lent, wetted in water, were gently applied around the injured members, beginning from their unglad ends until a complete split was thus formed. The strips of lint were applied layer upon layer as high up as the wrist joint. The whole hand was thus covered with a wet lint, and supported by a constant stream of water might flow over it from the irrigator. Considerable haemorrhage occurred during the first twelve hours. For a few days afterwards active inflammation existed, which was controlled, however, in a few days and the wound showed healthy granulations. Irrigation was still continued for a few days longer, after which wet lint alone was applied. About the middle of June the wound was quite healed, and he left the hospital. But in the course of time, the parts which had been removed, little more would have been preserved than the palm of the hand had been removed, the amputation must have been performed at the heads of the metacarpal bones. I therefore determined to attempt the reparation of the injury; and, with this view, after the removal of the injured portions of the right index finger, the other fingers and thumb were dressed with wet lint, and the integument which remained was brought over the parts as neatly as was practicable. In these vertical lacerations it is remarkable how the skin contracts laterally, and becomes drawn into a narrow stripe upon the dorsal aspect of the finger when the wound is on the palmar surface; and, in this case, this effect was so marked as, upon some of the fingers, to make the theses and the better defined if the integument were made of them. Slight loughing of the lacerated edges took place, but a few days sufficed to bring about a healthy granulating action, and cicatrization proceeded favourably. After this the hands were healed the stump was preserved, and a considerable amount of movement in the fingers; indeed, to a far greater extent than would have been anticipated after the first examination of the injury.

The injuries of the hand to which I believe the treatment described to be adapted may be thus classified:—

1. All incised and lacerated wounds of the integuments.
2. The same wounds complicated with similar injuries of the muscles or tendons.
3. Incised and lacerated wounds, by which the joints are cut open.
4. Compound fractures of the bones of the metacarpus and phalanges, with severe contusion, and those accidents by which one or more of the fingers are torn off by machinery, leaving, as in the thumb for example, more or less of the bone of that important organ exposed without any covering of soft parts.
5. Injuries produced by the explosion of gunpowder from firearms, with or without shot, by the force of which the soft parts are more or less lacerated, contused, and destroyed, and the bones fractured.

**CASES OF NERVE-DISORDER, RECORDED WITH REFERENCE TO THE PROBABLE OPERATION OF MALARIA AS A CAUSE.**

By C. Handfield Jones, M.B., F.R.S., Physician to St. Mary's Hospital.

**Series II (continued).**

**Case XIII.** W. M., aged 40, coachman, was admitted May 14th, 1856. He had been ill three weeks. He had never had ague, but was in a part of Kent where it prevailed very much six months ago. He vomits all his food, and, after each vomiting, has a fever lower him for two or three days, with perspirations. The epigastrium is tender. He is better with light food. The tongue is moist and clean, except a streak of coating in the centre; the urine is very red; the bowels are open. He is very weak. He has a pain in his forehead, "as if he had all the troubles of the world." He attributes his illness to a bad smell proceeding from a sick person. He was put on the use of strychnia and quinine, the former being changed after three days for six milks of digitalis. At this time, he had less of the febrile paroxysms, but attacks of shaking occurred every evening. In four days more, the sickness had quite ceased; he had no pain in his head; and there had been but little shaking in the previous evening. On the same plan, he improved still further, and ceased attendance.

**Remarks.** It seems scarcely doubtful that this was an instance of aguish impression roused, though after a long
interval, into activity by debilitating urban influences: indeed, he stated that the pain in his head existed from the time of his visit to Kent. This circumstance—viz., the power of the condition of the individual to subdue subsequent to exposure to the malaria to develop the morbid effects—is of great importance for us to attend to. It may entirely depend on these whether the poison imbibed is to be active or harmless, and this depends largely on the season of the year (vide Art. Diseases, p. 571). I should think it almost certain that a slight agnath impression may be rendered by depressing circumstances as potent for evil as a more virulent one. The condition of the blood is at least as important as the climate of the season (vide Art. Diseases, p. 571).

May 18th. The urine was found exceedingly pale, albuminous, not abuminous.

May 25th. Casearia infusion, with half a drachm of tincture of cinchona, was given, in place of the water of the mixture. The case of excellent management.

June 14th. She is not improving. An attack of vomiting occurred a week ago, when she brought up much thick stuff, like brown phlegm. Tongue clean. She has dreadful weight acquired of the several days before the vomiting commenced. The bowels are much relaxed, as they always are in warm weather.


