come out of the examination half as well as have our earliest members. Let us so work that it may be said of us what we can say of them—that we availed ourselves to the utmost of the sources of knowledge we inherited from those who had gone before: that we laboured honestly at the work we had in hand, and did it well: that we added largely to the sum total of achieved results—to the capital of our profession. For, let us remember that, as we have lived under circumstances more favourable for progress than our predecessors, it is incumbent upon us to transmit to those who come after an enlarged and more expanded knowledge of the practice and principles of the profession which we follow.

ON THE TREATMENT OF CERTAIN FORMS OF UTERINE CANCER.*

By C. H. F. ROUTH, M.D.,

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In illustration of the points already referred to, I have recorded thirteen cases, the last two only in brief.

Of the six cases of fibro-carcinoma, only one recovered. In two (Cases I and III), there was great temporary benefit. In Case I, inordinate sexual excess, followed by typhoid fever, recalled the disease into existence; in the other, excessive sorrow. The patient who recovered was tainted with syphilis.

Three of the cases (VI, VII, and XIII) were examples of soft cancer. In one, very little good was done. The other was greatly relieved, and, I think, would have recovered, had she consented to continue the treatment.

Two cases of epithelioma were cured (VIII and IX); the first by iodine.

In one case of scirrhus, the ulceration was cured; but the poor lady ultimately died, I believe, insane.

CASE I. *Fibro-carcinoma of Uterus; Removal by Ecraseur and Bromine; Apparent Cure; Unusual Excitement, followed by Typhoid Fever; Redevelopment of Disease; Rapid Extension to surrounding Parts; Death.*—Mrs. L., aged 50, a kept lady, a fair well-favoured woman, who had had one child sixteen years previously, was in 1866 under the care of Mr. Robinson of Devonshire Street. For the last two years she had had, at her monthly periods, occasionally considerable loss of blood, which she attributed to change of life. This was not accompanied with pain, but with severe sickness, lasting two or three days, and greatly exhausting her. Latterly, this discharge had occurred more frequently, lasting longer, but subsiding under rest and astringents. She had also had a good deal of lumbar pain, and was losing flesh. On June 18th, the hæmorrhage was very severe, and lasted, off and on, for several days. On September 18th, Mr. Robinson was sent for, owing to a recurrence of the hæmorrhage. The blood was arterial in colour. On examination, the superior os was found enlarged; but the examination gave no pain. On the 28th, Mr. Robinson requested me to see her in consultation. I found a large heavy uterus, but perfectly moveable, and free from pain during the examination. The superior os was large, about the size of a walnut, irregular, bleeding on touch. The sound penetrated to the usual length. She had full doses of tincture of perchloride of iron till her health was somewhat improved; and astringent injections locally. On October 11th, in conjunction with Mr. Robinson, I proceeded to remove the tumour (which appeared to be a fibroid mass) by the *ecraseur*. It was hard, and, on examination under the microscope, showed fibres and the ordinary cells, but no caudate cells. There was no bleeding after the operation. About a week afterwards, bromine was applied, and repeated two or three times. All discharge ceased. The parts cicatrised, and became covered with mucous membrane. Arsenic first, and iron afterwards, were the principal remedies employed internally.

In April 1867, the hæmorrhage began to recur. On the 25th, I examined her again. The os appeared healthy; the uterus was freely moveable; but the passing of the sound was followed by copious bleeding. This was found to be due to a softish state of the mucous membrane, extending about an inch up the cavity. Presuming that this was an extension of the disease upwards, I introduced sea-tangle, covered with cotton dipped in bromine. This proved successful; and in a few days, especially after using tannin lotion, she became very much better. The catamenia now recurred at regular intervals, but were not profuse. In September, she was visited by an old lover; and, so far as we could learn, gave herself up inordinately to his embraces for several days.

She now was seized with a kind of pseudo-rheumatic fever, followed by typhoid fever, from which she recovered, but very slowly. Towards the end of November, she went to Brighton for two or three weeks, but returned not much improved in health, with almost constant pain in the uterus and loins, with slight discharge at intervals, but with frequent nausea and vomiting. On examination, the uterus was found full of semifluid, and vegetating carcinomatous growths. The rectum became soon involved with the vagina. She died exhausted on September 5th, 1868. No *post mortem* examination was allowed.

