

spine was made, and the uterus was stated to be free from disease.

Upon meeting Mr. Goodchild, we found Mrs. M— in bed, unable to move her legs, the bladder also paralysed, and the rectum relieved only by enemata. The general health was not greatly disturbed, although the tongue was foul and the digestion bad. There existed, as far as could be ascertained upon examination, an obscure uterine disease, which I then thought might be abscess of the ovary; for during the course of the treatment pus was discharged, per vaginam, to some extent, and there was severe pain and shivering; this however must have been from the vagina alone, probably a thickened leucorrhœal discharge, for upon the post-mortem examination there was no trace of abscess, nor the slightest ulceration or abrasion of the uterus. Having explained to Mr. Goodchild that I thought some uterine disease existed, there being violent bearing-down pains, evidently enlargement of the uterus, and leucorrhœal discharge, and that the paralysis was sympathetic of this uterine irritation, we proceeded to apply the hot sponge test to the spine; upon reaching the centre of the same we found great pain, for even upon simple pressure our patient was electrified by the shock so caused. Eight leeches were applied at once to this irritable part, and on the next day a long blister down the spine; the blister was repeated weekly for eight times, and lastly, our patient had cold water poured, from a height of several feet, upon the back every morning. Strychine in small doses was given, which, from its stimulating properties, had the effect of producing regular action of the bowels, which effect of this remedy I have noticed in other diseases, especially where the bowels have been abused by large doses of quack purgatives. Tonics and mild mercurials were given by Mr. Goodchild, who undertook the general management of the patient, and under whose judicious care she rapidly improved, so that in the tenth week she was enabled to pay a visit some miles from home, was able to walk about her house with tolerable ease and comfort, the bearing-down and all other bad symptoms having left; and our attendance terminated amidst the congratulations of all parties, who had thought our patient would have died bed-ridden. This amendment continued for several months, but, alas! the uterine irritation returned, and our poor patient got little or no relief from a second course of the treatment; she got, however, tired of Ealing, came to London, and was again under my care in April last. She was then much weaker, again paralysed, and was passing the *phosphates* in large quantity in the urine; she absolutely refused any application to her spine, except an opium and belladonna plaster. Finding her so ill, restless, and wretched I thought of the advice of the late Dr. Blundell, as follows; he says, "some women suffer dreadfully, and find no solace except in opium or other anodynes." Again he says, "the measure of these remedies must be determined by the effect produced; nor is the largest dose of opium unjustifiable, provided it be the minimum which will relieve the pain. Unhappily there is no danger lest a bad habit should become formed; the patient is making a short journey to the grave, and all that remains to medicine is to lead her peacefully along the irremediable way—to soften her couch—to smooth her pillow—with wise and gentle hand to mitigate her suffering, and to conduct her undisturbed into the silent tomb."

Acting upon the views of so justly celebrated a man as Blundell, I controlled the pain and dreadful spasmodic twitchings of the limbs, by small doses of the hydrochlorate of morphia, a quarter-grain once or twice a day. This remedy was gradually increased, until at last my patient took, for the last two months of her life, six grains of the salt per diem. Under it her appetite improved, the paralysis once more ceased, and never returned, for she was able to get out of bed for the ordinary purposes, and although she only left her bed-room a few times, she was quite happy and comfortable. The bowels, however, rarely acted naturally, but were kept in action by warm-water enemata thrice weekly. A few days before her death, which took place on the 16th of this month, the tongue became dry and brown, and deafness to a considerable extent resulted; she was, however, still without pain, taking less morphia, but salines instead. She was found dead by the side of her maid, having departed without a struggle. I expected that a convulsive fit would have been the end, considering the deafness as indicative of an affection of the brain, but her intellect was unclouded to the last. Three months ago I said she would die in August; I had diagnosed softening of the spine many months before. My reason for *guessing* at August (for it was only a guess) was, that the usually disturbed electricity at this time would be more than a person so largely affected in the nerves could bear.

*Post-mortem examination.*—On the morning of the 17th of August, twenty-six hours after death.—Patient four feet eight inches high, and about sixteen inches across the shoulders, a very little woman, much emaciated. There was a slight bed-sore on one hip, only an abrasion of two days' standing, for Hooper's water-pillow had been used for many months to sit and lie upon, with much comfort. My partner, Mr. J. S. Beale, and myself opened the spinal canal, from the eighth dorsal to the fourth lumbar vertebra, and exposed the cord, which we found from the tenth dorsal downwards quite diffident, only held together by the coverings, which were much congested. There was quite enough blood between the dura mater and arachnoid to amount to spinal apoplexy, at the posterior part of the cord, accounting for the very dreadful pain if the morphia was not constantly given, supposing the posterior column to preside over sensation. There were four ounces of fluid in the pericardium; the lungs were slightly blackened, but were otherwise healthy; no pleuritic adhesions; the heart was flabby, natural in size, but, upon opening its cavities, the mitral valve was found to be thickened to the extent of the sixth of an inch, and contained several spicula of bone and cartilage; there was also much bone in the attached and free margins of the middle semi-lunar valve of the aorta; the tricuspid valves were much more thickened than the mitral. It seemed wonderful that so extensively diseased a heart could have acted so long, for the bellows murmur had been detected for the last sixteen years. Upon examining the genital organs, we found the ovaries quite undeveloped, not larger than in a girl of twelve; no signs of corpora lutea, and she had never felt the slightest sensation during the whole of her married life. The uterus was four times its natural size, and contained in its *substance* five fibrous tumours, from the size of a hen's egg to a small bean; no sign of ulceration or abrasion at the neck; the mouth admitted the small end of the blow-pipe freely, until obstructed by the tumours. All the other viscera were healthy, especially the liver, showing that the morphia had not acted injuriously upon that gland. We did not open the head, as we thought the spinal apoplexy and softening quite enough to account for death.

