

applied to the vulva and lower part of the body, and a window near her was wide open as she craved every breath of air, and said she was so hot. A whole bottle of brandy, besides wine, had been taken during the night, and she had frequently been sick; the vomiting, indeed, continued, and it was useless to attempt to put anything into her stomach, for it returned immediately. I could, however, just distinguish a pulse, and the sponges in the vagina restrained the hæmorrhage; so I removed all the cold wet things, covered her with a hot blanket, put several bottles of hot water in the bed close to her icy cold legs and feet, and injected milk and brandy into the rectum. It was not until 2 P.M. that any satisfactory reaction commenced, but about that time she became warmer, said she felt a little better, and took another brandy and milk enema. In another hour, she expressed a wish to receive the sacrament, and her brother-in-law, who was in the house, administered it to her. In consultation with her surgeon, I expressed a strong opinion that the placenta was still in the uterus, as I had never seen so serious a hæmorrhage after an abortion when all had passed away. He heard this with no little surprise, as he had been convinced in his own mind that the after-birth had passed away and *that he had seen it*. We questioned the nurse, who also said she was certain it had passed away, and that she had shewn it to the surgeon. Still, knowing from experience how often nurses have been mistaken, and as Mr. — acknowledged he had not particularly examined what the nurse had shewn him, I did not feel convinced that the placenta was away; or rather I ought to say, I did, in spite of these circumstances, feel convinced that it was still *in utero*; this feeling was strengthened by the fact of a little fœtid discharge passing from the vagina; and at 5 P.M. as she seemed to be sufficiently rallied to admit of the necessary examination, I carefully removed the sponges from the vagina, and then discovered a large mass partially protruding through the os uteri, which, by a little manipulation I extracted. It proved to be the entire placenta, a portion of it beginning to be decomposed. No hæmorrhage followed its removal, and I left her an hour afterwards in a more satisfactory state than might have been expected.

I visited her again the following morning, and all was going on well. She was disposed to sleep, and intolerant of noise and light; suffering in fact from the effects of loss of blood, but in no other respect uncomfortable. A fortnight afterwards, I received a very favourable report, and the patient soon got quite well.

CASE VIII. On October 6th, 1862, I received an urgent message to visit a lady at a distance of thirty miles, who was suffering from hæmorrhage after abortion. I arrived at about 8 P.M., and found she had been flooding so much for several hours that her surgeon, thinking her in imminent danger, had plugged the vagina. This had been effectual in stopping the hæmorrhage for a time, and hopes were expressed that it would not return. The patient was of a delicate constitution, and the loss she had suffered had made a serious impression upon her, producing great exhaustion and a very feeble pulse. It was supposed she had miscarried soon after the loss commenced, but the nurse, as usual threw away what she believed to be the ovum, and the surgeon did not see it. As so much hæmorrhage occurred afterwards, I doubted the fact, and was unwilling to leave the case without further examination, especially as I discovered some oozing going on in spite of the vagina being very carefully plugged. After waiting several hours, until she had somewhat rallied and had a little sleep, I carefully removed the plug, and found, as I expected, an entire ovum partially protruding through the os; this I was able to remove without much difficulty, and the hæmorrhage quite ceased. It appeared to be an ovum of eight or ten weeks and corresponded with the period she supposed herself to be advanced in pregnancy. I left her at

5 o'clock the next morning, still faint, but with a better pulse and tolerably comfortable; there had been no more hæmorrhage, and she had slept at intervals, taking a little nourishment now and then.

She took some time to recover her strength, but eventually recovered her usual state of health.

### A PUZZLING CASE, AND A WARNING!

By HUGH NORRIS, L.R.C.P.Ed., South Petherton, Somerset.

A. C., a labourer's wife, aged 31, pale and anæmic, with an eye full and prominent, and presenting somewhat the dropsical appearance so graphically described by Dr. Begbie, walked three miles and a half to my house on February 16th, 1863, to consult me about a prolapsus of the womb, from which she had suffered at least eight or ten years.

On examination, I found the os uteri protruding between the labia externa, the cervix very flaccid, and at least an inch and a half long, the whole organ being apparently much enlarged.

