

middle-sized trocar, when five pints and three quarters of most offensive matter rapidly escaped. Now I determined on keeping in some hollow tube, and I passed about two inches of an elastic-gum through the canula, which I withdrew, leaving the former, plugged with a bit of wood. Previous to my leaving him I thought proper to substitute the canula of an hydrocele trocar, which I had prepared, with four holes at the shoulder, in order, with tape, to tie round the body: into the opening I also passed a plug, and instructed him how to use it, if any distress occurred. From day to day he did so, and at each time three or four ounces escaped.

On the 21st I again visited him; found him in excellent spirits; little cough, and was not at all distressed when laying on his back.

On the 28th I again saw him, and was surprised to see the alteration which had taken place. He was down stairs, and felt quite convinced he should recover. Appetite good; little cough; sleeps well; pulse 75; is gaining flesh; takes a good deal of raw milk; no cedema of the extremities. Removes the plug from the canula about every third day, and evacuates two or three tablespoonfuls of fluid.

On the 10th of November was enabled to ride to Exeter and back again in a spring market cart. Still continues to mend, and is looking healthy.

For several months I did not see him, but heard that he still kept the canula in his side, and was very well.

In September, 1838, was so very much recovered as to enjoy the sports of the field; he was cautioned, however, to be careful in every respect. The winter he passed well, had regained his strength, still wearing the canula, and occasionally taking out the plug.

In the spring of 1839 was so well as to return to the West Indies, since which he has married, and is the father of two children. A few months since he wrote me a grateful letter, stating his perfect restoration, that he was the manager of a large estate, and often tired three horses a day. Up to the present period he still wore a canula, and as it caused no inconvenience to him, intended to do so. Of so corrosive a nature was the secreted matter, he informed me, that besides the instrument I gave him, he has been obliged to purchase four since. In my reply to him, I advised a canula made of platina; whether he has procured one of this metal I am unable to say.

Thus favourably has this case terminated; and when all the circumstances are borne in mind, little doubt will exist but that originally a large abscess formed in the liver, which made its way through the diaphragm, and ultimately into one of the bronchi. Instances of the kind are not very rare of patients having survived; but my firm belief of this young man is, that had not the operation and subsequent practice been adopted, his life would not have been spared.

CLINICAL ILLUSTRATIONS.

ON CORRODING ULCER OF THE UTERUS: CASE AND REMARKS.

By EDWARD BALLARD, M.D., of Leamington,
Late Senior Physician to the St. Pancras Royal General Dispensary, and Medical Tutor in University College, London.

The difference of opinion which exists among medical authorities respecting the nature of that disease of the uterus which passes under the name of corroding ulcer, induces me to furnish the narrative of a case which occurred in my own practice. The publication of it was further suggested to me by the appearance, in the first number of the Journal for the present year, of a clinical lecture on the subject, by my friend Dr. Heaton. I may premise respecting the rarity of the affection, that it was the only case which occurred to me during the five years that I was attached to a large public dispensary, although numerous cases of cancer, and simple ulceration of the womb, presented themselves for treatment.

CASE.

Frequent Miscarriages; trifling Hematuria; sudden Vomiting, with Pain in Loins, &c.—Vaginal Discharge; Ulcer of Cervix Uteri; Cystitis; Vaginitis; Discharge of Urine by Vagina; Death.—Post-mortem examination:—Corroding Ulcer of Uterus; Communication between Vagina and Bladder; Cancerous Deposit, &c.; Ovarian Cyst; Ulcers, &c., of Gullet, &c.

A. G., aged 50 years, residing in a tolerably healthy part of Somers Town, but six years before had been living on the banks of the Regent's Canal, where fogs and mists were almost continual, except in very fine weather; of lymphatic temperament and cheerful disposition. No hereditary taint to be traced. She placed herself under my care, at the St. Pancras Dispensary, on May 18th, 1846. The history taken at that time was as follows:—So far as can be ascertained, her habits have been temperate. She has, during the last few years, undergone some amount of privation, but has always been adequately clothed. She has been married twenty-five years, and her husband is living. Her first child was born fourteen months after her marriage. The labour was protracted over three days and nights, but she was ultimately delivered without instruments. She then suffered one or two miscarriages, and in three years after had another child. This labour was favourable, but was followed for three months by a thick, yellow, and exhausting vaginal discharge. Since then she has had four other miscarriages, at early periods of pregnancy, not accompanied by much flooding; the last was four years ago. The catamenia commenced rather late,—namely, between eighteen and nineteen years of age; for the last eight or nine years have occurred at more prolonged periods than formerly, and although latterly clotty, have not become more abundant.

