

## SCIENTIFIC INTELLIGENCE.

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*Chloride of Soda in Ague.*—In the *Gazette Medicale de Paris*, 12th December, 1835, we find a series of ten cases of intermittent fever cured by chloride of soda. The dose was half a drachm, dissolved in four ounces of water, and given immediately after the fit. The reporter is Dr. Lalesque. Dr. Munaret has also published some similar cases. The subject deserves further investigation, and claims additional attention on account of the undoubted efficacy of the chloride of soda in typhus fever, as exhibited in the fever wards of the Meath Hospital during the winter of 1835-6.

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*Amenorrhœa cured by the application of Sinapisms in the Mammæ.*—In the *Gazette Medicale de Paris* for August last, p. 400, we find an account of the successful application of sinapisms to the breasts in cases of amenorrhœa, a method of treatment valuable as an auxiliary to the means adopted for the improvement of the general health, and to those which determine to the uterus. We beg leave to observe, that the application of sinapisms to the mammæ, now so universally adopted in France, in amenorrhœa, was first recommended in the *Dublin Journal of Medical Science*.

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*Fractures of the Bones of the Pelvis.* By Henry Earle, F.R.S.—“The diagnosis of some of these accidents,” as Mr. Earle truly observes, “is at times obscure, and the extent of the injury cannot be ascertained during life.” Any communication, therefore, likely to throw light on so difficult a subject, especially when coming from the pen of a gentleman of so much experience, is of great value. A leading object in Mr. Earle’s paper is, to direct the attention of the profession to a “characteristic symptom” which existed in several cases which came under his notice, and which has been overlooked by other authors, namely, a sinking in, or loss of prominence of the trochanter of the injured limb, so remarkable that it “appeared nearly on a level with the anterior spine of the ilium, and could with difficulty be felt.” In the cases published by Mr. Earle, this symptom appears to have been particularly characteristic, and obligations are due to him for having made it known to us. But there are reasons for apprehending that many such accidents occur in which this symptom is not present to serve as an auxiliary in the diagnosis. The fact of the symptom never

having been before noticed, in itself creates a suspicion that it is not one of ordinary occurrence; and the certainty of a complete absence of it in a case of fracture of the pelvis in the direction of the acetabulum, reported by Mr. Houston in the 22nd Number of this Journal, regarding which it is stated, that "the foot admitted of rotation inwards and outwards, and in these motions the trochanter always took part, lying in its natural place, and exhibiting the usual degree of projection," leaves no doubt that this particular symptom is not characteristic of every fracture of the pelvis, even when traversing the acetabulum.

It would be satisfactory, therefore, to have determined, under what circumstances it occurs, and what particular modification it betokens; and as Mr. Earle has not helped us by any remarks on this point, we consider ourselves at liberty to offer a few suggestions, which have arisen out of the perusal of his paper. The explanation of the phenomenon in question must be looked for in the effects of the lesion on the mechanical configuration of the joint; and some of the circumstances noticed by Mr. Earle, both as regards the symptoms which were present during life, and the examination of one of the cases after death, would appear to carry with them a solution of the problem, and to render his report the more valuable, as supplying us with a diagnostic mark of a particular variety of fracture. One or other of two conditions must obviously be present in such an accident, to account for the flattening of the trochanter in connexion with an unbroken state of the femur: either the middle part of the side of the pelvis, carrying with it the acetabulum, must be driven inwards, or the bones constituting the acetabulum must be so far broken or separated as to permit the head of the thigh bone to pass through the lesion into the pelvis: and that one or other of these conditions were present in all the cases reported by Mr. Earle, appears obvious from the account given of them. In the first patient, who was cured in eight weeks, but who died subsequently of another disease, the dissection demonstrated "that the fracture had extended in two directions through the acetabulum; that there was an extensive comminuted fracture of the ilium, and that the os pubis was broken in three places." It is also stated that rotation of the limb "was accompanied by a very sensible crepitus when the hand was placed over the hip joint." In the second case "the whole limb could be moved with great facility in different directions, and in rotation and abduction a sensation was communicated to the hand as if the head of the femur sank more deeply than natural into the acetabulum." And in another case in which "the trochanter was below its level, there was also some crepitus felt when the limb was rotated." In all these cases it is obvious that the nature of the injury in the bone was very much alike, viz. that the central piece of the innominate was so loosened as to allow of being pressed inwards by the head of the thigh bone, and to be productive of that characteristic symptom—flattening of the trochanter without general shortening

