

Of the seven living children, five were or had been suffering, as follows.

- 3 had been subject to various eruptions ever since birth.
- 1 had been subject to sore throat.
- 1 had been attacked with inflammation, and vesication of the nates, vulva, and groins.

The date after birth at which morbid appearances first presented themselves, in sixteen children born alive, is as follows, so far as the circumstance is recorded in my notes.

- 2 looked sickly at birth, and died 17 hours afterwards.
- 1 was born at 7 months gestation, and died a week afterwards.
- 1 had sore eyes and an eruption at birth, and died 5 weeks afterwards.
- 1 died 3 months after birth, of ecthyma (date of appearance not noted).
- 1 died 9 months after birth, of tumour in throat, having been born healthy.
- 1 died 10 months after birth, of hydrocephalus (date of appearance not noted).
- 1 died 2 years after birth, of eruption, convulsions, etc., having been born healthy, and continued so for 18 months.
- 1 died 3 years after birth, of phthisis, having been born healthy.
- 1 died 7 years after birth, of small-pox, having been born healthy.

Of five living children suffering from constitutional syphilis:—

- 1 had never enjoyed good health, and had always been subject to eruptions.
- 1 became attacked 3 months after birth with a coppery eruption.
- 1 is 6 years old, but constantly subject to sore throat.
- 1 was born healthy, but has been subject to various eruptions.
- 1 was born healthy, but 10 months afterwards was attacked with inflammation, and vesication of the nates, vulva, and groins.

The above cases are too few in number to justify more than the conclusion that syphilitic children may appear perfectly healthy at birth, and remain so for some time afterwards. One of these children born apparently healthy remained free from any syphilitic appearance during six months; one during ten; and another during eighteen months.

Respecting the cause of death in cases of infantile syphilis, I may here mention the fact, that in three consecutive examinations of the bodies of young children who had died of this disease, in each extensive disease of the mesenteric glands was met with. No other lesion of the abdominal or thoracic organs could be discovered sufficient to account for death; whilst in none had there been any symptoms referrible to the brain during life. The pathological importance of this fact I do not presume to determine, but as it appears to support an opinion entertained, I believe, by many, that scrofula very often is but a degenerated or modified syphilis in the second generation, and points to the direction in which further inquiries may be usefully made, I have ventured to allude to the subject, and it may not be superfluous to introduce a brief outline of one of these cases, which will serve as a type for them all.

CASE. M. A. F., a strong healthy-looking young woman, aged 21, was confined in the Paddington Infirmary March 9th, 1854, and gave birth to a male child. She had reached the full period of pregnancy, the labour was natural and easy, and her recovery followed without an unfavourable symptom. The child was well developed at birth and looked healthy; but on the fourth or fifth day the mother noticed a small copper-coloured spot on the right nates. No notice, however, was taken of this; and on the 28th of March, nineteen days after delivery, both mother and child left the Infirmary apparently perfectly well. On the 11th April 1854, the child was brought to me by the mother, looking much out of health. It was somewhat emaciated; there was an extensive copper-coloured exanthematous eruption on his face, especially around the mouth, and a similar eruption on the arms, genitals, and around the anus.

It appeared that the child had continued well for a week after leaving the Infirmary; and that then (on the twenty-sixth day after birth) some spots appeared around the anus and upon the genitals, which rapidly multiplied and coalesced, so as to form red copper-coloured patches, and soon afterwards a similar eruption appeared on the face. The child took food, and the natural functions were properly performed. On the 14th of April, three days afterwards, and the twenty-ninth from the date of the child's birth, it refused the breast, began to fall off in health, and became fretful. From this time it rapidly lost flesh, slept badly, had green-coloured stools, and died on the 17th April, the thirty-fourth day after birth. On a *post mortem* examination, the only obvious lesion found was extensive disease of the mesenteric glands. They were enlarged and fleshy, had a dull red colour, and varied in size from a pea to a horse-bean; they felt firm on pressure, and on being cut, presented a red fleshy-looking appearance, but apparently contained no abnormal deposit. On questioning the mother as to her previous history, she stated that she had contracted syphilis six months before she had become pregnant, but at the date of pregnancy, as well as subsequently, she was not aware of having had any syphilitic symptoms, either primary or secondary. It should be added that during the period I watched her after labour, she appeared to be remarkably healthy and strong, and free from any strumous or scrofulous taint.