CASE II. *Fibro-carcinoma of Uterus, in an advanced and acute Stage; Entire Subsidence of Symptoms; Recurrence; Death.*—E. D., widow, aged 31, with two children, one living, was admitted under my care on March 24th, 1868. She had been generally healthy. She had been married fourteen years. About twelve months previously, she observed a constant discharge *per vaginam* of blood and mucus, worse at the periods; sometimes with clots. There had been a good deal of pain during the last nine months. She was admitted into a London hospital, where acetic acid injections were used; and since then the pain had become more severe. She had been formerly at other hospitals, but with no better result. Menstruation began at 14, and was regular all her life every four weeks, the period lasting four days. After the birth of her second child (eight years ago), she was very ill, and had leeches applied for inflammation. She had never had any offensive discharge, but had leucorrhœa for the last three years. On examination, the uterus was found fixed. A large tumour was felt within it, or in its walls. The os was irregular, bleeding on touch. The sound went in about an inch, and was there obstructed. On April 6th, as soon as menstruation was over (which was accompanied with great pain, so that morphia had frequently to be injected subcutaneously, and tincture of opium *per anum*), the anterior part of the uterus was injected with bromine (1 part in 10). The pain produced was excessive, and continued for several days. Subsequently, a foetid discharge supervened, which continued for some days, but was relieved by carbolic acid. The pain was, however, so great that she could neither eat nor drink; vomiting and great debility supervening. The greatest pain was over the left ovary. At last, a blister was applied at this point; this acted like a charm, and she was free from pain several days. On May 4th, there was slight dull, but no longer any lancinating, pain. Her appetite had returned; there was no sickness. The improvement continued; and, on the 14th, the mucous membrane over the cervix was growing, but still bled a little when touched in some parts. On the 16th, she was discharged, greatly better, in consequence of a case of erysipelas in the ward.

This patient so far recovered as to go down to Brighton, and continued free from pain, and with good appetite, feeling quite well. About a fortnight before leaving Brighton (she stayed there, I believe, two months), she caught a violent influenza cold; and fever set in, which caused all the local symptoms to return. She was subsequently admitted into the Middlesex Hospital, where she died, suffering most severely.

CASE III. *Fibro-carcinoma of several Years' Duration; Congestion, followed by Ulceration; later, Cellulitis; Menorrhagia; Bromine applied; Temporary Amelioration; Recurrence under great Mental Sorrow; Death.*—E. M., aged 42, married twenty-five years, had had six children, all healthy except the last, which was still-born. Ten years ago, she had ulceration, congestion, and retroversion of the uterus; and was treated for these affections by Dr. Greenhalgh, and cured. Subsequently to this attack, she had the still-born child. Such slight uterine ailments as she had after this were readily cured, until about five years ago, when she caught a violent cold, and matter formed in the "leaders of the womb", and she suffered intense agony. She recovered, and progressed favourably till May 1868, when hæmorrhage came on with the periods; but there was no bad smell. When the menorrhagia desisted, she had copious leucorrhœa. In August, she saw Dr. Greenhalgh, who caused her to be admitted into the Samaritan Hospital on October 6th.

Examination.—The uterus consisted of a large mass occupying the whole of the lower pelvis. It was globular, larger on the right side. The os was patent and ragged, about the size of a shilling-piece. These parts were of bony hardness, and bled on the slightest touch. The uterus could not be called fixed; but it was not mobile, although it could be pushed up somewhat slightly into the abdomen.

