

such a case is most conclusive of the efficacy of remedial agents, and will induce many to try this plan before having recourse to the abdominal section for the removal of the cyst.

I doubt not, many will maintain that there has not been sufficient time since the last tapping to warrant my considering this case as cured; yet surely the history of it will shew that there are good grounds for so considering it; the gradual diminution *before* the first tapping, the decided decrease *after* it, and the absence of any increase since the last tapping, are all steady proofs of a decided influence over the fluid in the cysts; and furthermore, the health of the young lady, which was previously much impaired, is now restored; her menstruation continues regular, and she suffers no inconvenience from the collapsed cysts. I hope I shall hear no objection made to this case, as being one of doubtful disease; neither the age is *too young* nor the fluid *too clear* to leave any one an excuse for objecting to its character; and for the truth of what I have asserted, as to the nature of the disease, nature of fluid, and present state of patient, I can confidently refer to my friend Mr. Samuel Lane, who, from his uniform success in operating for the removal of the cyst by the median section, as well as from his sound surgical knowledge, must be considered a good authority. I may also mention, that Mr. Ely, of Chatham, and Dr. Ely, of Rochester, will both cheerfully add their testimony to the truth of this case.

I cannot resist this opportunity of stating, that Miss C—, whose case I published in *THE LANCET*, May 4th, 1844, continues perfectly well, although nearly two years have elapsed since she was pronounced cured.

Oxford-square, Hyde-park.

OBSERVATIONS ON A CASE OF FATAL OVARIAN DISEASE.

By ROBERT HARDY, Esq. Hull.

In the month of August, 1843, I was called to officiate at the labour of Mrs. W—, the lady of the Rev. N. W—, vicar of S—, near this place. It was her first accouchement, the patient's age being twenty-seven or eight. She had been indisposed about twelve hours when the first examination was made. The outer parts and vagina were well lubricated, and disposed to relax; os uteri fully within the pelvic cavity, thin, and easily dilatable, and open to the size of a half-crown piece. Membranes thin, and protruding well during each pain. At the left posterior aspect of the pelvis, a considerable fulness was perceived, which was at the time supposed to consist of fæces in the rectum; presentation of the head in the right position, but resting on the os frontis; pelvic capacity ample. In two hours afterwards, the head was found in statu quo, though the pains in the interim had been very efficient; the os uteri, also, was but little more dilated than when last examined.

It being evident some *obstacle* existed to the head's descent, a more careful examination of the swelling before alluded to was instituted, and it was found to consist of a firm tumour of definite form, (supposed to be ovarian,) and dipping into the pelvic cavity, as far as the recto-vaginal pouch would admit of; it occupied nearly half the circumference of the brim of the pelvis, and varied considerably in its degrees of density in different parts.

As all the maternal organs were so favourably disposed to delivery, I deemed it might assist us were we to rupture the membranes, which was accordingly done about half an hour after the examination of the tumour; and at the same period, a broad abdominal bandage was firmly applied. After the lapse of an hour, matters were much as before. I had the patient now removed from bed, and placed between two chairs, as if seated on the night commode; in this position she remained about an hour and a half, during the whole of which, the pains were not only very frequent, but also powerfully expellent. Still, at the end of this period, the head was advanced but very little; the scalp considerably corrugated; and, to my great mortification, the tumour not in the least displaced from its advanced position; but, on the contrary, by the pressure from behind, had become more decidedly obstructive of the passage of the head into the pelvis.

During the last three hours, I had made several ineffectual attempts to push back the tumour; and I now became apprehensive that we should ultimately have to reduce the child's head by perforation, as the space left for its descent was at least one half less than its natural dimensions. I stated my fears to the lady's husband, and urged on him the propriety of an early consultation on the case; this, however, he for the present declined, wishing me to act on my own judgment.

