would grace a novel, till fortune smiled upon them, and in her 45th year the lady married. Menstruation had proceeded regularly as to time, quantity, and symptoms, up to the period of marriage, but subsequently it never re-appeared. As this sudden cessation coincided with gastric symptoms, a tympanitic tension of the abdomen, and, above all, a great anxiety for children, the patient was considered pregnant, and carefully watched for many months. When the illusion was destroyed, the lady became disconsolate; and punctilious in her notions respecting honour, she brooded over the possibility of her husband supposing that the courses had already stopped previous to her marriage. She consulted me, and was ready to submit to any operation. After a minute investigation of the case, I intimated my conviction that she was in perfect health, and that menstruation had ceased in an unusual manner. The patient would, I think, have given all she possessed to have been able to obtain another interpretation to the absence of menstruation, and left me unsatisfied. About a year after, I was asked to see the same patient, and learned, that having consulted some one else, she had taken steel, purgatives, and strong medicines, port wine and meat twice a day, without effect for the first few months, but then she had a terrific flooding. She had subsequently had continued sanguinoid discharge for several months, which had induced a state of great emaciation, and the usual symptoms of uterine disease. On examination I found a general painful swelling of the womb, with granulations on both lips. Leeches to the seat of the disorder, and the repeated application of nitrate of silver, cured these local diseases, but her nervous system never recovered the effect of an ill-advised treatment, and to use the mildest term, she is at all times in a highly hysterical state.

This sad case, and the foregoing hints, will suggest to a medical man the advice necessary to be given to women passing through this critical epoch, and with this I feel inclined to conclude a subject already perhaps irksome to many, but as women at that time are affected with so many indispositions and diseases pertinacious, complicated, and shrouded in such misty confusion, I shall redeem a former pledge by availing, in a concluding paper, to the treatment of those diseases, and for the sake of brevity I shall embody what I have to say under the heads—bloodletting, sedatives, purgatives, and local treatment.

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CASES IN MIDWIFERY.

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&c., &c., &c.

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THE relation of cases in every department of medicine is highly important to the profession, and in none is it more so than in midwifery. It is, however, the duty

of the practitioner truthfully to register his unsuccessful cases, as well as those which terminate successfully; any other course is culpable. The value of cases does not consist in a selection from the case book of those only which tend to the greatest *éclat* of the writer; this may feed his vanity, but it deceives the profession. If a full and candid statement is made of all, then the aggregate will furnish data from which correct statistical tables can be drawn out. Every medical practitioner ought to have sufficient moral courage to stand against both professional and popular opinion, and be guided by a higher principle in the discharge of his duty. It is no less desirable that Christian charity should abound in us as a body, which would lead, and indeed make each and all of us always ready to allow for the want of success in others.

CASE I.

CÆSAREAN SECTION.—(*Unsuccessful.*)

On Tuesday evening, Feb. 21, 1841, Mr. Dunn, surgeon, of Manchester, and Mr. Goolden, of Stockport, called upon me to request my opinion on the case of Mary Forrest, who resided at Stockport. She was the patient of the latter named gentleman, from whom I learned the following particulars:—He had visited her at 1 o'clock, P.M., the day before (Monday.) She was at the full period of gestation, and had violent and regular pains in the back. Mr. Goolden made a vaginal examination, and found the pelvis very much distorted; he thought she could not be delivered unless by the Cæsarean section. A grain of opium was ordered to be taken every two or three hours, until the pains abated, which happened after six doses had been taken. When Mr. Goolden visited her on Tuesday morning he found her nearly free from pain. Her bowels being constipated, some pills, composed of aloes and calomel, were prescribed. He again examined her per vaginam, and concluded that her delivery was impossible, except by the means already stated. He further said on the evening of this day, (Tuesday,) when at my house, that she was now entirely free from pain, and on inquiry said he did not think that labour had commenced. The object of his coming over to Manchester was to request me to visit the patient the following day, and examine the pelvis, so that clear and definite views might be had, and what course should be adopted when labour came on. On Wednesday I accompanied Mr. Dunn to Stockport. We found Mary Forrest in bed, and so helpless as to be unable to turn herself. Her countenance was short and inexpressive; her lips thick; her eyes blue; on the cornea of the right eye there was a considerable opacity, the result of an injury from having been struck by a shuttle. She had been employed as a power-loom weaver in a cotton factory. Her age was 38 years. This was her third pregnancy, though an unmarried woman. Her first labour, which was natural, happened nineteen years since, and the child was a boy. About eighteen months before her present labour she became pregnant a second time, and aborted at the end of two months. She had suffered during the last five or six years violent rheu-

