

has no return to its diseased action, but which renewal of diseased action cannot be suspected of springing from infection. Lastly, the mode of treatment does not go to show anything *specific* in the nature of the disease, for both balsam of copaiba and cubebs (which are principally used), as well as astringent injections, are means which are equally applicable to inflammation of any other mucous membrane; and, indeed, if the injections be used as soon as ever a suspicion of the existence of gonorrhœa is felt, a very few applications will suffice to ward off the attack. This has been noticed by Mr. Coles, of Cheltenham, at page 403 of the present vol. of *THE LANCET*. I ought, perhaps, to make here some observations on a notice given at page 431 of the same vol. of *THE LANCET*, to the effect that Dr. Remak, of Berlin, had made the discovery, that the menstrual fluid produces gonorrhœa: this is no original suggestion of his, but an idea which, although perfectly unfounded, has long obtained among the vulgar in France; for the untenability of the position, I should think there can be but few of your readers who cannot vouch; but supposing that source of so much error (the microscope) had enabled him to detect the so-called mucus or even pus-globules in the fluid, it is a wide jump at a conclusion that these must be endowed with the faculty of producing gonorrhœa, for in that case we should expect to find gonorrhœa in every woman as soon as she has menstruated; besides this, no one, even amongst the infectionists, lets his imagination run so wild as to affirm, that *any* pus will produce the disease. In fact, the only specific character which my experience of the disease allows me to award it, is, that it may probably partake of the nature of a rheumatic inflammation, and this I am induced to surmise from the well-known phenomena of metastasis to the eye and testicle; for it has now been clearly shown, upon good authority, that contact of gonorrhœal matter with the eye is not required to produce gonorrhœal ophthalmia;* and it is equally well known that when orchitis supervenes upon gonorrhœa, the discharge ceases, and that the best means to get rid of the orchitis is to re-establish such discharge. I am further led to throw out this suggestion, because I think I have, in some cases, procured as much benefit by the exhibition of colchicum, as by that of either balsam of copaiba or cubebs. I think, then, upon a due consideration of all these arguments, to which many others might be added, that I have shown, at any rate, that gonorrhœa is not always contracted by infection, and the probability that there is no gonorrhœal virus at all, q. e. d., I will detain

* Vide Beer, Richter, St. Yves, &c., *passim*.

you no longer than is necessary, to assure you that I remain, Sir, yours faithfully,

JOHN CHIPPENDALE.

10, Bedford-street, Bedford-square,
August 27, 1840.

CASES OCCURRING IN OBSTETRIC PRACTICE.

By W. R. WARWICK, Esq., M.R.C.S.L.,
Newark-upon-Trent.

HÆMORRHAGE INTO THE ABDOMINAL CAVITY—DEATH.

A. W., æt. 28, residing in Vine-street, York-road.

Aug. 1, 1837. Labour pains came on this morning, although two or three weeks before her expected time, I was called to attend her about five in the afternoon. The os uteri was dilated to about the size of half-a-crown; parts generally soft and dilatable; pains recurring at regular intervals, but weak, and unfrequent. The patient was rather restless. The labour progressed gradually, but slowly, for about two hours, when suddenly violent uterine contraction came on; one pain expelled the head and shoulders; another the body, placenta, and a large coagulum of blood, immediately after. I was at the time supporting the perineum, and using all reasonable means to prevent the too sudden emptying of the uterus, for I found the head descending very rapidly under the influence of the first violent pain. The uterus contracted at once to its ordinary size after delivery.

The patient was faint and much exhausted; but this I attributed to the loss of the blood which was expelled with the child, and to the sudden manner in which the uterus had emptied itself. I directed her to lay perfectly quiet, with her head low, and requested an attendant to make moderate pressure, with the hand expanded over the abdomen, whilst I endeavoured to restore the child, which had not breathed; these efforts, however, were unavailing.

On approaching the bed, about a quarter of an hour afterwards, I found her still faint and exhausted; face pale, and very anxious; a good deal of restlessness and agitation of manner; pulse extremely feeble; skin cool. On asking her how she felt, she replied, "Oh, Sir, I am flooding violently." No unusual flow of blood, however, had shown itself externally, and the uterus remained quite contracted. She soon afterwards became more composed; some colour returned to the face; the skin became warm; the pulse rose, and she was so much restored that I left her about eight o'clock. I lived at a considerable distance, and, therefore, I did not see her again that night.

