inflammation, excited by the laceration of the intestines and mesentery.

The attempts to nourish the patient were rendered ineffectual by the irritable condition of the stomach, and the shortness of the intestinal tract, through which the food could pass. And as I have before stated, the fear of injecting through the torn intestine into the abdomen, for we could not correctly judge at what point it had been severed, neither could we form any opinion of the end which remained in the abdomen, prevented the administration of nourishment by the rectum.

I remain, Sir,
Yours obediently,
T. S. JONES, M.R.C.S

Ely, July 29, 1844.

CASE OF ADHESION OF THE VAGINA.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

On reading the "Case of Imperforate Vagina," reported by Mr. Square, I was, in my mind's eye, again assisting to perform a similar operation, which happened about 13 years ago, when I was a visiting surgeon to the Liverpool North Dispensary, and notes of which I took at the time. Dr. Williams, I believe now of Islington, and Mr. Parkes, surgeon, of Edge Hill, (who is since dead), were the honorary physician and surgeon of the North District, which I attended.

The word imperforate, appears to me, to signify any passage congenitally and unnaturally closed. Adhesion of the vagina, or sides or walls of the vagina, from inflammation and excoriation after labour, or any other name to indicate that it came on from disease, &c., might perhaps be better.

PERFORATION OF THE VAGINA.

"On being called to see a woman, No. 26, Regent street, she informed me she had a swelling in the belly, inclined to the right iliac region, and was subject to severe pains for some hours every day, with the sensation of bearing-down, and pain, which was violent; she lay for hours holding her breath and stretching her limbs. These pains, at first, were only *monthly*. On examination I found the vagina completely closed; when questioned she said 'she had had a child about sixteen months' since, had a very bad time, and was ill for five or six weeks, with what she called 'inflammation.'' Laceration of the perineum must have happened, the fourchette and *sides*, not merely the external edge, of the vagina, appear to have healed or united in a *puckered and contracted* manner, *bringing forward the anus towards the arch of the pubes* between the labia. With the finger in ano a tumour could be felt pressing the sides of the rectum together, which swelling was more evident by pressing downwards the tumour of the belly.

"*Operation.* The patient being placed, as for lithotomy, and the labia held on one side, Mr. Parke introduced his finger into the rectum, and, with a common scalpel, cut from the meatus to the rectum, to the length of half-an-inch, or a little more; then with a bistoury, crossways, from one ramus of the os pubis to another, for about a quarter-of-an-inch; the sheathed tonsil-lancet was then introduced, and the blade suddenly let slip, yet no vagina was found, when there was some doubt expressed as to the propriety of cutting any further, but it was decided to use the tonsil-lancet blade once more. When it was done, and withdrawn from the wound, menstrual blood covered the blade, which proved the success of the operation.

"Mr. Parke, and (I think) Dr. Williams, say, that on introducing the finger into the wound it enters the os tincæ, but I think part of the natural vagina exists between the end of the divided part and the os uteri, also that the menstrual fluid might have made a bog between the end of the cut vagina and os uteri, for when the confined fluid escapes there are no contracting or expelling pains, but rather certain positions favour its coming away.*

"On the second day after the operation the tumour had vanished, which was to be expected from the quantity of menstrual fluid that had escaped. As the woman daily experienced long continued contractile pains, it is not a forced conclusion to think that some escaped into a small part of the vagina, next the os uteri, that might not be closed."

This patient got well in three weeks. I was daily attending her. Sponge tents were what I chiefly used to dilate the new passage, with occasionally a large rectum bougie. A permanent passage of nearly half-an-inch in diameter was effected.

CYMRO.

July 22, 1844.

* Mr. Square has much better expressed my meaning, thus: "The finger now discovered the upper part of the vagina to be dilated into a large oval sac, with a healthy os uteri at its upper part," but I have sent the case, as I wrote it down in a hurry, and scarcely legible now.

PROVINCIAL
Medical & Surgical Journal.
WEDNESDAY, AUGUST 7, 1844.

We are precluded this week from commenting at any length on a very important case, the particulars of which will be found in another part of the present number. Trials by the judicial courts, involving the conduct and character of medical practitioners, and affecting their responsibility before legal tribunals, cannot be too closely watched. In the present anomalous, ill-regulated, and unprotected state of the medical profession, every such trial recognizes principles which, under other circumstances, may have an injurious tendency, and which it is of much importance to estimate and determine. The investigation and discussion of purely medical questions, by persons unacquainted with the subject, must ever be attended with difficulties, and where legal responsibility is concerned, not unfrequently followed by injustice and individual wrong. When the accusation is one of negligence, or want of due care and attention, an ordinary jury may, under direction of the judge, be

