CASE III occurred in a soldier—a most insubordinate man, with uncontrollable temper. In this case, there was a depressed fracture of the frontal bone. This fracture prevented his being certified fit for corporal punishment.

Roderick McLean, who attempted to shoot Her Majesty, I believe had received an injury to his head; and another instance occurred in the case of a man who, on being checked or contradicted in a public-house, made a murderous attack on a policeman. In both these cases, we have no evidence of the nature of the injuries. These cases are examples of classes of criminals deserving great attention. We know how men who have received sunstroke or other injuries to the head are often irritable, and easily affected by a small quantity of alcohol. How much more would a depressed fracture be likely to cause these results? Whether the fracture cause a protrusion of the inner plate of the skull, thickening of the membranes, or inflammatory deposit, the morbid condition is a latent one, and only requires an exciting cause to produce results. This exciting cause may be alcohol, any irritating remark or contradiction; and either of these appears sufficient to develop paroxysms of uncontrollable passion.

The important question to which this subject gives rise is, Does such injury, and consequent local affection of the brain, weaken the moral control of the individual? The inquiry is a most difficult one, and thorough investigation is probably impossible, as far as convicts are concerned, for the following reasons: 1. The statements of the convict cannot be relied upon; 2. In most cases, no family history can be obtained.

One object is gained by investigating this subject; and that is, to consider all criminals with depressed fractures of the skull as dangerous, and requiring specially careful and judicious management. If it can be proved that such men are easily excited, and rendered unaccountable for their actions, surely they should not be treated as ordinary criminals, subjected to rigid discipline, and surrounded by associations that would naturally tend to excite the paroxysms of maniacal passion. It may be said that these were cases of homicidal mania; if so, the question still remains, What had the fracture to do with the condition?

These few, and, for the foregoing reasons, necessarily incomplete remarks, are made simply as a hint for the further investigation of a subject of no slight importance to both the criminal and the public at large. I no longer have any opportunity for continuing the inquiry; but, should any light on the subject be forthcoming, my object will be effected.

GUNSHOT-WOUND OF ABDOMEN: ABDOMINAL SECTION: WOUNDED INTESTINE SUTURED TO SURFACE: DEATH FROM SHOCK.

By JORDAN LLOYD, F.R.C.S.ENG.,
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THE following case is of interest, being the first, so far as I am aware, in which this procedure has been adopted. It is the outcome of remarks upon this subject published in the *BRITISH MEDICAL JOURNAL* of December 10th and 17th, 1881, by Dr. Marion Sims.

M.L., aged 19, a domestic servant, was admitted into Queen's Hospital late in the evening of February 23rd last. She had been accidentally shot in the abdomen a few hours previously. There was little evidence of shock; she had not vomited. The bullet had entered slightly to the left of the median line, immediately above the pubes. A finger passed readily into the peritoneal cavity. A drainage-tube was inserted into the wound. On the following day, she had some pain in the belly, and was sick. Temperature 99°; pulse 100. On the 25th, her symptoms had increased, but were not urgent. Evening temperature, 99°; pulse 136. On the 26th, she was much worse; vomiting persistent; pain constant and very severe; belly distended; face flushed; anxious expression; temperature 99.4°; pulse thready, 148. In the evening, I opened her abdomen in the usual manner; there was at once a free gush of stinking thick brownish-red fluid. The great omentum was first seen red and thickened in its lower half, and fairly natural above. The intestines in the pelvis and lower zone of the belly were matted together. The wound was traced into the abdomen, and then became lost. A coil of gut was hooked up out of the left iliac region, and in it a ragged wound about three-quarters of an inch in diameter was found, through which yellow faeces escaped. The cavity of the belly was washed with plain lukewarm water; a large glass drainage-tube was inserted into the pelvis; the intestine was stitched to the centre of the wound,

the remainder of which was closed with silk sutures. She never rallied from the operation, and died about half an hour afterwards.

Post mortem examination showed that the bullet had entered half an inch above the pubes, and three-quarters of an inch to the left of the mid-line; it had contused the apex of the bladder; had cut through the free edge of a coil of small intestine; had perforated the mesentery, and lay between this latter and the transverse mesocolon. The upper half of the abdominal cavity and its contents were not inflamed. The peritoneum had been efficiently cleaned, being free from all foreign matter.