October 8th. The sound was passed with great difficulty, and was followed by copious bleeding. To allay this, a piece of sea-tangle, surrounded by cotton, was inserted. The removal of this the next day was followed by great bleeding. The parts having been well wiped, a cup of gutta-percha, containing cotton soaked with the bromine-solution, was applied to the os. It gave rise to great pain and burning. On the 10th, the cup was removed. The parts were found to have

* Continued from page 180 of last number.

been well destroyed. There was no bleeding. On the 19th, the sloughs, which were very deep, had nearly come away. During the process of separation, the odour had been very foetid. The edges of the wound were beginning to be covered with mucous membrane. On the 23rd, she had improved rapidly; the wound was greatly cicatrised. A few dubious points remained here and there. On December 2nd, catamenia had appeared; they were much less copious than usual, and more like oozing: no clots. On examining her to-day, it was found that there was a large hole superiorly in the os and to the left side, which bled on touch. The fibroid enlargement was in no way diminished. A pledget of cotton, dipped in liquor ferri persulphatis, was placed within the os. On the 7th, there had been no more bleeding.

This patient made very little progress afterwards. Her mind was greatly distressed by the unkindness and desertion of her husband and daughter. She was removed into Middlesex Hospital, where, I learnt, she died some months afterwards.

[To be continued.]

NOTES ON APOMORPHIA.

By F. M. PIERCE, M.D., L.R.C.P.L.

IN the present communication, my object is to draw attention to the valuable properties possessed by apomorphia. By the kindness of my friend Mr. C. R. Wright, B.Sc., I was enabled, soon after the discovery of apomorphia by Messrs. Matthiessen and Wright, to make some investigations into its value in practical medicine. A detailed account of apomorphia will be found in the *Proceedings of the Royal Society for 1869*. It may suffice here to state that apomorphia is obtained by subjecting morphia to the continued action of pure hydrochloric acid at a high temperature for several hours. The base can be obtained from the resulting hydrochlorate of apomorphia, by dissolving in water, adding excess of bicarbonate of sodium, and extracting with ether or chloroform. In composition, apomorphia is morphia, minus an atom of water. In its chemical reaction, it is in nearly all respects different from morphia. It is soluble in cold, and to a greater extent in warm, water. In powder, it is of a snow-white colour. The watery solution is colourless at first, rapidly changing to a dark olive-green, and, at the end of a few weeks, almost black. The cause of this evident decomposition is at present *sub judice*. Morphia is not reproduced. The physiological effects of the coloured solution are the same, to a slightly diminished extent, as of the fresh preparation, but rather more irritating to the skin. An increase of the dose is, therefore, required on repetition.

Briefly to indicate its therapeutic value, the chief character of the drug—its power of producing vomiting—was noticed to a very disagreeable extent during its preparation. Its absorption through the cutaneous surface produced in the manipulators lassitude, weakness, frequent headache, constant nausea, and occasional sudden attacks of vomiting. From some experiments made by Dr. Gee, one-tenth of a grain was considered the average dose for an adult. I have found this too large, whether of a fresh or an old solution. The desired effect is readily obtained with one-fifteenth of a grain, or less; vomiting occurring in from five to twelve minutes, and the subsequent depression being slight and of short duration.

The solution which I have generally used consisted of a grain of hydrochlorate of apomorphia (the base being very unstable), dissolved in two hundred minims of water. Five minims of this preparation, or one-fortieth of a grain, was the dose generally administered to children, to whom I have frequently given it as an emetic. In nearly all the cases, it was administered subcutaneously. In private practice, the hypodermic use of drugs may appear a little formidable; but the more complete control of a drug thus acquired will probably in time outbalance the objections to this method.

In illustration of the action of apomorphia, I append one case.

W. B., aged 8, residing at Kingston-on-Thames, came under my notice suffering from well marked chorea. He was an intelligent, well-made boy, of sanguine temperament, the youngest of three. His father died of some strumous affection. The mother works much at her needle; she is nervous, but healthy. The patient's symptoms followed a severe scald of the chest when five years of age. At first, he was simply considered fidgety. Four months before I saw him, he had rheumatic fever. The twitches had increased very much since. The parts most affected were the muscles of the face, especially of the mouth (he could not protrude the tongue readily, nor keep it still when protruded), the muscles of the neck, arms, and trunk. The legs were least affected. A slight systolic *bruit* was audible at the apex of the heart. He had no worms. Three days after I first saw him, I injected

