September 10th, 1856. She was a weakly girl, too much confined to the house. She has been suffering for eighteen months with an eruption of the following description. Oedematous swellings, attended with slight redness, appear on different parts, lasting only a short while. I saw her one day with one or both eyes half closed by swelling of the lids; sometimes the eruption affects the scalp, sometimes the throat, causing a choking sensation, sometimes the joints or other parts. The catamenia are regular; the eruption is worse at those periods. The health is otherwise pretty good. The warmth of bed seems to promote the occurrence of the eruption. She was treated by nerve tonics in various combinations till March 26th, when she was discharged quite well, having been improving steadily for some time. In the course of treatment one or two furuncles appeared. Citrate of iron and quinine, liquor potassæ arsenitis, carbonate of ammonia, strychnine, etc., were employed: on their sustained steady use the success of the case depended.

REMARKS. The result of this case goes far, I think, to demonstrate that disordered innervation and not a blood poison was the main cause of the eruptive oedema. By toning the nerves the latter ceased. Had eliminants been employed, it may be confidently asserted that no such desirable end would have been attained. The fleeting nature of the eruption also strongly indicates a nerve action as the essential movement. There was no indication here of any malarious influence, no febricitation, neuralgia, or peculiar prostration. The case is one of some value, as in this respect contrasting with most of the others, and yet, in its shifting nervoid character, exhibiting a decided affinity. I consider it as one of simple asthenia of the vaso-motor cutaneous nerves, to be distinguished from similar states produced by a poison.

CASE XXI. E. W., aged 29, married, was admitted, May 7th, 1857. She resides at Kensal Town, close to the canal. She has been ill six months. She complains of great sinking and weakness at the epigastrium; of flushes of heat followed by chills; great exhaustion on the least excitement; and low spirits. Her food seems to do her no good; she has no power for anything. The tongue is white; it is parched in the morning. The skin is cool; pulse weak. She is very drowsy. She has never been well since she was in her present residence. Strychnia, with iron, and compound spirit of sulphuric ether, was given for eleven days; at the end of which time she reported herself better and stronger, but did not attend again. Most probably the injurious influence was far too powerful to be overcome by drugs.

CASE XXII. H. H., aged 36, married, was admitted April 30th, 1857. She resides near a canal; and has been ill six months. She is hyperæsthetic; the tongue is clean; the pulse quiet; the skin cool. She has languid, aching pain in every part of her, most severe in head. She is feverish, and cannot sleep at night. Some days she vomits bilious matter, and has violent headache. The urine is high coloured. She thinks she shall lose her senses. She has never been well since she has lived near the canal. Last summer she was ill in the same way; she went down to Windsor, and in three weeks was quite recovered. Citrate of iron and quinine, with tincture of nuxvomica, were given, but when I last saw her, on May 7th, she was not any better, and complained of drenching sweats at night.

To these I may add the sequel of a case reported in the previous series (ASSOCIATION MEDICAL JOURNAL, 1856, p. 314), the last given. She was a laundress, and lived on the bank of the same canal as is alluded to above. Medicine could only afford some temporary relief to her distressing symptoms, which were even more severe than those in Cases XXI and XXII. She removed to another locality, and in three weeks reported herself quite a different woman. She still continued her washing occupation.

REMARKS. I by no means wish to conclude positively from these cases that the vicinity of a canal is to be considered absolutely injurious, and by all means to be shunned. I confess I should not like myself to live on its banks. But so many persons in Paddington reside very near it, without seeming to experience any inconvenience, that I suppose it is only those who are in some way predisposed that are likely to suffer. Mr. Dempster's observations in India go to prove that the vicinity of canals is more productive of malaria than places more remote. In both the above cases it will be observed the symptoms were essentially those of prostration of nervous power, and obscurely developed fever.

[To be continued.]

CONCLUSION OF A CASE OF VESICO-UTERINE FISTULA.

By I. HARRINSON, Esq., F.R.C.S., Reading.

[Read before the Reading Pathological Society, October 28th.]

It may be in the remembrance of some members of this Society that, in the year 1842, I had the honour of reading 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 have now the opportunity of showing the parts concerned. It may be well to first 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 years, 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 skein of silk through the opening, and withdrew the threads one by one, with a few days interval, till one only remained. By this one thread the incontinence 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 mitral regurgitation; viz., universal oedema, 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 oedema 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 inflammation, and then consolidation, frequently followed these incisions. Her powers gradually failed; and she died of oedema 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 mitral 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 passed through near the fundus. The uterus was much 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 mischief by extension 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 invariably collected around it, in the situation of the vesico-uterine opening. 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 nurse 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 aqueduct. This period unfortunately never arrived; the catamenia continued with more or less regularity to the last. This persistence was undoubtedly somewhat dependent on the presence of the polypus.

For fourteen years the thread enabled her to support herself

and family in comparative comfort—with ease to herself, and without suspicion on the part of her various mistresses.

On the other hand, the choice of other means was so curtailed as to extort this remedy or none.

INFLAMMATION OF THE LUNGS CAUSED BY A FOREIGN BODY IN THE BRONCHUS.

By CHARLES A. BARRETT, Esq., Surgeon, Wallingford.

SOPHIA WESTON, aged 13 years, came with her mother to my surgery on August 10th, 1857, complaining that she had swallowed a piece of glass. On inquiry, I found that the girl had the end of one of those glass pistols, used for fastening the coat together across the chest, in her mouth. Whilst running she made a false step, and the glass went down her throat. I found her suffering slightly from dyspnoea, but not more than I attributed to fright. There was no cough, nor any congested appearance of the countenance, and the pulse was quiet. I ordered her an emetic directly, and told the mother to watch for the glass. The emetic acted well, but no glass appeared. I ordered her castor oil, and after that had failed, a large dose of alum. That operated; but still no glass was found. The child was kept in and quiet during this time, and was to all appearance quite well, excepting that a slight dyspnoea continued. I examined the chest, but found no abnormal sound. I felt at a loss to account for this, and thought that the glass must have fallen out of her mouth instead of going down her throat. I did not see her again for some time.