matic pains, but otherwise her health had been good until within the last few months. Her stature had become considerably less, and her legs and thighs were very oedematous. She said she felt the movements of the infant, which on first placing my hand on the abdomen, I thought I perceived; but keeping it steadily applied, I soon found that it was only slight contraction of the uterus. The stethoscope was used, but gave us no evidence of its being alive. The abdominal parietes were extremely thin, and felt very flabby. The uterus projected very much forward, and lay over the symphysis pubis to such a degree, that when the patient was placed in a sitting position in bed its anterior surface rested on her thighs. Her breech was gibbous, and her thighs approximated considerably more than natural. The discharge from the vagina was of a dark colour, and had a putrid smell. Her constitutional condition was very bad; pulse 140; tongue furred; great thirst; continual vomiting; great abdominal tenderness and tension; bowels not moved for two days.

By a vaginal examination the pelvis was found to be considerably distorted, the outlet was so much diminished as to render it difficult to pass the hand, in order to ascertain as precisely as possible the measurement of its several parts. The arch of the pubes was nearly destroyed by the near approximation of the rami of the ischia and pubes, there being only a narrow slit which just admitted the point of the finger. Between the tuberosities of the ischia I could barely place three fingers. The coccyx was considerably incurvated upwards and forwards. The brim was tripartite in figure, or composed of three divisions. This altered shape was produced by the upper portion of the sacrum, and the last lumbar vertebræ standing so very much forwards and downwards, inclining a little more to the right side, and by the body of the ossa pubis and ischii being forced backwards and inwards, and the rami and symphysis pubis jutting forwards. On the right side I could just place the point of the index finger, and on the left I could pass two fingers, one lying partially over the other. Neither the presentation of the child or the os uteri could be felt.

Although my attendance was specially requested to explore the pelvis in anticipation of labour, and conclude on the measures which must be adopted when it supervened, we were compelled now to decide on her delivery, as she was, and had been, in labour since Monday, when the membranes must have ruptured, as I ascertained she had a dribbling watery discharge afterwards. We unanimously agreed that she could only be delivered by the Cæsarean section. When we apprized this poor creature of our decision, she readily consented to submit to any plan we considered necessary. An enema was administered, but it did not act. The catheter was passed, and about an ounce of urine withdrawn; afterwards I placed the hand on the abdomen, and found still a fluctuating tumour, which induced me to pass a longer catheter, and by a careful manipulation it was carried higher, and succeeded in further removing a considerable quantity of urine.