Before deciding on ulterior measures, I determined on making one further strenuous attempt to reduce the tumour; for this purpose, the patient was again removed to bed, her nates were con-

siderably elevated, her shoulders depressed, and her face and abdomen inclined downward towards the bed. The right hand being well oiled, I passed it fully within the vagina, and waiting the subsidence of the next pain, I made firm pressure with the knuckles on the fetal head, pushing it pretty completely beyond the pelvic inlet; then, with the expanded fingers of the same hand, I exerted on the tumour a firm and steady pressure upwards, in the axis of the brim, which I was happy to find had some effect in altering its position. During the two succeeding pains, I was enabled to maintain the advantages already gained; advancing the tumour slowly upward in the intervals; after the third pain had gone off, to my great satisfaction I succeeded in elevating it quite to the pelvic brim, when it immediately slipped away into the left hypochondrium. I still kept the hand within the vagina; the next pain advanced the head slightly, and after two or three others, it occupied the whole inlet. The hand was now withdrawn, the patient put in the usual position for delivery, and in less than two hours, she was safely brought to bed of a very large and healthy female infant. The placenta was cast off properly, and the recovery rapid and complete.

The first time this tumour appeared to inconvenience the patient again, was early in May of the present year, when I was called, in great haste, to visit her, as she was "labouring under obstruction of urine, and in great agony." On inquiry, I found Mrs. W— expected she was about *four months advanced in gestation*. The stoppage of urine was of fourteen or sixteen hours' duration; the body was tumid and tender, and countenance expressive of great suffering; the attack of pain had been sudden, and the patient had passed her urine freely the preceding evening; she was also quite certain that she had used no violent exertion the previous day.

I stated to the patient my conviction that the cause of the present accident was the enlarged ovarian tumour, which had so seriously impeded the birth of the infant; my impression being, that it had produced the present symptoms by obstructing, to some extent, the brim of the pelvis, preventing the uterus from rising out of it into the abdominal cavity, depressing its fundus, and in this way inclining it backward, and ultimately, as the bladder filled, tilting this part of the uterus downward into the recto-vaginal pouch.

An examination per vaginam demonstrated a retroverted condition of the uterus. Three pints and a half of urine were drawn off, the patient placed on her knees, with the head downward, and, after some difficulty, the uterus was replaced in its proper position. The nates were ordered to be kept considerably elevated, and the patient to preserve the horizontal posture some days; the urine to be passed as she laid, frequently. Next day I found all well; the urine had passed freely, and the bowels had been opened by castor oil. The recumbent position was persevered in, for the most part, during a fortnight; after which, the uterus was found to have risen fully into the abdomen, and no further present inconvenience was experienced from the presence of the tumour.

The second delivery occurred about three A. M., on Saturday, the 19th of October; and so rapid was the process, that before my arrival, the infant had been expelled the uterus from fifteen to twenty minutes. The patient had had slight pains since ten o'clock of the evening preceding, but did not become seriously worse till about one A. M.; it is therefore clearly demonstrated, that the ovarian tumour had been kept altogether out of the pelvic brim by the shoulder of the uterus, or the delivery could not have been thus rapid and facile. Much hæmorrhage had occurred (I suppose) after the birth of the infant, and yet continued; but this I was enabled quickly to restrain by pressure on the uterus, which contracted well. The placenta was ere long expelled, and we had no return of the flooding; nor did the patient seem to feel inconvenience afterwards, from the serious loss which she had sustained.

About forty hours after delivery, Mrs. W— began to complain of pain in the left hypochondrium, which steadily increased, till in a few hours it became most excruciating, the patient tossing violently about in bed, from her extreme agony. About three A. M. on the Monday, I was sent for, and found her in great pain, which was described as of "a tearing colic kind," and identified by the patient as similar, in seat and character, to the pains experienced on a former occasion, from inflammatory obstruction in the bowels. For her relief, there had already been administered one ounce of castor oil, also two doses of rhubarb and magnesia, all of which the stomach had retained, but they had not as yet operated. Hot flannels had also been applied to the abdomen. The patient had had no shiverings, the lochia were plentiful, but there had been no attempt hitherto at lactation. The tongue was whitish and moist, skin cool, and pulse under 100 per minute. She expressed her conviction that complete relief would follow evacua-

tion of the bowels, but feared it might be with difficulty accomplished, as was the case on the former occasion referred to. I waited three hours with the patient, during which period were administered to her two large stimulating enemata, and half an ounce of castor oil was repeated by the mouth, but these did not operate satisfactorily, and on leaving, I gave orders that the enemata should be repeated every four hours till free purging took place.

