were divided with the common scalpel, close to the uterus. This was by far the most painful part of the proceeding.

During the operation the patient lost about six ounces of blood, and was much troubled with retching. The intestines did not protrude, nor interfere with any part of the operation. Immediately after the patient appeared as well as could be expected; there was a very slight oozing of blood, but apparently of so little consequence that she was removed to bed. In the course of twenty minutes, or half an hour, she vomited severely, and became very faint; a coagulum of about eight ounces was expelled; vinegar and water were applied to the abdomen and upper part of the thighs; she then rallied a little, and after complaining some time of pain at the lower part of the abdomen, the vomiting recurring, another coagulum, rather larger than the first, was expelled. She now fell into a state of syncope; the retching remained severe, and almost incessant. One hundred drops of laudanum were given, but immediately rejected; small quantities of brandy were administered, the cold cloths continued, and the patient kept in the horizontal position. The hæmorrhage did not return after the expulsion of the second coagulum, and the pain in the abdomen subsided. She again rallied, and, in the evening, as the vomiting continued extremely distressing, two grains of opium were given, which relieved for two hours; the sickness then returned, and four grains were given, with the same effect as the first dose.

Sept. 3, *mane*. Has passed a very restless night; countenance pale and dejected; pulse 96, and weak; skin moist, and of a natural temperature; slight pain in the abdomen and back; vomiting less frequent.

Meridie. Slight distention of the abdomen, especially over the pubes; has not passed any urine since the operation, nor had any evacuation from the bowels. The catheter was introduced, and twelve ounces of high-coloured urine drawn off; afterwards the tension was much diminished.

Vespere. Bowels purged freely by injec-

tions, and small doses of sulphate of magnesia in infusion of roses; vomiting and pain relieved.

Sept. 4, *mane*. Has passed a better night, having slept a little; general appearance as yesterday; pain in the abdomen slightly increased on pressure; little or no tension; pulse 94, rather fuller; vomiting much the same; tongue slightly furred; complains of great thirst; bowels freely open; passed urine twice.

Meridie. Pulse 106, harder; pain and tension slightly increased; bowels open; 24 leeches were applied.

Vespere. Pain little abated; pulse remains quick, and rather hard; about twelve ounces of blood were taken from the arm, when syncope supervened.

5, *Mane*. Has passed a restless night; pain much relieved after the bleeding; the abdomen remains slightly distended, and somewhat tender on pressure; has had two evacuations, and passes her urine freely; vomiting continues, and appears to produce great exhaustion; pulse 120, small and weak; the mustard cataplasm was applied, which gave relief in about twenty minutes.

Meridie. Pain and tension less; vomiting and thirst much abated.

Vespere. The symptoms above-mentioned worse; pulse very quick and weak; countenance anxious; cold sweats.

6. After passing a very restless night, and the symptoms continuing with great violence, died at six, A.M.

The above are the most prominent symptoms that occurred. I have thought it unnecessary to make a longer detail of the treatment, as it was not attended with a fortunate result, and was only that usually employed after hernia, and similar operations. It of course consisted of general and local bleeding, with the exhibition of purgatives, as far as the condition of the patient appeared to warrant.

The Appearances of the Uterus.

The uterus was much larger than in the healthy state; several tubercles of various sizes were loosely attached to the body and fundus, they were round and very hard; the cervix and body were considerably thicker and harder than natural; ulceration had taken place on the os uteri, particularly the lower lip. A section of the uterus exhibited the common appearances of scirrhus; a circumscribed hardness was very perceptible, extending from the cervix to the body on the left side: several small, round, hard tumours were imbedded in the substance of the fundus.

Examination of the Body five hours after death.

On exposing the cavity of the abdomen, the omentum and intestines were found

highly inflamed, and adherent to each other by an effusion of lymph. Several folds of small intestines filled the pelvis, and were more inflamed and adherent than those above. The lowest convolutions were firmly adherent to the cut surfaces made in the operation and to each other, so as completely to close the aperture from within; only a small quantity of serum was effused. The bladder was natural. The peritoneum, lining the pelvis, had, in general, a greenish and somewhat dull appearance, which, by some present, was thought to be of a gangrenous character, but its texture was perfectly firm and unyielding. The ovaria were retained in their usual position by the remainder of the round and broad ligaments. The fimbriated extremity of the left fallopian tube was found closed, and distended with serum, nearly to the size of a hen's egg, and gradually narrowing along an inch of the tube to a point, where it was again closed. The ovaria were, as is usual in persons who have borne children, flattened and corrugated, as if covered with cicatrices. The duplicatures of peritoneum, forming the broad ligaments, were more separated below than above, where they inclose the ovaria, and were thus kept in union. A very careful examination was made to discover, if possible, the sources of hæmorrhage. The arteries were probably retracted, as none could be found divided, but the mouths of several considerable veins were seen distinctly on the right side, where the layers of the broad ligament were separated, and traced to the plexus at the side of the pelvis. The branches of the internal iliac on this side, and the spermatic arteries, were examined, but no irregularity as to size or distribution was discovered.

The following are a few observations I beg to offer on the above operation, and its consequences:—

1st. I think it due to myself and the profession to state, that it was not done precipitately. I had been in attendance, more or less, for sixteen months; the woman was in great and almost constant pain, rendered unable to follow any occupation, and was extremely anxious to have some method of relief attempted; the disease was advancing, the operation and its dangers were fairly explained, and she persisted in wishing its performance. These circumstances appear to me absolutely requisite to warrant the performance of so formidable an operation. Dr. Blundell appears to have taken the same view of his case.

2dly. The operation performed on this occasion, I conceive, admits of more safety and expedition than that performed by Dr. Blundell. There was no difficulty, nor much

pain, in bringing down the cervix uteri within sight, when two important parts of the operation were performed, without any danger of wounding either the rectum or the bladder.

The fundus uteri was drawn down through the upper opening, which, as it was thus brought in the direction of the round ligament, appears preferable to bringing it through the inferior or lower one. Whether it would be better, in a future operation, to divide the broad ligaments *in situ*, without bringing down the fundus, which certainly commits a degree of violence to the parts, I leave for experience to decide; I found it more difficult than I had anticipated, from the great depth I had to reach, and, after making one or two attempts, and wishing to shorten the operation as much as possible, I desisted.

3rdly. The hæmorrhage, at least as far as a careful examination of arteries uninjected may be depended upon, arose, not from the division of any vessel that ought not to have been divided, but chiefly from those common to the uterus. One or two rather large veins, coming off from the plexus at the side of the pelvis, were found divided; and when it is remembered that these veins have no valves, it is not unlikely a very considerable hæmorrhage may have proceeded from this source alone.

The operation lasted twenty-five minutes, and would have been much shorter, if some time had not been lost in endeavouring to secure the bleeding vessel.

EXTIRPATION OF THE UTERUS.

By MR. LIZARS.

To the Editor of THE LANCET.

SIR,—Since my last communication on amputation, which you was kind enough to insert in your valuable Journal, I have the satisfaction to inform you, that I witnessed, this day, Mr. Lizars extirpate the whole of the uterus, after the scientific manner pursued by that profound physician, Dr. Blundell, and I have every reason to expect the patient will recover.

I have prevailed on Mr. Lizars, who is much occupied with his different avocations, to send you a detailed account of this most interesting operation.

I remain, your much obliged,

SCOTUS SECUNDUS.

Edinburgh, Oct. 2, 1828.