

friends of the disease and its symptoms, however long-continued it may have been.

I may add, that upon inquiring of Dr. Purnell, of this city, who had attended her for a part of her long illness, that the affection of her breast was a most anomalous one, certainly not cancer; that he had never reduced her jaw when dislocated, as she reported; and that he always considered her "fits" as in a great degree assumed. He had never, himself, heard of the tumour, but his assistant had attended her for dropsy for some time.

April, 1856.

#### REPORT OF A CASE OF

### CAULIFLOWER EXCRESCENCE OF THE OS UTERI,

TREATED BY EXCISION.

By ROBERT MACLIMONT, M.D., &c.

MARY-ANN W—, married, aged thirty-one, mother of four children, the youngest of whom is twelve months old, applied at the Hospital for Women, on the 14th of August, 1855. In the temporary absence of my friend, Dr. Tanner, physician to the hospital, she was seen by me. Her history is as follows:—

During childhood her health was good; she menstruated at the age of fourteen, and continued regular until her marriage, at twenty-four. She became pregnant shortly afterwards, and parturition took place without the occurrence of anything out of the common. She subsequently gave birth to two other children, while in the enjoyment of perfect health, but shortly before becoming pregnant with her fourth and last child, she began to notice that a clear, viscid, and inodorous discharge escaped per vaginam: this was not attended with any pain or abnormal sensation whatever, her general health continued good, and she followed her usual avocations. During her pregnancy the discharge continued steadily to increase, being always augmented by any effort or extra exertion on her part. She still remained free from pain, but her general health became impaired, she was sensible of a diminution of her strength, and it was remarked by her friends that she was rapidly losing flesh and colour. She gave birth to her child at the full period, without anything occurring in the delivery to awaken suspicion either in her own mind or that of her medical attendant. She suckled her child till about a month ago. The catamenia have since appeared, but the watery discharge has now greatly increased, and is mixed with blood from time to time, especially after any exertion.

Before seeking advice at the Hospital for Women, the patient had been examined by a medical man, who told her she was labouring under some serious disease of the uterus, the nature of which, however, he was not prepared to state. The woman said that her mother was still living, but that four maternal aunts had died of cancer, one of them after the removal of a diseased breast; she could not inform me as to the seat of the disease in the other three.

On making a vaginal examination, my index-finger came in contact with a fungous mass, encircling the os, and involving both lips of the uterus. This struck me at the time as resembling the head of a mushroom, and was, as nearly as I could guess, about three inches in circumference. The head-like expansion of this growth completely filled up the upper part of the vagina, and was attached to the lips of the uterus by a broad base, which, however, did not extend up the cervix more than perhaps a quarter of an inch. The surface of the tumour had a lobulated feel, firm, but not at all hard. The patient did not complain of any pain from the examination, but the discharge, which I had previously satisfied myself was very abundant, limpid, and of a very faint odour, was now mixed with blood in considerable quantities. On introducing the speculum, the mass presented a granulated surface, and was of a red raspberry colour. On injecting some cold water through the instrument, the bleeding from the superficial vessels was checked, but the secretion of the above-mentioned watery discharge went on actively, and appeared to be transuded from the surface of the tumour. This discharge strongly resembled glycerine, was structureless, except when mixed with blood corpuscles, coagulated by heat—in short, presented all the characters of serum.

I had no hesitation in pronouncing this case to be the so-called "cauliflower excrescence" of the os uteri, and my diagnosis was most fully confirmed by Dr. Tanner, who, on his

return to town, examined the patient at the hospital. The woman consented to submit to any operation likely to benefit her, and it was agreed that the only chance of saving her life was to amputate the cervix uteri, and for this purpose she became an in-patient on the 16th of August.

Preparatory to the operation, the patient was put on a diet of strong beef-tea, with two ounces of port wine daily.

On the 20th, Dr. Tanner, assisted by Mr. Scott and myself, proceeded to remove the diseased mass, the patient having been put under the influence of chloroform, and placed in the ordinary position for lithotomy. By means of a pair of hooked forceps, the tumour was brought pretty low down in the vagina, but not sufficiently so to extrude the mass beyond the external os; no amount of justifiable force could effect this, and the incisions were consequently made by the sense of touch only, from above downwards, the whole of the diseased mass and sound cervical tissue, to the extent of two or three lines, being removed by a few sweeps of the bistoury. The bleeding was not considerable, but to guard against any hæmorrhage that might arise, the whole of the vagina was tightly plugged with cotton wool, previously soaked in a strong infusion of matico. The patient was removed to her bed, and had two grains of opium, to be followed up by one grain every four hours. She was also ordered strong beef-tea, ice, and a liberal allowance of port wine.

On the second day after operation, the plug was removed, and no hæmorrhage followed. The opium was now ordered to be given every eight hours, beef-tea and wine as before, with the addition of a mutton chop.