I had taken with me a febrifuge mixture, which I ordered to be administered every four hours; and as the patient expressed great confidence in their power, the doses of rhubarb and magnesia were also ordered to be repeated between each dose of the mixture. At 4 P.M. I learnt that no satisfactory action on the bowels had occurred. I took with me, therefore, some pills composed of the compound extract of colocynth and croton oil. One of these was given about half-past five, and a second at eight o'clock. We continued the use of large enemata, and I remained with the patient till midnight, when we had secured two copious evacuations, attended with large discharge of flatus. As considerable tenderness existed over the left hypochondrium, a dozen leeches were applied, and next morning a similar number were spread over the pubic regions; the saline mixture and camphor julep was repeated, and another of the croton-oil pills administered. The patient expressed herself as greatly relieved; the pulse had, however, risen to near 120 per minute; the bowels were greatly inflated with gas, and the bladder distended with urine, (which was immediately drawn off, and the operation repeated regularly till the patient's death.)

On Wednesday, Mrs. W—— seemed rather better; but as considerable tenderness yet remained in the pubic and hypogastric regions, twenty more leeches were applied, which bled freely. Great difficulty was still experienced in procuring stools, and the enemata were ordered to be repeated every few hours; continue the mixture and pills, each containing one grain of calomel, half a grain of extract of hyosciamus, and one-sixth of a grain of tartarized antimony, one with each dose. The pulse was about 116 per minute, and the bowels greatly distended by wind. To relieve the latter state, an œsophageal tube was passed into the rectum, and left there, which rendered great relief, by favouring the free discharge of gas.

On Thursday, at noon, I found the patient much better; the bowels had acted well; all abdominal tenderness was gone; pulse reduced to 100 or 104 per minute; belly but very slightly distended; and she turned herself on either side in bed without any inconvenience; had enjoyed a little sleep, and expressed herself confidently that "the storm was now hushed, and that all would be speedily put right." Of this I also began now to have some hope. Ordered the medicines to be continued as before.

Early in the succeeding evening our bright hopes were dashed to the earth: violent vomitings of a dark bilious matter occurred, the patient's strength being thereby greatly reduced; the body became highly tympanitic, and the pulse rose to the alarming number of 130 beats per minute. About midnight, being sent for, I availed myself of the valuable services of Dr. Alderson, who accompanied me, when we found our patient in the alarming condition above described, with some aphthæ on the base of the tongue and cheeks. The vomitings had continued unabated up to the period of our visit, and the patient was extremely restless and anxious. Ordered, immediate evacuation of the urine, large stimulating enemata of solution of yellow soap with oil; also a large and powerful sinapism to the pit of the stomach, and stupes of spirits of turpentine to the lower bowels; the last named to be repeated every hour till relief obtained. Before leaving the patient, an anodyne draught was administered, which produced some refreshing sleep. A stimulant mixture, composed of mixture of camphor, with carbonate of ammonia, and spirit of ammonia fetid, was ordered to be given every three or four hours.

On the Friday noon we again saw our patient, who was but slightly relieved. Ordered her an oleaginous aperient mixture; two tablespoonfuls every fourth hour. The anodyne draught to be repeated at bedtime, if the castor-oil mixture had then operated. Diet to consist of arrow-root with brandy, to be given every second hour; a blister to the scrobic cordis; urine again drawn off.

On Saturday morning we thought our patient somewhat relieved. Repeat the stimulating mixture, and omit the aperient. Urine drawn off; anodyne draught at bedtime; same diet continued. In the evening, learned the patient had vomited greatly since our visit, rejecting instantly all food and medicine. Ordered her effervescent medicines, with compound spirit of ammonia every three or four hours. Continue the cordial nutriment, but change the brandy for old hock and soda water.

