

used after the removal of all inflammatory symptoms. These means will diminish the habitual leucorrhœa, restore its lost tone to the vagina, and when the continuance of the displacement is the effect of deficient tonicity, may, in fortunate instances, complete the cure. The cold bath, sponging the parts with cold water, and, better still, sea bathing, will conduce materially to this favourable result.

The curative treatment consists in the application of sponges or the pessary after reposition. The former are ineffectual, because they rather raise the organ up, than act so as to maintain it in its natural, nearly vertical position, and because they dilate the vagina by swelling, from the absorption of the secretions of the part. They require to be very frequently removed and cleansed, nor can they be employed while the catamenia are present.

The utility of the pessary is less contestable, but the best form to give it in this affection is not so clear. The form originally recommended by Levret was the *stem-pessary*, and this has been further spoken of by Désormeaux, as the only kind calculated to fulfil the end proposed. It is true we can hardly fancy, *a priori*, that the bung, or ring pessaries, will suffice to keep the uterus straight, whereas the stem pessary receives the os tincæ in its excavated portion, or cup (the peculiarity of the *pessaire à bil-boquet* is imitated in its construction), fixes it well in the centre of the pelvis, and so keeps the fundus erect; and, as has been further urged in favour of the latter instrument, the stem being tightly embraced by the vagina is not liable to shift from its place, as is the case with the other kinds. But notwithstanding these speculative objections, the efficacy of the bung pessary has been proved by experience; it may, therefore, be first given a trial. The time the instrument should be worn to effect a cure is calculated by Levret at about twelve or fifteen months; Désormeaux considers that a shorter period will be enough in many cases.

It is evident that in cases of pure ante-flexion, where the os tincæ is already in the centre of the vagina, the employment of pessaries, such as are now known, can be of no avail; nor is much greater success to be expected from its use in subjects affected with the mixed kind of displacement observed in M. Louis' patient, as, from the flexibility of the organ at its angle of flexion, the traction of the neck downwards and forwards, will have little or no effect on the fundus. In such cases local palliatives and constitutional treatment will be our chief resource; the improvement in M. Louis' patient shows how much mere rest and quiet will effect in subjects belonging to the working classes. Wearing a sponge placed as high as possible between the body of the

uterus and bladder would perhaps be worth a trial, and Désormeaux has proposed ("Dict. de Méd.") a new description of pessary for these cases; but as he had had no experience of its efficacy, I think it enough to refer for its description to his article in the above work.

The number of objections urged against the use of pessaries in general by some eminent men, among others, Professors Hamilton and Dieffenbach, made me anxious to ascertain their correctness as regards anteverision. The number of cases I have been able to discover are, however, evidently insufficient for the decision of so practically important a question; still, it may be well to state that the general impression derived from them is, that the evils of pessaries have been much magnified. The increase of the habitual leucorrhœa, which no doubt occurs when they are first worn, gradually disappears; and to it Levret and Désormeaux are inclined—but this is mere hypothesis—to attribute partly the disengagement of the organ. It is right to add that the pessary is by no means an infallible remedy in the complaint; it may not only fail in curing it, but scarcely act as a palliative.

For the fullest and best digest of the state of our knowledge respecting the use of the pessary, with which I am acquainted, I beg to refer the reader to the work of Dr. F. Churchill.

The serious complication of retention of the menses, already adverted to, was boldly and successfully combatted by Gauthier, by making an incision about two inches long, in the antero-inferior part of the uterus, from right to left. The operation was followed by the evacuation of four pints of menstrual fluid, and instant relief of several bad symptoms that had arisen. The catamenia regularly passed afterwards through the artificial opening, and the same route was taken (so we are allowed to suppose at least) by three infants, of whom the patient was afterwards safely delivered.

It does not enter into my plan to consider the treatment of cases in which the anteverision, converted into anterior obliquity, persists up to the moment of delivery in pregnant women. Valuable information on the subject will be found in Professor Hamilton's "Practical Observations."

## RUPTURE OF THE STOMACH.

RELIEF OF THE PAIN BY OPIUM.

*To the Editor of THE LANCET.*

SIR:—If you consider the following case worthy of a place in your valuable Journal, I shall feel obliged by its insertion, and remain, your obedient servant,

WM. EDWARD CROWFOOT.  
Beccles, Suffolk, Dec. 24, 1838.