With the exception of slight catarrhal affection, her

health has been, on the whole, good. Depression in her circumstances has preyed much upon her mind for the last seven years, but she continued in her usual state of health, making no complaint whatever up to the beginning of the last month, (April.) She states that on a Monday, at that time, she became wet through, and on the following Thursday walked a distance of two miles, to visit a friend. She felt very tired, and partook of some warm ale, and while returning, and near her own house, was suddenly seized with sickness and vomiting, accompanied by a dull aching pain across the loins, such as she used to experience when unwell. For some days before this attack her bowels had been irregular, and now became much confined, the stools being hard, and defæcation being accompanied by shooting pain. The house-surgeon of the Dispensary, and another medical gentleman, had seen to the freeing of the bowels about a fortnight after the attack, but up to the time of her coming under my care, the pain first complained of had been increasing. She states spontaneously that for some time the urine has been occasionally bloody, but she does not recollect whether this symptom preceded the occurrence of pain. For the last two or three years she has felt rather poorly in the spring, blood occasionally passing from the anus in small quantities, but disappearing after a dose of Epsom salts. During the same period, at spring and autumn, a watery vaginal discharge, occasionally bloody, has also appeared; it never had any smell. The catamenia appeared last on the 15th, and disappeared last night. They were very abundant.

She has lost flesh considerably since her attack; the lips and cheeks are pale, and the surface generally sallow; this tint, however, having appeared only since her illness. Complains chiefly of aching pain, extending from the loins down the back of the hips, and in the inside and outside of the thighs, sometimes accompanied by pain in the groin. Sometimes the pain is of a shooting character; it occurs for an hour before and after every stool. There is slight tenderness in the situation of the pain, especially behind the hips. The veins of both legs are very extensively varicose. She complains specially of the pain across the loins, when rising from her chair, leaning back in it, or on attempting to reach anything placed high above her head. Her pains are all worse when she first goes to bed, and do not leave her all night; worse also when sitting by the fire; but better if anything, when she is walking. Micturition is not painful, nor unusually frequent, but sometimes is rather difficult.

May 20th. Yesterday began to experience a sense of fullness, heat, and swelling in the vagina; some red discharge has appeared; slightly duller under right clavicle than under left; respiration rather defective under both.

22nd. The red discharge ceased yesterday, and now says that only a clear watery discharge remains; says the vagina feels full, "as if something as large as a nut were in it," and tender.

Vaginal examination.—On introducing my finger I could only perceive the base of the cervix uteri remaining,

the rest being replaced by an ulcer, apparently somewhat larger than a shilling, directed backwards in such a manner that the finger impinged at first upon its lower and anterior edge; the edge felt hard and irregular, and was very tender; the body of the uterus was felt beyond it, being somewhat anteverted. The introduction of the *speculum* gave great pain, so that the examination by this means was rather imperfectly performed. The part of the ulcer seen was deeply red on the surface, and a copious reddish watery discharge welled up from it. The vagina was healthy.

She had been taking up to this time only some gentian and bebeerine, and I merely ordered, in addition, that the vagina should be kept washed out with warm water, and a pitch plaster to be placed on the loins.

28th. No relief; urine contains no albumen, it presents a dense cloudy deposit, containing mucous corpuscles, epithelial scales, and a very few large nucleated corpuscles, which may be cancerous.

She now began to use suppositories of opium, and injections, containing the *Liquor Opii Sedativus*, which occasionally gave some relief to her pain, but the bowels became so difficult to manage that the use of these remedies was shortly suspended.

Towards the end of June, the pain and discharge continuing, with but little variation, she began to suffer, in addition, from sensations of pricking and shooting about the abdomen. The pain of the loins extended up the back, and settled in a great measure over the sacrum; and she began to complain of a sense of "tearing open" of the perineum and vagina. Her pains were all increased by any change in the weather. A liniment of tincture of aconite appeared to relieve her a little.

On the 15th September the vaginal discharge was, for the first time, noticed to present a disagreeable odour. All her pains have been much worse since the 12th, when a small black clot came from the vagina.

22nd. Pains very severe, with sense of bearing down; has passed another clot; sense of stiffness over the abdomen.

29th. She was compelled to keep her bed, and continued to do so up to the time of her death.

October 6th. Has been vomiting daily; great weakness; oedema of feet; complains of aching pain in the left hypochondrium, with tenderness; tenderness also in the right flank, and below the margin of the ribs on both sides, and also over the hypogastrium; there has been slight diarrhoea the last two days; the cancerous odour obvious in the vaginal discharge. On physical examination of the abdomen, the liver was perceived to be much lengthened, and some solid organ, either the spleen or left kidney, was felt below the left false ribs. The pain in the left loin was relieved by the application of a few leeches.

