

## ASSOCIATION INTELLIGENCE.

## NOTICE REGARDING THE PAYMENT OF SUBSCRIPTIONS.

The Laws declare—

FIRST:—That on the 1st of January of each year, the annual subscription of one guinea becomes due in advance.

SECOND:—That "if any member's subscription remain unpaid twelve months after it shall become due, the MEDICAL JOURNAL and other publications of the Society shall be withheld from such member till his arrears be paid."

## EDITOR'S LETTER BOX.

## INVERSION OF THE UTERUS:—MR. COATS' CASE WITH MR. BORHAM'S REMARKS THEREON.

LETTER FROM T. WIGLESWORTH, ESQ., M.R.C.S.L. AND L.M.

SIR,—In the ASSOCIATION JOURNAL of July 20th, is a case recorded by Mr. Coats, of Inversion of the Uterus, which was removed by ligature, and which unfortunately ended fatally. That all cases of removal by ligature should succeed is not probable; and the cases recorded shew that as regards success, we may rank it among the capital operations of surgery. It is always a hazardous operation; but it is giving the woman the only chance of her life. Dr. Conquest, in his *Outlines of Midwifery*, says:—"Should the uterus remain inverted, the woman eventually falls a victim to repeated hæmorrhage and hectic fever." Dr. Rigby is still more explicit. He says:—"If the powers of the system are rapidly breaking from the profuse hæmorrhages at each menstrual period, and not less profuse discharges during the intervals, the only means of saving the patient is by treating the case as one of polypus, and remove the uterus by ligature. Numerous cases are on record where this has succeeded perfectly, although during the process the patient suffered from several attacks of pain, and severe inflammation, occasionally requiring the ligature to be loosened." Dr. Blundell says:—"As to the treatment of this disease, it has been proposed that we should endeavour to stop the menorrhagic bleedings by injections of oak bark, solutions of alum, etc. This is peculiarly important when a woman is about forty-two, because if you can support her for two or three years, till the monthly uterine action is over, the bleeding will most probably cease. But I will suppose that the case has occurred in a woman who is much younger, and who is naturally disposed to a copious flow of the catamenia. When I entered on the practice of obstetrics, it was supposed that these cases were desperate, and the woman was suffered to go on bleeding, month after month, till she died; but now it is an established fact in modern practice, that the womb may be extirpated by ligature, not indeed wholly without danger, but without that high degree of danger which makes it unjustifiable to perform the operation; nay, I may say, without such a degree of danger as precludes a fair prospect of success."

Then, as to the time of the operation. The necessity for the operation is on account of the continuous floodings; when, therefore, the hæmorrhage cannot be restrained, and the woman is sinking in consequence, then is the time to operate; sometimes it is so violent immediately after the accident as to cause the death of the patient in a few hours, and sometimes it does not affect the constitution for months or even years. A case is recorded in which the womb was extirpated fourteen days after delivery, and the woman did well. In Mr. Coats' case it would have been very undesirable to have done so, so soon, as it would have been running the risk of shortening her life by fourteen years. It is evident, however, from Mr. Coats' account, that his patient's case had become urgent, and that there was no time to lose; and although he may regret his want of success, he has this consolation, that he did what any other sound medical man would have done. In fact, that he had no other resource left; and that if a similar case were to present itself, he ought, and would, do it again, and with, it is to be hoped, happier results.

But what I wish particularly to draw attention to is the remedy, and the time of performing it, which Mr. Borham proposes to substitute for that of ligature. As regards the time, Mr. Borham's statements are rather contradictory. He says, first, "If I were asked what would be the best time after the accident to tie the uterus, I would fearlessly reply: that if the surgeon has made up his mind to operate, the best time would

be as soon as the patient had recovered from the shock of her accident and confinement"; and then immediately after, "it would be impolitic to ligature a uterus soon after its inversion". And again: "The operator should not be impatient to perform the operation early; no exact time could be specified; but it must be left to the surgeon's own judgment." I conclude he means, don't operate immediately, but as soon as the woman recovers from the shock: it is, however, very difficult to make out his meaning. And then as to the mode. "If," he says, "a uterus be to be removed, by far the best plan is to amputate it, and tie the bleeding vessel; but I would prefer, if I had such a case, making an incision into the neck of the organ, expose the arteries, and tie them." Mr. Borham must have forgotten that the fundus of the uterus is covered with peritoneum, and that by its inversion the peritoneum is drawn down with it, so that if you amputate, and do it fearlessly, soon after its inversion, when the neck of the uterus is fully distended and relaxed by the passage of the child, the inversion of the womb, and the hæmorrhage, you cut into the abdominal cavity, and may make a wound, through which you can disembowel your patient. Dr. Ingleby says, a midwife once cut away a recently inverted uterus; and a surgeon, some twenty years ago, committed the same offence—the patient dying before another practitioner, who was called in, arrived.

Dr. Blundell says of the errors to be committed in such a case, "where the womb is drawn beyond the external parts, not recognising what you have done, you may make violent efforts to pull it away, as if it were some tumour that ought to be removed, or you may rashly have recourse to some amputating instrument—the patient dying in consequence. If, however, the uterus has been inverted for some time, and has consequently been greatly diminished in size, and you could be sure that the contiguous sides of the peritoneum had united and so closed the cavity (of which fact you can never be sure), you might amputate with the risk of hæmorrhage; for you cannot, as Mr. Borham says, tie the artery—the neck of the womb being at the top of the vagina; and the only course you could adopt to stop the bleeding, would be to plug the vagina, and apply cold. It would, however, be a most dangerous operation; and if you should pass a ligature round the neck before amputating, you would then subject the woman to all the pain and risk which she would have by ligature; and, in addition, that of amputation as well. So that, under all circumstances, the ligature would be the best plan; for it not only removes the uterus and stops the bleeding, but also prevents any opening into the peritoneal cavity."

But Mr. Borham's preferable plan would be to cut into the neck of the uterus, expose the arteries, and tie them; but he does not say how he intends to do this, and he surely cannot be serious. To pass an amputating knife up the vagina, or even into the womb itself, if only partially inverted, to cut down upon the arteries, expose them, and tie them in the dark, is an operation which I should hope, for the woman's sake, even he would shrink from, were he called upon to perform it.

I am, etc., THOMAS WIGLESWORTH.

Westerham, August 7th, 1855.

## TREATMENT OF BITES OF MAD DOGS.

SIR,—I read with considerable emotion the melancholy and deeply interesting case, related by Mr. Pittocke, of a little girl bitten by a mad dog, in the last number of our JOURNAL. Your correspondent anxiously asks for information as to the best course to be pursued. If he has not freely cauterised the bitten part, I should still advise him to do so. Provided the period of recrudescence (marked by tingling, swelling, or redness of the affected part) has not commenced, there is ground to hope that the poison has not been absorbed. I do not consider the ala of the nose an unfavourable spot for the application of caustic. A probe coated with caustic in the manner recommended by Sir B. Brodie, could be easily passed through the punctured wounds, and thus brought into complete contact with every portion of the divided textures. It would be safer, however, to excise the affected parts, if at all practicable; and from what Mr. Pittocke has stated, it does not appear that the wounds are situated in vital localities.

For your correspondent's consolation, I beg to inform him, on the authority of Dr. Watson, that but few of those persons bitten by rabid animals become subsequently affected with hydrophobia. This fact ought not however to deter him from using every means likely to prevent the possible occurrence of a disease for which there is no cure.

I am, etc., M. R. C. P.

August 11th, 1855.