When the patient was admitted to hospital, it was considered doubtful, from the situation of the wound and the comparative absence of shock, whether she had an injury to any abdominal viscus. It was thought best, therefore, not to open the belly at once. The onset of peritonitis at a later period, and the clearly threatening fatal issue, called for and justified the treatment subsequently undertaken. I should not hesitate in a similar case to immediately open the abdomen, and ascertain the precise nature of the injury with which I had to deal. The greatest source of danger in these cases is delay. The most precious moments to the surgeon are those immediately subsequent to the injury, when the peritoneum has undergone as yet no pathological change; when it is merely polluted by products of a most irritating but easily removable character. Should no lesion of abdominal contents have occurred, the operation-wound may be closed; the patient's dangers being but little increased by the investigation. When wounded viscera are discovered, they may either be fastened to the surface, or sutured and returned, according to the nature of the lesion. In the majority of instances, I think it will be found desirable to secure them to the surface. Where delay, say of three or four days, has been inevitable, as must of course sometimes happen, I should content myself with merely opening the peritoneum, liberating the pent-up fluids, washing the presenting cavity, being careful in no way to disturb the viscera, and then securing in a large sized Keith's drainage-tube. I think we shall find, if a patient live three or four days after such an injury, that the wounded viscera will be practically closed by adhesions to neighbouring parts, and should not be disturbed. In my case, I am of opinion that the foul discharge which escaped when the abdomen was opened was due, not to faeces which were pouring out at the time of the operation, but to those which immediately followed the accident; the contents of the gut and those of the peritoneal cavity being strikingly dissimilar.

I must thank my colleague, Mr. West, for entrusting the patient to my care; and my friend Mr. Lawson Tait, for his valuable and courteous presence at the operation.

OBSERVATIONS ON THE TREATMENT OF UTERINE CANCER WITH CHIAN TURPENTINE.

By E. HOLLAND, M.D., M.R.C.P., F.R.C.S.,
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It is pretty generally known in the professional and lay society of England, that Chian turpentine was introduced to our notice by Mr. Clay of Birmingham as a specific for cancer of the uterus, and that, from the first, preconceived prejudice almost excluded anything like a fair and patient trial of the vaunted virtues of this old Ægean drug. Chian turpentine, however, became in great demand, scarce, and dear, no two obtainable specimens being alike; and in this chaos of circumstances, it was a reasonable assumption on the part of Mr. Clay that the reported failures of the drug were owing either to its fictitiousness, or to our imperfect method of administration; and, as I had previously treated a series of cases with a variety of specimens, I considered it would be best to repeat my observations with the essence of Chian turpentine of Mr. Clay's pharmacy, and of his own apothecary's preparation. This second series of cases were appropriated as they presented themselves; and, with one exception, were so well advanced that no competent person could entertain the least doubt of their malignant nature. The essence was administered alone, or in association only with its local application as an ointment (one ounce of vaseline to half a drachm of Chian turpentine), and it was pressed from one to three months; no surgical operation being in the meanwhile allowed.

It is a well known fact amongst gynaecologists, that syphilitic disease of the uterus occasionally so closely mimics malignant disease that the diagnosis can be alone effected by a reference to specific treatment; and, consequently, where the history revealed any doubt, the case was at first treated by iodide of potassium, and the Chian

turpentine subsequently persevered, in with only such intermissions as its irritant effects necessitated.

None of the cases were cured; none had their invading progress decidedly arrested. One case, caught in the most initial stage—a few small epithelial granulations—progressed steadily week by week, under the eyes of a dozen interested observers, in spite of the regular administration of the Chian essence and the local application of the ointment by tampon. Some patients for a few weeks reported themselves as better, and appeared more cheerful; one especially was noted as returning quite hilarious after a week's trial of the new remedy; half believed that the pain and hæmorrhage were less, but, on more close investigation, the greater or less amount of bleeding was found to be correlative with the greater or less duration of horizontal rest, especially at the menstrual nixus.

In my first series of cases, the Chian turpentine appeared to mitigate pain, moderate hæmorrhage, and to temporarily create a more hopeful and brighter condition; but, in the second series, these desirable effects, *ceteris paribus*, were less and less apparent, and, therefore, it has failed to reveal to me any quality of specificity in pronounced uterine cancer.

In the weary treatment of malignant disease, whether of the uterus or mamma, in both public and private practice, the drug retains some popularity, and there is no reason why it should not be countenanced as the solatium of a forlorn hope to a desperate sufferer—always bearing in mind the probability of strangury when it is applied locally to the uterus, and of eczema when it is applied to the mamma.

The wisdom of the profession regards cancer as a disease of inherent lethality, evincing the greatest variety in its evolution, natural progress, and decay; and that as yet, and probably for ever, the only remedy it can countenance, as a possible cure, is early and complete extirpation. On the other hand, there are many advanced cases of uterine cancer where surgical operations, once, twice, thrice, or even five times repeated, may be resorted to with a relief sufficient of immediate suffering sufficient to justify such procedures in the opinion of the most conscientious of operators.

REPOSITION OF COMPLETE INVERSION OF UTERUS AFTER FIVE YEARS' DURATION.

By ARTHUR W. EDIS, M.D., F.R.C.P.