[To be continued.]

Chester Place, Hyde Park Gardens.

## TUMOUR OF THE UTERUS: REMOVAL.

By THOS. R. MITCHELL, M.D., F.R.C.S.I.

In March 1854, I was asked to see Mrs. —, aged 39, who was supposed to be suffering from prolapsus uteri. On inquiry, I learned the following history. She had been a widow for the last twelve years, and stated that four years ago she had prolapse of the uterus, which was reduced by a medical man, who introduced an India rubber pessary, which she could not, however, bear. He accordingly withdrew it; and recommended her to wear a pad and bandage externally. This gave great support, and she had but little inconvenience from it, there being no discharge of any kind at this time. About two years ago, she felt great pain in the back, with bearing down and great protrusion of the part, accompanied by frequent floodings, and a discharge of a very foetid character; this discharge disappeared when the menses came on, which they did regularly. She was now seen by another practitioner, who also tried to support it with a pessary; but, from the pain it gave, he was obliged to withdraw it. He prescribed tonics and nutritious diet; but, notwithstanding this, she had got weaker, and was now reduced to the lowest state. She had had three children, all naturally born, and easy labours, the last fourteen years ago.

Her condition when seen was as follows. She complained of distressing pain in the back, with difficulty in passing urine. Her face was pale and bloodless; the eye was sunken; and a bright hectic flush was present on the cheeks. The pulse was small and quick, 96. The appetite was gone; sleep was bad, with night-sweats; the bowels were constipated; the urine was high coloured, and deposited lithates freely. She was so debilitated from the constant drain which took place, that she was quite incapacitated from following any employment. On examining, I found a large tumour, as large as a child's head, outside the vulva, very sensitive to the touch, much inflamed, and with a deeply ulcerated surface on its anterior wall, from which a quantity of purulent matter exuded. There could not be found any trace of the os uteri; although, on the inferior surface, a small hole was perceptible, and from which fluid trickled: this at the time I took for the os, having seen cases where it became occluded. I directed a lead lotion to

be applied, which gave great relief, and two days afterwards I reduced the tumour without any difficulty. I followed this up with a ring India rubber pessary, and great relief was afforded for two days subsequently; the tumour then slipped

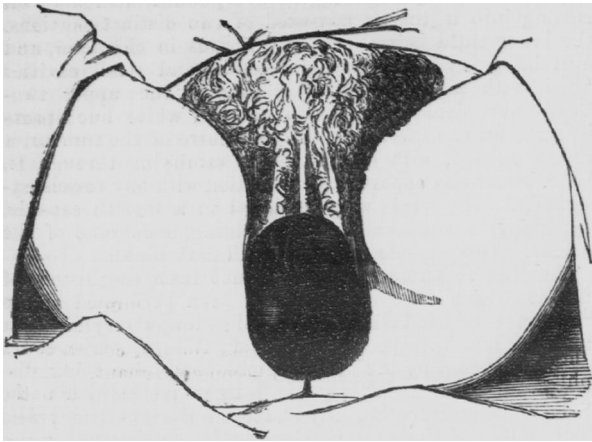


Fig. 1. Represents the condition of parts prior to operation.

past the pessary, and came down again. I therefore withdrew it, replaced the tumour, and passed a larger wooden ring pessary. This supported it well; but the following day I found a portion of the tumour strangulated, and much distress produced in consequence. I therefore withdrew the pessary, and carried pieces of tape across the hole to prevent the protrusion through it. This seemed to have the desired effect; but on the 30th March she suffered so much, and the constitutional irritation became so great, as to oblige me to withdraw it. I then proceeded to make a more careful examination; but the pain was so great, that the hand could not be borne to be introduced. I therefore let her remain quiet, applying warm stupes to the protrusion, and giving salines and opiates.

On the 1st April, I requested Dr. Batty to see the case with me; and, having put the patient under the influence of chloroform, we proceeded to examine the parts internally. The hand passed up on a smooth continuous tumour, which, however, became so large internally, as to fill the whole cavity of the pelvis, and extended upwards for twelve or fourteen inches, when it terminated in a round smooth head, about seven inches in circumference, having a pedicle of about three inches round, and seeming to be attached to the fundus of the uterus, although no trace of os uteri could be detected; nor, indeed, could I detect the presence of the uterus at all. We determined, however, that it was a large tumour growing from the uterus, and that it should be removed. Accordingly, on Tuesday the 4th of April, I proceeded to encircle the stem with a whipcord ligature, using Gooch's double canula with the windlass attached, having previously put the patient under the influence of chloroform. After some little trouble, I succeeded in getting the cord firmly round the stem; and, having tightened the ligature with the key, gave an opiate, and left her.