Having occasion to pass her house in the course of my morning round, I sent her home at once, desiring she would await my arrival in bed, when I would further investigate the case.

During my visit, I was informed for the first time that she had been unable to pass urine for three days. I at once proceeded to use the catheter in bed, and drew off a goodly quantity of urine, pale and opalescent, but not apparently ammoniacal. There was a considerable uterine tumour in the hollow of the sacrum, globate but irregularly hard; and the os was now tilted up so high forwards that I could only reach it by considerable manipulation.

I at first suspected pregnancy, and that (as I had several times before seen) the uterus in escaping from the pelvis at "quickening," had missed its aim, and meeting the promontory of the sacrum had become retroflexed, and thus opposed a mechanical impediment to the bladder's emptying itself. The idea of pregnancy was quite scouted by the patient and her friends, and on questioning them, I obtained the following history.

The patient was 31 years old; had been married four years; had never been pregnant; was always an unhealthy child and woman; did not begin to menstruate until past the age of 24; had never been "regular," oftentimes seeing nothing for three or four months together, and the catamenia had always been scanty and pale in colour; she had suffered from prolapsus uteri for eight or ten years past, even to the extent of external protrusion, but had never worn a pessary; had frequently felt difficulty in passing urine, but never before suffered from total retention; her occupation, in a neighbouring flax-mill, necessitated much standing.

After passing the catheter, I examined the abdomen; but although I pressed over the pubes until I could feel the pulsating aorta just above its bifurcation, I could detect no tumour. Still, I left with an impression that after all I might be right as to her being pregnant; but there had been none of the ordinary positive or sympathetic signs of pregnancy; there had been no sickness; the breasts were not fuller than usual; she had seen some scanty appearance of what she deemed her "courses" twice within the four months last past; there was no particularly dark areola around the nipples, but there existed three or four papillary prominences around each, and these indeed were the only affirmative indications of pregnancy I could at all detect. I gave an active aperient, and followed it up by a mixture containing some Dover's powder to be taken every four hours.

On the 17th (*i.e.* next day), I passed the catheter in a *standing* position (because I had reason to believe that the bladder was not thoroughly emptied on the previous

day), and drew off this time a third more fluid than before, clear, of a pale colour, and having no unpleasant smell.

On the 18th, I passed the catheter again, standing; and, finding the os uteri presenting downwards but not protruding, although there was still the sacral tumour, I introduced Dr. Simpson's uterine-sound, and, to my amazement, it passed in upwards and forwards with ease, to the extent of six inches and a half. No discharge, either coloured or uncoloured, succeeded this exploration, and it caused no pain; but on withdrawing the instrument, I noticed a bit of what appeared to be thick vaginal mucus adhering to it, near its tip. The patient was ordered to keep perfectly quiet, and to continue the mixture.

On the 19th, in the morning, I received the welcome intelligence that she had passed urine voluntarily twice since my last visit, and was much better in every respect. I have no doubt the sound had helped the uterus to right itself in the pelvis.

On the 20th, on my visit I found that a four months fœtus had made its appearance; and I removed the placenta, which was chiefly in the vagina, but causing some hæmorrhage by reason of not having completely emerged from the os uteri. The woman did well, and thus my case terminated.

Now for the application.

The result shows how very fallacious it is in some cases to trust to the ordinary signs and symptoms of pregnancy; and, even where we suspect it, how we may be thrown off our guard by unlooked for complications. For my part, on my first examination, I felt almost sure that the tumour in the hollow of the sacrum was the retroflexed gravid uterus, and I tried again and again to help it out of the pelvis by placing the woman on her elbows and knees whilst I manipulated; but in vain. Subsequently, after a long and careful consideration, I came to the conclusion—a very erroneous one, however—that the case was one of fibroid uterine tumour, until I introduced the sound so easily to the extent of more than six inches; and even then I was puzzled, for we know how hypertrophied the uterus may sometimes become when occupied by a tumour. Of course, I should not have introduced the sound had I known pregnancy to exist, for doubtless in a few days the uterus would have contrived to escape from the pelvis; but I was led to infer the contrary from—

1. The patient's previous history.
2. The absence of all positive signs.
3. The extreme improbability of conception taking place in such a state of uterine displacement as had existed for eight or ten years at least.
4. My inability to reduce the retroflexion of the uterus; for in three cases at least, where I had previously seen the pregnant organ impeded in its attempt to escape from the pelvis, I had found no difficulty in correcting its malposition very soon after the bladder had been emptied, and the bowels moved.