The conclusions I would draw from this case are:—1st. That if the uterus be not healthily employed, it will be morbidly so; that is, it will make tumours if it does not make foetuses. 2nd. That uterine disease sets up spinal irritation, which may be relieved or cured, in the same proportion as the uterus admits or not of relief; that spinal apoplexy and softening will result if there is no relief; that extirpation of the entire or part of the uterus might be tried, to save life, in such a case as the above, where the tumours are imbedded in the substance. Dr. Blundell cautiously advocates this plan. 3rd. That a great amount of heart disease can exist for years, and then not kill: there had never been dropsy, or any bad symptoms. And, lastly, that the dose of an anodyne is that which relieves pain.

Harrow-road, 1851.

## ON A CASE OF PLACENTA PRÆVIA.

By A. W. MOORE, M.R.C.S. Eng., & L.S.A.

On the 25th of June last, I was hastily summoned to see a patient in labour with her sixth child. I found the woman very pale and cold, her pulse small and weak, and with a pain in the back, not coming on at regular intervals. A friend of hers in attendance informed me that she had not suffered from hæmorrhage during her pregnancy, and that she did not expect to be confined for two or three weeks. I found the vagina occupied by coagula of blood, the os dilated to scarcely the size of a sixpence, and my fingers came in contact with a fibrous fleshy mass occupying the os uteri, and adherent to the whole of its circumference; from these circumstances there could be no doubt that I had to deal with a case of placental presentation. I ordered the patient to be kept perfectly quiet, in the horizontal position, and all nourishments to be taken cold.

About six o'clock the same evening, I was sent for: I found her now suffering from regular labour pains, the os dilated to the size of a two-shilling piece, and each pain attended with copious hæmorrhage. She became more anæmic. Being convinced that there was no time to be lost, I turned the child, and delivered immediately: the hæmorrhage ceased as soon as the feet had arrived into the vagina, and the placenta came away in about ten minutes, without any flooding.

The uterus continued to contract after the placenta came away, but, in consequence of a tendency to syncope, I was compelled to administer small doses of brandy-and-water at intervals.

At my next visit I found the patient considerably improved, and she ultimately had a favourable and speedy convalescence.

*Remarks.*—I adopted the practice of turning the child, in preference to removing the placental mass before delivery of the child, as suggested by Dr. Simpson, because I believe it to be less dangerous, both to the mother and child. But no individual case does much to elucidate the question as to which mode of procedure ought always to be followed, or which gives the more successful results; but yet I think, if practitioners would publish ordinary cases, and not wait until extraordinary ones present themselves, much valuable statistical knowledge might be gathered therefrom. In proof of the value of collecting together a number of cases which every day come under our notice, I may with pleasure draw attention to the splendid effects which have resulted from the labours of the talented author of the "Mirror." Therein he has, with indefatigable zeal, not only collected together the whole practice of the London hospitals, and truly reflected them as if in a mirror, but he has also contributed thereby to establish many rules of practice, which even surgeons attached to large hospitals could scarcely hope to accomplish.

Bessborough-street, Pimlico, August 1851.

## A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum, et dissectionum historias, tum aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

### ST. BARTHOLOMEW'S HOSPITAL.

*Phagedænic Bubo in the Female.*

(Under the care of Mr. LLOYD.) \*

AMONG the various complications which may occur in simple ulceration, phagedæna is certainly the circumstance which justly causes alarm both to the patient and the surgeon. Those who have often witnessed the distressing ravages which phagedænic ulceration sometimes makes in the parts attacked, and the sad mutilations which it brings on when seated in the parts of generation, will certainly agree with us when we say that this dreadful tendency is a subject worthy of the surgeon's close attention, and for the treatment of which his best energies will not be superfluous. We lately witnessed a case of this kind in Mr. Lloyd's wards, and the success which attended the means adopted was so complete, and (as far as we are concerned) so unexpected, that we hasten to give our readers a rapid sketch of the same.

Before entering into details, however, it would be useful to consider whether we know the primary cause of phagedæna. Is it connected with certain kinds of ulceration? or shall we seek it mostly in the patient's constitution? Systematic writers generally incline to the second opinion; nor will the present case militate with this view. It must nevertheless be confessed, that very destructive phagedænic ulceration will sometimes set in with patients who, *à priori*, would have been looked upon as least likely to be thus affected.

