

uterus was found to have resumed its proper size, but in the left broad ligament was found a round, hard, and painful tumour, about the size of an apple.

Treatment.—Poultices and mercurial ointment, in frictions, to the corresponding part of the abdominal walls.

Some days after the patient had shivering fits, lancinating pains, and throbbings in the tumour, which became more and more apparent till the 25th, when fluctuation was manifest through the parietes of the abdomen. As the contents of the tumour did not seem likely to find a vent through the vagina, Professor Recamier decided on giving them issue by an artificial opening through the skin, and a certain portion of Vienna paste was applied to the abdomen, where fluctuation was most palpable.

The next day a second application was made in the same place, and on May 2nd, it being evident that the abdominal parietes did not slide over the tumour as before, proving that adhesion had taken place. An incision was made at the bottom of the eschar, and a glass and a half of thick healthy pus came out; lint was applied to the lips of the wound, and the patient was told to keep on her left side.

Some days after, the pus in the cyst became foetid, and tepid water injections were made into its cavity. On May 10th, scarcely a spoonful of liquid had been injected, when the patient suddenly felt violent pains in the abdomen, and the injections were discontinued. On the same day, fits of shivering occurred; she fainted twice, and experienced all the symptoms of acute peritonitis, but these became less violent after the lapse of a few days, and seemed to confine themselves more to the left side of the hypogastric region, but fever, with nocturnal perspirations, continued; violent diarrhoea succeeded; prostration increased, and death carried off the patient two months after she had entered the hospital.

Post-mortem examination.—The intestines were found adhering together and to the adjoining viscera, by false membranes. The peritonæum was slate-coloured, and the subjacent cellular tissue was injected. In the peritonæal cavity there was a great quantity of sero-purulent matter, of a green colour, in which floated fragments of false membranes. Among the intestinal folds there were several small collections of pus, circumscribed also by false membranes. One of these collections communicated with the thorax by a perforation of the diaphragm; while another, situated in the recto-vaginal cul de sac, opened into the rectum. The tumour, which had been opened, was found to be seated in the upper portion of the left broad ligament. It was of the size of an apple, and contained a few spoonfuls of grey pus; its internal surface was also grey, and had the appearance of a mucous membrane. The following were its connexions:—

Its internal surface rested on the left side of the uterus, and deviated considerably from its usual position, by resting on the recto-vaginal purulent collection. Externally, the tumour was connected with the left iliac fossa, the Fallopian tube, and the left ovary, which was considerably drawn down, of a grey colour, and of a somewhat softened texture. The superior portion of the tumour was in connexion with the peritonæum and the false membranes which covered the investment, and its anterior portion corresponded with the left side of the hypogastric region, and with the serous membrane, being strongly adherent to it all round the eschar. These adhesions were carefully examined, and not the smallest aperture was found in them by which any liquid could have passed.

The posterior portion of the tumour rested on the rectum, to which it partially adhered. It was in this portion of the abscess that the thin ulcerated edges of a perforation were discovered. The perforation was about a quarter of an inch in diameter, and through it the pus had passed from the abscess to the peritonæum.

This case confirms the opinions of Nauche, Piotay, and others, who believe that inflammation of the uterus precedes the inflammation and suppuration of its adjoining organs. It also shows the necessity of making an artificial opening of these tumours in the most dependent portion, for the perforation occurred after an operation had already given issue to the pus; and, as the result of our own experience, we must admit, that had it been possible to open the abscess through the vagina, the termination would, probably, not have been fatal.

It was natural to suppose that peritonitis was caused by the rupture of the adhesions surrounding the eschar, while the surgeon was injecting the abscess, so suddenly did the symptoms follow this operation, but the post-mortem examination showed that it was not so, and that the perforations were the result of an inflammatory action, and would ultimately

have caused the patient's death; but it is evident that the passage of a small quantity of water into the cavity of the irritated peritonæum gave rise to that acute peritonitis which prematurely carried off the patient, and leads us to establish as a rule, that no force should be made use of when injecting the cyst.

We have thus brought to a conclusion our study of the acute varieties of ovaritis, as well as that of their various complications and terminations, and imagine we have, for the first time, grouped together all the facts relating to acute ovarian inflammation, giving them their proper position, and their full therapeutical value. We shall now proceed to investigate the chronic forms of ovarian disease, and although the subject does not promise to afford the novelty of our preceding study, we trust we shall be able to show that it still offers a wide field of inquiry to the pathologist, as well as of great practical interest to the physician.