Here the question will arise: "How far did the passage of the sound contribute to the result?"

I have little if any doubt that it helped to rectify the position of the uterus. When I found the sound enter to the extent it did, I at once desisted from any further exploration, but most carefully withdrew it instantly; and there was not the slightest flow of either blood or liquor amnii, nor did any pains supervene until the middle of the next day, (*i.e.*, at the expiration of twenty-four hours at least) and then almost immediately after passing a copious amount of urine.

A second question is: "Supposing the sound had not been introduced, have we any reason to believe that abortion would have taken place?"

I think we have: for the uterus had undergone a considerable amount of irritation from the five or six days retroflexion (it was not mere *retroversion*), and with-

out more care than a woman in my patient's class of life would usually take of herself,\* we could scarcely hope that a flaccid habitually prolapsed womb would long retain its burden, after suddenly regaining an erect position; and although I used the sound, yet, in my own mind, I am inclined to attribute the abortion to the above cause.

I must apologise for the length to which my communication has run, but I do not think I could have made my case understood in much less space; and, although on reviewing it, I cannot say it tells greatly in my favour, yet I think it so full of interest and instruction, that I should do wrong not to make it known for the sake of others, who meeting perchance with a similarly perplexing train of symptoms, may be able to regard this record as a landmark, and hence avoid the mistake of ever passing the sound into a pregnant uterus.

## Transactions of Branches.

### SHROPSHIRE SCIENTIFIC BRANCH.

CASE OF LITHOTOMY FOLLOWED BY PHAGEDENIC ULCERATION AND PNEUMONIA: RECOVERY.

By WILLIAM EDDOWES, jun., Esq., House-Surgeon to the Salop Infirmary.

[Read February 13th, 1863.]

B. D., aged 4 years, a native of Dawley, was admitted into the Salop Infirmary, under the care of Mr. Wood, for stone in the bladder. He was a fine, fat child, and appeared to be in good health.

Upon two examinations, a stone was detected in the bladder. It appeared to be a small one, from the fact that it could be seldom struck with a sound.

On November 10th, he having been put under the influence of chloroform, Mr. Wood performed the lateral operation, and extracted a small lithic acid calculus. The patient was then placed in a double-bedded ward adjoining the operating-room (specially reserved for patients after severe operations), together with another patient whose thigh Mr. Wood amputated on the same day for disease of the knee-joint.

In five or six days, symptoms of pyæmia came on in the amputation case, from which the patient subsequently died; and, shortly after the occurrence of pyæmia in this case, the edges of the wound in our little patient became somewhat hard and erysipelatous looking. He was ordered a mixture of tincture of sesquichloride of iron, with beef-tea *ad libitum*; and a poultice to the wound.

Nov. 27th. The erysipelatous appearance of the wound had gone on increasing; and now, seventeen days after the operation, it was found to be covered with phagedænic ulceration; the surface being coated with a yellowish tenacious secretion, and the edges hard and brawny; it was also very painful. Strong nitric acid was freely applied over the surface of the wound, a carrot poultice laid on, and a mixture containing ammonia and bark administered.

Dec. 1st. The wound appeared about the same; the pulse was very weak; the tongue moist and furred. The patient was evidently much weaker. Wine was ordered, and the mixture was continued.

Dec. 3rd. The ulceration was excavating the tissues of the perinæum, and the edges remained hard. Strong nitric acid was again rubbed freely over the wound; chlorate of potash was added to the mixture; opium was added at bedtime; and the wine was increased.

Dec. 9th. The ulceration was still spreading, and ex-

\* I insisted from the first on my patient's lying in bed, but to no purpose.