9th. Some leeches were applied above the crest of the left ilium, for relief of severe pain in that situation.

13th. Complains of a burning sensation in the throat when she swallows, and points as its seat to the commencement of the trachea; aching pain over the whole abdomen, with general extreme tenderness and muscular

resistance to the pressure of the hand. Turpentine fomentations to abdomen.

14th. Pains all intense; urine contains pus and exudation corpuscles, octohedra and oval plates of oxalate of lime, phosphatic prisms and blood-disks. For some days past has been lying with the legs drawn up, and has been complaining very much of the severe sense of burning in the vagina; and there is excoriation at the top of the thighs from the discharge; tongue has been very tender for the last day or two. The burning sensations of the vagina, &c., were relieved by the use of warm fomentations.

During the last few days of her life the abdominal and lumbar pains appeared obscured, by the intense burning sensation in the vagina.

19th. The urine passed from the vagina with the discharge involuntarily, although some was still retained in the bladder, for the purpose of passing which she occasionally rose; the countenance became exceedingly anxious; the vomiting was incessant; the urine presenting a black gelatinous deposit of altered blood; the abdominal tenderness would not allow of any manual examination. She died on October 23rd.

The body was examined fifteen hours after death.

Emaciation considerable; but on opening the abdomen the liver was found remarkably (not extreme,) elongated, and all the abdominal organs very much displaced. The tumour beneath the margin of the left false rib was found to be the kidney. All this appeared to be due to a habit of tight lacing which she had contracted when young. The *omentum* was very small, and attached to a round tumour on the left side of the pelvic cavity; it was extremely thin, and contained no fat. With the exception of its altered shape, and a deep transverse constriction, the *liver* was healthy. *Stomach* perpendicular in direction; much narrowed; mucous membrane of the fundus reddened, mammillated, and thickened. *Small intestines* generally contracted in diameter; the mucous membrane of the ileum of a deep bistre tinge, becoming paler as the upper part was approached. The jejunum varied from a deep pink to a moderate bistre colour. Large intestine in the greater part contracted; its mucous membrane deeply reddened; some punctiform ecchymoses in the cæcum. As it passed into the *rectum* the mucous membrane was considerably thickened and corrugated transversely, increased in consistence, and presented small dots of a red colour, evidently the openings of granular follicles abundantly scattered over it. The *right kidney* was in its natural situation, but the elongated liver completely concealed it; it was considerably smaller than the left; pelvis much distended, so that some of the calyces were obliterated, the papillæ opening into the general cavity of the pelvis, which contained about half an ounce of pretty clear urine. Its capsule stripped off readily, leaving the surface of the organ smooth, pale, and faintly mottled; section pale; thickness between the pelvis and outer surface only a quarter of an inch. Cortical and conical portions both so pale and contracted that they were scarcely distinguishable, and very dense in consistence. *Ureter* on right side measured two inches in circumference. *Left*

kidney presented the pelvis less distended, and the other appearances similar to, but less marked than the right. *Left ureter* measured one inch in circumference. The *left ovary* formed a rounded tumour measuring two inches in diameter, adherent to the wall of the pelvis opposite the great sacro-sciatic foramen; it consisted of a stout sac containing a clear reddish liquid. The interior of the sac was lined by a membrane, in parts of a deep bluish black tinge, apparently due to ecchymosis, and projecting here and there from the wall were small kidney-shaped oval or round elevations more or less deeply red in colour; and semi-cartilaginous in consistence. The *right ovary and Fallopian tubes* were healthy. The *bladder* was contracted, and when opened along the anterior part was found to contain no urine. So much of its inner surface as was not in juxtaposition with the uterus was entire; but opposite the upper part of the vagina and lower part of the uterus, was an ulcerated gap by which the bladder communicated with that canal, the cervix and lower and anterior part of the body of the uterus being also destroyed. To such an extent had the ulceration at the top of the vagina proceeded, that in passing up the finger very cautiously it broke through it posteriorly and entered the cavity of the peritoneum in the recto-uterine pouch. On the inner surface of the bladder the large ulcerated opening was bounded by a hard thickened border, presenting an ash-coloured surface and flocculi, ash-coloured superficial sloughs being seen upon all the adjacent portions of the mucous membrane of the bladder. The opening was three quarters of an inch across. There was a second small opening about the size of a pea, lying to the right, and anterior to it and separated from it, by a thickened cord of dense tissue about a quarter of an inch wide, in which ran the right ureter. The base of the bladder was separated from the vagina by a mass of hardened thickened tissue, measuring about an inch in transverse direction, which formed the anterior border of the ulcerated aperture. At its two ends were the openings of the two ureters, much contracted, so that a blow-pipe could not be passed more than half an inch along them. The rest of the mucous membrane of the bladder was deeply reddened, and at the right side near the ulcer, was thrown into longitudinal wrinkles. The principal part of the membrane was of natural thickness and consistence. At the opening of the *meatus urinarius*, there were longitudinal red stripes of ecchymosis, one much elevated, and presenting when cut into, a clot of blood.