April 5th. The patient slept pretty well; she complained of slight pain in the hypogastrium. The pulse was quiet, 80; there was great discharge from the tumour and down the canula. I tightened the ligature.

April 6th. The pulse was slightly quickened; she had great thirst; and complained of a burning pain at the seat of the ligature. I tightened the ligature again, and gave salines in effervescence, the stomach being very irritable. I ordered a tablespoonful of castor oil, as the bowels had not been relieved for three days.

April 7th. The oil operated well. She slept a little; the stomach was still very irritable; the pulse small and weak, 70; the skin cold, and with a clammy perspiration. She passed water freely. I ordered a little beef-tea, and cold brandy and water, with a mixture of infusion of cascarrilla, tincture of cinchona, and aromatic spirits of ammonia.

6 P.M. She was much relieved. The pulse was full, and the skin warm. The sickness of stomach was gone. I directed her to continue the bark mixture.

April 8th. She was much easier; she slept well; the pulse was quiet, 80; the skin was warm; and there had been no return of the vomiting. On examining the tumour, I found the whole substance expelled beyond the vulva, the canula being firmly attached round the pedicle: it was an enormous mass, measuring eight inches in circumference, and sixteen inches in length. Finding matters in this state, I took off the ligature, and passed a needle armed with a double ligature through the stem, tying both sides. I then cut off the tumour below the ligature. A considerable quantity of dark blood flowed on cutting, but evidently from the lower part of the tumour. The tumour, when removed, weighed five pounds. The part with the ligatures attached receded after the removal of the tumour, and a slight quantity of blood was lost; this, however, was arrested by a sponge passed up the vagina, and an opiate was given.

April 9th. On my morning visit, I found her in a state of collapse, pulseless, with cold extremities, cold clammy perspiration, and unable to speak above a whisper. There had been no discharge to account for it, nor any shock to the system. The free use of brandy and water, chloric ether, and warmth to the feet, caused a reaction to set in, which was, however, accompanied with great irritability of stomach. A mustard plaster was applied to the epigastrium, and warm stupes to the vulva.

8 P.M. The irritability of stomach was diminished; she took her brandy and water well; the pulse was steady, 85; the skin warm. She was directed to continue the chloric ether mixture.

April 10th. She had slept a little; she complained of headache; and had not passed water since my last visit. The catheter was used, but no urine escaped. The abdomen was soft and flaccid; there was no distension nor swelling of any kind, nor pain upon pressure. The stomach was still very irritable; the pulse was good. She was more cheerful, and had taken an egg with a teaspoonful of brandy, which had remained. I ordered half a drop of creasote every hour, till the stomach should be relieved.

7 P.M. She felt easier; the stomach had retained everything. She had taken freely of strong beef-tea, brandy and water, but passed no water. The catheter was again used, but with the same result.

April 11th. She slept a little, but passed no urine. The catheter was used, and about half an ounce was evacuated. There was slight discharge from the vagina. The pulse was good, 80. The skin was warm, and stomach settled.

April 12th. She passed water freely during the night, but complained of great debility; she was sure she would not recover. The pulse was good; the bowels had acted freely, and most foetid stools had been evacuated.

April 13th. She had a bad night, was very restless, and delirious. The pulse was small and quick; there was great depression; the tongue was loaded; and there was a dark hue around the eyes, which were much sunken, and lustreless. I ordered the stimulants and the cinchona mixture to be continued.

April 14th. She was much the same as at last report, with the exception of a troublesome diarrhoea, which had annoyed her all night. I ordered an opiate enema, and acetate of lead and opium by the mouth; this gave a temporary arrest to the diarrhoea, but it returned again towards evening, when tannin and alum was injected, which completely stopped it. I ordered sulphate of quinine in five-grain doses, as the tongue was brown, and sordes were forming on the teeth and gums.