Gloucester-road, Hyde-park, 1849.

(To be continued.)

A FEW THOUGHTS ON THE USE OF THE SECALE CORNUTUM IN THE THIRD STAGE OF LABOUR,

WHERE THERE IS RETENTION OF THE PLACENTA FROM UTERINE INACTION, IRREGULAR OR SPASMODIC CONTRACTION OF THE UTERINE FIBRE, OR MORBID ADHESIONS BETWEEN THE PLACENTA AND UTERUS.

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The valuable properties of the ergot of rye, unlike many of the pharmaceutical discoveries of modern science, appear to respond favourably to the searching test of experience; and in this instance, at least, this useful increment of practical knowledge, which our transatlantic brethren, who bid fair to rival the Gallic school in the field of discovery, have added to our treasury, may be said to gain rather than lose ground in the estimation of the profession. Considering the exaggerated anticipations we are so proud to form of any novelty which presents itself through the laudatory pages of our pharmacopœias or scientific journals, this is saying a great deal, yet not too much, in its favour.

The singular power of this morbid vegetable production over the fibrous tissue of the uterus has now been for many years severely and critically tested; and whatever might have been the scepticism of obstetricians until time and observation had sanctioned belief, we believe a strong faith in its efficacy in those cases where it is applicable prevails at the present day throughout the profession.

The ergot, therefore, has taken its place in the list of the most valuable resources of our art. In fact, it may be said to be the only therapeutical agent known to exercise a direct or specific influence over the contractile power of the uterus; hence, may we not derive its great utility in all those cases where such a force is deficient, yet of all events most desirable to complete the process of labour?

Still, like all other therapeutical agents, its mode of action is a mystery, defying the most acute observer to say whether it is absorbed into the circulation, or produces a peculiar irritating impression on the nerves of the organ; but upon this, or the still more curious phenomenon—viz., why it should select the uterus as its seat of action—it is useless to speculate.

Time and observation alone will tell whether its influence is as decided over the unimpregnated as it confessedly is over the impregnated organ, leading to the hope that it yet may prove a valuable medicine in amenorrhœa, where there exists a want of normal irritability in the uterine fibre. In such cases, however, it should not be forgotten in our diagnosis, and, as a consequence, in our treatment, that there is often a more universal obstruction to healthy function throughout the entire system, thus requiring our views to extend towards the improvement of the entire economy rather than to that of the reproductive organs.

My attention was more particularly attracted to this important subject about two years ago, by perusing, in the May number of the *Dublin Quarterly Journal of Medicine*, for 1846, a paper by a very accomplished physician, Dr. Thomas Beatty, in which he adduces several valuable cases to instance the power which the secale cornutum possesses of checking those frightful hæmorrhages occurring in labours, so appalling to the stoutest heart, as well as of after-pains, so wearying to the poor patient and annoying to the physician himself. For both

purposes, the treatment recommended by Dr. Beatty certainly would appear more rational than that which has met with the approbation of the profession hitherto. Whenever it is in our power to do so, it is surely more philosophical to remove the cause of a morbid phenomenon, with a view to restoration of healthy function, than merely, as it were, to suspend its operation, thereby incurring the risk of its recurrence, with perhaps a higher degree of intensity. Besides, from the well known therapeutical action of opium over muscular fibre, is it not likely to increase the relaxation of the whole organ, instead of inducing contraction, almost the sole object of the accoucheur on such occasions? Again, in after-pains, it is generally admitted, that the presence of retained clot seems to be at least one of the causes of those painful phenomena occurring in most labours; therefore it follows, that the sooner the uterus is emptied of its contents, the less likely are such unpleasant consequences to follow.

The period at which the ergot should be administered in cases of hæmorrhage is ably elucidated by Dr. Beatty, and must have proved highly satisfactory to the judgment of practical men.

It is, however, with the view of drawing the attention of the profession to the use of the drug in all those cases, in the third stage of labour, where the placenta is retained in the uterus beyond the natural time, and where the cause of its retention is evidently from inertia, or suspension of power in that organ, or where there are irregular contraction or morbid adhesions, that I venture to offer a few practical suggestions so far as my limited experience will warrant.

Although the great value of the ergot is admitted, and warmly advocated in the first and second stages of labour with proper restriction, as well as in the third stage, where hæmorrhage is threatened, or where other circumstances would seem to demand it, yet I am not aware that, as a general rule, when the placenta is retained from uterine inaction, irregular contraction, or morbid adhesions, beyond the time prescribed by authors, and unattended by hæmorrhage, the practice has been recommended instead of extraction.

