of the nervous and vascular excitement, and relieving pain; and counter-irritation, particularly blistering, is invaluable, by exciting the action of the absorbents near the seat of the lesion, and in that way relieving the distension of the vessels. But all these remedies combined will not prevent a case of pericarditis making progress to that stage which ends in adhesion and premature death.

I have carefully examined the works of Stokes, C. J. B. Williams, Watson, Elliotson, Hope, Copland, Joy, and Latham, and I find my opinions borne out by all of them. I am convinced that *mercury* has the power of doing *something more* in inflammation of the pericardium than venesection and other antiphlogistic remedies can do; and that, upon this something being done, the life of the patient often depends.

Dr. Taylor, one of the physicians to University College Hospital, who took the highest honors both in the College and University of London, has published in the *Lancet* forty cases of pericarditis, which he has treated in the Hospital under the constant inspection of the pupils. I have read them all, and he has never once omitted to do all in his power to bring the patients under the specific influence of mercury; *where he has failed to do so his patients have died*, but where he has succeeded his patients have generally recovered. These cases are worth reading, being written by one whose knowledge of the disease is more extensive than that of most authors.

In *iritis* the influence of mercury is quite visible in removing effused lymph, and it thus obviously promotes absorption as well as prevents effusion. In syphilitic ulcers mercury soon removes the callous indolent margin. I have heard an opinion canvassed that mercury destroys the red particles of the blood, and produces a disposition to erythematic inflammation which is incompatible with healthy or plastic. But, if this be true, how can healthy lymph be thrown out, and granulations formed, in such numerous instances under its influence, as we are constantly in the habit of observing? It is more probable that the specific action of mercury *changes the condition of the blood*, and *diminishes the quantity of fibrin and white corpuscles*, as we find mercury most useful when the blood is buffed, and in serous and fibrinous inflammations, where effusions take place to a great extent.

Dr. Latham says, "my experience tells me that whenever the exocardial murmur has ceased early, *salivation* has first taken place." And in the relation of the events of the ninety cases, there were *two* in which he *could not* produce the specific action of mercury. *These two died*, and only one more. In another place, he says, "not in a single instance did the *exocardial murmur* cease to be audible, until *salivation* appeared."

Again he says. "In English practice, mercury is

given from first to last, but it is for a time as if it were not given at all, for it produces no sensible effect. Common antiphlogistic remedies, however, are able again and again to mitigate and subdue symptoms; and so, at the end of a week or ten days, the patients are *still alive*, yet they are *ready to die*; but in a great majority of cases they do not die. *Salivation arrives late, and seems to save them.*" !!

Colchicum, tartarized antimony, and aconite, ought to be mentioned as remedies, which occasionally, very much allay the excessive action of the nervous and vascular system. They require caution and judgment in administration, perhaps more so than those before mentioned.

In my own practice I have been in the habit of treating these cases by general bleeding to a certain extent, followed by cupping, leeches, and blisters; but I have placed my chief dependance upon well regulated doses of calomel and opium, and frequent frictions with strong mercurial ointment, until ptyalism is produced.

It would have been easy for me to give numerous other quotations to prove the necessity of putting pericarditic patients under the specific influence of mercury as *quickly as possible*, but space will not allow. I trust, however, that I have not uselessly intruded on this Journal, and refer, in conclusion, to the words of the illustrious Sydenham:—"Ars medendi (si quid ego judico,) in eo potissimum cardine vertitur, ut certa aliqua et consummata undique ac fixa Methodus Medendi in publica commoda tradatur, eam intelligo quae, satis magno experimentorum numero corroborata suffultaque, huic vel illi morbo devincendo suppar invenitur." Sydenhami Opera, Praef. Ed. Tert., 16.

Rotherham, 8th May, 1847.

CASES AND NOTES FROM HOSPITAL AND PRIVATE PRACTICE.

By C. M. DURRANT, M.D.,

Physician to the East Suffolk and Ipswich Hospital.

(Continued from page 122.)

CASE XIX.