capable of coming to a correct decision; but when it involves an inquiry into professional competence and skill, far different qualifications than those possessed either by the judge or the jury, are required for the same purpose; and the array of medical witnesses called on either side for the purpose of aiding the defence, or establishing the charge, seems rather calculated to confuse the question than to develope the truth. These considerations, however, are too extensive to admit of further elucidation here, and in the case to which we are about to refer, a recent trial at Cambridge of a surgeon for manslaughter, are not requisite, since from the accounts which we have seen there can, unhappily, be no doubt of the *mala praxis*, and no more than substantial justice appears to have been done. The authentic relation of the case given by Mr. Jones, the surgeon subsequently called in, renders it unnecessary to give any account of the trial, and the only addition which we feel called upon to make to the statement, with which Mr. Jones has himself furnished us, is to quote the evidence of the other medical witnesses in relation to the removal, by Mr. Jones, of a portion of the intestines torn from the unfortunate patient, the propriety of which, it seems, has been called in question.

Mr. Robert Stevens:—The last witness (Mr. Jones) is witness's assistant; on Thursday, the 23rd, went to see deceased; had before seen part of the intestine; Mr. Jones had shewed it to witness; found about 18 inches of intestine protruding; it was tied at the end, and become very black; every thing she took the stomach rejected; she wanted relief; said he could not relieve her, she must die; she said she was perfectly aware of that, for she had lost almost all her bowels; examined the intestine produced by Mr. Jones; there was no attachment to the mesentery; it was lacerated in two or three places; it was all small intestine; returning the intestine would have been of no use; it had lost its attachment to the blood vessels, which would have nourished it; the patient could not have lived; it is the connection of the viscera with the mesentery that nourishes the intestine; measured the length of the intestine which was torn from deceased; it was 19 feet 6 inches in length.—Cross-examined: Saw deceased the same night that Mr. Jones did; sickness is a symptom of strangulated hernia; witness did not remove the ligature; has seen a case where the intestine made for itself a false anus, and the patient so lived; but not where the intestine was detached from the mesentery; before this deceased was in perfect health; heard she had moved the flour; she had nothing but the common pains of miscarriage; was not sick till after she had seen Mr. Garland; he has been in practice since 1816; has frequently been in consultation with him, but found him so ignorant that he had endeavoured to instruct him, but was unable; he practices in the same neighbourhood as witness, but does not interfere with his practice at all; should not get one patient more if he left the neighbourhood; after the treatment the deceased continued vomiting; administered carbonate of soda in a little gruel, and afterwards a little chicken broth.—Re-examined: Has been 34 years in practice; was at the *post-mortem* examination of deceased.

Mr. Henry Mitchell:—Is house-surgeon to Addenbrooke's Hospital; made a *post-mortem* examination of the deceased; previously to opening the body, the lower part of the abdomen appeared flat instead of prominent; on opening the abdomen the omentum gave an offensive smell; was of a dark colour, and in a state of mortification; the intestines were all, more or less, in a diseased state; found only about two yards of the small intestine in the abdomen; the average quantity is about seven or nine; on tracing the small intestines down they did not terminate in the large, as was the natural direction, but in an unnatural opening in the abdomen into the vagina; the whole of the large intestine was in a state of mortification; the opening was produced by violence; under such circumstances it would have been useless to attempt to return the intestine, as it was separated from the mesentery, and torn from the upper intestine; lifting a heavy weight sometimes occasions a rupture, but not such a rupture as the present; the opening from the abdomen into the vagina could not have been produced by lifting a heavy weight; death must have ensued from the state in which the patient was.—Cross-examined: Never heard of a rupture of the vagina produced by the action of the womb itself; if there had been a laceration of the vagina, and the bowels been protruded through, it would probably have produced vomiting and other symptoms of strangulated hernia; never heard of laceration of the vagina produced by other means than by instruments.—Re-examined: The hand violently introduced would produce laceration; never heard of such a case.

Dr. Stevens agreed with the account given by the last witness; but he forgot to say that every other organ was in perfect health; all the injuries described would have resulted from the opening in the vagina.

Mr. John Muriel, surgeon:—Attended the *post-mortem* examination of deceased; had been requested by defendant to do so; has heard the evidence of Mr. Mitchell; agrees with him as to the appearances presented; under the existing circumstances it would have been of no use returning the entrails; thought at one time it possible, though not probable, she might have recovered, as she was disposed to make an artificial anus, and had that taken place she might have recovered; is of opinion that death resulted from the injuries.

Dr. Thackeray:—Has practised for 20 years in midwifery; has heard the evidence in this case; the death of the deceased was unquestionably caused by the removal of the intestines; no human being could live after six yards of the smaller intestine had been removed; it was not possible to have returned the

intestine; death must have followed the injury described by Mr. Jones; independently of the cutting off of the protruded part.

