Lectures

ON THE

DIAGNOSIS AND TREATMENT OF DISEASES OF WOMEN.

DELIVERED AT ST. MARY'S HOSPITAL MEDICAL SCHOOL.

BY

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UNUSUAL DISCHARGE OF BLOOD FROM THE GENERATIVE ORGANS.

GENTLEMEN,—We shall consider in the next place, and in regard to their differential diagnosis—

B.—CASES IN WHICH THE UNUSUAL DISCHARGE OF BLOOD IS NOT COINCIDENT WITH MENSTRUATION.

All cases of hæmorrhage from the uterus which are not accounted for, so to speak, by menstruation, are included under this category. Care must be taken not to take for menstruation what has really nothing to do with it. The tendency with patients is to regard every discharge from the genitals of sanguineous fluid as menstrual; and many of the recorded cases of menstruation in women advanced in life turn out, on strict examination, to be really cases of hæmorrhage due to other causes.

Many of the causes now about to be considered, and which are capable of giving rise to losses of blood at irregular periods, are also efficient in producing excessive menstruation. The early stages of many local uterine affections are, in fact, attended with excessive menstruation as a symptom; and in such cases there may be *irregular hæmorrhagic loss* attending the same affection at a more advanced period. At least, such is frequently observed to be the case.

In most of the cases now to be considered, a vaginal examination will be found necessary.

Hæmorrhages appearing at the generative passages may arise from purely *constitutional causes*, the uterus itself being sound and healthy, and the mucous membrane allowing blood to escape, owing to some change in the composition or character of the blood, or to disturbances of the circulation from disease of other organs, just as is the case in reference to some other mucous membranes. In such cases, examination could reveal nothing of moment; and, unless the nature of the disturbing agency were very obvious and apparent, there might be a good deal of difficulty in making out a satisfactory diagnosis. It is unnecessary here to repeat what has been already said in reference to the subject of the influence of constitutional conditions in the production of hæmorrhage.

There is a class of cases requiring a few words by themselves, in which hæmorrhage occurs from what may be termed *functional causes*, the hæmorrhage being an accompaniment or accident of exalted activity of the uterus or ovaries—more properly speaking, perhaps, of the ovaries. Sexual excesses, or circumstances calculated to excite and maintain the

existence of erotic tendencies for any length of time, produce occasionally such a degree of functional activity of the ovaries as results in menorrhagic and even uterine hæmorrhage. The amount and character of the menstruation being thus guided and affected by the condition of the ovarian function, it is not to be wondered at that, when the ovaries are the subject of *disease*, the uterine sanguineous discharge should be also deranged. More generally, the presence of ovarian disease diminishes, does not increase, the menstrual flow; but the reverse has been pretty frequently observed. Mechanically, also, and in common with other adjacent organs, disturbances of the circulation in the ovaries may tend to hæmorrhage from the uterus. The practical deduction is that, in a given case, functional activity of the ovaries, or disease of these organs, may be the cause of uterine hæmorrhage, the uterus itself being really in a healthy state.

In a certain number of cases, the previous occurrence of hæmorrhage, from whatever cause, or this combined with menorrhagia, produces after a time an actual appreciable change in the uterus itself; and there is danger of falling into the fallacy of taking the effect for the cause. The uterus cannot for a considerable time be the seat of repeated hæmorrhage, or, indeed, of continuous exalted activity, without becoming in a manner diseased. To this class of cases belong very many of those which come before us in practice; and, to treat these cases to advantage, we must endeavour to get at the whole truth respecting them. A soft, somewhat enlarged, flabby condition of the uterus, is what is discovered in many instances of this kind; and, besides this, there is no organic lesion discoverable. To determine the point of time at which the functional or constitutional passed into the local disorder is then important. That diagnosis is not complete which does not take cognisance of the successive changes and events which occurred from time to time.