April 15th. She lay in a semi-comatose state, from which she could be roused, and was quite sensible. There was no purging; the pulse was scarcely perceptible at the wrist. She was evidently sinking. I directed her to continue the stimulants.

She continued in this state until the afternoon of the



10th, when she expired, having had a well-marked convulsion during the night.

**AUTOPSY.** On making a *post mortem* examination, we found considerable atrophy of all the muscular system. The liver was small and nutmegged. The gall-bladder was full of bile. The stomach was empty, normal in appearance, and deeply coated with bile. The intestines were perfectly healthy, perhaps a little paler than usual. The kidneys were healthy, with the exception of the left, which was slightly congested. The pelvic viscera were normal in appearance and position, with the exception of the uterus, which was a little lower down than natural. The bladder was perfect, but much enlarged, particularly at the fundus. In removing the uterus with a portion of the vagina, we found the latter greatly distended, all appearance of the rugæ having disappeared; it contained a quantity of foetid purulent matter. The uterus was not much enlarged, the os uteri being quite obliterated, and forming a distinct opening, continuous almost with the vaginal walls. The stem of the tumour could be traced up to the body of the uterus, the ligature being still attached, although very slightly. The ovaries were natural, perhaps slightly con-

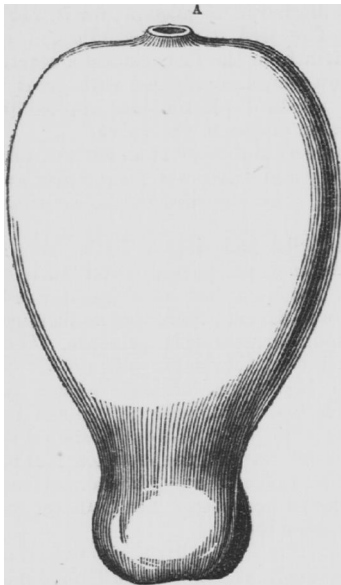


Fig. 2. The tumour after removal. A. The pedicle by which it was attached to the uterus.

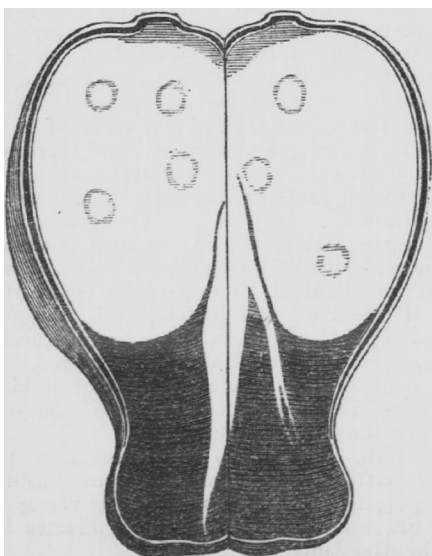


Fig. 3. Section of the tumour, showing its structures and sinuses.

gested, and extending up the body of the uterus posteriorly a gangrenous dark appearance of the vagina was prolonged. The other cavities were not examined. On examining the tumour, which measured sixteen inches in length and eight in circumference, and weighed five pounds, we found, on cutting into it, that it consisted of two distinct portions, the lower third being distinctly fibrous in character, and containing several large blood-vessels and small cavities filled with sanguineo-purulent fluid. The upper two-thirds were dense, firm, and of a dull white hue; parts being as firm as cartilage. In the centre of the tumour, a cavity existed, with several vessels ramifying through it, but without any apparent continuation with any vessels externally. The whole was enveloped in a smooth capsule, apparently a continuation of the lining membrane of the uterus. This capsule was filled with dark blood.