On the fourth day, the opium was discontinued, and the bowels opened by a small dose of castor oil. About a week after the operation, the patient was examined per speculum, and the potassa fusa freely applied to the excised surface, lest any portion of the tumour had escaped the knife. In the course of two weeks the parts began to contract and granulate, and it was found necessary to keep the cervical canal patent by introducing one of Dr. Simpson's uterine stems. The patient progressed satisfactorily, gaining strength and colour daily, so that on the 2nd of October she was able to leave the hospital apparently cured, and better in every respect than she had been for fifteen months. She has attended as an out-patient up to the present time, and although feeling well and continuing to look so, she states that unfortunately the watery discharge has returned in a slight degree, although no trace of disease can be felt or seen on examining her; however, from the re-appearance of this formidable symptom one is led to fear that the disease is not eradicated.

The tumour, on removal, presented a deeply lobulated surface, covered externally by a transparent membrane, resembling the arachnoid of the brain, but dipping between and dividing the lobules. Beneath it, numerous bloodvessels were seen ramifying over the surface of the lobules, just as the vessels of the pia mater are seen through the transparent arachnoid.

The cut surface of the tumour presented a brain-like appearance, and was easily rubbed down between the fingers. Here and there small loculi or cells were conspicuous, containing fluid blood. When placed under the microscope, this brain-like tissue appeared to be made up of granular nucleated cells, imbedded in a cellular framework. The cells themselves were for the most part angular; each contained one small round nucleus, studded with molecules. I looked in vain for the "laminated capsules," (the *globes épidermiques* of M. Lebert,) which are supposed to be somewhat characteristic of epithelial cancer.

The cauliflower appearance of these tumours is not peculiar to the uterus, for epithelial cancer more or less takes this form, regardless of its seat; it is due to the multiplication and hypertrophy of the epithelial cells, forming innumerable papillary growths. Cauliflower excrescence, so far as I am aware, has never yet been found within the uterus, although it sometimes attacks the external labia, where it often passes as a form of elephantiasis.

Epithelial cancer of the uterus appears to be as certainly, though more slowly, fatal, as any of the other forms of malignant disease; like them it is a constitutional affection, for we shall almost always find that the patient can bethink herself of one or more relations who have suffered in like manner.

Mr. Paget states, that in sixty persons of both sexes operated upon for epithelial cancer, the disease recurred in twenty-nine; the rest were lost sight of. Dr. E. Watson, of Glasgow, however, states, that of nine cases of cauliflower excrescence of the os uteri treated by excision, five were radically cured, one doubtful, three died; of seven treated by ligature, the disease

recurred in six, carrying off the patients, while only one was cured. Dr. Simpson, of Edinburgh, likewise records some cases which it would appear have been cured by amputation of the cervix uteri. Many papillary growths or warty excrescences growing from the os, have doubtless gone under the name of epithelial cancer. These, when removed, do not return; but I doubt extremely whether any operation in a case of genuine epithelial cancer of the os uteri will do more than prolong life; at least, in the great majority of cases, the disease will ultimately return, either in the same or some neighbouring organ, the lymphatics will become contaminated, and the patient at last succumb.

More extensive and accurate statistics of the operation are, however, required before we can arrive at any satisfactory or certain conclusions regarding it. So far, however, as inquiry has been prosecuted, we are justified in saying that amputation of the cervix ought undoubtedly to be had recourse to in all cases where an operation is admissible; and the earlier this is resorted to the better.

In the last stages of this disease, astringent vaginal injections, and especially the application of ice to the tumour itself, will do much to check the excessive discharge so exhausting to the patient. General tonics and generous diet should form a part of the treatment throughout the disease.

Gloucester-terrace, Hyde-park, April, 1856.

## ON A CASE OF POISONING BY ACONITE.

By W. H. BONE, M.D. Edin.,  
ASSISTANT-SURGEON 4TH ROYAL LANCASHIRE MILITIA.

A CASE of fatal poisoning by tincture of the root of aconite having occurred in Newry, in the person of the paymaster of the 4th Royal Lancashire Militia, I beg to send a short account of it.