Leaving these general causes of hæmorrhage, we may now consider those special pathological or other conditions of the sexual organs known to be associated with hæmorrhage from these organs.

The class of cases first demanding attention are those in which the loss of blood is connected with the presence, or previous presence, of the fruit of conception within the uterus.

Abortion. A discharge of blood from the generative organs in a case where menstruation has been previously absent for a month, or two or three months, and in a woman whose age does not forbid the idea of pregnancy, should *always*, whatever be the condition and circumstances of the patient, lead the practitioner to suspect the occurrence of abortion. It need hardly be stated, however, how important it is that these suspicions should not be rashly expressed, nor until further inquiry or examination throw more light on the matter.

In cases of abortion, the menses are found to have been absent for from two to four or five or six months, the hæmorrhage which occurs begins suddenly, preceded sometimes by shivering, sickness, pains in the back and thighs, etc.; and is accompanied by pains at the lower part of the abdomen, resembling, and in fact identical with, those of labour. The hæmorrhage is not continuous, but pauses, and recurs after ceasing a few minutes or more. At each pause in the flow of blood there

is a cessation of the pain. The fact that the pains continue, notwithstanding there may have been a considerable flow of blood, is one of the points on which we are instructed most to rely in the diagnosis of abortion from a case of excessive menstruation following suppression; but, practically speaking, the distinction is not worth so much as has been claimed for it. A slight trickling of blood may be persistent, but from time to time the flow of blood is suddenly increased. There is generally, too, a periodicity in the recurring attacks of pain and hæmorrhage. At the end of a few hours, or, in some cases, a shorter interval, the ovum, or portions thereof, are expelled, together with clots; and if the expulsion has been complete, the hæmorrhage ceases. In some cases, the expulsion may be delayed for a much longer time, or the embryo may be expelled, leaving the membranes behind; and in such cases the hæmorrhage continues, preserving more or less its periodic character. An abortion can, of course, only occur in a patient who has reached, but who has not exceeded the limits of, the child-bearing age. Hæmorrhage from the uterus, more frequently than is usually supposed, occurs from abortion at about the second month in married women; the real cause being often overlooked, and the case supposed to be one of simple menstrual irregularity. The diagnosis of abortion from excessive menstruation is sometimes, in fact, far from easy. If the abortion takes place at an early period, examination of the uterus from the vagina gives no positive data for determining the point. The only reliable evidence obtainable at this period is that afforded by a very careful examination of the clots or matters expelled from the uterus. At a later period, the evidence from the physical condition of the uterus is more decided.

The diagnosis of abortion from cases in which there is *retention of menstrual fluid* is very important. The phenomena present—viz., the uterine contractions and pains, the discharge of blood, the previous absence of the catamenia—may be the same in the two cases. Whereas, however, in abortion, the attack is single, and there is generally an absence of like symptoms for the two or three months previous, in the other class of cases there have been more or less constant pains present at the lower part of the abdomen for two, three, or four months, increasing in severity periodically, and culminating in a sudden more or less profuse hæmorrhage. At least, such is one method in which menstrual retention may terminate.

If an abortion has occurred recently, and hæmorrhage takes place a few days after, recurring possibly on successive occasions, it may turn out, on inquiry or examination, that the embryo has been expelled, but the placenta, or some portion of the membranes, retained. The placenta is small in the case of an ovum at three to four months; but yet, when retained in the manner stated, it may be the cause of severe and extensive hæmorrhage. When the embryo is expelled earlier than this, and before the placenta is formed, the decidua may be the part left behind, and, as I have had occasion to observe, may become thickened and hypertrophied to a very remarkable extent. A vaginal examination is always necessary in a case of suspected abortion.

