ran back to my house—close by—and returned with the bottle. Five drops of the nitrite were applied, on a piece of lint, to her nostrils. In half a minute her face began to redden, and in about a minute it was deeply flushed; her heart palpitated; her carotids throbbed; warmth of body quickly returned; and her breathing became easy. The effect was marvellous, and I felt nearly as much astonished as the patient and her mother. She now became able to converse, and told me that she had been subject to asthma for many years, that her father was asthmatic, and that she had never before had such a severe attack as this. She accounted for it thus. In the early part of the day she was as well as usual; but that evening she remained out for some time, and returned home feeling damp, cold, and chilly.

In about ten minutes after the inhalation, the breathing became a little asthmatical; so we reapplied the amyl, and again she became perfectly easy, and then went to bed. Next morning, she told me that she had had a most comfortable night; the asthma was quite gone; and she was able to attend to her household duties.

In this case, the nitrite of amyl undoubtedly caused relaxation of the muscular fibres of the bronchial tubes. By the expansion of these tubes, the impediment to the entrance of air was removed, and it consequently had free access to the lungs. In addition, however, to this, there was also an impediment to the passage of blood through the lungs—due, probably, to a similar spasm or contraction of the muscular coats of the pulmonary arterioles. This is, I think, shown, not only by the condition in which the woman was, but also by the rapidity with which signs of a free arterial circulation followed the use of the amyl—rapidity, indeed, preceding even that of the complete relaxation of the bronchial spasm.

The question now comes, Will this remedy prove equally useful in the collapse of cholera? Will it relieve the frightful cramps? Will it, in fact, prove the physiological antidote to that poison which, when present in sufficient quantity in cholera patients, seems always to induce spasm of muscular fibre?

When reading, last month, Sir Thomas Watson's interesting lecture on Cholera, all at once the thought flashed through me, "Why, nitrite of amyl is the very remedy!" My mind reverted to my case of asthmatic collapse; and I pictured to myself cases of cholera collapse that had come under my observation. The resemblance of some of these to my case of asthma was most striking, and I came to the instant conclusion that the remedy that acted so magically in the one might be expected to act with similar certainty in the other. The remedy needs but a single trial in a genuine case of cholera collapse to enable us to judge of its medicinal value. I am perhaps over-sanguine, and am perhaps at fault in my pathological and physiological reasoning; but I confess I do, from my knowledge of the extreme therapeutical value of this insufficiently known medicine, anticipate important results from its employment in cholera.

In concluding, I will quote the last paragraph from Dr. Parkes's treatise on Cholera.

"Although the treatment of the severest forms of cholera has not hitherto been successful, yet, considering the virulent nature of the active cause, I think there is reason for congratulation that the medical art can do so much. It can arrest the disease in its premonitory stage; it can with tolerable certainty carry the patient through the consecutive febrile affection. It can successfully treat the milder cases seen towards the end of an epidemic. If at present the deep algide stage is beyond its control, there is no reason to dread that such will be always the case. I firmly believe that some great discovery will speedily reward the efforts of the pathologist, and that a more certain knowledge of the morbid changes in the blood will indicate to us the antidote to this poison, at present so terrible and resistless."

The pathological discovery is, thanks to Dr. George Johnson, now patent to everybody; and I venture to suggest the hope that the physiological antidote will be found in nitrite of amyl.

DYSTOCIA: SUCCESSFUL REMOVAL OF A FIBROID TUMOUR OBSTRUCTING LABOUR.*

By J. WALLACE, M.D. Edin.,

Assistant-Physician Liverpool Lying-in Hospital and Ladies' Charity.

THE following case is the first of a series which I hope to be able to lay before the Society, from time to time, as illustrative of dystocia or difficult or obstructed labour. It comes under the class of obstacle at the neck of the uterus, and is, perhaps, the most difficult to deal with, so far as the accoucheur is concerned, while at the same time it is one of the most dangerous to both mother and child. In looking over the records

* Read before the Liverpool Medical Society.

of obstetric literature, I know of no instance which did not cause great anxiety to the accoucheur and all concerned; the rarity of the lesion giving rise to lack of experience, and, consequently, to doubtful diagnosis and want of decision in treatment.