In the first place we arranged the duty which each gentleman had to perform. Mr. Cheetham and Mr. Pigott joined us to witness the operation. I commenced to make the incision a little above the umbilicus on the left side of the linea alba, and extended it downwards towards the pubes, so as to be about six inches in length. In consequence of the very attenuated state of the abdominal parietes the uterus was at once exposed, and its tissue partially cut. It was necessary to raise the deflected uterus upwards before the external incision was made. About a pint of water with a large portion of intestine now escaped. This portion of bowel, which had been dangerously exposed to be wounded, being effectively drawn aside by Mr. Dunn, I fully divided the uterus in the line of the wound first made into it. The placenta was now exposed, the greater part of which lay more towards the right side of the incision, and maintained its adherence, whilst that on the left (the smaller division) was separated by the contraction of the uterus. Mr. Dunn immediately passed his right hand in search for the feet of the infant, and his left along the body to guard its neck from being spasmodically seized during its abstraction (a caution given to him by me) having in a previous case met with this disaster. Having gained firm hold of the feet of the infant, he very cautiously and expeditiously drew the body forth, until the neck came to pass, which was then firmly grasped by the uterus, and the head thereby detained. The womb had an appearance as if it was indented, and strongly reminded us of its condition in hour-glass contraction. The difficulty at last overcome, the infant (dead and partially putrid) was completely removed. The adherent portion of placenta was detached, and wholly extracted. Not more than a few ounces of blood were lost. The intestines were much distended with air, and were difficult to keep in position during the operation, and could not be replaced or retained after it until the wound was contracted by sutures. Their peritoneal coat was highly inflamed. The edges of the wound were brought together by interrupted sutures, and maintained by straps of adhesive plaster, and supported by a bandage placed round the patient. She bore the operation with great fortitude, and indeed scarcely made a complaint during its performance. Afterwards she said she had not suffered so much pain as she had felt from some of the unavailing parturient pains. She now expressed herself as being very comfortable.

Nine o'clock P.M.—Considerably worse; pulse 140; tongue furred; great thirst; vomits continually; surface cool; countenance anxious; great tenderness of the belly; clyster not returned; had no sleep; a little urine passed; ordered to take Morph. Acet., gr. j.

Thursday 23rd.—Two o'clock A.M.—Mr. Goolden visited her; pulse 160; vomiting unabated; matter rejected of a dark colour; skin rather warmer; breathing quick; belly very tender; had no sleep; bowels still constipated. Ordered Morph. Acet., gr. j.

Nine o'clock A.M.—Mr. Goolden and Mr. Cheetham reported that she continued to vomit the same fluid; skin warmer; pulse less frequent and countenance less

anxious; bowels moved; passed urine; lochial discharge; abdomen tense and sore. To take Morph. Acet., gr. j., and saline effervescing mixture.

Half-past one o'clock P.M.—Mr. Goolden was urgently summoned; it was stated she was dying; he found her very drowsy or lethargic; had great difficulty to rouse her; pulse 140; countenance flushed and rather bluish in colour; no vomiting; abdomen distended.

Two o'clock P.M.—Present—Dr. Radford, Mr. Goolden, Mr. Dunn, and Mr. Piggott. She still continues very drowsy; pulse 140 and very tremulous; skin bedewed with a cold perspiration; her countenance is sunken, and her cheeks are of a purplish colour; her breathing very hurried, with mucous rle; does not vomit; belly tympanitic; bowels not moved. Ordered an enema with Sp. Terebinth., &c.

The symptoms continued to grow worse until seven o'clock (*vespere*), when she expired, having lived about twenty-seven hours after the operation.

Body examined twenty hours after death, by Mr. Dunn and Mr. Gaskell, in the presence of Dr. Radford, Mr. Goolden, Mr. Piggott, and Mr. H. Winterbottom. General tumefaction of the abdomen; its parietes being extremely thin. The edges of the external wound were nearly altogether adherent; adhesion of the peritoneal surfaces of the intestines and that of the abdominal parietes. On breaking through these adhesions, about a pint of bloody serum was discharged. The convolutions of the bowels were firmly united, and effused lymph was seen on their surfaces. The colon adhered to the uterus. We were particularly struck by the very remarkable pallidity of the tissue of the intestines when compared with their highly injected vascular state seen during the operation. The uterus stood obliquely; the wound in this organ was three and a half inches long; its edges were flabby and gaping; the os was very patulous and its lips ragged and gangrenous. The lower portion of the cervix was very soft and dark coloured. The internal surface of the uterus was softer and darker in colour than usual. The gall bladder large and full; spleen healthy; the left kidney externally natural, its pelvis large, and it contained a creamy coloured fluid; right kidney smaller than usual and contained a similar fluid; the legs very cedematous. Pelvis removed, found an excessive quantity of fat about the pelvis and back.

Pelvis.—Brim tripartite in shape.