E. W., aged 36, of a scrofulous diathesis, had suffered for many years from occasional pains in the stomach, accompanied by a very constipated state of the bowels, and the ordinary symptoms of severe dyspepsia. In the month of June, 1838, she was suddenly attacked with profuse hæmatemesis, which was arrested by the usual treatment. At the end of a fortnight she returned to her ordinary employment as a lady's-maid, and applied no more for medical assistance until the 2nd of December, 1838, when she was suddenly seized, at 10 A.M., with most excruciating pain in the left hypochondrium, extending across the epigastrium up to the point of the left shoulder, and down to the left groin. The pain was so severe that she was incapable of speaking, or of accurately describing its situation. The pulse did not exceed 60 beats in the minute; the tongue was perfectly clean; the skin healthy, and the bowels had been slightly relieved in the earlier part of the morning. Upon making inquiry amongst her fellow-servants it did not appear that anything deleterious had been swallowed; she had suffered a little pain on the preceding evening, leading her to apprehend one of her usual stomach attacks. She had passed rather a restless night, but arose at an early hour, and ate her breakfast with a good appetite. Eight ounces of blood were taken from the arm, and an active dose of aperient medicine was given, which was instantly rejected. I then gave a pill containing calomel and opium, and directed the administration of a large enema. At the end of two hours I saw her again; she had taken another dose of aperient medicine, which had been retained, but produced no effect. The pain continued unabated, and the body was becoming most exquisitely tender under the ribs on the left side. A mustard cataplasm was applied over the painful part, and the aperient medicine and enema were repeated, but the former was rejected immediately, and the latter returned without producing any feculent evacuation; the pain came more in fits, somewhat resembling labour-pains, and there were intervals of comparative ease, but the side continued exquisitely tender, and the slightest quantity of food taken into the stomach produced the most agonising pains shooting down to the groin and up to the shoulder; twelve leeches were ordered to be applied to the side, and one grain of opium with two of calomel, to be taken every hour.

At 9 P.M. she continued as nearly as possible in the same state, the body had become very hard, tumid, and rigid, and the countenance drawn and sunken, but the tongue was clean, and the pulse quiet, not above 80; although the blood drawn in the morning was neither cupped nor sized, I felt it right to bleed her again to 18 ounces, and continued the use of the calomel and opium.

Dec. 3, at 8 A.M., I was called to her, and found her sitting on the close stool, endeavouring to pass her water, but without being able to do so. The bowels had been well relieved at about 5 A.M.; the evacuation was large, loose, and bilious; she was now extremely faint; pulse scarcely to be felt, and suffering much from the want to pass the water; she had had a restless night, but the pain was much relieved, although the body continued extremely tender; the urine was immediately drawn off, but was not high-coloured, and the blood drawn on the preceding night consisted of a large proportion of serum. She had taken four doses of opium, and was now ordered a little thin arrow-root, with a teaspoonful of brandy in it, which she liked much, and took without its occasioning pain, as all food had done on the previous day.

At 11 A.M. I found her much more comfortable, she had had some quiet and easy sleep, and spake cheerfully about her speedy recovery; but the body still continued swollen and tender. At about 1 o'clock the breathing and pulse became quick and hurried. At 3 P.M. cold perspirations supervened; and at 4 P.M. she expired, continuing perfectly sensible to the last, suffering but little pain except when moved, but much troubled during the last few hours with flatulenteructations.

#### *Examination of the Body eighteen hours after Death.*

Externally the abdomen was hard and swollen; upon dividing the peritoneum several pints of fluid escaped from the abdominal cavity, containing portions of coagulable lymph floating in it; the peritoneum was universally inflamed, and recent adhesions attached the contiguous folds of the intestines to each other; immediately under the edge of the left lobe of the liver the peritoneum covering the cardiac extremity of the stomach was in a state of active inflammation and ulceration, so that the contents of the stomach escaped through several pinhole openings. Upon dividing the stomach, the mucous membrane lining it appeared perfectly healthy, but about a finger's breadth from the pylorus, in the under surface, and near the lesser curvature of the stomach, was a circular foramen about the size of a sixpence, having its edges smooth and rounded; this opened into a cavity almost equal to the stomach in size, lined with a membrane resembling the mucous membrane, and situated between the serous and muscular coats of the stomach; and this cavity it was in which the ulceration had taken place, and through which the contents of the stomach had been discharged into the cavity of the abdomen. Thus, it would appear probable that ulceration through the mucous and muscular coats of the stomach took place in June, when the patient suf-

ferred the attack of hæmatemesis, that a cavity was gradually formed between these and the peritoneal coat, and the ulceration of the latter was the immediate cause of death.