Fibrous tumours are frequently met with in the unimpregnated uterus, and are occasionally discovered on the surface of the puerperal uterus in the form of nodules or small irregular bodies; but these give rise to little or no difficulty compared with what is experienced when the growth has so largely developed itself, either in the anterior or posterior lip and in the lower segment of the uterus, as to fill up the pelvic cavity to such an extent as to necessitate its removal, the use of the forceps, turning, embryulcio, or even Cæsarean section.

Mrs. H., aged 44, primipara, requested my attendance June 10th, 1870. She had had occasional uterine pains during the morning. On examination, first of the abdomen, the hand at once detected an abnormal contour; and, secondly, *per vaginam*, the finger impinged upon a hard round mass, very like the foetal head (and mistaken for it by one gentleman), occupying the centre and left of the pelvic brim and cavity; and it was only after very careful examination that I discovered the os uteri high in the brim, and pointing to the right ilium, and not at all dilated. I desired them to send for me when the pains became stronger and more regular. At 12 P.M., Dr. Johnstone, of Russell Street, kindly accompanied me to give chloroform should we deem it necessary. It was thought advisable to administer it, after which I made another examination, and found the os uteri as large as a florin, quite dilated, and the head in the first position of Naegele. The irregularity in the shape of the abdomen was caused by the high position of the child, and a rounded mass which gave obscure fluctuation, lying in front of, and to the right of, the uterus, and occupying part of the umbilical and right iliac regions. A catheter passed into the bladder, showed that that viscus was lying to the right of the mesial line, above the brim and below the superior tumour already alluded to. The catheter passed in front of the inferior tumour, occupying the upper pelvic outlet. Passing the finger *per rectum*, I found it to lie behind and to the right of the inferior tumour, pushed deeply into the furthest parts of the sacral curve. By grasping the tumour between the fingers of the left hand in the rectum, and the fingers of the right hand in the vagina, I found that it was slightly movable, but not sufficiently so to enable me to push it upwards above the brim, or to lead me to anticipate the possibility of being able to do so subsequently; neither fluctuation nor cartilaginous crepitation could be detected. Still pursuing my method of diagnosis, I next punctured the tumour with a trocar passed *per vaginam*, but no fluid whatever escaped. The child was living; the mother's pulse was normal, and she showed no signs of exhaustion or febrile excitement. Indeed, such could not well have set in, as pains only came every twenty minutes. We therefore determined to wait and see what effect the pressure of the foetal head would have upon the growth, which I now concluded was fibrous in its nature, and occupied the left lower segment and the cervix of the uterus, protruding downwards into the pelvic cavity, and so tilting the os uteri to the right.

On the following day, June 11th, the os was found expanded to the size of a crown piece, and dilatable. The diagnosis of the case having been concurred in by Drs. Johnstone and Davidson, the latter gentleman then administered chloroform, while I began to explore the nature of the abnormalities at the pelvic brim. Its shape was that of the segment of a circle, similar to a quarter moon, one horn pointing to the pubis, and the other to the right sacro-iliac synchondrosis, the transverse diameter being less than two inches, and that corresponding to the conjugate and right oblique about four inches. Having resolved to attempt delivery, as the patient was getting anxious and somewhat exhausted, I first applied the long forceps over the forehead and occiput of the foetus, with difficulty, but found it was impossible to move the head or the tumour. I therefore withdrew them; and, having passed a flexible bougie into the rectum, and a catheter into the bladder, I made an incision into the tumour from the vagina and below the cervix, and found that the tumour could be enucleated without much difficulty, as the attachments to its capsule at the lower part were so slender that the finger easily broke them down. Having passed the fingers well round it, I grasped it with polypus uterine forceps, and dragged it down; but, finding that the instrument was too slender, I fixed the crochets into it, and by this means was able to bring it down nearly to the outlet of the vagina, applying all the time considerable extractive force. Finding at this stage of the operation that it was attached by what may be termed a so-called pedicle, of about the thickness of two fingers, to the uterus, I combined torsion with extraction, and in this manner soon brought the tumour away entirely. It was, as I had concluded, a fibroid of a dense, solid structure, presenting a glistening, shining appearance, almost like a serous membrane, with the exception of one extremity where it had been attached to the uterus. It weighed fourteen ounces,

and measured six inches in length, three inches in thickness, and four inches in width. I presented it to the Museum of the School of Medicine, where it now is.