of the limb. In the first case, the post mortem proved that there was a comminuted fracture with "displacement" of the middle portion of the os innominatum; and in the other, the same phenomena of flattening and crepitus distinguishing the first were, no doubt, the consequences of the same kind of injury. For these reasons, we are disposed to consider the symptoms pointed out by Mr. Earle, viz. flattening of the trochanter and crepitus as "characteristic" of that particular modification of fracture of the pelvis, which consists either in a comminuted state of the cavity of the acetabulum, allowing the head of the femur to pass through into the pelvis, or, in a double fracture, loosening the central portion of the os innominatum and permitting of a sinking of it into the cavity.

It is satisfactory to know that such accidents are not of a very fatal nature, as in four cases, reported by Mr. Earle, recovery took place in a moderately short period of time. Two are stated to have been cured in eight weeks, and a third in three months from the time of the accident.

In addition to the foregoing cases, others of a more complicated nature are related. In one, the symphysis pubis and sacro-iliac symphysis were torn asunder; the prostate gland was torn away from the bladder, leaving a large aperture communicating directly with the cavity of that viscus, and the rectum was lacerated, giving rise to so much hæmorrhage, that the blood flowed freely from the anus, and ran through the bed on the floor. This patient lived forty-eight hours. An extensive incision having been made, during life, in the perineum, a large quantity of blood and urine was evacuated. The finger introduced through the incision entered the bladder, and on every occasion of touching the trigone, gave rise to a most urgent desire to make water, thus affording, as Mr. Earle remarks, the strongest possible evidence of the correctness of the opinion that this portion is endued with a peculiar sensibility, and that the sensation of a desire to make water is first excited here; a position which it at first appears difficult to reconcile with the well known fact, that this part of the bladder is most exposed to the continual drip of the urine as it enters from the ureters. Mr. Earle was enabled also to ascertain that the mucous membrane at this part remains quite smooth when the rest of the bladder is thrown into folds.

In case five, a singular and complicated condition of injury followed a fall on the left foot from a height of a three-pair of stairs window. The calcis and astragalus were broken into numerous fragments; the whole of the metatarsal bones were separated from the tarsal; the whole os innominatum was separated at the symphysis pubis and sacro-iliac symphysis, and was forced upwards to a considerable extent; the common iliac vein on that side was torn through, and the pelvis was filled with blood. This patient died in about an hour after the occurrence of the accident. Mr. Earle observes, "it is worthy of remark that in this case, notwithstanding the extent of injury sustained by the foot, the force should

have been so great as actually to separate the symphysis pubis and sacro-iliac symphysis, and to drive the whole os innominatum upwards, yet that there should have been no fracture of the neck of the thigh bone nor of the acetabulum. Fracture of the neck of the femur is said to be sometimes caused by perpendicular falls; but I never yet met with an unequivocal case of such an accident."

The author strongly and properly "urges the propriety of a cautious examination of the urethra in every case of suspected fracture of the pelvis; next to extensive bleeding, the most alarming and certainly fatal occurrence is, effusion of urine. The former, it may not be in our power to control or obviate, but the latter we may often prevent, and, by timely assistance, save the patient. Whenever it is clearly ascertained that the urethra is ruptured, and the catheter cannot be passed into the bladder, it is right at once to make a free incision in the perineum, and thus allow of a free exit for the urine." In many doubtful cases of fracture of the pelvis, an examination with the finger per anum will enable the surgeon to detect the nature and extent of the injury."