HÆMATURIA; ASCITES, AND GENERAL ANASARCA.

An inkeeper, aged 45, of leucoplegmatic habit, requested me to visit him on the 4th of October, 1845. His medical attendant, whom I met in consultation, stated that his habits had been very irregular from excess in drinking; that he had for some years exhibited more or less of the hæmorrhagic diathesis, as evidenced by bleeding from the nose and gums; and that the commencement of his present attack was hæmaturia, followed by general dropsy. He had been out of health for a lengthened period, but the present severe symptoms had existed only for about a week. I found him in bed, his head and shoulders elevated by pillows, and breathing with difficulty; countenance

sallow; conjunctivæ injected and bilious; a scattered eruption of acne rosacea upon the nose, cheeks, and chin; tongue coated with a creamy fur; mouth sore from mercury; no thirst; appetite indifferent; bowels very irregular; evacuations yeasty; complains of a dull aching pain in the lumbar region, not increased by pressure; micturition painful; urine much diminished in quantity, the colour of blood, and containing a large quantity of coagula; abdomen enormously distended, tense, and with very evident fluctuation; its parietes, as also the thighs and legs, anasarcaous; scrotum greatly distended, and very painful; pulse nearly natural, and of good strength.

Percussion yielded a tolerably healthy resonance over the entire chest; breath-sound normal, unaccompanied by rhonchus, but of diminished intensity over the lower third of the right lung; no morbid dullness over the præcordial region, and with the exception of a faint blowing murmur accompanying the first sound of the heart, with its maximum over the apex, no abnormal phenomenon was elicited by a stethoscopic examination of this organ.

Ordered—cupping from the loins to twelve ounces; one sixth of a grain of elaterium every three hours, until free purging supervened; saline mixture, with hydrocyanic acid, and spirits of nitrous æther every four hours. To take good mutton-broth or beef-tea, with weak gin and-water as a beverage.

6th. Can now lie horizontally in bed; countenance improved; pulse 72, of tolerable strength; mouth very sore from mercury; has taken half a grain of elaterium in divided doses, from which he has derived great relief, this medicine having procured a discharge of a very large quantity of serum; abdomen less distended, and softer; pain in the back removed by the cupping; scrotum very painful, and not diminished in size; urine still contains coagula.

Repeat the cupping to the loins to twelve ounces; four needles to be inserted into the scrotum; three grains of the iodide of potassium to be added to each dose of the mixture.

8th. Has taken cold, and complains of severe pain in the forehead, which presents an erythematous blush; pulse 80; abdomen diminished in size, and much less tense; scrotum very painful, its integument erythematous; penis greatly distended with serum; urine escaping involuntarily.

Medicine to be continued; to repeat the elaterium; to use a urinal; and to have the scrotum constantly covered with flour.

10th. Erysipelas on the face continues; mouth still very sore; pulse 84; abdomen and legs much diminished; the scrotum still enormously distended, less red, and not painful. One-sixth of a grain of elaterium produced copious watery evacuations; urine still contains much blood, but is free from coagula.

The elaterium to be repeated; face to be covered with flour; to take one grain of gallic acid, with each dose of the mixture; the fluid to be evacuated from the scrotum by means of a small trocar.

13th. Two pints of serum have been drawn off from the scrotum; free purging, with great relief, has

again followed the pill; erysipelas greatly disappeared; tongue cleaner; mouth less sore; appetite good; abdomen tympanitic, and now contains but little fluid; scrotum again distended; lower extremities less œdematous; urine still laden with blood; pulse 90, of moderate strength.

Trocar to be re-introduced; repeat the elaterium; to take two grains of gallic acid three times a day. Continue the mixture.

17th. Continues to improve; erysipelas has disappeared from the face; pulse 86; fluctuation in abdomen not perceptible; œdema of scrotum and thighs much diminished; has been freely purged by one-sixth of a grain of elaterium, taken every morning, and by which he expresses himself greatly relieved. Urine contains much blood.