In this way the disease progressed, occasionally shewing slight

symptoms of abatement, and then the opposite state of increased general debility and irritability of stomach, distended abdomen, obstinate constipation, &c., till on Saturday evening, the 2nd of November, she sank under her malady, being fourteen and a half days after delivery, and having, within the last forty-eight hours of her life, frequently ejected feculent matters from the stomach. The mammary secretion was never established, but the uterine discharges maintained their normal character to the close of life.

A post-mortem examination was liberally and promptly conceded to us. At the hour agreed upon I was unfortunately detained with a case of severe and protracted puerperium; but the inspection was made by my assistants, under the doctor's direction. The following is an accurate report:—

"The abdomen having been opened, the peritoneal coat of the abdominal parietes appeared, when turned back, of a dark-olive colour. In the left hypochondriac region a large fleshy tumour appeared, as large as a pint basin, pear-shaped, having a long neck, not more than an inch in diameter, connecting it with the left ovary.

"Scattered over the bowels were portions of cheesy matter, of various sizes, from a hempseed to a small nut; and on examining the tumour it was found burst or ruptured, and contained this cheesy matter, together with bloody pus, and dark grumous blood. There was also some hair mixed in with these contents. The walls of the tumour were thick and fleshy, and gave much the appearance of a very large flabby heart. The small intestines in several places were glued to this tumour and its neck, and on being drawn from them had portions of lymph adhering to them; the peritoneal coat of the bowels (small) in the neighbourhood of the tumour being of a chocolate colour, from congestion and strangulation. *One portion of small intestine was glued and twisted round the neck of the tumour, and quite strangulated*, having fringes or edges of lymph on its sides when drawn from its attachments.

"The long neck of the tumour was twisted round the left Fallopian tube, and was clearly traced to the left ovary; the uterus rather larger than in health, partly not contracted, and flat, as if pressed upon; some dark, venous-looking fluid in the cavity of the abdomen; the large intestines distended with air."

Previous to the autopsy I had addressed a note to Dr. Alderson, containing the following remark. In this note I thus expressed myself:—"I cannot divest my own mind of the idea that some physical obstruction will be found (from the ovarian tumour) to a permeable state of the bowels, and that this has most materially influenced the final result."

Remarks.—The above case, in its history, event, and *post-mortem* disclosures, presents to us some points of practical interest, to which it may be proper briefly to allude. In the first place, it demonstrates that ovarian tumours, though frequently innocuous for a lengthened period under ordinary circumstances, may, nevertheless, when associated with the states of gestation and parturition, become sources of great and even fatal consequence to the individual; that our duty, when acquainted with such cases of disease in unmarried females, ought to prompt us faithfully to counsel them against entering on the state of matrimony, where such engagements are already contemplated; and further, where the disease is known to exist, associated with gestation or parturition, our prognosis of the final result ought to be of the most deliberate and guarded character.

Secondly. The successful issue of Mrs. W——'s first labour, under the perplexing circumstances narrated, should encourage us to renewed and vigorous attempts, manually to remove any impediments to the head's descent into the pelvic cavity, before having recourse to the fearful expedient of cephalotomy; and it further holds out to us legitimate ground of encouragement to our patients who have been thus unfortunately circumstanced, to hope that the same obstructing cause may not present itself to the delivery in any future labour.

Thirdly. It demonstrates how parturition may (and doubtless does) become the contingent source of death in cases of ovarian disease. The fatal termination of the case before us was, no doubt, greatly accelerated by the recent parturition. The large tumour, during the previous gestation, was, we may suppose, maintained erect and elevated in the abdominal cavity, by its connexions with the gravid uterus, assisted by the bands of lymph shooting from its body and neck to the surrounding viscera. These, though spread across, and firmly adherent to the small intestines, and in one instance encircling the gut entirely, did not, in the upright position of the tumour, produce any fatal constriction of the canal; when, however, during labour, the uterus descended into the pubic and pelvic regions, it would necessarily drag after it the enlarged ovary. By this altered and dependent position, and its own great weight, the neck of the tumour became twisted, and this it was, as the autopsy demonstrated,

which produced the fatal strangulation in the intestine. That the fatal issue should have been so long deferred, can only be explained by adverting to the fact, that strangulation of the intercepted bowel had either at first been incomplete, or was partially obviated by the effect of purgative medicines and injections.

