In severe cases of dysmenorrhœa, the pain is not only to be found in the lumbar, sacral, pubic, and iliac regions, but extends down the inner part of the thighs, and often in he mammæ.

In some cases of amenorrhœa, a vicarious discharge has flowed from the breasts.

The great and marvellous sympathy between the mammæ and uterus is well known to every practical physician. As a means of arresting uterine hæmorrhage after labour, the application of the infant to the breast has long been known and acted on. Here appears the most powerful example of the direct sympathy of distant organs, and of the diversion of the circulating fluid from one portion of the body to another. In a less striking form the same occurs during lactation, the menstrual flow being suspended during suckling. In other words, the uterus remains quiescent when the mammæ are in a state of activity.

It is needless to enlarge on points so well known to practical observers: enough has been said to illustrate my meaning. I would suggest whether the consideration of these facts does not point out to us an easy and safe channel, through which not only to alleviate the pains of those who suffer from dysmenorrhœa, but also show us a means by which the womb may be made to pause, and its morbid irritability be moderated sufficiently to allow of successful impregnation.

Dr. Marshall Hall has proposed that a strong infant should be applied to the breast with this double view: but it seems to me that, apart from the inconveniences and practical difficulties attending such a course, there are other means which would prove even more serviceable. My own suggestions would be, that fomentations of warm milk should be used to the breasts a day or two before the expected period; that a breast pump should be gently applied at the same time for a quarter of an hour, two or three times during the day; that the space from the last cervical to the eighth or tenth dorsal vertebræ, for some inches on either side of the spine, should be kept warm with hot flannels; and that the apartment should be kept warm and well ventilated. These means should be continued until the period has fully arrived. If the menstrual flow then appears, the warmth thus applied need not interfere with other means, supposing the pain to be severe. If intercourse shall have taken place and conception have followed, I should suggest the continuance of the fomentations until the period over which the catamenia usually extend shall have passed. Presuming, as is most likely to happen, that the first application of these means fails in immediately inducing conception, it will still have made a step towards it by lessening the irritability of the uterus. During the interval between the catamenial periods, I should now suggest a temporary absence from home; and that abundant exercise, a full exposure to the open air, freedom from mental occupation, and every measure tending to produce muscular strength should be adopted, while intercourse should be avoided until a few days previously to the next period, when a recurrence of the same means should ensue. The development of the mammæ should also be favoured by carefully protecting them from cold, and by occasional friction with a soft hand and a little warmed oil or milk.*

Sterility may ensue from general hyperæmia or anæmia, and it is often strange to notice how immediately fertile the uterine system becomes, after the removal of these adverse states. The former is not unfrequently met with in the upper classes of society, where food of the most nutritious and rich kind is abundantly partaken of, and where wines are freely taken, whilst the amount of exercise and exposure to vicissitudes of temperature is extremely small. In these cases, the uterine loss offers a safeguard to the general health, and profuse menstruation becomes a habit needful to the preservation of life. Fertilisation, here, can only take place when a simpler diet is substituted, and muscular exertion to some extent persevered in, so that the uterus is allowed to return to its simpler and more natural duties. An anæmic condition, sometimes accompanied by amenorrhœa, generally with deficient and painful menstruation, and not unfrequently with profuse leucorrhœa, is also one of the causes of sterility. Iron and generous living here suggest themselves, but especially out door exercise, as much as can be borne. The cold douche to the lumbar region is among the most powerful of the tonic means at our disposal. Cases of this kind very frequently present themselves to our notice, in which we see conception occur almost immediately on the removal of this condition.

III. MORAL CAUSES. Before concluding we must glance, though cursorily, at the moral causes. Some pernicious habits in which the young occasionally indulge, often in ignorance of the evil consequences they are certain to entail, lead to sterility, through their debilitating effects upon the constitution. These and their remedies need not here be entered upon. But there are other moral causes which are apt to be overlooked, and which are connected with modern education and civilisation, which tend to induce a passive and enervated condition of body in our females, very adverse to the free development of the frame. These act indirectly by lowering the standard of the general health, and thus tend to produce the evils just mentioned. The whole education of an accomplished girl tends to a repression of the natural feelings, and teaches her to hide every expression of her natural impulses, by word or look. Hence, all instinct becomes blunted and suppressed, and she even gets to look upon that which is legitimate as something immodest and indelicate. This retiring and shrinking bashfulness is not consonant with conception. The lower classes of society, less refined in their feelings, unaccustomed to their suppression, meet the advances from which the other retires, and thus become easily fertilised. But it is otherwise with the highly civilised and, so to say, etherealised child of art; and nature here abandons in her turn her who has despised and thwarted her lessons and her hints.