Elaterium to be continued; to take three grains of gallic acid three times a day, with a mixture of sulphate of magnesia and tincture of colchicum.

24th. Marked improvement in every respect; pulse 80, soft and compressible; no œdema of lower extremities; penis and scrotum greatly reduced; integuments of the latter much thickened; appetite good; has continued to derive benefit from the elaterium, taken on alternate mornings; urine increased in quantity, and now contains but little blood; complexion improved; spirits very good.

To take one-sixth of a grain of elaterium every third morning; to continue the gallic acid, with a sixth part of the following mixture three times a day:—*R. Liq. Potassæ, dr. j.; Spir. Ammon. Arom., dr. iss; Tinct. Colchici, dr. ss.; Decoct. Sarzæ Co., oz. viiiss. M.* A mutton chop daily, with half a pint of porter.

From this period the recovery of this patient was uninterrupted, and from frequently meeting him, looking in good health, I conclude that he has remained free from a similar attack.

Remarks.—From the unhealthy cachectic condition of the above patient, the general prognosis in the first instance was highly unfavourable, and rendered more so by his intemperate habits of life, his age, and the existence of hemorrhagic diathesis. The effusion of serum, which obtained to so large an amount, depended upon a highly congested condition of, and consequently obstructed circulation through, the liver and kidneys, and partly perhaps upon a vitiated condition of the circulating fluid itself, as a result of general cachexia.

The effect of the elaterium was most marked; indeed, so great was the relief experienced by the full operation of this medicine, that the patient earnestly and repeatedly begged for its repetition. The introduction of a small trocar, for the purpose of relieving the enormously distended scrotum, was also attended with favourable results; indeed, in many instances of serous as well as purulent effusion, it may be questioned whether the relief to the system, and consequently the chance of recovery, would not be materially enhanced by the earlier removal of the fluid by paracentesis. The hæmaturia, (resulting also in part from intense congestion, and in part from cachexia,) although diminished as soon as the balance of the circulation was restored by the mercury, did not subside until a direct

astringent was had recourse to, and for this purpose, as I have almost universally found to be the case, the gallic acid acted most favourably.

Notwithstanding, however, this happy termination, and the immunity from a second attack, hitherto enjoyed by this patient, his life can but be regarded as resting upon a precarious basis. The murmur over the apex of the heart, although but feeble and not constant, was still of a permanent character, and indicated an imperfect condition of the mitral valve. From his addiction to spirit-drinking, unless this habit be relinquished, coupled with the cachectic state of the system, the liver must be regarded as being more or less prone to cirrhosis; or again, the kidneys, from repeated irritation and congestion, to sooner or later assuming the form of granular degeneration.

CASE XX.

UTERINE HÆMORRHAGE; DEATH: INSPECTION.

While staying from home, I was summoned in haste to visit Mrs. —, aged 73. On arriving at the house I was informed that she had been for four years the subject, at intervals, of uterine hæmorrhage, and for which she had been under the care of two or three medical practitioners. On the previous Sunday she had walked to and from church, without increasing the discharge, and her health and strength for some weeks had, it was stated, materially improved.

I found her in bed; face pale; countenance leucoplegmatic; skin cool; in good spirits; pulse 70, of moderate strength; tongue clean; appetite had been tolerably good; bowels regular; hæmorrhage from the uterus copious and clotted, but unattended by pain. Abdominal pressure produces no uneasiness. Has never suffered much pain or sensation of bearing down in the region of the uterus, neither has she been the subject of much vaginal discharge. An examination had once been submitted to, but it was unattended, so far as I could ascertain, by any definite result. The existence of polypus has been suspected. The lady herself attributed her malady, or at all events an aggravation of it, to violent sea sickness, when crossing the Channel. She had used occasionally injection of Matico decoction, and also of the Tinctura Ferri Sesquichloridi.

The most perfect quietude was now enjoyed; the constant application of cold vinegar and water to the pubic region, and the diluted sulphuric acid, with laudanum, every four hours during the night.