Delivery was completed by the re-application of the long forceps, with the assistance of Drs. Johnstone and Davidson, but unfortunately the left parietal bone was so much indented by the forceps that the child was still-born. This may be accounted for by the narrowing of the pelvic brim, in consequence of the descent of the superior tumour, which I discovered to be also a fibroid. I examined it thoroughly by placing one hand *in utero*, and the other on the abdominal wall, and found that the internal uterine surface opposite the fibroid left *in situ* was hard and cartilaginous, and combined manipulation gave a very deceptive feeling of fluctuation. There would not have been any difficulty in enucleating it had circumstances demanded it; but the absence of *post partum* hæmorrhage, and the exhausted condition of the patient, did not warrant further interference. Had hæmorrhage threatened or declared itself, I was prepared to carry out enucleation.

I need not trouble you with the details of after-treatment, further than to tell you that the administration of opium in large doses formed a leading feature in it, with soothing and stimulating applications externally, and antiseptic vaginal injections. At the end of a week she was out of all danger, and made an excellent recovery. Two months afterwards I examined the condition of the uterus. There was no vaginal cicatrix; and the fibroid which was allowed to remain had become so absorbed that no trace of its presence could be discovered; and up to the present date (May 10th, 1871) she menstruates regularly and normally, and is otherwise in excellent health.

I shall not detain you further than to state that other obstetricians have met with similar cases. Burns in his work on *Midwifery* relates a similar one, where the choice lay between removal of the fibroid and Cæsareotomy. He removed it, and the woman made an excellent recovery. Cazeaux dilates at great length on a case which was seen by M. Dubois and others, as grave doubts were entertained whether the diagnosis was correct. He says: "After proving our incapacity of making an exact diagnosis of the nature of the tumour, it was divided into two, with the view of enabling them to extract the dead fœtus. The patient was delivered, but died half-an-hour afterwards." Mr. Danyau, who assisted Cazeaux in his case, reported a successful one of his own to the French Academy in 1851, where enucleation was performed. Mr. James Bell, surgeon, of Forres, in 1819, removed a fibroid obstructing labour, and his patient recovered. Mr. Rankin of Carlisle reported a case in 1850, where a fibroid had obstructed in several successive pregnancies, ultimately necessitating craniotomy; but after the last confinement, which was accomplished by turning, on the thirty-eighth day the mass came away; and Professor Goodsir, who examined it, pronounced it to be a common uterine fibroid. Simpson gives several cases where labour was terminated without enucleation. Dr. Montgomery and Dr. Shekleton performed Cæsareotomy under similar circumstances. Dr. Beatty of Dublin met with a case where the fibroid was of such magnitude that he thought Cæsarean section would be required; yet when labour came on he was able, by adopting Merriman's plan of pushing it up and fixing it above the brim, to allow the birth to be completed naturally. The practical indications to be followed out in such cases are (Burns)—

1. If the tumour be moveable, push it above the brim.
2. If immovable, interfere early and determine its nature by means of a trocar. When soft and not large, the forceps are to be applied; and when these fail, turning may be adopted.
3. Extirpate or enucleate in preference to the crotchet; but if the tumour be of large size, if there be extensive connections or danger from hæmorrhage, then do not attempt extirpation. If tapping had proved ineffectual in an early stage, then perforate and extract the child by means of the cephalotribe or crotchet as soon as circumstances will permit.
4. In extreme cases, where removal of the tumour is impossible, the Cæsarean section must be resorted to.

CLINICAL MEMORANDA.