We cannot conclude our notice of this unfortunate case without referring to the manner in which the presiding judge, Sir John Williams, passed the sentence of the Court. The ignorance and rashness displayed were unaccountable, and the results which followed most deplorable; but the care with which the judge guarded the responsibility of medical practitioners in general from improper and uncalled-for judicial interference, is in the highest degree satisfactory, and manifests a wise caution which we should be glad to see generally adopted on like occasions.

His Lordship said that he trusted that the verdict which the jury had returned, or the sentence he was about to pass, would not exercise any evil influence over the practice of medicine. It was not to be imagined that because the prisoner had bean convicted of manslaughter, that surgeons, in the exercise of their arduous calling, could render themselves liable to such a result, in case of a fatal termination of a patient's illness. It was not the death of the deceased that the prisoner was charged with. It was not for a moment imagined that he had designedly promoted that death, but he was convicted of practising on the deceased without due caution, or using the requisite skill, and had by such means caused her death. It was evident that surgeons, above all other classes of men, required firmness, decision, and energy, and it would be highly improper and unjust, if they were to be made liable for the consequences of even an accidental calamity on their parts. In this case there had been no desperate symptoms. The case was a common and ordinary one; but the prisoner had used, without the least necessity, violent and desperate means, and used such means in a careless and violent manner. There was nothing to have called for such treatment. He was well aware of the disastrous results which would attend this inquiry, and the publicity given to it, to the prisoner. He felt that it would probably be followed by the loss of his professional reputation. But much as he felt this, his duty was imperative, and he could not shrink from it. Knowing that there had been a complete absence on the part of the prisoner of a design to injure the deceased, he took the most favourable view of the case he possibly could, and the sentence of the Court would be a lenient one. The sentence was that the prisoner be imprisoned in the County Gaol for one calendar month.

We have only further to observe, that a portion of the intestine which has been transmitted to us for examination, entirely confirms the account given by Mr. Jones, in his relation of the case, and the statements of the several witnesses.

NEWCASTLE-ON-TYNE INFIRMARY.

Cases in the Practice of Sir John Fife, Reported by Mr. F. A. Gibb.

CANCEROUS ULCER OF THE FACE.

William Grey, aged 65, a countryman, admitted June 27, 1844, into the Newcastle-upon-Tyne General Infirmary, under Sir John Fife, with a large cancerous ulcer covering the lower lip and chin. Twelve months ago he received a blow from a piece of heated iron on the lower lip, which caused slight ulceration gradually assuming a cancerous character; he has been under a variety of treatment. Four years before, he observed a small hard knot in the centre of his lip, which did not enlarge until the blow, when it apparently united with the ulcer. Had severe pain in the ulcer, but it is now much less acute and more of a continued character. Has always enjoyed the best of health; has been a temperate man, and thinks that none of his family were ever subject to tumours. From the irritation he has suffered very much in his general health, and, although always spare, has lost flesh lately; does not sleep over well; is very weak; has the broken down appearance that organic disease gives to a person. Countenance remarkably sallow; has smoked a long time, but does not think that has caused it. Bowels rather inclined to be costive; pulse weak.

July 2nd. *Operation.* Sir John Fife made an incision from the left extremity of the upper lip towards the aperture of the parotid duct, thereby including some scirrhous tubercles extending in that direction; he then cut downwards, turned the knife under the chin, half-way between the maxillary bone and os hyoides; on the other side he cut from the right commisure of the mouth directly downwards. The facial and sub-maxillary arteries bled so violently that Sir J. Fife tied them immediately. On the left side he extracted the first molar tooth, then cut partly through the jaw with Hey's saw, and completed the division with cutting forceps; having done the same on the other side, he dissected the bone from beneath the chin upwards, and separated the included portion of the jaw with the whole mass of disease. Some more vessels being tied, the wound was then closed by interrupted suture and adhesive straps; the scirrhous base was formed by diseased bone.

5th. Great depression, difficult deglutition. Dressed for the first time with Morrison's transparent adhesive.

6th. Dressed in the same way. Pulse a good deal better.

7th. Dressed in the same way this morning; bowels costive; pulse better. Half an ounce of castor oil to be taken immediately.

8th. Continuing well; dressed with common adhesive plaster.

9th. Dressed in the same way this morning; looks much better in himself; continuing well.

10th. Pulse much better; looks a great deal better himself. Continue the same dressing.

11th. Thursday. Goes home.

TUMOUR OF THE MALAR AND MAXILLARY BONES.

July 10, 1844.—Francis Bain, aged 40, admitted May 30, 1844, into the Newcastle-upon-Tyne General Infirmary, under Sir John Fife, with a tumour on the left cheek, of five months formation. About five months ago some of his friends first observed a little tumour at the inner canthus of the eye; it began slowly