CASE OF MALIGNANT DISEASE OF THE VAGINA COMPLICATED BY PREGNANCY.

By JOHN ROULSTON, M.D., Low Harrogate.

AMELIA W., aged 34 years, a small delicate looking married woman, had, after her last pregnancy, borne a living child, on June 11th, 1854; but before this she had miscarried five times, at early periods, without any apparent cause. Menstruation commenced at thirteen, and had always been regular and natural. She had enjoyed good health, and was never subject to leucorrhœa until July 1855; but since then she had a continuous vaginal discharge, which gradually became more and more offensive, was occasionally bloody, and often grumous, but chiefly serous. Her last cognisable menstruation was at Christmas 1855. At that time, becoming anxious about herself, she consulted a physician, who recommended her to the Hospital for Diseases of Women, in Leeds, where the malignant character of her disease was detected, and she was dismissed as *incurable*, in February of the present year. She must at this time have been pregnant, though no suspicion of such a state entered the mind of her medical attendant or herself; the extent of disease found in the vagina apparently militating against it strongly.

On her return home, she was seen by two medical men at various times, and by me for the first time on June 24th. I found her in a very reduced state of health, with anxious suffering countenance, a small rapid pulse, dry, glazed, slightly aphthous tongue, and blanched surface, with wasted frame. She complained of constant pain, of a peculiarly distressing character, at the neck of the bladder and vulva, with frequent and difficult micturition; the urine contained large quantities of mucus and epithelium, often putrid.

Examination per Vaginam. The course of the canal was very much distorted, the finger first being met by a firm lobulated mass, by carefully passing round which it then entered a fissure within the right ischium, which was evidently the almost occluded vagina. By gentle pressure it yielded for two inches, when the pain was so extreme that further attempts were discontinued, on account of the resistance met with. Some hæmorrhage followed, and portions of pulpy matter came away, the discharge exhaling an extremely offensive odour.

The abdomen was as large as that of a female at the seventh month of pregnancy, solid and regular in form. The patient herself attributed this to dropsy; but the fillips of the fœtus within were distinctly to be seen and felt through the attenuated parietes, which, as well as the auscultatory signs, left no doubt of the matter. There was no enlargement of the inguinal glands nor œdema of the lower extremities. The mammae were undeveloped, but contained milk, which exuded on pressure.

I ordered her to take each night a pill, of morphia, camphor, and extract of lettuce; and to use a chlorine injection to correct the fœtor. Wishing to have another opinion as to the proper course to pursue, I got a professional friend to kindly see her with me next day. Our ideas, however, did not coincide; and one reason why I enter so fully into the detail of this case, is in order to call forth an expression of the views of those whose experience of similar dilemmas has been greater than my own. My friend thought that were fœtal existence terminated, and the fœtus thoroughly broken up by means of Simpson's sound (it being impossible to pass anything larger), the best chance of prolonging the mother's life would be given; as the fœtus would come away piecemeal, if labour *should* be set up; and there was a probability that it *might* be delayed for an uncertain period of time even then.

With this opinion, I could hardly agree, for the following reasons:—1. The disease was mortal, and death might not be long deferred, even if the attempt succeeded, from the extremely reduced state of the patient. 2. The pregnancy was far advanced, and the fœtus viable and osseous, and breaking up must have been very difficult

from the state of the parts, and productive of extreme pain, and probably hæmorrhage. 3. Labour might be induced *immediately*, and prove fatal by rupture or collapse. 4. The decided objection of the friends to the course, which, though not always paramount, could not be unheeded where nought could be promised. Besides, life would most probably be spared until labour did come on; and the impression on the minds of the friends, that both mother and child had been *destroyed*, prevented.

Accordingly, nothing was done further than to support the strength, and to attend to the comforts of the patient as much as possible.