During the last three months of pregnancy, hæmorrhage now and then occurs from the placenta

being attached partially or entirely over the mouth of the uterus—*placenta prævia*. The character of the hæmorrhage from *placenta prævia* is, that it comes on suddenly, and without external apparent cause, generally also without warning; that it is often very profuse, so much so as now and then to kill the patient before medical assistance can be obtained. The hæmorrhage ceases, or, at all events, only a very slight loss is sustained, and again recurs, perhaps; but the noticeable fact about it is its uncertainty. Practically, we draw the inference, that when, in the later part of pregnancy, a sudden hæmorrhage occurs, the presence of *placenta prævia* is to be suspected; and, if we suspect it, it is our duty without delay to endeavour by examination to put the matter beyond doubt; otherwise the life of the patient may be imperilled.

Between hæmorrhage the result of an abortion, and of *placenta prævia*, there is this difference: in the case of abortion, the patient may or may not be aware of her pregnant condition; or, knowing her pregnant state, may have reasons for wishing to mislead her attendant; in cases of *placenta prævia*, the patient is usually known to be pregnant.

Hæmorrhage may occur during pregnancy, and may be profuse, when there is nevertheless no implantation of the placenta over the os uteri; the cause being a separation to a slight extent of the placenta from the uterus. Such hæmorrhages have been called in obstetric language "accidental," as distinguished from the "unavoidable" hæmorrhages the result of *placenta prævia*. An "accidental" obstetric hæmorrhage may or may not be followed by expulsion of the child. For further information on these latter points, the student must consult any standard work on midwifery.

Hæmorrhage of irregular occurrence is noticed in cases of *mole pregnancy*, as they are termed.

Unusual discharge of blood in a woman who has been recently delivered may proceed from *retention of a portion of placenta, or from inversion of the uterus*.

As regards the diagnosis of cases of retention of a portion of the placenta or membranes, there is not usually much difficulty. Hæmorrhage occurring within a few days after delivery should at once arouse a suspicion that a portion of the placenta had been retained. It may happen, however, that the amount of hæmorrhage produced by the presence of the foreign body in the uterus may for some days be so inconsiderable as to attract no particular attention, may be considered as "regular" by the nurse, and yet at the end of that time there may be profuse attacks of hæmorrhage. A case of this kind, which came indirectly under my notice, is strongly impressed on my memory; the hæmorrhage was postponed in the manner here alluded to for some days, was then severe and continuous, and the patient sank under its effects. The portion of placenta or of the ovular membranes retained may be very small, and yet be sufficient to give rise to very profuse hæmorrhage.

Inversion of the Uterus, partial or complete, is another *post partum* condition capable of giving rise to severe hæmorrhage. Curiously enough, it has often happened that the existence of this condition is sometimes found to have escaped recognition for so long a time after the delivery that the diagnosis of the nature of the case is rendered very doubtful.

Hence the necessity for calling attention to the possibility of its occurrence. It will be found, on inquiry, that there has been hæmorrhage occurring at intervals ever since the delivery. As a rule, where the accident has escaped recognition, it is found that the hæmorrhage was at first very severe; that it gradually became less; that subsequently it assumed the character of excessive menstruation; the hæmorrhages for the most part occurring coincidently with the usual catamenial periods; between these a great loss of blood being, however, often observed. The hæmorrhage is not profuse and sudden in character, but it is a continuous drain going on for a certain time, and then ceasing partly or entirely. In such cases there is also profuse and purulent leucorrhœa. The symptoms, of course, date from a previous pregnancy; and, in nine cases out of ten, it is found that undue force was used in the removal of the placenta after the delivery in question. Polypus of the uterus gives rise to symptoms very closely resembling those of inverted uterus. Examination is, of course, necessary when the presence of inversion is suspected.

The cases next to be considered are those in which the loss of blood is not connected with pregnancy, or, necessarily at least, with menstruation, but in which there is some local or general condition present which determines the occurrence of the discharge. It must be recollected that many of the conditions in question do *also give rise* to profuse menstruation.

Hæmorrhages of severe and profuse character are produced by various organic diseases of the uterus, and under certain other circumstances also. These will now be enumerated, and their diagnostic features as far as possible indicated.