ANEURISM OF THE ABDOMINAL AORTA, PRESENTING UNUSUAL FEATURES.*

THE patient, an old soldier, aged 52, suffered much from abdominal and gastric pains and asthma. On September 18th, 1868, gangrene of the right leg suddenly came on, and no pulsation could be felt in the external iliac artery, nor in any of the arteries of the limb. A line of demarcation speedily formed about three or four inches below the knee-

joint; and, although the impediment to the circulation was evidently high up, no further gangrene took place. The patient's health suffered less than was expected; and on December 19th (portions of the muscle, etc., having been previously removed from time to time) the bone was sawn through, and the leg removed as near the sound part as possible; but dead structures only were divided. The stump healed well, the projecting portion of dead bone coming away on April 6th, 1869; and the patient was able to move about tolerably freely with a wooden leg. During this time, the aneurism not only ceased to enlarge, but became smaller, more dense, and with lessened pulsation; the improvement being due probably to the diminished amount of blood circulating in the aorta, as well as to the rest and regimen. The secondary symptoms were also relieved. After a time, however, the aneurism again enlarged, and the patient died from exhaustion on November 5th, 1870, more than two years having elapsed since the gangrene came on; and during that time he suffered but little, the severe pains not returning when the tumour again enlarged. A *post mortem* examination showed that the aneurism had burst into the peritoneum by a valvular opening; a large quantity of clotted blood being found arranged in layers, and evidently deposited at different times.

Ramsgate, September 1871.

S. WOODMAN.

EFFECTS OF BROMIDE OF POTASSIUM.

I HAVE seen bromide of potassium, in half-drachm doses twice daily, produce aphasia. The patient was a lad twenty years of age. After taking the drug for a fortnight, he said his memory was bad; and, on inquiry, I found that he called things by their wrong names, and very often forgot the name which he wanted to pronounce. His father thought it very stupid of him, and scolded him for it.

J. HADDON, M.D., M.A.

Eccles, Manchester, September 1871.

WASP-STINGS. ¶

I HAVE tried tincture of arnica this season in several cases which have come under my notice; and in each one the relief has been immediate, if had recourse to immediately after the reception of the poison. It is to be applied undiluted to the part affected by a large camel-hair brush; or, if its general application be necessary, from any additional inflammation from delay, I then recommend its dilution of one part to two or three of water.

JOHN FOSSE HARDING, F.R.C.S.

Tunbridge Wells, September 23rd, 1871.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

THE NOSOLOGY AND TREATMENT OF DIARRHŒA, CHOLERINE, AND ASIATIC CHOLERA.

GENERAL HOSPITAL, BIRMINGHAM.

DR. WADE thinks that, although diarrhœa is often directly traceable to the ingestion of some particular food, yet, as cases frequently happen without any apparent cause of this kind, and as we may often notice that medicines (*e.g.*, tincture of rhubarb) will act on the bowels in doses which do not in ordinary times produce that effect, we must admit that summer diarrhœa is partly referable to what Sydenham, with judicious vagueness, termed an "epidemic constitution". An attempt to define the nature of this leads us into the realms of speculation. It is reasonable to suppose that elevation of temperature is an important, perhaps essential, element of it. It is possible that the effect of heat may be to intensify what Burdon Sanderson calls the zymotic power of water; and this may be the link which joins the external temperature to the autumnal disorder of the human system. Such a bare possibility justifies the practice of depriving water of its zymotic powers by such a simple method as the addition to it of Condyl's fluid, when it is to be used for drinking purposes. Again, it is not improbable that heat may primarily affect the nervous system. Even this is not proven: still less certainly can we say what section (if any) of this system is the first to suffer. Assuming an ultimate (if not primary) disorder of the ganglionic system, we should be prepared to find differences in different cases or seasons in the amount or kind of derangement of various abdominal organs. Thus the action of the liver is by no means uniform; its secretion is sometimes at first diminished and afterwards increased, and *vice versa*. To these variations is perhaps due what we think we

* Read before the East Kent District Meeting of the South Eastern Branch.