All this advice, though not for the first time offered, is good and sensible, and we cordially re-echo Mr. Earle's testimony in its favour.

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*Disposition of the Arteries in the erectile tissue of the Penis.* By Professor J. Müller, of Berlin.—The greater number of anatomists who have studied the erectile tissue of the penis by means of injections, have been content with filling the veins of this organ: and though the structure of the venous sinuses of the corpora cavernosa and of the dilated veins of the corpus spongiosum urethræ is well ascertained, there is still very little known of the mode of termination of the smallest arteries of this tissue. It was generally thought that the capillary arteries affording nutrition to the penis, carry the blood into the capillary veins, from whence it passes into the venous sinuses; and that erection depends on the retarding of the circulation in these venous cavities. By means of a successful injection of the arteries of the penis, Professor Müller has discovered, that besides the capillary branches that afford nourishment to this organ and transmit the blood into the capillary veins and venous sinuses, a great number of very remarkable appendices which are in communication with the smaller arteries, as well in the corpora cavernosa as in the corpus spongiosum urethræ. It appears probable that these appendices play an important part in the phenomena of erection, and contribute to detain in the tissue of the penis a greater quantity of blood. The best means of illustrating the two arterial apparatus consists in injecting the principal artery of the penis above its division with wax, coloured with vermilion, and of a medium consistence. Then, having made a longitudinal section of one of the corpora cavernosa, wash away every portion of the injected matter that has got into the venous sinuses. We can then see very plainly the ramifications of the arteries destined for nutrition proceeding along the

internal side of the venous sinuses, and becoming smaller and smaller until they are lost in a capillary mesh-work, so fine that the divisions of it cannot be perceived by the naked eye. Independently of these divisions of the nutritive arteries, an attentive examination exhibits another distribution of arterial branches of different form and calibre that spring at right angles from both the great and small arterial trunks. These branches are about the hundredth part of an inch in diameter, and about the twelfth part of an inch in length. They are seen easily with the naked eye; they project in the excavations of the spongy substance, and terminate by a cul de sac, without any sub-division. These short arterial trunks are looped as it were in semicircles, and have been termed by Professor Müller, the helicated arteries. Professor Müller thinks that these helicated arteries are like the filaments of the vine in form, and have some connexion with the phenomena of erection. But experiments and observations are wanting to shew us what is the disposition of these arterial branches in the state of erection and of non-erection.—*Arch. Gen.* Nov. 1835.

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*Preservation and Propagation of Leeches.*—At a decussion on this subject at the Academie Royale, M. Noble, the physician to the hospital at Versailles, communicated an observation that he had published in 1832, respecting the glazed reservoir established in his hospital, and added a new fact in favour of this material, viz. that leeches are not only protected against the cold, but find a receptacle for their cocoons. Potter's clay also protects them from the influence of storms—an influence so fatal, that in 1823, M. Desriusseaux, an apothecary at Versailles, who at the time kept them in plain water, lost 600 in a few days.

In other respects potter's clay offers no advantage in renovating leeches that have been applied, for they disgorge but slowly in it. The best way of making such leeches take is, to press or pinch their tails.—*Arch. Gen.* Nov. 1835.

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*On Puerperal Fever—Letter from Dr. Samuel Cusack to the Editors.*

SIRS,—To use the words of the late experienced Master of the Lying-in Hospital, Doctor Collins, no subject has stronger claims on our attention than puerperal fever; and as one who has devoted much time to the investigation of that disease, and enjoyed no small opportunities of observing its phenomena in the Lying-in Hospital, during the Mastership of the late Doctor Pentland, and amongst the poor of the south side of Dublin, while in charge of the Wellesley Female Institution, I trust you will afford a place in your Journal for a few observations, arising from a perusal of the part of Doctor Collins' work which treats of puerperal fever.