She continued much in the same state then, frequently suffering severely until July 23rd, when uterine action began in the form of grinding intermitting pain, under which the uterus could be felt to contract and grasp the fœtus firmly, and there was hæmorrhage. I now began to try, by the use of sponge plugs, to dilate the vagina, though from the distorted course the introduction was not easy; and after two days, I was compelled to discontinue them, owing to the torture they occasioned. I could now manage to reach the os uteri, and distinguish the presentation, which was natural. The pains, however, declined gradually; the vaginal discharge became very profuse; she began to sink more rapidly; she had hiccough and subsultus; and died on August 12th, completely worn out, having lived seven weeks from the day I first saw her. The fœtal heart had ceased to pulsate the day previous.

POST MORTEM EXAMINATION, eight hours after death. The body was in a state of extreme attenuation. The uterus contained a full grown plump female fœtus in the normal position, the placenta being implanted at the fundus uteri. The liquor amnii was limpid and plentiful. Not the slightest degeneration was visible in the uterine walls. The vagina through its whole extent was infiltrated with cancerous deposit, so as to increase its thickness to two and in some parts three inches, filling the cavity of the pelvis, and pressing strongly upon the bladder and rectum, the former showing signs of severe inflammation and disintegration. The malignant growth seemed to be of the epithelial variety, which perhaps would account for the absence of glandular implication, and for the entire freedom of the other organs of the body from any appearance of the disease. The ureters and pelves of the kidneys were dilated to more than twice the normal capacity, evidently from mechanical obstruction.

CASE OF PUERPERAL CONVULSIONS.

By EDWARD GARRAWAY, Esq., Faversham.

MRS. N., aged 37, married seventeen years, a pale, flabby, exsanguined woman, always requiring mineral tonics and generous diet, and even with the aid of these unable, from excessive debility, to attend to her household duties, having had several miscarriages and premature labours, became pregnant for the eleventh time. At about the completion of the eighth month of gestation, I was summoned hastily, and found her in a semi-comatose state, the result of a convulsion which had ceased when I arrived. It appeared that, two hours previously, a slight fit had also occurred; but this was not sufficient to alarm her friends.

Upon inquiry, I found that Mrs. N. had for a considerable time been complaining of pain in her head, and, during the last few days, had been frequently vomiting. The face and legs were œdematous; the urine densely coagulable. The os uteri had not begun to dilate, but the head of a small child could be readily detected, floating freely in the liquor amnii. Blisters were applied to the temples, mustard to the feet; a turpentine enema was administered; and five grains of calomel given every two hours. Bleeding was altogether inadmissible. In consultation with my partner, Mr. Giraud, it was determined that, as the os uteri was not dilating, we should wait the accession of another convulsion before attempting artificial delivery. After taking eight

doses of calomel, at two hours interval, the stupor gradually subsiding, a black draught was given; several green motions quickly followed; and we suspended further treatment. Thirty hours from the onset of the convulsion, labour supervened, was quick and normal, and, to my gratification and surprise, no more fits occurred. The child was very small, and lived but a few days. The patient continued to have pain in the head and drowsiness for a week or more. The mouth was decidedly sore the day after labour. The albumen gradually diminished; but, even after a long course of the tincture of sesquichloride of iron with quinine, it is doubtful if the urine ever became perfectly free from its presence. However, I at last lost sight of my patient.

Nine months have elapsed, and I am requested once more to call on Mrs. N. I find her now seven months advanced in pregnancy. She has her usual pallid, pasty look, together with an expression of careless apathy or stupidity in her countenance. She complains of pain in her head, with constant desire to sleep; and feels, as she expresses it, "half tipsy". There is oedema of the face, hands, and feet; the urine is very scanty, and loaded with albumen. Having seen the advanced stage of dropsy from Bright's disease arrested for a long period by mercurial action, I have thought it well to give her small doses of calomel; these have just now slightly, but decidedly, affected her mouth. Her state, however, at present continues precisely the same, and I am looking forward with no very hopeful prospect to the end.

Although albuminuria, in the latter months of gestation, is not uncommon, and a frequent cause of convulsions, yet I apprehend that, in many of these cases, the abnormal state of the urine is solely dependent upon a temporary congestion of the renal organs from mechanical obstruction, precisely as the enormously swelled legs we occasionally see are due to pressure upon the iliac veins. I fear, however, that my patient's case cannot be admitted into this category; the child, as I have already said, in her former pregnancy, having been exceedingly small, and floating so freely in the liquor amnii (which was not superabundant) that no undue pressure could possibly have been exerted. Moreover, she has previously borne twins, without any untoward symptoms.