On entering the house next morning I was

informed the poor woman was dead. The attendants said, that, to all appearance, she had continued doing well for nearly two hours after I had left on the preceding evening; that she then became very faint and restless; convulsions came on at intervals; and she died, before any of the neighbouring practitioners, to whom they sent, could arrive. No external hæmorrhage had occurred.

Consent was given for a post-mortem examination, which was conducted on the afternoon of August 3rd, in the presence of Mr. Malyn, Duke-street, Westminster; Dr. Ord, Queen-square, Mr. Flood, Broad Sanctuary, and myself.

The body was that of a fine woman in the prime of life, who, to all appearance, had been in perfect health up to the period of her death. The surface was more blanched than usual; abdomen distended; very resonant on percussion. On opening it, the intestines were found much distended with flatus, and their serous covering appeared bloody. About twenty ounces of blood were taken from the peritoneal cavity; the uterus was contracted to about the size of an infant's head; its anterior surface was fissured in several places, the fissures varying from half an inch to an inch in length, but not extending deeper than through the peritoneal covering; the appendages of the uterus were much infiltrated with blood. Two or three very small coagula were found in the interior of the organ.

The poor woman had a presentiment during her pregnancy that she should not survive the period of her confinement; she had had two or three children previously.

INTESTINAL IRRITATION (?) SIMULATING PUERPERAL PERITONITIS, BUT YIELDING AT ONCE TO PURGATIVES.

CASE 1.—Anne D., æt. 40, delivered of her fifteenth child, September 9, 1838. Labour perfectly natural, of four or five hours' duration; has an old oblique inguinal hernia of the right side, which gave no inconvenience during labour.

Sept. 12. Complained of flatulence, griping pains, heartburn, disagreeable taste, with smarting of the tip of the tongue.

These symptoms speedily subsided under the use of small doses of rhubarb and magnesia, with the exception of the smarting of the tongue, which presented no unusual appearance.

19. Had a shivering, but the pulse was not accelerated after it; bowels freely open.

20. Morning. The symptoms present on the 12th returned; pulse 80.

— Evening. Seized with shivering, followed by great pain in the abdomen, increased on pressure, and referred more particularly to the internal abdominal ring of the right side and the umbilicus; no hernial tumour to be detected, but the internal ring would admit readily the points of two

fingers; sickness; much flatulence; constant flatulent eructations; tongue much furred; pulse 110; headach; much restlessness and talkativeness; lochiæ scanty; secretion of milk not affected; bowels open during the day.

Mr. Woolley, sen., Brompton-row, kindly saw the patient with me, and we gave her

Calomel, six grains;

Extract of henbane, five grains, in two pills immediately.

Castor oil, half an ounce every second hour, until the bowels were freely moved, after the operation of the purgative.

Sedative solution of opium, twenty drops in a little water.

A poultice of scalded bran to be placed over the abdomen immediately.

21. Bowels have been unloaded of a large quantity of offensive dejections; pain, nausea, and flatulence have disappeared; pulse 80; complains only of weakness.

There was some return of the symptoms a few days afterwards, but they again yielded to similar treatment.

CASE 2.—A. M., æt. 30, of plethoric constitution, delivered of her fourth child, Nov. 16, 1838, labour natural.

Nov. 18. Bowels have not been moved since her delivery. To take the following draught early the next morning:—

Powder of jalap, ten grains;

Sulphate of magnesia, two drachms;

Infusion of senna, a fluid ounce and a half.

19 (4, P.M.). Great pain in the abdomen, not bearing the slightest pressure; pulse 135, full, not very hard; skin hot; tongue white; bowels have not acted; secretion of milk and lochial discharge; the free symptoms, she says, came on in the afternoon of the preceding day. The aperient draught to be repeated immediately.

Half-past 6, P.M. Bowels have acted twice; feels much relieved; pulse 150, softer.

20. No pain in the abdomen; bowels freely open during the night; pulse 100; skin cooler.

21. Symptoms have entirely subsided.

CASE 3.—E. W., delivered of her sixth child, Nov. 18, 1838, labour natural.

20. Tenderness over the abdomen, which, however, is very slight; tongue white; bowels freely acted upon by the castor oil she took this morning; pulse 100, not hard; lochial discharge slight.