June 22nd. An attack of vomiting occurred on the 16th, but lasted only five hours, instead of all day. The medicine was continued; and she was ordered to take five minims of liquor potasse arseniatis twice a day with her meals.

July 6th. She is much better; has had one attack of vomiting, lasting a very short time, when she scarcely brought up anything.

July 16th. An attack of vomiting occurred on the 10th, which kept her in bed all day. She is much better and stronger; the vomiting is not so violent as before; the bowels are relaxed, and she is placed under the régime of quinine. The case is one of the severest cold of last winter, there was no fever, but no vomiting, and it is of a very bright colour. This circumstance is the only circumstance that affords some ground for suspecting the operation of malaria. However, whether her disordet was produced by malaria, or by some other obscure influence, it is clear that the pathological state was the same, and required the same treatment. The brown colouration of the matter vomited was probably from blood exuded together with it.

CASE XVII. E. T., aged 35, of rather sanguine aspect, married, and having had five children, was admitted February 9th, 1857. She has been ill one month. She has some cough, and spits much blood (a teaspoonful in one day), and some vomitting, but less of this than of the latter. The blood comes up with nausea, but no vomiting, and is of a very bright colour. This haemorrhage has been going on the whole month that she has been ill. The first of her illness appeared when she was married, and fainted several times a day. About eight days after this, blood came up. She has copious cold sweats at night, and feels very shivery in the morning. The pulse is soft and regular; the bowels convulsive. The treatment consisted in occasional calomel and colocynthe, and in the steady administration of full doses of quinine, and citrate of iron and quinine. The last decided attack was on July 30th, just a week after the preceding. After some treatment directed against deafness, from which she suffered, she was discharged October 11th, in better health than for years.

REMARKS. The phenomena of agnath disorder were marked plainly enough in this case, which, for anything that appeared, was solely of London origin.

CASE XVI. E. S., aged 30, married, of rather sanguine habit, was admitted May 11th, 1857. She had been affected by pityriasis all her life. At the cataminal periods (which occur regularly twice a year,) she is very subject to vomiting of stuff like brown water, which lasts for twelve hours, and is preceded by violent headache. In the intervals, she is extremely weak; the tongue white; the pulse large, compressible. The treatment consisted in occasional colomel and colocynthe, and in the steady administration of full doses of quinine, and citrate of iron and quinine. The last decided attack was on July 30th, just a week after the preceding. After some treatment directed against deafness, from which she suffered, she was discharged October 11th, in better health than for years.