I may remark, contrary to what Doctor Collins supposes, that puerperal fever was exceedingly prevalent amongst the poor of the south side of Dublin, in the early part of 1828. In a paper published by me in the January number of the *Edinburgh Medical and Surgical Journal* of 1829, which has been favourably noticed

by several writers, and confirmed in its views by the observations of others, subsequently published, it is stated, that females whose constitution had been impaired from any cause, mental or physical, who had suffered from hæmorrhage antecedent to or during parturition, or been the subjects of protracted or harassing labours, were more liable to the asthenic forms of puerperal inflammations than persons differently circumstanced. Doctor Collins's experience has led him to form an opposite opinion, although his premises strongly corroborate my view of the subject, and consequently overturn his.

To prove that females who have suffered from tedious and fatiguing labours are not particularly liable to puerperal fever, he exhibits a table at page 385, shewing that of 84 cases, where puerperal fever occurred, 71 were delivered within twelve hours, while amongst those whose labour had extended from 12 to 61 hours, only 13 cases occurred. The fallacy of this conclusion will, however, at once become evident, by referring to the table at page 22, shewing the number of females delivered during his Mastership, and the duration of their labour. Thus of 15,084 persons delivered within 12 hours, only 71 puerperal cases occurred, or one in about 212; while amongst 748, the number of females whose labour lasted from 12 to 61 hours, 13 cases occurred, or so large a proportion as one in 58, clearly shewing a correspondence between the duration of labour and liability to the disease.

The large proportion of females delivered of first children attacked with puerperal fever tends also to prove the same point, the average duration of first deliveries being longer than subsequent ones. It is not, however, as Doctor Collins supposes, a "strong fact, in opposition to the opinion, that persons whose constitutions have been previously impaired are more liable than others to puerperal fever," as it does not necessarily follow that the health of such persons may not have been previously impaired; and, admitting even such not to be the case, the greater duration and severity of labour may cause, in first cases, what previous ill health may predispose to in others.

The cases, however, brought forward by Doctor Collins would seem to invalidate the opinion, that the health of women delivered of first children was less likely to be impaired than others. It is, indeed, worthy of observation, that the only instances where a deranged state of the constitution, existing previous to parturition, is noticed by Doctor Collins were, with one exception, (95 page, 447, who is designated as a poor starved creature), first cases. Thus of 17 fatal cases where the labour was in every respect natural, three were unmarried women, one of whom was forced into the hospital, knowing the fever at the time to be prevalent, and is described as being dejected and in a bad state of health; while of the married women, one was brought to the hospital on a common car 20 miles, and was in a bad state of health during her pregnancy; another had her eyes black and bruised from fighting; another with her tongue foul and loaded, having a severe cold

before admission; a fourth had a severe cough when admitted; a fifth is described as having her pulse, from the time of delivery, hurried and her tongue foul, apparently labouring under common fever; a sixth had a putrid child at seven months, shewing a probability at least of some constitutional derangement, all collectively shewing the derangement of health at or previous to parturition.

To prove the influence which *fatiguing* labours have in predisposing to puerperal fever, we may refer to page 130, where two cases are detailed which terminated fatally, in both of which hæmorrhage occurred, requiring manual extraction of the placenta; and in one this substance was so strongly adherent as to require half an hour's cautious exertion for its removal. At page 78 is a fatal case of same disease supervening on an arm presentation, hæmorrhage and manual extraction of the placenta; and at page 182 is a fourth case terminating fatally, where there was also hæmorrhage and artificial delivery of the placenta; and we can testify from our own experience, when puerperal fever is prevalent, this unpleasant occurrence, in such cases, to be by no means unusual. It seems to us, indeed, that the system, in many instances, undergoes a severe shock where the extraction of the placenta is accomplished with difficulty, and that it is much more severely felt than in ordinary cases of turning; and this injury which the constitution sustains is more likely to occur when the retention of the placenta is accompanied by hæmorrhage. It would also appear that the greater liability of the constitution to injury from placental extraction than from turning, might arise from the hand being necessarily placed in immediate contact with the interior of the uterus in the former case, while, in the latter, the membranes intervene between the hand and the uterus. Where the uterus sustains any injury in the separation of the placenta, an additional cause of disease is superadded.