**REMARKS.** There can be no doubt from the history of this case, that if the operation had been performed before the powers of life had been reduced so low, a very different result might have been anticipated; this, of course, could only be effected by the nature of the complaint being discovered sooner. In saying this, I by no means wish to be understood as reflecting any blame on the gentlemen who had charge of the case previous to its coming under my care; as I am aware it might easily deceive any one. Indeed, as I have stated, it misled me; I at first treated it for prolapse with occluded os; and for this it was more likely to be mistaken, as on the inferior surface of the tumour a small hole existed, from which a quantity of fluid exuded, being, as I now conceived, the means of exit from one of the cysts contained within the tumour. Besides, the parts were so sensitive to the touch, and ulcerated, as to lead to further liability to error; for although it cannot be denied that the prolapsed uterus may be often very rudely handled, cut, and cauterised, without giving any pain, still we are all aware that occasionally, on the other hand, it is excessively painful. Again, when a pessary was introduced into the pelvis, a portion of the tumour getting into the ring, gave rise to as much suffering as any uterus I have ever seen under such circumstances—a symptom quite relieved when the hole was filled up with tapes across it to prevent the descent through it. Polypi, we all know, are not sensible to the touch, possess no nervous supply, and seldom ulcerate. Whence arose the pain on handling, etc., in this case? I am not aware whether nerves have been traced by any one into pediculated fibrous tumours; nor do I know whether we could by the microscope discover any in the present case. Considerable difficulty has often arisen in the diagnosis between polypus and fibrous tumour. I think there can be no doubt that, although we may have fibrous tumours imbedded in the substance of the uterus, and giving rise to serious discharge, yet that when they have existed for some time, they become pediculated, and by slow degrees assume all the characters, and require the treatment of polypus.

The peculiar appearances presented on the interior of this tumour are worthy of attention, as clearly showing the progressive form which has been observed in them, from a soft sarcomatous state to a cartilaginous or calcareous condition. On this point M<sup>me</sup>. Boivin, on Bayle's authority, states, "that fibrous bodies are observed to increase gradually in consistence from their first sarcomatous form to their last stage of osseous deposit. To this it might be replied that the least considerable of these tumours are fibro-cartilaginous and osseous—but amongst the sarcomatous tumours, there are some which have a tendency at once to maintain a soft consistence, and increase in size, and it is principally these which acquire those considerable dimensions often found, tending also to reach the surface and to become pediculated. Others, on the contrary, with less tendency to increased volume, acquire rapidly a greater consistence; thus it appears that the smallest are those which harden most rapidly, or it may be said, that the early indication checks all further increase."

I wish also to draw attention to the condition of the external coating of this tumour, which was inflamed and

abandoned, this being a very rare occurrence in tumours of this description.

The sudden protrusion of the entire mass outside of the pelvis appears to have been owing to the bulk being diminished, in consequence of the circulation being stopped by the ligature; generally, this stoppage produces an enlargement of the tumour, but, owing to the means of exit at the extremity of the tumour, I conceive that it was thus as it were emptied. The sudden shock and collapse that so soon followed its removal, is a circumstance which I confess myself unable satisfactorily to explain; however, I think it not improbable that the withdrawal of so bulky a body from the surrounding viscera would be likely to give rise to a temporary faintness, but why it should prove fatal, I am at a loss to imagine. I am more inclined to attribute the fatal termination of the case to the previously exhausted condition of the patient, than to any step of the operation.

As to the relative value of the ligature and incision in the removal of such large tumours, the foregoing case has confirmed me in favour of the former, as I cannot but think that, had the tumour not been withdrawn so suddenly from the pelvis, we might have had a more favourable result. I say might have, because, as I have before stated, I am of opinion that the *modus operandi* had nothing to do with the unfortunate termination of the case.

Liverpool, October 1854.

## ARSENIC A REMEDY FOR CHOLERA.

By C. BLACK, M.D., F.R.C.S., etc.

THE following cases further attest the value of arsenic as a remedy for cholera.

CASE I. T. J., aged 28, groom, of strong and robust constitution, was attacked, on October 13th, at 10 P.M., with violent shivering, which was quickly followed by pains in the bowels attended by sickness and purging. These symptoms rapidly increased, and were shortly accompanied by cold skin, lividity of the lips and extremities, cadaverous expression of the countenance, cramps of the calves of the legs, a quick feeble pulse, and partial suppression of urine.

Oct. 13th. At 6 A.M., he had vomited and been purged twenty times. The evacuations were copious and watery; at first slightly coloured; afterwards almost clear, and interspersed with numerous flakes, similar to minute masses of coagulated albumen. The vomit was at first somewhat yellow; afterwards, it was like clear water. I ordered three drops of liquor arsenicalis every half hour; also cold water to drink, and friction and artificial warmth to the lower extremities.

8 A.M. He had not vomited since taking the first dose of liquor arsenicalis. He had been purged once. The cramps were less frequent and severe; the skin was becoming slightly warm; the pulse was somewhat stronger, 110 per minute.