REMARKS. The phenomena of agnath disorder were marked plainly enough in this case, which, for anything that appeared, was solely of London origin.
February 26th. She is getting on a great deal better; no more blood has been brought up. She has had no feeling, and does not faint.  
March 12th. She feels much better while taking the medi- cine, but is worse without. A drachm of blood came up twice last week. On exertion, she has sharp pain in the left side. She has not had heat lately, and it is not so well there as at Wal- dollar, and loses her appetite.  
March 23rd. She has been nearly so well the last three days; she complains of extreme weakness. She has brought up a great deal of blood again this week. The tongue is clean. She is still residing at Walworth. While in the consulting-room, she threw her head back in the chair, and appeared quite unconscious for a short time. The pulse, however, did not fall nor the face become pale; I think it was flushed. The mixture was continued; and she was ordered to take ten grains of assafedica four times a day.  
April 2nd. She is very weak; has extreme lumborrhea. The locality appeared to be the result of the temporary failure of the function of the power of the brain, quite analogous to the numbness which occasionally affects a nervous sense. The hemorrhage was owing to a sudden flushing of the capillary plexus of the gastric mucous surface with blood induced by paralysis of the vaso-motor nerves of the part. The primary disorder was therefore lowering of the nervous power generally, and the bleeding was a secondary accident. Residence in a low unhealthful situation appeared to be the cause. I feel very sure that the hemorrhage did not proceed from pulmonary tubeles, vicarious menstruation, cardia disease, or cirrhosis of the liver. Gastric ulcer of course suggests itself as a very possible cause; and it cannot be doubted that present in the case. However, it must be remarked that the hemorrhage in gastric ulcer is not so constant, or of so frequent recurrence, as it was in the above instance, nor is it associated with such prominent symptoms of nervous prostration and failing powers. A patient with gastric ulcer may fall into syncope at the time when a profuse gush of blood occurs; but neither this nor the bleeding are often repeated. The more I see of this aguish disorder the more I come to look at prostration of nervous power, not pro- duced by any organic disease, as the most characteristic fea- ture. Patients remark themselves they cannot think what makes them so weak; they express a fear that they are going to be paralysed; and, in other cases, the complaint is that in which direction. The powerful tonics which she took with advantage from April 2nd to 9th afterwards disagreed. I have ob- served her cases; it seems that as more power is regained the system is less tolerant of high doses. I add to the foregoing case the sequel of a very similar one recorded in Series I, No. 5 (Association Medical Journal, 1856, p. 474). After she ceased to be under care she went over to Ireland, where she remained a short time. She never brought up any blood after this voyage, and improved gradu- ally; so that at the date I saw her (four months subsequent to her departure) she was well and cheerful. For the last two months of this period she had returned to service in Ireland. Here again change of air accomplished what medication utterly failed to effect.  
A case recently attracted my attention where haematemesis in small quantities went on for about six months, recurring at short but irregular intervals, and continuing for several days at a time. It was associated with severe pain of one knee, and great nervous depression. After an ineffectual trial of blisters, etc., amputation was advised by a surgeon of repute, but the patient refused consent. The best suggestion had any effect in arresting the haemorrhage, which at last ceased (I rather think under the use of carbonate of iron), and the pain in the knee became easier, so that she was able to move about with a slight, after having been for some time (the knee was never swollen, nor did it present to my eye much appearance of organic disease. I strongly suspect that this was an instance similar to the one recorded above.  
Case xvii. Health of a lady, about 45 years of age, has been ailing as at present two years, but has been worse during the last two months. The tongue is clean; the bowels open. He is very languid, and suffers with pain in the abdomen, commencing in the region of the ileum, and following pretty regularly the course of the transverse and descending colon. The pain is "wretched agony"; it lasts from five minutes to fifteen, and is not relieved by blisters. His father thought he would have died some ago. He is not attacked nearly so much at night when lying quiet. Exertion brings on the pain. The skin is cool; the pulse weak. He was put, March 10th, on the use of eight grains of citrate of quinine and iron three times a day, under which he benefited materially, but did not lose the pain; he had some also in the chest and shoulders.  
April 9th. He is not near so well, and feels weak.  
R. Ammoniaco nitritus gr. x; spiritus etheris sulph. comp. m. xv; decocit cinchona f. M. Fiat haustus ter die succumens. Marked improvement took place immediately, and he ceased attendance after May 10th.  
REMARKS. The success of the muriate of ammonium indicates that the abdominal pain was of rheumatic nature, and seated in the muscular coat of the bowel. In cases apparently similar, the citrate of iron and quinine given steadily has gen- erally accomplished a cure (vide Cases xx and xxii, Series I, As- sociation Medical Journal, 1856, p. 445). It appears to me that the detection of the rheumatic element in many instances is barely to be made without the testing action of remedies. Not unfrequently, also, pure neuralgia shades so gradually into rheumatic, and the attendant conditions are so similar, that it is difficult not to believe there is a real affinity between them.  
Case xix. E. M., aged 32, housemaid, in a healthy situation in Paddington, was admitted August 27th, 1856. She had been ill fourteen days, but worse during the last seven. She feels ill over, and without strength. She has sometimes great fever, sometimes is so cold that she could get into the fire." There is no periodicity in these febrile attacks. The head feels giddy; she was quite "light-headed" on the 26th of August 24th. The skin is warm; the pulse and tongue nearly natural. The bowels acted thrice yesterday, but scantily, and with pain; she passes much "slime," and a little blood last week. She has tenderness on pressure about the corresponding colon. The urine has been pale, scanty, and scanty; cough and expectation lately. The throat sore; the right tonsil is enlarged. She was ordered to take two draughts of castor oil, with six minims of laudanum every night.  
R. Quinine disulph. gr. ii; acidi nitriti 1; liquoris opii 1 m iv; acqua f. M. Fiat haustus ter die succumens.  
September 6th. She is better, and has less sickness (a few days before it had occurred every night). She complains of a curious burning sensation all round the tongue, which is natural. The mixture was continued, fifteen minims of liquor ferri peracquisiratis being added to each ounce. The oil was also continued.  
September 13th. She is better; has no pain in the tongue now, and is getting much stronger.  
September 24th. She is gaining strength, and is not like the same woman now. She was put down.  
REMARKS. Though not a severe case of disease, this has some well-marked features of malicious character. There was decided fever, dysentery, and a neuralgia. It is on the concurrence of these that I wish to call attention, as illustrating the nature of the malady; and the argument would not have been of more weight if the symptoms had been far more severe. A miniature may be as true to nature as a large por- tion of the picture. Lingual neuralgia is very common; how- ever, met with three or four cases of it lately; and I have been informed of one where half the tongue was affected, together with the corresponding palate and face.  
Case xx. S. B., aged 21, housemaid, was admitted on 1026
CONCLUSION OF A CASE OF VESICO-UTERINE FISTULA.