We conceive that where the labour is of such a nature as to lower the vital powers, that the same proneness to disease is produced in a rapid manner, as by those causes already mentioned, whose action, previous to parturition, is of a more gradual description.

We feel, indeed, at a loss to reconcile Doctor Collins's statement, "that the greater liability of females, who have suffered from fatiguing labours, to puerperal disease, does not accord with his experience." With the dread which he has of introducing his hand into the uterus, and the danger which he states to exist of inflammation of the abdomen, subsequent to manual extraction of the placenta, his apprehensions on this point being so strong, that he recommends the use of calomel and hippo as a precautionary measure, even before any symptoms of inflammation indicate its approach.

We feel, no doubt, that the disease under consideration, as stated in the treatise already alluded to, is identical with what we have seen so frequently arise from operations, even of the most trivial kind, in the vicinity of the pelvis of both sexes, in persons

of debilitated constitutions, though modified by the peculiar condition in which the parturient female is placed. I fear, however, that a cause, which perhaps has been over-looked, may occasionally produce abdominal inflammation, namely, the external pressure of the hand on the uterus, which is necessarily had recourse to to restrain hæmorrhage. If such is the case, it should prevent one employing pressure to any greater extent than is absolutely indispensable.

It affords me much pleasure to find that Doctor Collins is impressed with the necessity of discrimination between the different forms of disease, and attributes to its want the opposite treatment recommended by different practitioners. This deficiency, however, has not been invariable; for the disease has been shewn by me to be divisible into three species, the sthenic, the asthenic, and mixed, and the different plan of treatment suitable to each form of disease dwelt on, a classification since adopted by Professor Maunsell in the Dublin Practice of Midwifery.

I am also gratified to find that his views as to the abstraction of blood so closely resembles what I long since advised in my treatise on the subject, viz. that general and large bleeding followed by leeches, and repeated according to circumstances, was applicable to the sthenic species of disease; leeches to the mixed, and that many cases were of so low a character as to forbid leeches and admit only of blisters. See page 396 and 7 of Doctor Collins's work.

I am not aware whether the author is impressed with the value of large doses of opium in the low form of disease, and I agree with him in the opinion which, I believe, he holds, that scruple doses of calomel are not advisable in those cases.

I trust, in this communication, it will appear my object is merely to shew that my opinions have not been overturned by any thing Doctor Collins has advanced; and would beg leave to express my sense of how much the public are indebted to him for the assemblage of facts with which he has furnished them.

SAMUEL CUSACK.

Coolock, January 2nd, 1836.

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*Treatment of Epilepsy by Indigo.*—M. Noble is at present engaged in experiments on the treatment of this disease by the above method. By aid of this substance administered gradually in doses of three or four drachms, under form of an opiate, three persons seriously affected with epilepsy have been cured. The first subject was a young man, aged eighteen years. The fits occurred every eight or ten days, for ten years. Two months have now elapsed without their recurrence. The second person was a young woman, aged twenty, who had been effected for sixteen years, and in whom the fits occurred ten or twelve times a day since the period of menstruation. In six days the fits disappeared under the treatment by opiate of indigo. The third subject was a woman, aged fifty-eight, suffering under epilepsy for twenty years; the fits



occurring four or five times a day. In four days the treatment by the opiate of indigo triumphed over the disease. In the first patient, the indigo raised to three or four drachms, produced some spasms analogous to those produced by strychnine; with two others an active diarrhoea set in, when the medicine was carried to the above dose. — *Arch. Gen. Nov. 1835.*

*Small-pox after Vaccination.*—In the Edinburgh Medical and Surgical Journal for January, Mr. Benjamin J. Bell has given a report of a varioloid epidemic, which occurred in George Watson's Hospital, a charitable institution in Edinburgh for the education of boys, the result of which, the author thinks, is calculated to substantiate the true value of vaccination. The first case occurred on the 30th of May, 1835, the last on the 14th of June following.