From upper edge of the 5th lumbar vertebra to the inner surface of the symphysis pubis $2\frac{6}{8}$ inches.

From side of the said vertebra to the ilium behind the acetabulum on the left side $\frac{5}{8}$ of an inch.

From side of the said vertebra to the ilium behind the acetabulum on the right side $1\frac{1}{8}$ inch.

From the inner surface of the pubes anteriorly, to the acetabulum on the right side $3\frac{7}{8}$ inches.

From the inner surface of the pubes anteriorly, to the acetabulum on the left side, $3\frac{1}{2}$ inches.

Cross measure of the widest portion of the anterior slit $\frac{5}{8}$ of an inch.

Cross measure at the point of anterior slit $\frac{2}{8}$ of an inch.

Outlet.—From the point of the coccyx to the lower edge of the symphysis pubis $2\frac{5}{8}$ inches.

From the widest part of the anterior slit to the coccyx $1\frac{2}{8}$ of an inch.

Depth of the anterior slit 2 inches.

Between the anterior edges of the tubera ischii $1\frac{6}{8}$ of an inch.

Between the posterior edges of the tubera ischii $2\frac{1}{2}$ inches.

From the right spine of ischium to the coccyx $\frac{6}{8}$ of an inch.

From the left spine of ischium to the coccyx $\frac{5}{8}$ of an inch.

Depth of the fore part of the pelvis $3\frac{5}{8}$ inches.

„ lateral part of the pelvis $3\frac{6}{8}$ „

„ posterior part of pelvis 3 „

Distance externally between the bottoms of the acetabula $1\frac{7}{8}$ of an inch.

Distance internal measurement $1\frac{3}{8}$ of an inch.

Distance between the superior spinous processes of the ilia $7\frac{1}{2}$ inches.

Distance between the inferior spinous process of the ilia $4\frac{7}{8}$ inches.

Distance between the centre of the crests of the ilia 10 inches.

Distance from the upper edge of the 4th lumbar vertebra to the inferior spinous process of right ilium $1\frac{6}{8}$ inch.

Distance from the upper edge of 4th lumbar vertebra to the inferior spinous process of right ilium, $2\frac{6}{8}$ of an inch.

Remarks.—Mollities ossium, under which this woman suffered, usually commences during pregnancy, but in her case it most likely begun at the time she first complained of pains in the back and hips. The disease most probably made little progress until her second pregnancy, when no doubt it was much aggravated, but its ravages on the pelvic bones were chiefly made during her last gestation. Some of her relations had suffered from rheumatism, and it was said that she had laboured under the same complaint, but for anything I know to the contrary, they (her relations) might have had the disease now under consideration. The predisposition then (most likely hereditary,) remained comparatively undisturbed, until roused into activity by those changes which are produced on the vascular and absorbent system by impregnation. Her occupation as a weaver no doubt greatly contributed to increase the degree of pelvic distortion. The projection of the promontory of the sacrum and lumbar vertebr mechanically impeded the passage of the fces into the rectum, which in such cases is always an additional cause of constipation, and which almost invariably occurs, to a greater or less degree, in ordinary pregnancies.

The enema apparatus should have a long flexible tube, (like that which is passed into the stomach to throw fluids into it,) so that its point can be carried beyond the altered pelvic brim. An ordinary female

catheter is too short to answer its purpose in cases of this sort, it should be equal in length to that of the male. By the deflected state of the uterus the bladder is forced forwards and downwards, whereby its cervix is lengthened and compressed upon the pubes. This altered position of the bladder requires a different method to pass the instrument. The point being introduced into the meatus, (which lies in the upper part of the anterior pelvic slit, and a little behind the lower part of the symphysis pubes,) the hand part must then be depressed and carried backwards towards the extremity of the coccyx, and the instrument must afterwards be cautiously moved on into the bladder.