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MRS. D., aged 29, married at 21, mother of two children, widow, had suffered from more or less continuous uterine hæmorrhage since her last confinement in December 1877. At times, the loss amounted almost to flooding, especially at the menstrual periods, when it would last for nearly a fortnight. Her general health was fairly good, and seemed to be less influenced by the constant drain upon her system than might have been anticipated. She suffered from no unusual pain beyond a sense of dragging in the loins, and pain extending up to the back of her head, worse on walking or standing. Attempts had been made to prevent this "falling of the womb" by the insertion of a ring-pessary, as also to reduce the displacement by means of air-ball pessaries, the patient, on one occasion, being treated for two weeks consecutively, remaining in bed and following out strictly the injunctions given. She was seen in the early part of August 1882 by Dr. B. Arodeckne Duncan, who diagnosed the displacement, and asked me to see her in consultation with him.

On examination *per vaginam*, a soft, velvety, globular mass, sensitive to the touch, and bleeding readily, was found occupying two-thirds of the vagina; it was adherent by a surface about the size of a six-penny-piece to the posterior vaginal wall. The uterine sound could only be passed about half an inch beyond the rim of the cervix, which could be felt encircling the pedicle of the tumour. On conjoined manipulation, the fundus could not be detected in its usual position behind the pubes, but only a cup-shaped depression on deep pressure. The nature of the case was so evident, that it was considered unnecessary to examine *per rectum*, or to pass a sound into the bladder to confirm the diagnosis. As the menstrual period was just pending, it was arranged to wait until this was over before commencing efforts to reduce the misplaced organ.

On August 22nd, at 9.30 A.M., the patient having been kept in bed for a few days and the bowels carefully regulated, Aveling's uterine repositr was carefully adjusted. The adhesion of the fundus uteri to the posterior vaginal wall was torn through with the finger,

scarcely any hæmorrhage resulting. A morphia suppository was inserted *per anum*, to allay any pain likely to be caused by the pressure of the instrument.

The patient was seen at intervals of about three hours during the day, and the amount of pressure carefully regulated. Scarcely any inconvenience was experienced, the pulse and temperature remaining normal. The urine was drawn off with a catheter. At 10 P.M. the pulse was 72, the temperature 99°, the patient very comfortable.

August 23rd, 9.30 A.M. The patient slept fairly well with the aid of a morphia suppository; pulse 72, temperature 99°. The bulk of the stem was found to be buried within the rim of the cervix, and was, with some little difficulty, removed. The vagina was syringed with Condy's fluid diluted, and the stem readjusted. 9.30 P.M. Pulse and temperature normal. The patient felt very comfortable; stem *in situ*.

August 24th, 9.30 A.M. Forty-eight hours from commencement of efforts at reposition; pulse 96, temperature 99°. The patient had a comfortable night. The bulk of the instrument was completely within the uterus, the stem firmly gripped by the now contracted os uteri. After washing out the vagina, on examination, the partly inverted fundus could just be felt within the uterus. It being that possibly the concavity of the bulb of the repositr prevented complete reinversion, a small India-rubber ball, about one inch in diameter was passed into the uterus, and the repositr reapplied. 9.30 P.M. On examination, the bulb of the repositr was found to be external to the os uteri, evidently not exerting pressure upon the fundus. The ball was therefore removed, the vagina washed out, and the bulb of the repositr readjusted on the still partially inverted fundus uteri. Pulse 96, temperature 100°. A morphia suppository (*Gr. 1-6th*) was inserted *per anum*.

August 25th, 9.30 A.M. On examination, the bulb of the repositr was found to be completely imbedded in the cavity of the uterus. The apparatus was removed, and the vagina washed out as before; pulse 96, temperature 99°. On passing the finger within the cervix, the fundus uteri could no longer be detected. The patient was kept quiet in bed, and an enema administered. 4 P.M. Dr. Duncan and myself examined most carefully, but failed to detect any remains of inversion. The uterine sound passed upwards and forwards three and a half inches, and the fundus could be felt in its normal position by conjoined manipulation. A mixture of ergot and cinchona was prescribed, and the patient kept in the recumbent position for nearly a week subsequently. She convalesced rapidly, and, when heard of some months afterwards, reported herself as "quite well, the periods regular, not profuse nor painful." She has since married again, and remains perfectly well.

REMARKS.—The reinversion was completed within seventy-two hours; practically, it was all but accomplished in forty-eight hours. During the last twenty-four hours, owing to the tenderness produced, the elastic pressure was lessened. One disadvantage of the bulb being conical in shape is that, after the process of reinversion is well advanced, the cervix contracts around the stem of the bulb, rendering the extraction of the latter difficult. If the bulb of the instrument were altered in shape, so as to be of an uniform thick-