At the time of the attack, there were eighty-nine persons in the house; seventy-five school-boys, and fourteen other individuals. Of all these, only three were unprotected by vaccination, or the inoculated small-pox, viz. one of the school-boys, one of the porters, and this porter's child.

The first individual attacked was the porter's child, which had not been vaccinated: the eruption bore every character of distinct small-pox; the child recovered.

The second case was that of the unvaccinated school-boy: this patient died. Both of these children sickened within three days of each other.

No fresh cases occurred for three weeks, when, all at once, several boys were seized with constitutional disturbance and eruption. The two following cases will illustrate the general characters of the epidemic:—

"June 28th, John Blackie, aged fourteen, felt sick and uncomfortable, but did not make any complaint till the 1st of July, when a considerable number of vesicles were seen sprinkled over all parts of the body, especially over the face. These had a distinct central depression with very little surrounding *areola*. They soon became pustular, and dried up in a few days, the constitutional symptoms having abated almost simultaneously with the appearance of the eruption.

"June 29th, John McLean, aged fifteen, became sick, feverish, and oppressed. July 1, an eruption not unlike that of measles, appeared in different parts of the body, but faded almost entirely on the following day, when a few vesicles were observed here and there over the surface. These vesicles were surrounded by considerable redness, but did not attain any size; had no central depression, and speedily disappeared."

Such was the general course and termination of all the cases with the exception of two, who, though previously vaccinated, became affected with genuine small-pox. Of these, one, Mr. H., one of the masters of the institution, died on the twelfth day of the disease; the other, A. Kinnear, aged twelve, of great constitutional delicacy and subject to slight *psoriasis* of the face and leg,

went through the disease with all the characteristics of genuine small-pox, but recovered. With the exception of these two, all the other vaccinated cases, twenty-five in number, passed through the disease in a very mild or modified form.

The exposure to contagion in this school being general, it is very probable that a great proportion of those who remained healthy are indebted to vaccination for their escape. Had the disease broken out among a larger number of individuals, wholly unprotected either by a former attack of natural small-pox or by variolous inoculation, the probability is very great, that few, if any, would have escaped its contamination. The mildness of the attack in the greater number of children exhibits a strong contrast with the horrible consequences which the disease produces in its unalloyed form; and the severity of it in two solitary cases out of such a number, instead of causing us to entertain misgivings as to the anti-variolous influence of the cow-pox should, as Mr. Bell remarks, induce us to investigate more fully the distinguishing characters of genuine and spurious cow-pox; and at the same time to teach to students in medicine this much neglected, though highly important branch of their profession, in order that, as practitioners, their skill in the management of vaccination, and their testimony as to the results of their experience in its efficacy, may have due weight and efficacy. Recent calculations have shewn that, even under the present defective system, the average mortality by small-pox, in London, has been reduced three-fourths since the commencement of vaccination. How greatly might the average be still diminished were the practice universally followed? This surely is a subject well deserving of legislative interference, when we bear in mind the high and patriotic ends to be achieved by it.

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*Pathology of the Uterine Polypi.*—Some interesting observations upon this subject are contained in a paper published by Doctor R. Lee, in the 19th vol. of the *Medico Chirurgical Transactions*. Doctor Lee conceives "that there are at least four distinct varieties of tumours of the uterus, none of which are malignant in their nature, to which the term polypus has been applied: 1st, the fibrous; 2nd, the follicular or glandular; 3rd, the cystic or vesicular; and 4th, the mucous tumour of the uterus. To these ought, perhaps, to be added that variety of tumour of the uterus which consists of erectile tissue, or of cells, and dilated arteries and veins." The fibrous variety he believes to be a modification of the disease termed by William Hunter "the fleshy tubercle of the uterus," which is known not to be malignant in its nature, but frequently to produce injurious consequences by the great size to which it attains. In many instances as it enlarges its density gradually increases, and it may become the hidus for calcareous depositions, which have been ascertained by Doctor Bostock to consist chiefly of phosphate and carbonate of lime. Doctor Lee coincides in Bayle's opinion, "that in twenty out of 100 women, taken indiscriminately, after the middle period of