Marine Square, Brighton, Sept. 1853.

[We conceive that there is either dangerous error or much ambiguity in the concluding paragraph of this interesting paper. As the physician seeks his examples of female fertility and health among rustic home-bred women, and not among the "accomplished girls" of fashionable life, so does the poet and the man associate the beauty of a blush with untutored simplicity, and not with the perfection of an accomplishment. We cannot, therefore, avoid stating our conviction, that it is an error both in morals and in hygienics, to regard "shrinking bashfulness" as, under any circumstances, a cause of sterility; and that it is equally incorrect to regard *genuine* "shrinking bashfulness"—the most charming attribute of woman—as the real or generally alleged characteristic of "the etherealised child of art".—EDITOR.]

CANCER OF THE SIGMOID FLEXURE OF THE COLON AND FIRST PART OF THE RECTUM: DEATH FROM PERFORATION.

By C. E. REEVES, B.A., M.D., etc.

CASE. M., aged 78, tall and still somewhat muscular, with dark eyes and grey hair, had been treated by a practitioner for piles and indigestion for some months. The history of his case, as near as it could be obtained, from his being deaf and the fatigue which talking produced, was, that during the last eight months he had gradually lost flesh and strength; his bowels, always constipated, had become more so, never acting without powerful purgatives. Four months ago he first experienced tenesmus: this had gone on increasing in

* In the application of the fomentations, Markwick's spongio-piline offers a very useful material; and if a circular piece be perforated at its centre with a hole for the nipple, and a V shaped portion be cut from the circle, it can be made to fit the breast perfectly.

severity, particularly towards evening, and had obliged him to get out of bed ten or twelve times in the course of the night. During this time, the evacuations obtained by purgatives, such as croton oil, had been very scanty, consisting of slimy matter mixed with a little fluid fæces and occasionally a little blood. He had suffered throughout much from flatulent eructations, attended with burning heat at the epigastrium.

His skin was pale, with an almost imperceptible tinge of yellow, bearing a close resemblance to badly bleached white wax; his conjunctivæ were clear and bright; pulse good; the appetite during the last fourteen days had been failing, and now any attempt to take food excited nausea.

The abdomen was rather large: on the right side the descending portion of the colon could be distinctly felt, containing large masses of fæces down as low as the sigmoid flexure; the ascending and transverse portions were dull on percussion, and undefinable, from the small intestines being equally distended with fluid. The stomach was empty; the liver was normal, situated rather high, but the gall-bladder projected beyond its lower margin nearly three-quarters of an inch, and felt hard and resisting. On introducing the finger into the rectum, a hard scirrhoid body was felt two and a half inches up, larger posteriorly than anteriorly and laterally, with a small opening in it just admitting the apex of the index finger. He had slight lancinating or pricking in this region, but the tenesmus was the most troublesome symptom. The motion which had been passed a short time before, consisted of about three tablespoonfuls of fluid fæces, with two or three small clots of dark coloured blood, and two masses of the size of large peas of dirty ashy coloured muco-purulent matter. This matter, on being examined under the microscope, gave indication of cancer-cells. The motion had a peculiar putrid fishy smell. The symptoms continued much the same until the third day before death, when considerable tenderness was complained of over the descending colon. His pulse rose from 72 to 80; his tongue became brown, and he was unable to take anything. The tenderness was much mitigated by the next day by the application of cold water; yet the pulse had risen to 100, and this day, in addition to the evacuation of fæcal matter, he had passed between five and six ounces of fœtid serum tinged with blood. He had also vomited several times very dark greenish fœtid fishy watery fluid, with flaky masses in it, like those seen in the motions. On standing, the flaky masses sank with a dark green substance, like inspissated bile, to the bottom, leaving a rather clear fluid, like cabbage water. On the morning of the day of his death, the tenderness over the descending colon had nearly subsided, the masses of fæces were more moveable, and they seemed to be now floating in fluid. The vomiting had continued. An evacuation from the bowels had been preserved; it consisted of about a tablespoonful of fluid fæces with streaks of dark coloured blood. Pulse 116.