Cancer of the Uterus. Of this often insidious and fatal disease, hæmorrhage to a greater or less extent is a prominent symptom, though not invariably so. The amount and periods of occurrence of the hæmorrhage vary according to the seat of the disease and its extent. When a woman has entered on what may be called the "cancerous age," and begins to suffer from menorrhagia with occasional losses of blood besides, or when, having ceased to menstruate, hæmorrhages are observed, the possibility of this symptom being due to cancer must be recognised. Later, and when the disease is more advanced, hæmorrhage is rarely the only symptom present; then we have generally much pain, an offensive sanious leucorrhœa, and constitutional disturbance. One point must particularly be recollected, that, for a certain time, hæmorrhage may be the only sign observed.

Thus, in a series of cases carefully observed by Dr. West, hæmorrhage was the first symptom in 43.1 per cent. of the cases. The same author insists on the fact that in certain cases there may be an entire absence of the sign now under consideration, there being only profuse menstruation present. Another circumstance, which is also rare, but which may be subject of observation, is that the hæmorrhage is unattended with pain. In an instance noted by myself, hæmorrhage was first observed as produced by sexual intercourse, the patient, aged 48, being affected with undoubted cancer.

As bearing on the diagnosis, it may be well to mention here the duration of cancer of the uterus. Lebert gives an average of sixteen months; West

found the average duration to be fifteen months. Hence, in a given case, if we are informed that the patient has been subject to irregular (*i.e.*, non-periodical) hæmorrhages for upwards of two years, this fact would be against the probability of the hæmorrhage being due to cancer uteri. It is right here to mention that Dr. Simpson's experience appears to have led him to give a longer period as the ordinary duration of cancer uteri. "Patients usually die in from two to two years and a half after the detection of the disease," says this author. According to the same authority, where the disease occurs in aged persons, and has taken on a slow and senile character, the course of the disease may be very protracted. (*Medical Times and Gazette*, Jan. 15, 1859.)

Cauliflower Excrescence of the Os Uteri, which, according to the most recent writer on this subject, Virchow, is to be considered as the type of malignant disease occurring in this part of the body, gives rise, as a rule, to hæmorrhages of an irregular character. The hæmorrhage is usually brought on by walking, by exertion of any kind, coughing, sneezing, etc. There is usually offensive watery discharge present in cases of this disease. Its duration is greater than that of ordinary cancer of the uterus.

Corroding Ulcer of the Os Uteri, a rare affection, is attended with hæmorrhage, like that of ordinary cancer, of which it is probably only a variety.

Respecting the diagnosis of all suspected cases of cancer, there is this remark to be made, that careful digital examination is always necessary. Here the diagnostic signification of the hæmorrhage only has been alluded to.

Climacteric Hæmorrhages. Side by side with "cancerous" hæmorrhage, we may consider what have been called "climacteric" hæmorrhages, for, practically, the necessity of separating cases of the latter from those of the former kind often come before us. When the menstrual flow is about finally to cease, profuse losses of blood are apt to occur, and to recur at intervals for a considerable time.

In distinguishing these climacteric from cancerous hæmorrhages, the age of the patient does not help us, nor, indeed, can it be pointed out with ease what are the distinguishing features. In the nature of the blood itself, however, we find some data for diagnosis: thus, the blood is of a deep red and coagulable in hæmorrhages of simply climacteric origin; whereas in cancerous cases, unless it be, perhaps, at the very origin of the disease, the blood is fetid and ichorous. Climacteric hæmorrhages are more frequently observed in sanguine temperaments, and in those who have been the subjects of profuse menstruation.

The menses may have ceased for a few months before the hæmorrhagic attacks; or the hæmorrhage may be periodic, resembling so far the ordinary catamenial discharge. When there have been hæmorrhages recurring for some months at about the period of sexual involution, we may presume, negatively, against the existence of cancer if there be no pain or offensive discharge; the absence of any marked deterioration of the general health would, under such circumstances, be against the idea that such hæmorrhages were due to cancer.