About the last week in August, the mother brought her again to me, saying, that the breathing was still difficult, that she had a cough, and that she had been out and about ever since the accident happened. I again examined the chest, but found nothing but the sounds of a slight bronchitis. I ordered a mustard poultice and a simple cough mixture, and did not see her again for a week. I heard that she was about the same.

In the beginning of September, the mother sent to me, saying, that the little girl was worse, and wishing me to see her. I found her suffering from an acute attack of bronchopneumonia on the right side. I ordered her leeches on the chest, and a pill containing calomel, antimony, and opium, every four hours. The next day I found her better; and, as the skin was inclined to be moist, I ordered her a blister. She improved; and I continued the pills till the mouth was slightly affected, supporting her on good beef tea. When the blister was healed, the liniment of turpentine and acetic acid was used twice a-day, with simple treatment of the cough that still remained. She got better, and was ordered wine, etc., and I left off attending her.

About six weeks ago she was seized with inflammation of the left lung. I examined the chest; could find nothing of the glass, but felt pretty sure that it must be the cause of all the mischief. The inflammation was, this time, of rather a low type. I ordered her nitric acid and tincture of conium; also a large blister to be put on the chest and kept on till symptoms of vesication showed themselves, then to be removed and a common poultice applied. The wine was discontinued and the beef tea continued. Next day she was better; and she continued to improve. Wine was again ordered, and infusion of serpentry was added to the mixture. Night-sweats had showed themselves during this last attack. The fingers were very much enlarged at the tips, and the nails very much incurved. On November 25th, the child was taken with a very violent fit of coughing, and brought up the glass, after which she slept for twelve hours, breathing quite comfortably.

The glass measured in length one inch and one-tenth. Its diameter, at the broad part, was three-tenths, and at the middle one-tenth of an inch. It weighed forty-seven grains.

REMARKS. One great point of interest in this case was the total absence of all physical signs of a foreign body in the tubes. Though the weight and shape of the glass would prevent it from being moved with every inspiration or expiration, yet silence might have been expected over some part of the lung. Then there was no cough when the glass went into the wind-pipe, rendering it difficult to say which passage it took, whether into the stomach or the bronchus. Its non-ejection might be thought to point out the seat of the mischief; but, even if it had passed into the stomach, it might have traversed the small intestines, and been lodged in the caput cæci. Then again it might have fallen from the mouth, and have not entered the throat at all. The long time before the inflammation showed itself, and the entire absence of the slightest uncomfortable feeling in the chest, were extraordinary. Just before the glass

was expectorated she complained to her mother that she felt something moving in the chest, like the moving of worms. I did not see her during this time. The lung is very seriously damaged; and I fear that the patient, who belongs to a phthisical family, will become consumptive.

British Medical Journal.

SATURDAY, DECEMBER 13TH, 1857.

THE COSHAM CASE OF MALPRAXIS.

WE very much regret to have to record the conviction of a medical man, who appears to have practised honourably for years, of an act of gross neglect, resulting in the death of his patient. Some few weeks since, it will be remembered, we referred to a charge having been brought against a Mr. Frederick Deane, of Cosham, in Hampshire, of having allowed a patient to die undelivered; and that in a manner to excite our wonder, and almost to lead us to disbelieve in the version of the matter then offered. On Wednesday, however, the prisoner was put upon his trial; and facts came out which evince a stubbornness and an ignorance on his part which is altogether inconceivable, when we remember that he has practised his profession for the last fifteen years. The young woman, Mrs. George, was taken in labour with her first child on Friday, October 23rd. Mr. Deane was immediately sent for, and saw the patient: he also visited her again on Saturday. Early on Sunday morning he was again called in, and remained there the whole of that day, and until seven o'clock on Monday morning; indeed, he appears to have been in attendance until Wednesday evening following; the labour making but slow progress, and he effectively taking no measures to bring it on. We all know that nothing can be worse than "a meddlesome midwifery", and that bystanders often imagine there is more urgency in a first labour than the facts warrant; and we are not inclined to blame Mr. Deane for his inactivity up to this point quite so much as the husband appears to have done; but the protracted nature of the case, even taken in its most favourable light, ought to have determined him either to have acted himself or to have called in assistance. This the husband begged him to do, but he said there was no occasion. He remained that night; and, about six o'clock on Thursday morning, he announced that "the head was born, and the presentation was a natural one."

Here begins the unaccountable neglect of the prisoner. After a labour, more or less severe, of nearly a week's duration, one would have thought that he would have completed the case at once, especially as the poor woman was so much exhausted that the pains no longer came to expel the body; but, no, he still contented himself with looking on, and, as it would appear, actually prevented the husband from obtaining other assistance. "I entreated him", said the husband in his evidence, "to have a second opinion;" but he thought it unnecessary. After some time, he agreed to call himself upon Dr. Engledue.

"Dr. Engledue lived four miles off. Mr. Deane returned alone about two o'clock. I said, 'Where's the doctor?' He said he could not come. I said, 'Good God! not come?' He said he had stated the whole of the case to him, and that would do as well. He said the Doctor had asked him why he did not remove the child, and he had told him he could do it himself, and he should do it directly. Dr. Engledue had told him that