BY I. HARRISON, ESQ., F.R.C.S., Reading.

[Read before the Reading Pathological Society, October 26th.]

It may be in the remembrance of some members of this Society that I had last year (1849) read a paper on a Case of Vesico-Uterine Fistula. It was published in the then Provincial Medical and Surgical Journal, June 11th, 1845. The subject of this grave infirmity having died last week, I now have the opportunity of publishing part of the case which may be well to give a short account of the case as then read.

Mrs. H., aged 41, had been delivered of her seventh child five years before. The labour was severe, protracted to fifty-seven hours, and eventually completed by instrumental aid. Retention of urine followed; and on the thirteenth day she felt something give way, when the urine immediately flowed away. For the subsequent five days, not a drop of urine passed through the natural outlet. After repeated examinations, I discovered that an instrument passed from the bladder through the os uteri into the vagina; that there was a communication between the bladder and the uterus; that there was a vesico-uterine fistula. I then introduced a silk thread through the opening, and withdrew the threads one by one, with a few days interval, till one only remained. By this one thread the inconvenience was remedied.

From this time sixteen years rolled away, till I was called to her in March 1857, suffering from the effects of obstructed circulation from mirtial regurgitation, viz. ascites, congested lungs, enlarged liver, etc. The heart’s action was tumultuous, with double murmur. The pulse was so irregular as not to be counted. The urine was albuminous. Her urgent symptoms were relieved by the means used; but the heart maintained its irregularity, and the edema persisted. Incisions were made into the legs from time to time; then in the thighs, and lastly in the abdominal parietes, with surprising relief. More or less inoculation, and then conclusion, frequently followed these incisions. Her powers gradually failed; and she died of edema of the lungs, on October 19th, 1857. During the last few days of her life, she complained of great pain in the lower part of the abdomen, and that she was unable to retain her urine.

Post Mortem Examination. The miltal valves were so much thickened as to render them imperfect, and allow regurgitation. The bladder was thickened, contracted, and internally gangrenous, the mucous membrane being almost entirely removed. A considerable quantity of sabulous matter had accumulated, more particularly around the thread which had passed through near the fundus uteri, and was considerably enlarged; and, on opening it, a polypus, of about the thickness of the little finger and an inch long, was seen growing from the fundus. The vagina was normal. The neck of the uterus was dark coloured, and was involved in the adhesions from the bladder. The thread had cut through the anterior lip of the os uteri. About an inch within the os uteri was a considerable opening communicating with the fundus of the bladder. The opening admitted the tip of the little finger; but it was evident that, from the sloughy state of the parts, this view could give no idea of their condition during life. The last thread which she put in still remained.

For the first two years, I changed the thread for her about once a month; for the last fourteen years, she did it herself. Every day she was obliged to draw it down, and cleanse it from the sabulous matter, and regurgitation, I mean, with an instrument passed through the anterior lip of the os uteri. During these last fourteen years she was constantly engaged, first, in the laborious occupation of night nurse at the Royal Berkshire Hospital; and afterwards, in the more arduous duty of monthly nursing among the better classes of society. The presence of the thread possibly had something to do in inducing that state of bladder which aggravated her sufferings during the last few days of her life.

As a palliative, the thread exceeded all expectation. It was my intention, after the catamenia had ceased, to have endeavoured to obliterate the os uteri, and so close this eccentric opening. This period unfortuitously prevented. The catamenia continued with more or less regularity to the last. This persistance was undoubtedly somewhat dependent on the presence of the polypus.

For fourteen years the thread enabled her to support herself.

[To be continued.]

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