The paymaster having, when in Dublin, consulted his physician, Sir Henry Marsh, obtained from him, on *one* paper, two prescriptions,—the one being a mixture of aloes and Plummer's pill; the other being as follows: tincture of chiretta and syrup of sarsaparilla, of each an ounce and a half: a dessert-spoonful, in soda-water, to be taken before breakfast and before dinner, daily. On his return to Newry, he *twice* sent this prescription to a druggist in the town. On the first occasion, the medicine was correctly made up; on the second, instead of the tincture of chiretta and syrup of sarsaparilla, tincture of the root of aconite and syrup of sarsaparilla were sent. Having, on the morning of the 25th of February last, drank a portion of this (the second) bottle, he soon after observed to his servant "that the medicine had a nasty taste." About a quarter to nine that morning, I was passing his room, when, having tapped at the window, and thus attracted my attention, he came out to me. He told me of his having drank from the bottle the prescribed quantity in soda water, and that he felt unwell. I told him that I was going to see a soldier who was said to be very ill, but that I would return to him as soon as I could. Before leaving him, I *tasted* the medicine in the bottle from which he had drank, and went on. It had then no taste noticeable. Whilst ascertaining the nature of the soldier's illness, the peculiar burning sensation, indicative of the presence of aconite, developed itself on my tongue. Leaving the soldier, whose illness was trivial, I hastened back to the paymaster's room. He was not there. I went to my own room, and he soon after came in. On inquiring how he felt, he complained of giddiness, and "that his legs were going away from him." I administered a cup of strong coffee, and, with assistance, got him to bed. In spite of active treatment, he never rallied, but died in about an hour and a half after he had first drank.

The symptoms which developed themselves were, giddiness; intense burning feeling along the tongue, extending to the fauces; coldness of the hands and feet, and along the spine; twitches of the muscles of the face, and of the fingers and toes; dimness of vision; dilatation of the pupils; inability to swallow; weak pulse; involuntary escape of fæces. A little before death, there was one universal convulsion. After that, he was seemingly dead; then he revived, and gasped, and then died. Towards the fatal termination, his skin was cold, his lips blue, his pulse almost imperceptible, and his respiration oppressed and laboured.

The treatment pursued consisted in the administration of strong coffee, emetics of sulphate of zinc, and frequently-

repeated doses of brandy and ammonia, and the application of hot bottles to the feet and spine, and mustard sinapisms to the neck and chest. After the administration of the emetics, he vomited copiously a greenish-coloured fluid; and also after the first dose of brandy and ammonia he vomited, but without the admixture of any greenish fluid.

*Post-mortem examination, twenty-four hours afterwards.*—The body was that of a well-made, muscular man. There were no external peculiar marks. The stomach contained dark-brown fluid; mucous membrane congested in patches of various sizes, and of dark-red colour; heart healthy; right side filled with liquid venous blood; liver congested, but healthy. The lungs presented marks of old inflammatory adhesions. All the other organs—kidneys, spleen, and intestines—were congested, but healthy. The bladder was empty. The head was not opened.

The coroner's jury returned a verdict of manslaughter against the two boys, Connor and McCall, who had prepared the prescription; and, at the assizes at Armagh, on the 6th of March, they were found guilty, and sentenced to the mitigated punishment of four months' imprisonment.

Cases of poisoning by the vegetable poisons are now becoming so rife, that an absolute necessity exists that some provision for regulating the sale of these medicines should be put in force. Look at the following recent cases:—Three gentlemen are poisoned in Aberdeen by the carelessness or stupidity of a servant giving aconite root for horseradish. A gentleman, as in the present case, is hurried into eternity by the wanton carelessness or culpable negligence of two boys employed in the dispensing of drugs, of whose nature or properties they are grossly ignorant. A husband cunningly removes an incumbrance, in the shape of a wife, by strychnine; and in this town, on the 25th inst., the following occurred:—A young gentleman, suffering from a decayed tooth, obtains from a medical friend a prescription, sends it to a druggist, the shopman makes it up, the gentleman uses it, immediately staggers, falls, and becomes unconscious. A medical practitioner promptly attends; but of so powerful a nature was the drug that sensibility was not restored for a day or two. From inquiries the medicine supplied turns out to be some preparation of digitalis. In this case, as in the case of the late Paymaster Keat, is the serious mistake traceable to the gross ignorance of an apothecary's boy.

Some plan, similar to the one recommended by the Dublin colleges, for distinguishing poisonous from the other drugs, might, perhaps, prove beneficial in checking the indiscriminate sale of such potent and deadly drugs.

Edinburgh, March, 1856.

## 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, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proœmium.

### GUY'S HOSPITAL.

STONE IN THE BLADDER; LITHOTOMY; CURE.

(Under the care of Mr. BIRKETT.)

It is a singular fact that a large proportion of the cases of stone operated upon in the London hospitals are sent up from the country, and not unfrequently the patients are in the enjoyment of comparatively robust health. Whether this may depend upon some peculiar diathesis, consequent upon the manner of living in a country district, we will not take upon ourselves to say; but the fact of the greater frequency of stone in the country, as compared with towns and cities, is one tolerably apparent, and worthy the attention of our hospital surgeons, more especially in a statistical point of view. The subjoined case was one of this character, and, as might be expected in individuals of a robust habit of body and healthy aspect, the urine possessed acid properties, with occasional deposits of the lithates. The symptoms of stone were at no