The bursting of the tumour was also probably caused during parturition, (in its second stage,) from strong pressure on its coats between the abdominal parietes and those of the uterus.

Fourthly. The case illustrates most forcibly the value and necessity of *post-mortem* examinations. Had we been refused one in this instance, though our own minds were fully made up as to the cause of death, and that this was irrespective of the labour as its foundation, yet the public at large could have had no knowledge of the true bearings of the case, but would have held fast by the prejudice, that because the patient died in the parturient state, so did she truly and necessarily die from parturition.

Nov. 1844.

CASE OF SPONTANEOUS INVERSION OF THE UTERUS.

By S. EDWARDS, Esq. M.D., Bath.

THE following case created some interest at the time of its occurrence:—

Nov. 14th, 1841, I was requested to attend Jane C—, aged 24 years, residing in the Horse Wynd, Edinburgh, in labour of her first child. She was of a weak, leuco-phlegmatic temperament, and had been for some time before in bad health. Labour had commenced eight hours previously. On instituting an examination per vaginam, the “os” was found about an inch and a half in diameter, thin, and extremely tense. The membranes were ruptured; passages well relaxed and lubricated; and the fetus presented naturally in the third position, (*Naegle*.) The pains were of a feeble character, occurring every quarter of an hour, and had but slight effect upon the os uteri. A second examination was made two hours afterwards, when the “os” had become relaxed and dilated, with the exception of the anterior segment, which still remained firm and prominent. The pains were stronger and more frequent, and the patient, against my repeated requests, made use of the most powerful voluntary efforts in conjunction with them. The labour went on satisfactorily, to the birth of the child. It having been separated, I placed my hand upon the abdomen of the patient, and the uterus was found firmly contracted. The insertion of the cord into the placenta could not be felt; and from the distended state of the vessels of it, I felt convinced the placenta was still attached. I consequently sat down by the bed-side, awaiting the return of uterine action, and about seventeen minutes after the birth of the child, a violent expulsive effort was made. Deeming the after-birth was being thrown off, I proceeded to examine, but was surprised to find, on approaching the genitals, a large tumour, of a pyriform shape, the base downwards, of the size of a child’s head of six months old, lying between the thighs of the mother, of a soft, compressible, and yielding nature, and covered with a slimy, grumous matter. The sensation it communicated to the finger was vastly different to that of a placenta; and on rapidly tracing my fingers around it, and arriving at the left side, and somewhat posteriorly, came to the placenta, still partially attached, whilst that part of the womb from which the placenta was detached was pouring out blood in great violence. The case could not be mistaken. To return the uterus immediately appeared of vital importance; and the first thought that presented was,—shall I reduce the organ with the placenta adhering? Now the partial manner in which it was adhering, and the conviction, from its large size, that its removal would greatly facilitate the reduction of the uterus, I at once determined upon the prior detachment. This being readily accomplished, I grasped the uterus, with the intention of reducing it by causing the reversion to commence at the “os,” and terminate at the “fundus;” but this, owing to its soft and flabby state, I could not perform, and consequently employed my bearing on the latter, (paying attention to the axes of the pelvis,) carrying it up before my hand. On arriving at the brim of the pelvis, the fundus shot up, as it were, from my hold to its proper situation, the neck, mouth, and superior part of the vagina following. I carried my hand, however, forward, to make sure of its complete reduction, when its irritation produced a smart contraction, and expelled the hand from its cavity. The uterus remained contracted perfectly a few minutes, when I applied a firm bandage and compress.