At half-past twelve A.M., he began to complain of pain in the bowels; and he passed nearly a quart of fluid fæces, mixed with streaks of dark coloured blood. The pain in the abdomen increased in severity, and, when seen two hours from its commencement, he was suffering the most excruciating agony, pulseless, and nearly speechless, with yellow watery bilious matter rising up into his mouth every few minutes. It was only after 160 drops of tincture of opium had been given, in three doses, at intervals of ten minutes, that any relief was obtained, and his pulse became at all perceptible. He sank at 6 P.M.

Post Mortem Examination, sixteen hours after death. The abdomen was not distended, but the peritoneum, on being incised, gave issue to some highly fœtid gas. The intestines were covered with fluid fæcal matter, which was seen to ooze from between the pelvic viscera on the slightest pressure, or on moving the body. The descending colon was felt largely distended with fluid, in which floated two large masses of fæcal matter, each the size of a fist. Several dark violet coloured patches of congestion, varying in size from a shilling to a florin-piece, existed on the peritoneal membrane; some patches of the same character were present on the small intestines, larger in size, but much less intense in colour. The capillaries of the peritoneum of the abdominal wall were injected; this injected state increased considerably towards the dorsal region. On separating the small intestines from the pelvis, some flakes of dirty muco-purulent matter were seen, and, on pressure, fluid fæces issued from the right side of the sigmoid flexure of the colon, from an irregular jagged opening; but the parts were so exceedingly soft, that its magnitude could not be well determined, and it was with the greatest difficulty that they were removed for inspection. The whole of the walls of the sigmoid flexure were scirrhoid, varying in thickness from a quarter to half an inch, of a fibrous character, and easily broken down. On the anterior part, near the centre, an irregular excavated ulcer existed, about three inches in diameter, covered with the same kind of dirty muco-purulent fluid as was seen in the pelvis, and had been passed during life. To the right of this ulcer, a kind of sinus existed; and here the intestine seemed to have given way. The mucous membrane throughout was glistening, with a thin deposit of melanoid substance in its submucous tissue; this extended down to within three quarters of an inch of the termination of the rectum, not abruptly, but in a kind of fringe-like manner. Some of the mesenteric glands were melanoitic, and also those along Glisson's capsule.

The liver was of the ordinary size, but situated high up. It was of a black colour, with a slight tinge of green; and soft, breaking down with very slight pressure; its coverings were easily removed; the granules were much larger in the superior than in the inferior part. This layer of black extended uniformly all over the organ, to the extent throughout of one-sixth of an inch; and the granules, although easily seen by breaking it, were yet smaller, and seemed more compact, than in any other part of the organ. I regret that the inadvertence of a servant, in throwing away the parts of the diseased colon and liver which I had brought home, prevents me from giving their microscopical characters. While making the examination, I applied a little salt to the dark layer of the liver; and, in the course of a few minutes, it changed the colour to a beautiful dark grass green.

The gall-bladder was very large and tense; oval in shape; three inches in length, and two inches in diameter near its centre; thickest at its inferior part. Half an inch from the extremity a slight indentation existed, the remaining portion curling upwards over the free margin of the liver. In its neck a small oval stone was found impacted, preventing bile from passing into the duct. Cut open, it was found to contain about two ounces of nearly clear coloured fluid, somewhat thick and viscid, like oil. The application of heat immediately coagulated it. The internal surface was quite smooth. The gall-stone was of the size of a small marble, ovoid in shape, rough and glistening, lighter than water, yellow on one side, and dark on the other. It was impacted in a pouch immediately external to the neck of the bladder. It seemed as if the stone had consisted originally of inspissated bile, and had become arrested: and that the deposit of clear cholesterine had taken place, until at last the duct had become quite blocked up. The dark portion of the stone, where it was in contact with the sac, had tinged it of a dark colour. The cystic duct was large, and would with ease admit the thick end of the blow-pipe. The spiral apparatus was obliterated, and it was tinged with bile to within a quarter of an inch of the cyst which contained the stone. The hepatic duct was also much larger than usual; but this and the other biliary canals were quite free. The stone, on section, consisted of two portions—a dark, forming three-fourths, consisting of inspissated bile, with a little cholesterine; the remaining part consisting of cholesterine. All the other viscera were healthy.

Harrington Square, London, Sept. 7, 1853.