

were applied—one of us guarding the edges of the os uteri and the perineum, whilst the other made traction very slowly with the forceps. Thus cautiously proceeding, our efforts ere long were crowned with success; and the child passed into the world without causing the smallest injury to the soft parts of the mother. The placenta soon followed, the uterus contracted, and there was no hæmorrhage. The vomiting immediately ceased; a drachm of laudanum was administered; and we left her comfortable.

June 20th. This morning the poor woman is perfectly easy; she has had no vomiting; she has passed a tolerable night; the pulse is only 64; and she has thrice voided urine.

7 P.M. The patient is perfectly comfortable, with a nice moisture on the skin; there has been no vomiting.

June 21st. She is rather feverish this morning; pulse 88, and slightly intermittent. The lochial discharge is pretty free. No inconvenience has arisen from the secretion of milk. I ordered half an ounce of castor oil.

June 22nd. The castor oil has operated freely. She is now free from feverishness. The lochial discharge is scanty and rather offensive. The weather is very hot. She was ordered to be well washed, and the bed clothes and linen to be changed.

June 23rd. She expresses herself as being so well that she wants to get out of bed and sit up. From this period she rapidly recovered, and took no medicine, except an additional dose of castor oil.

July 25th. To-day we endeavoured to take a photographic view of the os uteri, but were unable to procure a distinct impression upon the glass, in consequence of the light being insufficient. The parts are perfectly healed; the os uteri appears to be almost as though it were a natural one, with the exception of the cicatrices of the crucial incision.

REMARKS. In the course of an extensive midwifery practice, I have never met with any case at all resembling the present. Judging by a digital examination, there might never have been an os uteri. The case is enveloped in mystery, in so far as the woman has never, from what I can ascertain, had any symptoms which would lead to the conclusion, that there had been disease of the womb. She states that she has menstruated regularly from the age of sixteen; that she occasionally suffered some degree of pain previous to the discharge; and at times that she has had slight leucorrhœa.

At the time I attended this case, I could not call to mind ever having heard of a similar one, nor could I gain any information on the subject from my English works on midwifery; but on referring to the article "Dystocie" in the *Dictionnaire de Médecine*, by MM. Desormeaux and P. Dubois, I met with the following observations.

"Imperforation of the neck of the womb becomes an obstacle to parturition, only so far as it is accidental, and the result of disease which has occurred since conception. The existence of this complication was for a long time denied. It is true that accoucheurs have allowed themselves to be deceived by an obliquity of the uterus; and that the uterine orifice has sometimes escaped the most minute examination, even in cases where the cervix has been placed under the eye of the physician. But it is also demonstrated by facts of anatomical pathology, that the orifice becomes completely obliterated, in consequence of inflammation of the mucous membrane which invests it. Such a state of the uterus renders the vaginal Cæsarean operation necessary, as described in the observations of Flamant and Lobstein, those of Caffé and others, in order to give birth to the infant; for it is the only resource which art possesses against this complication."

Chomel again, in the same work, observes: "Sometimes the uterus is imperforate, and the obliteration is due to a membrane which appears to be a continuation of the vaginal mucous membrane, that is to say, that beyond this membrane, the uterine cavity exists as in ordinary; such was the anomaly spoken of by Benevoli, cited by Boyer in his *Maladies Chirurgicales*."

On referring to the *Lancet* for 1851, I find the particulars of two cases recorded; one by the late Dr. Sheppard of Stonehouse, and the other by Dr. Roe of Plymouth.

In the case of the former, however, he could detect a puckered fossa which admitted the tip of his finger; and Mr. Whipple, who assisted him, was able during his examination to break down the intervening false membrane between the sides of the neck and os uteri; in the instance before us, we had nothing of the kind to guide us. In Dr. Sheppard's case, moreover, the os uteri was of a semi-cartilaginous character, indicating pre-

vious disease, whilst, in ours, there was no manifestation whatever of this.

The circumstances which justified our opening the foetal head, appear to have been somewhat analogous to those in Dr. Roe's case; for I am fully persuaded that, if we had longer delayed the operation, the poor woman must have succumbed.

LARGE TUMOUR OF THE BACK, OF FORTY-SEVEN YEARS DURATION.

By WILLIAM COLLYNS, Esq., Surgeon, Alphington.

MARY WILLS, aged 77, at the age of 30 first felt a soreness and pain in her back, high up between the scapulae. She then ascertained that there was a small swelling in that situation, of about the size of a chestnut; but, as the pain ceased, she took no further notice of it for about ten years. At that time, finding it had increased to the size of a large orange, she showed it to me. I found it to be an indolent tumour, rather soft, as if containing medullary matter, not at all adherent to the skin or fascia. It caused no pain, and very little inconvenience. I proposed to remove it, and frequently urged an operation; but she would not consent, and for a long time avoided me.

I did not see her after this for twenty years, when the tumour had grown to an immense size. I prevailed on her to let me take her to Exeter in the year 1848, to show it to the South Western Branch of the Association, then about to assemble there. It was then estimated at the weight of 25 lbs.; and one of the members offered to remove it at once, but she would not consent.

On recently returning to this neighbourhood, after a long absence, I was astonished to find that the woman was still alive. She had been confined to her bed for two years, and was wasted to a mere skeleton. The tumour, which had increased in 1853 to the supposed weight of 40 lbs., had also been gradually wasting, but was still of an enormous size, hanging half-way down her back, with very large veins passing under its flaccid skin. It gave no particular pain, though tender on being examined, and raised up. The length of the tumour now is 2 feet 9 inches; the breadth, 16 inches; the circumference, just below its upper part, is 12 inches; round the lower part is 24 inches. She is a pauper, and her means of subsistence on 3s. a-week, allowed by the Board of Guardians, are very limited; and she has not received any allowance for a nurse, because she has a husband, who is allowed by his late employer 5s. a-week, being a cripple, and unable to do any labour. Being unable to pay for a nurse, she has employed a widowed daughter, and has maintained her for two years; whose great care and attention to cleanliness have no doubt prevented sloughing and consequent suffering.

British Medical Journal.

SATURDAY, AUGUST 15TH, 1857.

DEATH OF DR. MARSHALL HALL.

It is with deep regret that we announce the death of Dr. Marshall Hall, one of the most distinguished physiologists that has graced the present century. For a long time past this eminent physician had been suffering from an affection of the throat, supposed to be cancerous; and on Tuesday last, he succumbed to the disease. Like a true man, he continued his valuable exertions almost to the last. We trust to be able, at an early period, to give a sketch of the life of this eminent labourer in the field of physiological inquiry.