The shock to the nervous system had been great, Mrs. C— during the whole time having been in a complete state of syncope; pulse imperceptible; clammy perspiration and vomiting every few minutes; but on the reduction, and from the administration of stimuli, she somewhat rallied. In about fifteen minutes, symptoms of internal hæmorrhage came on, the pros-

tration of the vital powers as great as before. I removed the bandage, and the cold effusion being employed, the hand introduced into the cavity of the uterus, and the coagula removed, it again contracted. Ergot of rye with ammonia was then administered, and repeated twice or thrice with decided advantage. For about an hour the uterus continued alternately contracting and dilating, but was controlled by the firm and constant pressure of the hand through the parietes of the abdomen, which, in such cases, experience has taught me, is more to be trusted than the bandage and compress. For upwards of five hours the poor creature continued in a state of fearful lipothymia, notwithstanding the copious use of stimuli of various kinds, after which time she rapidly rallied, and was only disturbed by a hacking cough of that peculiar kind not unfrequently seen after severe hæmorrhage.

In the after progress of this case nothing occurred of note, with the exception of slight pain and tenderness over the uterine region, which, however, disappeared on the third day from confinement, and those numerous little symptoms usual in severe cases of flooding, and which it is deemed unnecessary to detail here.

Remarks.—The above case is one which must be considered in the light of a spontaneous inversion of the uterus; and however rare these may be, yet it is an undeniable fact, that occasionally they do take place. Dr. Radford mentions a case in which “the descent was so rapid and forcible through the os externum, that it would have been quite impossible to have resisted the unnatural action by which the organ was carried down. It has occurred when the patient was delivered of a dead child, the funis so putrid as to break with a slight effort.” It is very usual to attribute such cases to causes which operate from within—e. g., improper attempts to extract the placenta; preternatural shortness of the cord, or this twisted round the neck of the child—but the majority of cases on record, I think, go to prove that they have occurred when no such force had been employed; nevertheless, the utmost caution should ever be observed in this respect in the extraction. The only cause to which I can trace the accident in the accompanying case, is the violent straining exerted by the patient previous to the birth, thereby making an impression on the fundus uteri by the bowels and abdominal muscles.

The hæmorrhage occurring in complete inversion is an unusual circumstance, but which may be accounted for from the entire want of power of contraction in the uterus: from the same cause may be attributed the inability to reduce the organ in the way first mentioned, which, when practicable, should be adopted.

The next point to be considered is one where much discrepancy of opinion exists—viz., as to the management of the placenta when adhering. In the above case only about a fourth of the mass remained attached, and therefore I judge its prior removal was clearly indicated. In all cases of complete inversion, it is a desideratum to diminish the bulk of the uterus as much as practicable; and this is chiefly to be accomplished by the removal of the placenta, which will be found to very greatly facilitate the reduction. Should such reduction be found impossible, (which I believe will scarcely ever be the case if attempted immediately,) the danger, which some have conceived, from hæmorrhage will generally not occur, as the uterus is almost as capable of contraction in this situation as in its natural position. In incomplete inversion, the matter is different; we have here invariably more or less of hæmorrhage to contend with, and it behoves us to think well before we expose our patient to an increase of it from stripping the uterus of the placenta. From these circumstances, and from the opportunity I had of seeing two cases, whilst resident medical officer at the General Lying-in Hospital, Edinburgh, under Professor Simpson, I am convinced the most reasonable proceeding is to endeavour to reduce at once without waiting and meddling with the placenta.

January 30th, 1845.

FUMES OF NITRATE OF POTASS IN SPASMODIC ASTHMA.

By JAMES BOWER HARRISON, M.R.C.S., &c. &c.

WHEN attention was first directed to the nature of the atmosphere, and the influence of the different gases on the respiratory organs, much advantage was expected from the application of the discoveries which were made, but in this, as in many other departments of knowledge, the immediate results were not so brilliant as was anticipated. It is probable, however, that medicated pneumatic mixtures will eventually make a considerable accession to our remedial measures.

A friend of mine, who is the subject of spasmodic asthma, having accidentally seen, in a Staffordshire paper, a paragraph recommending the inhalation of the fumes of nitrate of potass as a remedy for that complaint, was induced to make trial of it. He had previously employed various remedies, but with only