On the following morning I met the family medical attendant in consultation. Our patient had passed a good night; the hæmorrhage had diminished, and the same means were directed to be persevered in, with the addition of two grains of gallic acid every four hours.

In the afternoon of the same day, a hurried message was received, stating that "Mrs. — was dying." On arriving at the house, we found that profuse hæmorrhage had supervened, the patient was blanched, and pulseless, and breathing with great difficulty; the sounds of the heart very feebly audible, and below sixty in the minute. Brandy and ammonia were immediately administered, which having the effect of

producing vomiting, happily restrained the hæmorrhage. Under the liberal exhibition of brandy, the patient gradually rallied; and in the evening of the same day being summoned home, I had not another opportunity of seeing Mrs. — again alive.

For the following interesting report, informing me of her death, I am indebted to the kindness of her surgeon, and which, with the account of the *post-mortem* examination, I give nearly in his own words:—

"Our patient, Mrs. —, sank on Wednesday morning" (a fortnight from the period of my last seeing her) "apparently from exhaustion. She had no return of hæmorrhage after you saw her on the evening of the first, until mid-day on the third, when she had considerable flooding, which did not stop by the usual means. I therefore had recourse to injecting the vagina with the Matico decoction, and plugged it with sponge, retaining it by bandage, and gave a few doses of *Secale cornutum*. She had no return of hæmorrhage whatever after this.

The treatment now consisted in occasionally giving castor oil as required; quinine, with acid and infusion of roses, and gallic acid in the form of pill with it; the strength supported by animal broth, wine, &c.; the plug changed and lessened in size, using at first astringent injections, and latterly, soothing emollient ones." This somewhat improved condition of the patient continued for about ten days, when (as farther stated in the report of her surgeon) "she suffered from spasmodic pain in the region of the colon and neck of the uterus, attended with spasmodic closing of the lower jaw, but there was no difficulty of swallowing when once the fluids were introduced into the mouth. She occasionally was able to open the jaw sufficiently to allow fluids to pass, but it would quickly become fixed again. This state of things continued for the last thirty-six hours of the poor patient's life. She occasionally slept, but there was not any great mitigation of suffering."

Post mort. m.—"I examined the body about ten hours after death, and found the contents of the chest perfectly healthy; the viscera of the abdomen were also healthy, excepting the colon, which was greatly distended with air, and contained a considerable amount of semi-fluid feces. Patches of the mucous membrane of this bowel were in a state of congestion; the rectum was quite empty; the uterus externally presented the natural size and appearance; the vaginal surface of the os was congested, and of a violet tint; chronic ulcerations existed within the neck. On cutting through its substance, it presented a softened pale appearance, easily breaking up with the finger, and infiltrated with purulent matter; this condition extended some lines within the neck. The body and fundus of the uterus were quite healthy. The vagina was covered with a muco-purulent secretion."

"I am at a loss" adds this gentleman, "to assign any other cause for death but exhaustion;" and to this condition, engendered by the long continued and profuse hæmorrhages, must the immediate cause of dissolution unquestionably be attributed—"death by anæmia,"—the circumstances attending the latter period of the

patient's existence, the syncope, the cold perspirations, the præcordial anxiety, the slow feeble pulse, and the convulsive closing of the jaw, all indeed indicating an insufficient supply of blood to the heart. While ulcerative induration of the cervix uteri is of very frequent occurrence, ulceration, with ramollissement of its texture, is, as far as I have witnessed, or have been able to ascertain, a rare circumstance, more particularly at the advanced age to which the patient in the present instance had attained. This lesion is slightly alluded to by Drs. Burns and Lever, and more fully described by MM. Duparcque and Colombat de l'Isère, in their respective treatises upon Uterine Disease. The description of the affection given by the latter author, under the designation of "Engorgement congestif avec Hémorrhagie," is so lucid, that I cannot forbear making a few somewhat lengthy extracts from his work, or rather from the translation by Dr. Meigs.