It is in those especial cases that the ergot appears to me to possess signal advantages over the uncertain methods of friction, grasping the uterus through the parietes of the abdomen, pulling the funis or cord, &c.

By its judicious and timely administration, the accoucheur is enabled to satisfy his own mind, as well as that of his patient and her friends, that "all is right," without being obliged to have recourse to the too often painful manipulations of grasping or friction, or the still more revolting one of introducing his entire hand into an organ where the slightest touch will cause the most exquisite pain, in parts rendered morbidly tender by pressure and continued distention, or, it may be, laceration.

In most cases, no matter how sluggish the uterus may have become, after the passage of the fœtus, in a few minutes, where the ergot has been administered, bearing-down pains commence, and often without having recourse to a second dose, the placenta is forced through the os externum, or will be found lodged in the vagina.

Although it is stated, in books and lectures, that in general the placenta comes away in half an hour after the birth of the fœtus, yet every man of any experience must admit, that in a considerable number of cases, even where the usual precautions are faithfully employed, such as grasping the uterus, and keeping the hand firmly pressed upon it, bandaging tightly, &c., a much longer time elapses. The uterus, after having accomplished its task, like one disposed for rest, often appears in no great hurry to resume its work; in some cases, no doubt from the necessity of gathering fresh strength for the encounter, but in others, from exhaustion and sheer incapacity; and the medical attendant is forced to exercise his patience to a much more irksome degree than during the more active stages of the labour. It may be said, that after exhausting all the more harmless resources of his art,—such as causing sneezing, coughing, &c., without avail,—he always possesses a certain resource in extraction. This is true; but where is the man who will not avoid so unpleasant an alternative, when he can by a gentler remedy accomplish his object, and especially where the danger may not be very pressing. At the same time, when this operation is properly performed, extraction is scarcely a right name to give it, and may lead to wrong practice. The object should not be to pull away the placenta, but merely to induce the uterus to contract upon its contents, by irritating its organic sensibility, so as to insure the expulsion of both intruders, the hand and placenta together.

Now the ergot of rye effects this object in a much more

desirable manner, thus saving both patient and accoucheur a very unpleasant process.

Where morbid adhesions exist between the placenta and uterus, or where what is called the hour-glass contraction has occurred, I have occasionally combined the ergot with extraction, although it is by no means necessary, in all cases, to employ the hand at all, the secale being sufficient of itself to establish a sufficient action of the uterus. In adhesions, instead of tearing through the morbid connexion with the nail, (always a dangerous and disagreeable alternative,) I have found, where the ergot has been given, contraction of the uterus to produce a separation, with very little assistance from the hand; and in hour-glass contraction, the irregular spasm of the organ to become quickly merged into a general contraction of the entire substance.

I shall now illustrate the preceding brief views by a selection of four cases from private practice.

CASE 1.—On the 24th of July, 1847, I was sent for to attend Mrs. W—, aged twenty-eight, in labour of her third child. She had had one miscarriage; and with her first child, according to her own and the nurse's account, she nearly lost her life from hæmorrhage, in consequence of a retained placenta, her medical attendant deeming it expedient to call in two physicians on the occasion. In nine hours from the period at which the first stage of labour commenced, the child was born, the second stage proving very rapid, after which, the uterus remained perfectly inactive for three hours. There being, however, but slight hæmorrhage, I used no other than the ordinary means, but without the slightest effect. Perceiving the face, some time afterwards, unusually blanched, and the pulse beginning to flag, I made an examination, and found considerable flooding; and upon introducing my hand gently into the uterus, discovered the placenta to be high up, and firmly glued to the side of the organ. One-fourth of two drachms of the ergot was at once administered, in a wineglassful of hot water, with a little sugar, which caused a smart emesis of greenish fluid, followed by instantaneous contraction of the womb, expelling, at the same moment, the placenta, my hand, and a large mass of bloody clot. The recovery was rapid, and scarcely any after-pains ensued,—a result I have frequently observed in similar cases.

CASE 2.—October 14th, 1847.—I attended Mrs. B—, in labour with her second child; pains commencing at two A.M.; child was born at eleven A.M. The uterus, as in the former case, remained quite passive till two P.M., and quite insensible to the ordinary stimulants. I administered the ergot in the usual dose—viz., half a drachm of the powder in a wineglassful of boiling water, slightly sweetened, but without any effect, when I repeated it, and in about a quarter of an hour, strong uterine pains commenced, and the secundines were quickly expelled. In this case the after-pains were very slight.