*Remarks.*—This case is interesting inasmuch as it exemplifies the power which opium possesses of alleviating the agonising pain of so fatal a disease,—a relief, the value of which those only can appreciate whose painful duty it has been to witness the intense sufferings of a patient under similar circumstances. I cannot quit this subject without quoting the admirable diagnostic marks of this disease, as stated by Mr. Travers, in his interesting paper on this subject in the 8th Vol. of the “*Med. Chir. Transactions* :”—

“1. Sudden, most acute, and unremitting pain, radiating from the scrobiculus cordis, or the navel, to the circumference of the trunk, and even to the limbs; I may add, a peculiar pain, though I know not how to describe the peculiarity. Its intensity, like that of parturition, absorbs the whole mind of the patient, who, within an hour from the enjoyment of perfect health, expresses his serious and decided conviction that if the pain be not speedily alleviated he must die.

“2. Coeval with the attack of pain, remarkable rigidity and hardness of the body from a fixed and spastic contraction of the abdominal muscles.

“A natural pulse for some hours, until the symptoms are merged in those of acute peritonitis, and its fatal termination in the adhesive stage.”

#### CASES OF

#### PUERPERAL MANIA,

WITH A DISSECTION AND REMARKS.

*To the Editor of THE LANCET.*

SIR:—I take the liberty of enclosing to you two cases of puerperal mania which came under my care in dispensary practice, and as I was able to make a post-mortem examination of one of them, knowing that the dissections of those dying under this disease are very few, I trust that they, and the few remarks which I have made, may be deemed worthy of a place in your Journal. I remain, Sir, your humble servant,

MICHAEL J. MAC CORMACK, M.D.,  
Physician to the Mullinahore Dispensary,  
County Tipperary.

Mullinahore, Callaw, Dec. 29, 1838.

CASE 1.—Ellen M—, æt. 19, married, was attacked on the evening of March 30, 1838, with a numbness in her legs, followed by pain in the head during the night, and was so delirious that restraint was required. Has been a fortnight delivered of her first

child; the labour was natural, and was accomplished in three hours from the time the os uteri became fully dilated. She went on very well in her recovery in the usual manner, when the husband got a serious beating in returning from a fair, by which she was thrown into a state of great nervous excitement. In a week from this time, she was sitting one evening with her husband (March 30th), when she complained of great numbness in her legs, shivering, and pain in her head. She was greatly alarmed, and immediately ordered that I should be sent for. On my arrival I found her relations around her, in the greatest alarm, and the patient talking very incoherently, and giving directions for her funeral, and for other matters to be done after her death. I immediately shaved her head, applied cold lotions to it continually; mustard cataplasms to the legs and feet; cold drinks; to be kept very quiet.—Dover's powder, five grains, to be taken immediately, and repeated every three hours, if sleep be not produced.

March 31. Saw her this morning. The violent delirium has ceased, but she still continues to rave; total insomnia; skin dry; head very hot; pulse 120. I applied eight leeches to each temple, and ordered ten grains of Dover's powder at once, and to be repeated every six hours, until sleep be procured; fomentations to the thighs; poultices to legs and feet, which were severely blistered by the mustard cataplasm, also to a small sloughing ulcer on the back.

April 1. Has taken twenty grains of Dover's powder, without its producing any sleep; heat of head less: slight delirium still continues.—Five grains of Dover's powder every hour; eight leeches to each temple.

From the 1st to the 8th still going on much in the same way; no decided improvement; the same remedies continued. Being otherwise occupied I did not make any notes of the case until,

April 8. Has taken better than forty grains of Dover's powder, without any sleep being produced; is quieter, but still delirious; I ordered her the following powder:—

*James's powder*, eight grains;

*Dover's powder*, three grains;

*Aromatic powder*, two grains. Take the powder every hour; repeat fomentations.

9. Has had no sleep as yet; delirium of a quieter nature; appetite good; pulse 100; I found it advisable, on account of the long-continued insomnia, to give my patient watery extract of opium, two grains; effervescing draught.

10. Slept very well last night; delirium becoming less; pulse 90; bowels not moved for several days. Ordered her purgative draught, two ounces, at once, and to have it repeated in six hours, if the first had no