21. Morning. Great tenderness and pain over the region of the uterus; tongue white; bowels open freely yesterday; great thirst; headach; skin hot; pulse 120, not hard.

To take immediately,

Calomel;

Extract of colocynth (compound);

Extract of henbane, of each four grains, made into three pills;

Castor oil, half an ounce in two hours.

21. Evening. Medicine has acted powerfully; the pain has subsided; pulse 100; skin cooler.

22. Symptoms have quite subsided; complains only of feeling weak.

The subject of this last case had had prolapsus uteri for nine years, obliging her to wear a napkin constantly as a support, even during pregnancy.

I ordered her to keep in the recumbent posture for some weeks before her expected time, and to do the same for some time after her delivery. This advice she diligently attended to, kept the recumbent posture for three weeks after labour without intermission, and for the succeeding fortnight sat up only two hours daily.

There was no return of the prolapsus three months after labour, about which time she was seized with acute rheumatism. When she began to move about during her convalescence the prolapsus returned.

Aug. 10, 1840.

MR. FRENCH'S MODE OF OPERATING FOR STRABISMUS.

To the Editor of THE LANCET.

SIR:—I request you will favour me with sufficient space for a few remarks on the operation for curing strabismus, as performed by my friend Mr. J. G. French, of the St. James's Infirmary.

That gentleman is the first surgeon who has made any important improvement in the process first practised, though not first suggested, by Professor Dieffenbach. The abandonment of the hooks employed for the purpose of fixing the eye by the Prussian inventor, by Mr. Liston, by the French surgeons, and all who have attempted this operation, is attended with important consequences. The pain is diminished, the labour of the surgeon curtailed, and the after-treatment simplified.

I have operated with complete success in four cases, in the manner recommended by Mr. French, and I feel bound to bear my testimony to the sufficiency of his plan, a plan much more consonant with the simplicity of British surgery than the barbarous mode first promulgated, and hitherto acted upon.

The history of these cases I shall not give, because they do not include anything very novel; in proof of their authenticity, I shall merely state that they were respectively witnessed by my friends Mr. John Malyn, Mr. French, Mr. Smith, and Mr. Taylor. The following is the abridged fashion in which I went through the process in each case:—The patient was seated on a chair in a moderate light, and the assistant standing

behind placed one hand over the sound eye, and with the other hand raised the upper lid of the affected organ. Upon the patient's turning the eye outwards, I snipped the conjunctiva over the under edge of the internal rectus, and introduced a curved probe under the muscle. By depressing the handle of the probe the point was brought forward, and projected a little above the upper edge of the muscle; a second snip with the scissors enabled the point to emerge; and, finally, the muscle was divided by the scissors upon the probe.

The operation thus simplified consists of but three steps:—

1. The nipping of the conjunctiva.
2. The introduction of the probe under the muscle.
3. The division of the muscle upon the probe.

From a perusal of this description, it is evident that various preliminary and subordinate arrangements, which have hitherto been considered essential to the operation, are perfectly useless; no bandaging of the sound eye; no speculum for the upper palpebra, and no tenter-hook of any form is employed.

The probe which I have alluded to consists of two stems placed parallel, at a distance sufficient for the point of the scissors to pass between. The pattern may be had of Ferguson or Savigny.

In order to throw into proper relief the merit of Mr. French's modifications, I must crave your further license for a few words.

Dr. Franz, the advertising pupil of Dr. Dieffenbach, has informed us that his tutor has operated on 250 cases; and the pupils of Mr. Liston have not been less zealous in announcing to the public the successive scores of cases which have fallen under the hands of their instructor. Other men, too, by various means, have bruited about their claims in the ears of the town. We have seen a vast sum of ingenuity, and some few shillings expended in producing modifications of hooks and scissors; and we have had the pretensions of some of these candidates for fame, supported in the dignified form of "official returns." Yet, notwithstanding all that has been thought, written, and done in Germany and in England, in relation to this subject, it was left for the plain and practical understanding of Mr. French to make the only real improvement that has yet been effected upon the original process.

Our Parisian confrères, though celebrated for their love of novelty, and stimulated by the special exhortations of Dieffenbach himself, have not been very fortunate in their efforts, and have not succeeded in devising any amendment of the first crude plan of the Berlin professor.

According to the *Constitutionnel*—"Quant aux nouvelles et nombreuses opérations pra-