life, the fibrous tumour is found imbedded in the walls of the uterus, and that they are most frequently met with in the bodies of those women in whom the physical signs of virginity are present." "Fibrous tumours are developed either in the cellular membrane under the peritoneal coat of the uterus, or between the layers of its muscular or middle coat, or immediately between its middle or mucous coats." In the first mentioned situation they may grow to a great size without producing any inconvenience, except of a mechanical nature, owing to their bulk, which may be so considerable as to impede the passage of a child through the pelvis, or to interrupt the functions of other viscera. When the fleshy tubercle is imbedded in the proper tissue of the uterus, should the woman become pregnant, fatal hæmorrhage may be produced by the impediment occasioned to contraction of the organ after delivery, and leucorrhæa, or profuse and dangerous menorrhagia, may owe their origin to the same cause. Should a fibrous tumour be developed in the muscular coat, very near the cavity of the uterus, or immediately between the muscular and mucous coats, it will protrude into the uterine cavity, and, by the action of the organ, may be gradually forced into the vagina, carrying upon it, as a covering, the mucous membrane of the uterus, and sometimes a layer of muscular fibres. In this situation it undergoes various changes of structure in its covering membrane, peduncle, and central portion, and is recognised as a polypus. When the polypus "is covered both by the living membrane of the uterus and a layer of muscular fibres, the peduncle is proportionably thick and short. A longer continuance of uterine action is also required to force a tumour so formidable into the vagina, and the patient not unfrequently dies from irritation and loss of blood, before it has been expelled from the cavity of the uterus." The expulsion is occasionally effected accidentally by vomiting or some violent effort; and Doctor Lee correctly observes, that appearances are thus produced strikingly resembling "those observed in cases of chronic inversion of the uterus." The writer of this notice once assisted Mr. Cusack in removing a polypus, the history of which corroborates the foregoing and some other of Doctor Lee's remarks. The patient who had a tumour, which could be felt above the pubis, hard and as large as a closed fist, was reduced to the point of death by repeated attacks of menorrhagia. The gentleman, under whose care she was, administered a dose of ergot of rye, which was followed by violent uterine pains. At the next visit, it was found that the tumour had disappeared from the abdomen, and a vaginal examination being then, for the first time made, a polypus was discovered in the vagina. The removal of this being determined on, a speculum was passed so as to give a fair view of the tumour, which was declared by several competent judges to be an inverted uterus; the orifices of the fallopian tubes were even pointed out on its surface. Mr. Cusack and the writer, however, adhering to their original opinion, the mass was drawn down and its peduncle divided with a bistoury. It proved to be

a fibrous polypus; and although the peduncle exhibited the open mouths of three or four vessels, not a drop of hæmorrhage followed. The patient rapidly recovered.

The 2nd, or glandular variety of polypus, Doctor Lee supposes to be produced by a morbid enlargement of the glandulæ nabothi. "One of these bodies is sometimes converted into a cyst as large as a walnut or even a hen's egg, and hangs by a slender peduncle from the cervix or lips of the os uteri. It is smooth and vascular, and contains, in some instances, a curdy or yellow-coloured viscid fluid. The tumour produces great irritation, and gives rise to copious sanguineous and mucous discharges from the vagina."

The third, or cystic variety of polypus "consists of a congeries of small vesicles or cysts, filled with a clear or yellowish coloured ropy fluid, which cysts are embedded in a soft, fibrous substance, formed under the lining membrane of the uterus."

The fourth, or mucous polypus, "is a tumour of the fundus or body of the uterus, which grows occasionally from its mucous membrane, or is formed by a morbid change of the mucous membrane itself, which does not acquire a large size, but which seems to be analogous to the common polypus tumour which is formed in the cavities of the nose. It has a large base and flattened form, and in some cases is largely supplied with blood-vessels."