10 A.M. There was neither sickness nor purging. Now and then, there were slight cramps in the calves; the skin was becoming warm; the pulse was 100, firmer; he had thirst.

4 P.M. He was improved in all respects. There was neither sickness, purging, nor cramps. The skin was hot and perspiring. The pulse was full, strong, 96 per minute; the tongue slightly furred; he had thirst; he had passed about two tablespoonfuls of urine.

Oct. 14th. He was convalescent.

REMARKS. The symptoms, in this case, were urgent from the moment of attack; yet the vomiting was arrested by the first dose of arsenic, and but one evacuation from the bowels subsequently occurred. Close interrogation could elicit nothing as to the exciting cause of the attack. The patient had pursued his ordinary labour on the 12th; he had taken no supper the night before, and felt quite well on retiring to rest. The locality, however, in which he

lived was dirty, badly drained, with an open sewer in front of his door; the house is small, dark, badly ventilated, two feet below the level of the street, and about thirty yards from the church-yard. The probable cause of attack, therefore, appears to be an atmospheric poison—an opinion which will be further substantiated by the relation of the succeeding cases. Three drops of the liquor arsenicalis at once arrested the urgent symptoms; and forty-eight drops restored the patient to convalescence.

CASE II. A. J., aged 23, a draper's assistant, of delicate constitution, was attacked, at 1 A.M. on Oct. 23rd, with violent shivering, followed quickly by vomiting and purging. At 3 A.M., he had vomited twenty times and been purged twelve times. There were now great coldness of the skin, which was bedewed with a clammy moisture, collapsed features, blueness of the lips and nails, coldness of the breath, *vox cholericæ*, almost incessant cramps of the extremities and abdomen, suppression of urine, and quick, fluttering, almost imperceptible pulse. The cramps were so violent, that the patient, while his voice remained, gave earnest expression to his sufferings. The dejections were copious (frequently three pints at one evacuation), almost clear, had a sickly odour, and contained flaky matter. The vomits were at first slightly coloured by bile; afterwards, they were clear and watery. I ordered four drops of liquor arsenicalis every half hour; cold water; and constant friction with hot flannels to the whole body.

6 A.M. He had been purged six times, and had vomited four times, since last visit. There was less cramp; there still were great coldness of the skin, and other symptoms of collapse; but he expressed himself as feeling better. The pulse was more distinct, 120 per minute. He spoke in a whisper, with tubular note; he had urgent thirst. The remedies were continued.

9 A.M. He had vomited three and been purged four times since the last visit. He felt better; the skin was becoming warm; he had slight twinging pains in the muscles of the abdomen and calves of the legs; the pulse was stronger, 110 per minute; he had thirst.

2 P.M. There had been neither purging nor vomiting since the last visit. Now and then, there was slight pain in one or the other calf; the countenance was becoming injected; the skin was warm; the pulse was full, 96 per minute; the tongue was red at the tip, and covered with a white fur over the remainder of its dorsum. He had not yet passed urine. The liquor arsenicalis was continued every two hours.

Oct. 24th, 10 A.M. He had passed a comfortable night. Sickness and purging were entirely absent. The skin was hot and perspiring; the pulse was 96, full and strong; the tongue was covered with a slight white fur, except at the tip and along the centre of its dorsum, where it was red; he had considerable thirst. The voice was improved. He had passed scarcely an ounce of urine since the beginning of the attack. The following mixture was prescribed.

℞ Liquoris ammoniæ acetatis ℥ij,  
Spiritus ætheris nitrosi ℥ij,  
Vini antimoniæ potass.-tart. ʒss,  
Misturæ acaciæ ℥ij,  
Aque ad ℥viiij. M

Capiat cochlearia ampla duo secundis horis.

Oct. 25th. He was better in all respects. The urinary secretion was re-established.

Oct. 26th. He was convalescent.

REMARKS. This was the most severe and urgent case which I have ever witnessed in this neighbourhood; and, had it occurred in the midst of acknowledged cases of malignant cholera, it would doubtless have been classed under that head. Its attack was sudden, virulent, and, in a very few hours, had reduced the patient to the verge of the grave. It began without any appreciable exciting cause; the patient having, according to custom, partaken, the night before, of a milk supper, and having retired to rest in good health. Here, again, however, the specific cause of attack seemed to exist in the particular locality in which the patient lived. The house was situated on a declivity,