Conversely, we must be careful not to confound hæmorrhages coming on a few months or a year

or two after the cessation of the catamenial flow with climacteric hæmorrhages. The distinction between hæmorrhage due to cancer setting in subsequently to the cessation of the catamenia and climacteric may be, and often is, difficult; but a careful digital examination will generally decide the question satisfactorily.

The several kinds of *Polypi of the Uterus* produce hæmorrhage, often very severe, and sometimes of an ultimately fatal character. The abundance of the hæmorrhage is not always coincident with a large size of the polypus, but rather on the degree of vascularity present. The hæmorrhage is irregular in character, and coinciding for a time, or chiefly, with the menstrual discharge, may be at first overlooked; its tendency is to increase in quantity, but the march of the symptoms is slow, and if the loss be not considerable the general health may have been pretty good. When the growth becomes very large, "pressure" signs, such as difficult micturition, difficult defæcation, accompany the enlargement of the uterus which results. Abortions are frequently due to the presence of uterine polypi. Clots or partial moulds of the uterine cavity are found sometimes in the discharges. With reference to the kind of polypus present, the nature of the hæmorrhage gives us no precise information. Very profuse hæmorrhage sometimes results from very small tumours, "mucous" polypi, as they have been called, situated just inside the os. In cases of polypus uteri, there may be profuse leucorrhœa, and there may be much pain, but the leucorrhœa is not, except in rare instances, offensive, as in cancer, and the pain is of a different character. Moreover, the patient with polypus may, comparatively speaking, remain *in statu quo* for some time, an observation which does not apply to cancer. Cases are not rare in which uterine polypi remain for years undetected, the hæmorrhage, by its long continuance, finally sapping the very foundation of life, the skin becoming etiolated and withered looking, and the patient reduced to an extreme state of feebleness.

Fibrous Tumours of the Uterus, which have a composition identical with that of fibrous polypi, both being but growths of the uterine tissues, may or may not cause hæmorrhage, the position of the tumour very much affecting this result. Thus, if the tumour project into the cavity (submucous variety), the result, as regards the hæmorrhage produced, is pretty much the same as if a polypus were present. The further the tumour is from the mucous membrane, the less frequently, as a rule, does hæmorrhage occur. The early stages of these growths may be unattended with marked symptoms; hæmorrhage may be entirely absent. Menstruation is rendered excessive, both as regards duration and as regards the quantity poured out. To the excessive menstruation, which may go on for some time without attracting attention, sooner or later is added the occurrence of interperiodic hæmorrhages, etc., only abortions may also have been observed. These growths often attain a very considerable size, and then produce pressure signs, as in the case of large polypi. The hæmorrhage produced by the presence of fibrous tumours is often accompanied by a good deal of pain, and the pain is spasmodic, somewhat resembling labour pains. Cases of abortion are distinguished from cases of fibrous tumour with hæmorrhage by the circumstance that the

pain and the hæmorrhage cease together in the former instances, but not in the latter. In the case of hæmorrhage suspected to have its origin in the presence of uterine polypi or fibroid tumours, a careful examination is necessary.

Granular Condition of the Mucous Membrane of the Uterus. It has been asserted that, in certain cases, profuse menstruation has been connected with an altered condition of the mucous membrane of the uterus, characterised by the presence of fungous-like vegetations on the surface.

Tubercle of the Uterus generally has its seat in or immediately beneath the mucous membrane. It is rare, but when present gives rise to hæmorrhage. Inasmuch as tubercle of the uterus is not primary in this situation, we should expect, in a case of uterine hæmorrhage from this cause, to have evidence of the presence of tubercle in other organs, and of the constitutional effects thereof. Pathologically, tubercle of the uterus is rare; but, if my own impression be correct, hæmorrhage from the uterus in tuberculous women, dependent on the state of the blood rather than organic local changes, is not so uncommon.