one-fortieth of a grain of hydrochlorate of apomorphia into the left arm. The pulse before the injection was 70, regular, weak; temperature and pupils normal. He did not complain of approaching nausea, but suddenly vomited at the expiration of six minutes and a half; and, fifteen minutes later, he again vomited. The pulse, nine minutes after the first vomit, was 100, weak; the temperature was not affected to any noteworthy extent. He felt a very slight drowsiness, lasting only a few minutes. He did not sleep, but returned to play. The involuntary movements were markedly better next day; they were less sudden, frequent, and complete. He could stand for two or three minutes almost quiet. At the end of three days, during which period his improvement was maintained, the fortieth of a grain of apomorphia was again injected. Previously to injection, the pulse was noted as being 76, irregular, weak; the temperature 98.9; the pupils normal. The muscles of the neck and left arm were still very much affected. Vomiting ensued, without premonitory symptoms, in fifteen minutes. The pulse was 88; the temperature-variation unimportant. The pupils were slightly dilated. He did not feel any sleepiness, and, after a few minutes' rest, felt quite well. The chorea was much diminished after this; and, ten days later, I injected one-thirty-third of a grain in the arm. The pulse was previously noted 80, regular; pupils normal; etc. Vomiting occurred suddenly at the end of ten minutes; the pulse counting 90; the pupils dilated a little. He was discharged quite recovered soon afterwards, not having had any choreic movements for the last eight or nine days. No other treatment was adopted.

In two other cases of chorea, the action of apomorphia was beneficial, though not as distinctly as in the above case, and, indeed, not more so than many of the vaunted remedies for chorea. It does not seem to have any specific action. It is only as an emetic that I would draw attention to it. With this object, I have used it at the commencement of pneumonia; to relieve the throat of exudation in diphtheria; in scarlatina, etc.; in cases of poisoning; and in drunkenness. As an emetic, it is depressant, but not to a dangerous extent. Though, in the example given, slight drowsiness was observed on one occasion after its use, it has not been a constant accompaniment, but the exception. The feebler the preparation, the less was this noticed. In both adults and children, with a dose not exceeding one-fifteenth of a grain, very slight inconvenience followed. The alterations of the temperature and respiration were so slight that they may be disregarded. The pulse was not peculiarly affected. The pupils were generally a little dilated. No action on the bowels or kidneys was observed.

Apomorphia is peculiar in the sudden accession of the vomit. The usual premonitory signs and symptoms are wanting, or all but coincident with the expulsive effort. The first attack of vomiting is sometimes succeeded by another, after a few minutes' interval, the patient quickly recovering from the temporary disturbance. Most frequently, the single vomit is short and final.

The occasional occurrence of sudden vomiting after the administration of morphia, subcutaneously or by mouth, may perhaps be due to the presence of this body—apomorphia—as a product of partial decomposition. Should further investigation complete the chain of chemical analysis and synthesis of the morphia salts, some very instructive chemical and physiological results may be obtained.

In conclusion: as an emetic, apomorphia is pre-eminent in the smallness of the dose required; the certainty, rapidity, and completeness of its action; the unimportance of its baneful effects; and its non-irritating character. It contrasts most favourably with the old-fashioned emetics. The only drawback at present is its costliness; but, no doubt, in a little time it will, as well as chloral, come within the reach of the most economical practitioner.

CASE OF A NAIL PASSING SAFELY THROUGH THE ALIMENTARY CANAL OF A BABY.

By B. BLOWER, Esq., Liverpool.

SOME years ago, a woman brought her baby in a state of suffocation. Passing my fingers into the fauces, I felt a piece of iron right across. A slight touch dislodged it; and, to my great dismay, it went down. The child immediately recovered its breath, and was soon at the breast. I desired the mother to give nothing but the breast-milk, and to watch carefully the motions. The next day, the poor woman came with the nail which I have now before me. It is two inches long, and a quarter of an inch broad at the head; the point is rather blunt. It is interesting to follow this intruder through its windings along the convolutions, as it wended its quiet way undisturbed by emetic or purgatives. I send this case in corroboration of the remarks of Mr. Newstead in the *JOURNAL* of February 5th, and to show what Nature can and will do if not disturbed in her operations.