The stethoscope affords us information of two kinds—positive and negative; in its application here we only derived the latter kind. The pulsations of the infant's heart could not be heard, and from the absence of its sound, coupled with the odour of the vaginal discharge, we concluded it was dead. The functions of the placenta had long ceased, and therefore no *soufflet placentaire* was audible, so as to point out to us the location of this organ. If it had been otherwise, I might, and indeed ought, as far as possible, to have made the incision into the uterus, so as to avoid cutting on and into the placenta. The importance of such a procedure I had stated, before the operation, to Mr. Dunn, and requested that he would, as expeditiously as possible, extract the infant, and at the same time pass one hand to guard its neck from spasmodic seizure by the uterus, if perchance I should unfortunately cut upon the placenta. I have elsewhere (*Edin. Med. and Surg. Journ.*, Vol. 60, p. 67,) ventured to state this, (the incision and consequent partial separation of the placenta,) as the cause of this irregular contraction of the uterus. If the child had been alive, most likely such a grasp would have destroyed it before it could have been extricated.

It is to be lamented that the existence of labour had not been earlier known, as perhaps a different termination would have taken place. To wait for the changes which usually occur in the os uteri, during the first stage of normal labour, is a great mistake in those cases in which there exists extreme pelvic distortion. This part of the uterus is not often to be felt, and when it is accessible it is found a little open, its full dilatation having been prevented by the vicious conformation of the brim of the pelvis. The evil arising from this procrastination ought to be a beacon to us in future, and guard us against vainly waiting for such a change. The highly inflamed state of the bowels which existed before the operation, and their pathological condition after death, together with that of the os and cervix uteri, &c., afford indisputable evidence of the mischief which had been inflicted during her protracted labour.

The term protraction should be relatively considered; a woman (as in this case) in a bad state of health cannot safely endure the same degree of pain, or for the same length of time as one who is well; nor will the os and cervix uteri bear pressure very long, without structural injury.

Surely there is here sufficient proof of the necessity

of the Cæsarean section, for neither the presentation of the infant nor the os uteri could be touched. Independently of these circumstances I am bold to assert, the delivery could not have been performed by the perforator and crotchet, even if assisted by the marvellous power of the osteotomist, provided the implements were used by the most experienced and celebrated anti-Cæsareanists. No practitioner, then, however warped his opinions are, will presume to attribute the death of this poor creature to the operation; but on the contrary, will place the case in the catalogue (already too great) of those in which death has happened in consequence of having too long deferred its performance.

ON

GOUTY INFLAMMATION ATTACKING THE STRUCTURES OF THE EAR.

By WM. HARVEY, Esq., M.R.C.S.L.,

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GOUTY inflammation of the ear, whether it attacks the external or internal part of the ear, always appertains to the uncertain class of suspicious diseases, for if the patient be really re-established in health, still he is never secure from relapses. The prognosis is most favourable when the inflammation is seated in the external part of the ear, when the individual is young and strong, and is in such a state that everything necessary for his cure can be applied. It is less favourable if the patient is very weak and sensitive, is advanced in years, or of a cachectic habit, and has been frequently exposed to attacks of gout; changes have then taken place in the meatus and membrana tympani, whereby the nutrition of these parts, as well as the function of hearing, becomes injured. The internal gouty inflammation of the ear yields an unfavourable prognosis, for in it such disturbances and total changes of the tissues and structures take place, are followed, if not by complete deafness, at least by an extreme degree of hardness of hearing.

In the treatment of gouty inflammation of the ear, the first care of the surgeon should be to see that the patient is withdrawn from the noxious influences which first occasioned the disease, and that the inflammation is checked. In order to attain this end, every action of cold damp air, and above all, of everything which might promote or add to the congestion of blood in the head and ears, must be avoided; on the contrary, living in a dry, temperate air, spare diet, food easy of digestion, and perfect rest of mind and body, are recommended. It is easy to see that in the commencement the so-called antiarthritics, which in general belong to the class of the exciting medicines, are not applicable, and that only an appropriate antiphlogistic mode of treatment is admissible. In this case one must be directed partly by the age and constitution of the patient, partly by the seat and degree of the inflammation, as well as by the