Hypertrophy of the Uterus, chronic infarctus, defective involution of the uterus, are all terms, meaning pretty much the same thing; the uterus, after parturition, does not return to its normal bulk, remains large, and, it may be, loose and vascular in its texture. Menorrhagia and occasionally hæmorrhage are observed when this state of things is present, but, hæmorrhagic symptoms are more peculiarly observed within the first few months of delivery. It is noticeable practically, and agrees with what would theoretically be surmised, that women who do not suckle their own offspring are more liable than those who do, to become the subjects of chronic hypertrophy of the uterus.

Hypertrophy of the Cervix Uteri is a condition occasionally witnessed; the cervix may be converted into a large rounded tumour projecting low down in the vagina, or even beyond it, and giving rise to hæmorrhage and other serious inconveniences. The symptoms closely resemble those of polypus uteri, and the condition has been frequently confounded with polypus or prolapsus of the uterus. The condition termed "inflammatory" enlargement of the cervix uteri may give rise also to hæmorrhages.

Hæmorrhages may arise in connection with certain altered conditions of the position of the uterus, from causes which may, indeed, be termed *mechanical*.

Of these, *Flexions of the Uterus* are, unquestionably, the most important. The fundus uteri tilted backwards, projects into the fossa of Douglas, as the retrouterine pouch is termed, or it is tilted forwards and rests on the bladder: in both cases the uterus is bent on itself. Opinions are divided as to the comparative frequency of retro- and antelexion, but retroflexion certainly comes more often before us in practice. The point, however, more immediately interesting here is that hæmorrhage, either very profuse menorrhagia, or, combined with menorrhagia, interperiodic hæmorrhages, are not seldom produced by the retroflected condition of the organ. When this latter condition is present, there is a great tendency to abortion, and, indeed, impregnation is often thereby prevented, defæcation is often painful, and micturition frequent or difficult. The hæmorrhage is not severe, as in polypus; it is not

accompanied by so great a degree of pain as when fibroid tumours are present, and is more limited to the menstrual periods than in the case of polypus. Examination is necessary if flexions are suspected to be present.

Another form of mechanical disorder liable to produce hæmorrhage is prolapsus, descent of the uterus in the pelvic cavity, or even externally beyond the vulva. It is a condition of which hæmorrhage is not, by any means, one of the most marked symptoms, occurring, as it does, only in a small proportion of the cases; but now and then the loss of blood is certainly considerable. The physical character of the ailment generally early attracts attention to its true nature.

Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

BATH MINERAL WATER HOSPITAL.

SATURINE POISONING: GOUT: CONSTRICTIVE SPASM OF THE FINGERS.

Under the care of R. W. FALCONER, M.D.

THE proneness of persons who have suffered from saturnine poisoning to subsequent attacks of gout, has been noticed in former times by Drs. Musgrave and Huxham, also by Dr. William Falconer in 1772, and by Dr. Parry in 1807, who says, "I observe that after palsy from lead, patients of a middle age, otherwise previously healthy, are very subject to fits of gout in the limbs." (*Coll. Unpub. Writings*, v. i, p. 243.) More recently, this subject has been carefully elaborated by Dr. Garrod, in a paper which appeared in the *Medico-Chirurgical Transactions*, vol. xxxvi, 1854; and in his treatise on *Gout and Rheumatic Gout* in 1859. The following case of saturnine poisoning, followed by gout, and associated with constrictive spasm of the fingers, is perhaps deserving of being recorded.