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*Interstitial Inguinal Hernia complicated with Scrotal Hernia.*—M. Goyrand, of Aix, communicates an observation in a man aged sixty, who has had a scrotal hernia of the left side for ten years, and who, after being at stool, suddenly experienced violent colic, followed by nausea and vomitings. M. Goyrand discovered, in the direction of the left inguinal canal, a tumour, of the form and volume of a partridge's egg, in which sharp pains were felt on pressure. During the efforts of vomiting, a second tumour appeared within the first; it corresponded exactly to the ring, was soft, and easily reducible; its root was direct. M. Goyrand in this case supposes the existence of two hernias at the same time; one recent, and strangulated in the trajet of the inguinal canal; the other of ancient date, scrotal and direct, (the internal hernia of Hesselbach,) but free in other respects. The taxis was inefficacious. An energetic antiphlogistic treatment, followed by castor oil and purgative injections, obtained in forty-eight hours the spontaneous reduction and disappearance of all bad symptoms.

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*Luxation of the Arm.*—Letter of M. Malgaigne in *Vindication*.

MR. EDITOR—The September Number of the Archives contains the analysis of a report on one of my memoirs made to the Royal Academy of Medicine by M. Lisfranc. Allow me to rectify some assertions of his, which do not appear to me sufficiently correct.

"Relative to incomplete luxation," says the report, "M. Malgaigne makes Sir Astley Cooper say, that in this form of luxation

the head of the bone is found outside the coracoïd process, and he combats this opinion, which is not that of the English surgeon.

The following is the text of Sir Astley Cooper :

“ This dislocation differs from that forwards, under the pectoral muscle, in the head of the os humeri, being still on the scapular side of the coracoïd process, while in the complete dislocation forwards it is on its sternal side.”

Thus, it is evident that the situation of the head of the bone is accurately defined ; it is always on the scapular side of the coracoïd process, in contradistinction to the luxation inwards, where the head of the bone is situated at the sternal side of the same process. These positions I have termed *external* and *internal*. I am aware that MM. Richelot and Chassaignac have translated “ scapular side” “ face inferieure,” and thus your colleague has been deceived. It would have been better had he consulted the text.

Two lines lower down he continues: “ M. Malgaigne adds, that Sir A. Cooper looks on this luxation as the most frequent, yet the latter has never used these words.” If M. Lisfranc had read my memoir, he would not have charged me with words which I never uttered. In fact, what I stated was, that Sir A. Cooper looks on this form of luxation as one of the most common. But it may be objected that the words of Sir A. Cooper are merely that *such luxations are not rare* ; wherefore I deem it necessary to transcribe that whole passage from my work, p. 33 of the manuscript.

“ When the illustrious English surgeon was last in Paris, I submitted this question to him at the house of M. Amussat. Circumstances did not allow a prolonged discussion. Sir A. Cooper, however, remarked, that his ideas on this subject were unchanged, and that he looked on this luxation as one of the most common.”

These ideas are precisely what I combated, viz. the position of the bone external to the coracoïd process, and I have been to cite a good authority in the words of Sir A. Cooper himself. I should also complain that the analysis is incomplete, and that it gives reason to suppose that the only support for my ideas were derived from experiments on the dead subject ; whereas, I have noticed the symptoms in the living subject, and the anatomical changes after death. But as few authors are satisfied with the analysis of their works, I shall not appeal against that part of the review. I regret, however, that you have not mentioned the favourable conclusion of the commission, namely, the sending my memoir to the committee of publication, to which was added a vote of thanks to the author ; circumstances by which any man should feel himself honoured.

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## MISCELLANEA.

**BIOGRAPHICAL NOTICE.**—The late *Dr. Cheyne*.—We have to perform the melancholy duty of recording the decease of Dr. John Cheyne, an event which took place at his seat in Sherrington, Buckinghamshire, on the 31st January, 1836.