CASE 3.—I was called in to attend Mrs. T—, on the 1st of January, 1848, aged forty, in labour of her sixth child, previous labours always tedious. Waters had come away early, and in consequence the first stage was protracted. After the birth of the child, the uterus remained perfectly inactive, but there was no hæmorrhage; skin cold; pulse feeble; the patient expressing herself very anxious for the after-birth to come away. I administered half a drachm of the ergot, and shortly after, when slight pains came on, introduced my hand into the uterus, in which organ I found the placenta to be high up. After a few minutes, the uterus contracted, but not strongly, and between the action of the organ and the very slight force I used, the placenta came away. In this case, from the feeble action of the uterine tissue, I deemed it prudent to give a second dose of the medicine, when I had the satisfaction to feel the uterus descend below the umbilicus, and contract itself into a hard globe under my hand.

CASE 4.—On the 2nd of May, 1848, I attended Mrs. S— with her eighth child, first stage tedious. After the birth of the child, the uterus remained inactive, and high up in the abdomen, for two hours, without the slightest pain or sense of bearing-down whatever. After resorting to the usual methods of hastening uterine action, without producing the object desired, I attempted gentle traction by the funis, which brought on so alarming a hæmorrhage, that I at once passed my hand through the vagina, with the intention of exciting the uterus to expel the placenta. I was, however, met by an unexpected obstacle upon examination, and discovered that a portion of the placenta had descended into the vagina, the remainder being held tight by a firm stricture or spasmodic band of the uterus, which defied all my efforts to relax by continued pressure of the fingers, continued for some minutes' duration.

I now had recourse to the ergot of rye, two scruples of which I instantly gave for a dose in half a tumbler of hot water. In about ten minutes a copious emesis took place, which was followed by a warm glow, and a profuse moisture over the entire surface. The same quantity was repeated, which almost immediately caused a strong pain, and contracted from the fundus towards the neck of the uterus, with forcible bearing-down, so as, with a jerk, completely to empty itself of its contents. Recovery proved rapid and complete.

In conclusion, I feel confident, that in the hands of the judicious obstetrician, in any of the three stages of labour, the ergot of rye is a most admirable adjuvant to the operations of Nature; that in cases of retention of the placenta, where uterine action is suspended altogether, or tardy, whether there be hæmorrhage or not, it may be safely administered, and generally with complete success; and that even where extraction may be deemed expedient, it proves a most worthy assistant in inducing uterine action in this very important phase of labour. The objection, that a corresponding relaxation of the uterus is liable to follow its use, is, in my opinion, an exaggeration—in fact, my experience proves the reverse, and if it should occur, a repetition of the dose is generally effectual.

London, 1848.

ON THE PATHOLOGICAL TREATMENT OF HOOPING-COUGH.

By J. PIDDUCK, M.D., &c., London.

THE importance of having some clearly-defined principle as a guide in the treatment of every disease is so evident, that no arguments are required in its proof. The want of such a principle is particularly felt in the treatment of whooping-cough. Of all the diseases which come under the cognizance of the physician, there is scarcely one that more frequently baffles his skill, or is less under the control of medicine, than whooping-cough. After subduing inflammatory and febrile symptoms at the commencement of the complaint, the practice, for the most part, ceases to be rational, and becomes empirical. Emetics, purgatives, diaphoretics, antispasmodics, counter-irritants, specifics of various kinds, and lastly, tonics, are tried in succession; and these failing, change of air is recommended as the *dernier ressort*.

Pathological anatomy has supplied the principle which leads to a rational practice in this disease. It has demonstrated the existence of a congested state of the vessels at the origin of the pneumogastric and other respiratory nerves, and a more copious effusion of serum around the medulla oblongata than in death from other causes, except those involving diseases of the lungs and heart.

It was the discovery of this state of the vessels at the origin of these nerves, by the late Dr. Sanders, of Edinburgh, which led him to a rational and successful practice in whooping-cough. It consists in applying leeches directly over the junction of the occiput and the atlas vertebra, for the purpose of relieving the congested state of those vessels, followed by a blister between the shoulders, to promote their contraction. The rubefacient effect of the blister is sufficient to answer this indication, and therefore, in delicate children, a mustard-poultice is preferable to a blister. The rule to be observed is, to apply one leech for each year of the child's age, from one to six; and immediately after the leeches, the small blister or sinapism; and to repeat the leeches and rubefacient on the third or fourth day, if necessary.