The case is an interesting one, and possibly may elicit from some of the readers of the JOURNAL valuable suggestions.

ON A NEW INSTRUMENT FOR VACCINATION: THE VACCINE INSITOR.

By GEORGE EDWARD NICHOLAS, Esq., Wandsworth.

FAILURE of vaccination is very frequent. This is the candid acknowledgment of the whole profession. Without reference to the often and well explained causes of the failure of vaccination as a prophylactic when *successfully* performed, it must be admitted that it were more consistent with a state measure, and more creditable to medicine, that the operation should at least not carry with it any intrinsic means of affording umbrage to the vast amount of popular prejudice which exists against it. This antipathy on the part of the public, in fact, too frequently results from a want of immediate success in the operation itself, by which also much inconvenience occurs to the operator. This want of success has usually been ascribed to a want of dexterity and expertness; and it will be doubtless acknowledged that the performance of vaccination with the lancet, according to the usual plan, certainly requires a most dexterous hand to fulfil the generally admitted requirements; such as, that the cuticle alone be raised, and the cutis beneath exposed or arrived at, but not wounded, and that the puncture (?) be neither too wide, nor too deep, nor irregular, etc. To do this, observes a writer on the subject, requires "a hand as dexterous as ever fell to the lot of the best of surgeons." We

are not all the best of surgeons, but it is to be hoped we are not all bunglers; and it is admitted that this kind of failure often occurs when the operation has been most carefully and scientifically performed. The blame lies mainly not with the operator but, as I have long since learned, with the instrument employed.

With the exception of a scarificator, and one or two other similarly barbarous instruments of torture, very rarely used, the lancet may be said to be the instrument in universal use, and has been so long so, that doubtless many will be very loth to discard it. Yet a little consideration will show, if every vaccinator has not already arrived at the fact, that the lancet is not at all well calculated for the service required of it; for, in consequence of its shape, it is ill adapted for the insertion of the lymph, and, however used, it cannot make other than an incised wound, which, when recent, is not the most favourable for absorption. A punctured wound alone is the one which is capable of insuring the greatest certainty of absorption.

To those who, like myself, have been often inconvenienced by failures, but are unwilling to admit themselves guilty of inexperience, I beg to offer a means of repudiation of all blame in this respect, in the use of an instrument which I have contrived, by which are attained the greatest facility and rapidity of operating, together with what is most important, the greatest certainty of results. In regard to the latter, I need only say that, during the last quarter, I have vaccinated with the instrument ninety-six cases continuously, with the occurrence of one failure only, that being of an adult previously vaccinated; that I am still using it; and, in short, that I have experienced but two failures since I commenced to use it in March last.

This instrument, which I have ventured to call an "insitor" (of which a sketch, of full size, is subjoined), consists essentially of two bayonet-shaped processes, hinged at their base, where they are attached to a handle, and free at their points, which are extremely delicate, and so finely adjusted, as when pressed together to be capable of making a single puncture. The points are kept separated by a spring, the distance between them being regulated by a screw. When used, the instrument is lightly held between the finger and thumb, the handle lying in the palm of the hand; a little lymph is received between the points, the distance between which is adjusted in accordance with the viscosity of the lymph (usually from the one-sixtieth to the one-fiftieth of an inch); pressure is then applied by the finger and thumb to cause apposition of the points, and insertion is made. When this is done, the pressure is remitted; the points opening dilate the wound, and allow the lymph, which has flowed upwards during the continuance of the pressure, to return to the points. The instrument is now withdrawn; the tissue by its elasticity contracting round it effectually retains the lymph; the instrument is wiped in the wound. Thus the insertion and retention of the lymph, and the most favourable wound for its absorption, are insured.

The vaccine insitor can be obtained of Mr. Coxeter, 23, Grafton Street East, Tottenham Court Road, who has undertaken its manufacture.