The report of the case, given when the patient applied for admission into the Bath Mineral-Water Hospital, by Mr. W. Bloxam, jun., was as follows. "R. A., aged 46 or 47. Saturation of system by lead, from handling and from fumes of solder, etc. Repeated attacks of colica pictonum; most severe attacks of obstinate constipation, vomiting, and acute abdominal pain (not colic), ever since receiving a kick in the abdomen, which was followed by enteritis and peritonitis, and seeming to arise from some narrowing of the calibre of the intestines, by bands of lymph. Has had a mercurial course for peritoneal inflammation. Suffers from gout. His general health indifferent. Addicted to drinking for some years." The occupation which this man followed for thirty-five years was that of tinman and brazier. The first attack of colic took place two years ago, since which time he has been unable to do any work, and the last occurred in March. Altogether, he has had ten attacks of colic; and each attack, in addition to severe constipation, was accompanied by vomiting, which would sometimes continue for a fortnight. He has never suffered from "dropped hands". The kick which he received in the side was given him, four or five years ago, previously to the first attack of colic. He has had four attacks of acute gout. The first occurred about Christmas last, when the metatarso-phalangeal joint of the left great toe was attacked; this attack lasted for

three weeks or a month; subsequently, the corresponding joint of the right great toe was attacked. In June, the left knee, and in August, when he was in the hospital, the right knee, were similarly affected. Both the great toe-joints are enlarged by tophaceous deposits. He states that there was a well marked lead-line along the free edges of the gums, which was noticed by his previous medical attendants, and traces of which were remaining when he came into the hospital. He was greatly emaciated, and very weak, when admitted, and was for some days unable to leave his bed; and at the same time he suffered from abdominal pain and constipation. There was pain also of the shoulders and arms; the latter were much wasted and almost useless. The fingers of both hands were strongly flexed upon their palms. Over the movements of the index of the right hand, and the thumbs only, was a certain amount of power retained. The contracted fingers when forcibly extended, the extension causing pain up the whole arm to the shoulder, were almost immediately again completely flexed. The pulse was weak; the appetite indifferent; the tongue pale; bowels constipated; the urine pale, bright, of specific gravity 1015. I regret that accidental circumstances prevented a fuller examination into the state of this fluid. He denied that he was addicted to drinking. On the 26th July, he was admitted into the hospital. On the 27th, he commenced drinking the waters; on the 3rd August, having improved in general health, he began to use the tepid bath; on the 31st, he was attacked with gout in the right knee. The joint was enveloped in cotton wool; and on two nights he took an alkaline draught with henbane. The use of the waters was discontinued for a week, after which it was resumed. On the 14th September, friction of the arms after bathing was commenced. When the contraction of the fingers began to decrease, which was about four or five weeks after his admission into the hospital, a small roller of wood was inserted between them and the palm of the hand, and kept in that position for shorter or longer periods every day; and the right hand was for a week, during the day, extended on a flat splint. On the 9th October, being free from pain, with perfect use of his hands and arms, and in good health, he was discharged.

↘ GREAT NORTHERN HOSPITAL.

FRACTURE OF THE PELVIS WITH LACERATION OF THE URETHRA; RECOVERY.

Under the care of GEORGE LAWSON, Esq.

A. G., aged 8, was admitted into the Great Northern Hospital on July 24th of this year, having just been knocked down by a distiller's cart, loaded with barrels, the wheels of which passed across the lower part of his abdomen.

On his admission, he was much collapsed, and complained of great pain about the lower part of his back, which was aggravated by the slightest movements of either his legs or body; indeed, on account of the pain, he was unable to raise either leg from the bed. A dark broad mark indicated the parts over which the wheels had passed. A severe contusion extended from the top of the left ilium obliquely across the abdomen to the left groin, following the line of Poupard's ligament. The perineum was also contused, and darkened with effused blood.

July 25th. He has passed a fair night owing to the opiate he had, but complains of great pain. He has passed no urine since his admission. His bladder being full, and distended as far upwards as the umbilicus, Mr. Lawson endeavoured to pass a catheter; but as it neared the membranous portion of the urethra, it passed out of the track, and could be felt with the finger in the