The uterus was about the natural size, congested on the posterior surface. The vagina was opened up from behind in order to display the full extent of the ulceration. The ulceration was then seen to have destroyed the cervix and to have extended a certain distance up the anterior part of the body of the uterus. The upper part of the vagina and the ulcer on the anterior part of the body of the uterus had opened into the bladder, in the situation above mentioned. The whole surface of the ulcer was very irregular and covered with ash-coloured shreds, as well as with a dirty reddish-brown mucus-looking secretion. The

vagina presented deep ulceration, also with ragged borders of various sizes; some of them, however, were quite superficial; they appeared to be independent of any morbid deposit. Cavity of the uterus of natural size, and mucous lining moderately congested. Tissue for about an inch below the fundus about natural in appearance, except being stained of a rather deep reddish tint to the depth of a couple of lines from the outer surface. Below this part, however, or for about half an inch above the ulcerated surface, this tint was general, deepening very much as the ulcer was approached, and presenting here and there little ecchymoses, especially adjacent to the uterine cavity. There was a rounded elevation on the surface of the uterine ulcer, whose section presented a semi-bluish tinge in points, mixed with natural tissue. Its texture was indurated. The tissue forming the septum between the bladder and vagina presented similar appearances, both exhibiting some abnormal deposit. Portions of this tissue placed under the microscope, displayed cells similar to those of cancer,

There were trifling, rather recent, adhesions of the apices of both lungs, especially observable, however, on the right side. No considerable disease in the heart or lungs. On the anterior wall of the commencement of the gullet, opposite the cricoid cartilage, were several linear shallow abrasions, varying in size but none exceeding a quarter of an inch in length. Accompanying these were little elevations, varying from the size and shape of a pin's head to that of a caraway seed, containing a pellucid fluid, one larger than the rest was situated close to one of the excoriations. These vesicular elevations were accompanied by obscure striated redness, and extended scattered scantily over four inches of the gullet below the cricoid cartilage. Laryngeal cartilages ossified.

(To be continued.)

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, MARCH 21, 1849.

We have inserted in another column, at the earnest request of the author, a letter on Medical Reform, in which it is stated that the subject "has not made its appearance in the columns of the *Provincial Journal* in a way that might have been reasonably expected." We have great respect for the author of the letter as a sincere well-wisher to the entire profession, and a most zealous and energetic advocate of reform; but, notwithstanding that many of his opinions are in the abstract correct, we feel quite assured that, in the present state of the profession, it would be impracticable to carry them out. No mere human institution is, or can be, perfect; nor with the manifold differences of opinion,

and the endless diversity in the constitution of the minds of men, can any system be devised which shall be to all equally acceptable. Under these circumstances, in any changes which may be now adopted, each sect, we might say each individual, will have to give up some, perhaps favourite, opinion, in order to secure the acquiescence of others in those general measures in which all are manifestly interested.

For instance, no one we believe questions the value of a registration of all duly-qualified members of the profession; but the form which this registration is to receive,—whether Dr. A., Mr. B., and Mr. C., men of first-rate character and standing in the several branches of the profession, are to be respectively arranged, in alphabetical order, with Dr. A., Mr. B., and Mr. C., equally qualified in the eye of the law, but professing homœopathy, hydropathy, or some other of the fashionable quackeries of the day, or whether separate class-lists are to be adopted, are points on which various opinions are entertained, and which it would seem are not easily to be adjusted. No one we believe will deny, that it would be far better to separate the trade in medicines from the practice of the profession; but whether this is to be done by giving up the dispensing of drugs altogether, or by a limitation of the charges of the dispensing practitioner to fees for advice and attendance, or whether, indeed, it admits of any arrangement at all without cutting up the practice of the medical man altogether in rural districts, or transferring a still larger portion of it to chemists and druggists in towns and densely-inhabited places than they have already appropriated, is very questionable. The public generally, and amongst them even many medical men, are advocates of free-trade in physic. With such views we see not how the general practitioner is to hold his ground against the retailer of drugs, or at any rate retain a large portion of the practice which he at present possesses. Were the profession now to be constituted for the first time, such difficulties would still exist, though perhaps not to the same extent as at present.

We are not, however, contending for these individual points, our object is to show that such diversity of opinion exists on these and other questions connected with Medical Reform, as to render the idea of the attainment of unanimity upon the entire question, without each party or individual yielding somewhat to