"This species of engorgement, which may occupy the whole, or only the neck, of the uterus, develops itself in the same manner as the preceding, ('Engorgement sanguin de la Matrice sans Hémorrhagie;') it is likewise produced by the same causes,—that is to say, by a fluxionary movement, which, in this case, is excessive, and in particular, more prolonged; and which, however, is always accompanied by an abundant and continued hæmorrhage. This sanguine discharge from the vulva, the colour, quantity, and consistence of which are variable, is the most constant symptom of the engorgement which occupies our attention. If we explore the parts by means both of the touch and speculum, we find the neck tumefied, softened, and of a more or less deep red colour. The mouth of the uterus, which is enlarged in proportion to the engorgement, as well as the whole surface of the tumour, is the seat of a sanguine exudation, which, though often considerable and permanent, does not at all diminish the congestion. The os tincæ, covered with clotted blood, appears smooth to view, but somewhat uneven to the touch; by gentle pressure, we perceive a slight sensation of crepitation, and cause an oozing of black blood, which escapes as from a sponge. When the disease has reached its last stage, the skin assumes a yellowish straw tint, as in ordinary cancerous affections; the eyes seem dull; and if some women are observed to retain a certain degree of *embonpoint*, it is because the surface of their bodies has become the seat of a general bloating, which conceals the wasting of their muscles. On examination per vaginam, the neck of the uterus is found to be macerated, and transformed into a sort of ulcer, presenting a layer, which is softened and putrid, surrounded by a hard and, as it were, scirrhus tissue. Hæmorrhagic engorgement which has reached this stage is extremely serious, and there is no hope of seeing tissues, so profoundly changed, return to their normal condition. In general, the danger of the disease is in proportion to the violence and duration of the uterine hæmorrhages."

At the commencement of the above case, when hæmorrhage first occurred, or perhaps before this

symptom obtained, the os and cervix uteri were probably simply congested, and this condition becoming aggravated by the violent efforts of retching caused by seasickness, merged into a state of intense engorgement or subacute inflammation, which in its turn, having continued for a lengthened period unsubdued, gradually advanced to that of ulceration, and finally softening of the surrounding tissue.

The measures adopted were successful in suspending the hæmorrhage, but from the nature of the lesion this result could only be regarded as a temporary alleviation. As in very many instances in which the os and cervix uteri are irreparably diseased, we found upon inquiry that the general symptoms had at no period become prominent by their severity; indeed the only direct symptom indicating the existence of uterine lesion, had been and was the repeatedly recurring hæmorrhage; but this, although contingent only, nevertheless became at once a dangerous and alarming circumstance, and called for immediate attention.

The consideration of cases like the present is highly instructive, inasmuch as they demonstrate the great importance of early examination and early treatment. Tactile exploration and the speculum became absolutely necessary to the satisfactory elucidation of this class of cases, since early treatment can alone avail and prevent those distressing sequelæ, which, if neglected, sooner or later so inevitably follow.

(To be continued.)

REPORT OF CASES OF STRANGULATED HERNIA, WITH OBSERVATIONS.

By CLEMENT HAWKINS, Esq.,

Surgeon to the Cheltenham Dispensary, and Female Orphan Asylum, Cheltenham.

(Continued from page 259.)

REMARKS.

In performing the operation in the cases which form the subject of this communication, the old practice of opening the sac was adopted. I have never witnessed an operation for strangulated hernia in which the stricture was divided and the contents of the sac reduced, without exposing its contents. I have repeatedly seen the attempt made by the most skilful anatomists and dexterous surgeons, but it has always failed, and in many instances the patient has been subjected to the inconvenience of a larger hernia than existed before the performance of the operation, by the division of the external abdominal ring.

About twelve years ago I heard one of the most able and accomplished surgeons in England say, that, however desirable it may be to divide the stricture, without opening the sac, it was a proceeding involved in difficulty, and generally inapplicable in practice. This opinion is opposed to the experience of that excellent surgeon, Mr. Aston Key, to whom is due the merit of reviving the operation of Petit. This gentleman attributes much of the success he has met