The first application usually succeeds in arresting the violent paroxysms of the cough; sometimes a second, but very rarely a third application is required to put an end to the paroxysms.

During the period of nearly thirty years that I have pursued this rational practice, I cannot recollect a single instance of failure in uncomplicated cases of whooping-cough. It is unnecessary to point out to the physician of judgment and experience, especially to those who have studied the intimate relation which subsists between innervation and the diseases of the respiratory and circulatory systems, the importance of attending to the pathological condition of that most directly influential part of the nervous system—viz., the origin of the pneumogastric and respiratory nerves. In the great majority of these cases, heat, redness, and tenderness on pressure, indicate the state of the part subjacent.

This mode of treatment applies strictly to the uncomplicated cases of whooping-cough. The several complications require their separate and appropriate modes of treatment. Leeching the upper part of the spine, and blistering between the

shoulders, by arresting the violence of the cough, speedily remove the congested and inflammatory states of brain which the whooping-cough frequently occasions. The catarrhal complication requires the exhibition of the wine of colchicum, combined with an alkali, after clearing the alimentary canal. The bronchitic and pneumonic complications require the administration of the potassio-tartrate of antimony with nitrate of potass; and the biliary complication, of mercury and rhubarb, with saline aperients.

If none of these complications are present, or after they are removed, if the child is delicate, tonics (and pure air is perhaps the best) complete the cure.

The symptomatic proof of the congested state of the vessels surrounding the origin of the pneumo-gastric nerves, is the vomiting, which frequently terminates the paroxysm—a symptom which almost invariably attends an injury done to this part of the cerebro-spinal system by the *contre-coup*, from a fall, or heavy blow on the head. It is this symptom which has led to the irrational practice of giving emetics; and because the food is rejected in an acid state—that is, during the first stage of digestion, when the contents of the stomach are invariably acid, to the still more irrational alkaline treatment. It is, however, true, that an emetic may be useful to clear the stomach and duodenum from morbid secretions, and the bronchi from mucus, after the application of the leeches and blister.

Montague-street, Bloomsbury, 1849.

ON CERTAIN DISPUTED OBSTETRIC INVENTIONS, AND CERTAIN MODERN SURGICAL IMPROVEMENTS.

By JAMES ARNOTT, M.D., &c., Brighton.

DR. SLYMAN and Dr. Cattell have each, (as appears,) and quite independently, lately suggested the expedient, in uterine hæmorrhage, of introducing a bladder into the uterus, and afterwards injecting or distending it with cold water; and Dr. Cattell complains of his precedence in the invention—a precedence of a twelvemonth—having been neglected. It may lessen his annoyance to be informed, that if he refers to an article on uterine hæmorrhage, in a very recent number of *THE LANCET*, (that, I think, of the 22nd of last December,) he will find an account of a similar suggestion which was made by myself so long ago as 1845, and published in the appendix to my Essay "On the Present State of Therapeutical Inquiry." There is this important difference, however, between what I have suggested and the proposal of Dr. Slyman, (and it is this difference which induces me now to advert to the subject, in order that the suggestion may not lead to injurious practice,) that the pressure in the former is made by the weight of water in an open vertical tube; whereas, in the other plan, it is made by the force of the operator's hand, and after the water has been injected, its escape is prevented by a stop-cock. To begin the injection as I have recommended, a greater force than that of a moderate column of water may be necessary; but if the tube were closed, as suggested by Drs. Slyman and Cattell, the uterus would be prevented contracting, as it could not expel the water from the bladder.

Ludicrous as this claim from two different parties may be, made in the very journal which, only a few weeks before, contained a description of this supposed invention, it is not more singular than some equally recent claims which have been preferred in the same journal by Messrs. Critchett and Chapman for improvements in the treatment of ulcers. Neither of these gentlemen asserts that the great principle of support from pressure was unknown before his publications; but they found their claims on the mode of making this pressure, and of combining the above principle with that of subduing the accompanying inflammation. The only difference, however, in their prescribed mode of treatment from what is now generally in use, and has been in use for the last forty years, is some trifling difference in the mode of applying straps or bandages. Now, as I have for several years past been using and publicly recommending a perfect mode of applying and regulating pressure, and a perfect mode of regulating the temperature of the part at the same time, (which is by far the best plan of reducing any accompanying inflammatory action,) I cannot omit this opportunity of expressing my surprise at this more recent recommendation of methods of fulfilling the two indications alluded to, so obviously imperfect and defective. If it be objected that the treatment by fluid pressure, and the "current apparatus," confines a patient to his couch; the