Confining our view to inguinal ulcerations, as resulting from bubo, we might naturally be inclined to inquire, whether, of the various sorts of bubo, any particular kind is most prone to run into phagedæna. Observation has not, as far as we know, determined anything certain on the subject—though, setting aside for a moment acute phagedæna, with which we are now more directly concerned, it might be said that *chronic* phagedæna is mostly connected with syphilitic bubo, the distressing horse-shoe form sufficiently testifying to this.

But if we admit Ricord's distinction between buboes resulting from mere irritation, (both gonorrhœal and syphilitic,) and chancreous buboes, depending on the actual transmission of the virus, we might, *primâ facie*, be inclined to suppose that where the virus is actually at work, ulceration is likely to be the most destructive, while the contrary appears to hold good; for Ricord states that such buboes ordinarily attack one gland only, and are much less prone to suppurate than buboes resulting from mere irritation. It is extremely pro-

bable that the complication which is now occupying us has its mainspring in the patient himself. Excesses, debility brought on by previous disease, either syphilitic or not, the scrofulous taint, &c., are very probably the peculiarities most likely to change the character of any given ulceration. We would finally remark, that the case about to be detailed has this unusual feature, that the destructive ulceration in the groin occurred in a female. It is well known that the weaker sex are less obnoxious to buboes than men. Ricord says, on this head, "Women seem, at first sight, to be more likely to suffer from adenitis ('*Adhén*', a gland) than men, from the greater delicacy of their lymphatic system; but not being exposed to the same fatigues and vicissitudes of temperature as men are, nor indulging in the same excesses which the latter sometimes commit, we find them very rarely troubled with buboes." (M. Ricord's Lectures in THE LANCET, No. 1281, p. 301.)

The following details were furnished by Mr. Francis Hall, one of Mr. Lloyd's dressers:—

Margaret B—, nineteen years of age, a fair, unhealthy, and lymphatic-looking girl, was admitted into Magdalen ward, under the care of Mr. Lloyd, March 23, 1851, with slight gonorrhœa of three weeks' standing, excoriations about the labia, and a small, indolent bubo in the right groin. The patient has led a very irregular life for the last two years, and she had been in the hospital, about four months since, under the care of Mr. Stanley, with ulcerated condylomata, which yielded to astringent lotions. She first discovered a discharge about three weeks ago, and the bubo one week afterwards; the latter had been very small at first, had gradually increased in size, and opened spontaneously three days before admission.

On examination the discharge was found pretty abundant; excoriations were scattered on the labia, and the bubo was small, of a dusky-brown colour, and about the size of a nutmeg. In the centre of the swelling a small opening is noticed; the rest of the tumour yields a doughy sensation to the finger, and an erysipelatous redness surrounds it for about three inches. No pain in the part is complained of. The patient was ordered milk diet, antimonial saline draughts three times a day, and poppy fomentations to the groin, to be followed by a linseed poultice.

On the second day it was found that the bubo was increasing in size, the edges of the opening were becoming irregular, and discharging dark unhealthy-looking matter. Mr. Lloyd now directed that the bubo should be further opened by means of potassa fusa. The pain in the part became, however, extremely severe, so much so that for several nights the patient could not obtain any sleep; the tumour in the groin was, meanwhile, increasing in size, burrowing in various directions beneath the integuments, and discharging thick, dark, and unhealthy pus. Balsam of Peru was now applied to the wound, beneath a bread poultice.

The sore nevertheless began to spread rapidly, and took on a sloughing character, discharging very offensive matter; the pulse rose to 102, very sharp, and tenderness of the abdomen was complained of. The saline draughts were continued, and one grain of opium taken every night.

A week after admission the patient was very low and in great pain; the sore was extending rapidly, especially towards the right labium, and had reached the size of a duck's egg. The opium was now given every sixth hour; beef-tea was allowed, and a draught of nitro-muriatic and hydrochloric acids administered every sixth hour. The pain in the abdomen increased notwithstanding, and this cavity became distended and tympanitic; frequent fits of vomiting came on, and the nights were almost sleepless. The inguinal ulceration was in the meanwhile continuing its phagedænic progress; several enlarged glands were now entirely denuded, and rose in the centre of the sore, there being a great tendency to bleed. Balsam of Peru was now again applied, the opium continued, and hydrocyanic acid given in effervescing draughts to allay the vomiting. Brandy was allowed, and the sore frequently washed in opium lotion.

The symptoms in the abdomen were, in the meanwhile, becoming more and more severe; the tympanitis increased, and vomiting continued. A blister was applied to the epigastrium. The phagedænic ulceration proceeded unabated, and on the tenth day after admission it extended from the anterior superior spinous process of the ilium to the symphysis pubis, and it was about destroying the right labium. The ulcer measured three inches and a half from above downwards, laying bare the femoral vessels for some distance above Poupart's ligament.

Mr. Lloyd now resorted to energetic measures; the nitrate of silver in substance was freely applied to the whole extent of the sore; it was thrust underneath the undermined and