râles in the chest; the tongue is tremulous, and subsultus tendinum is present; no sleep; pulse 110, rather sharp; urine scanty, and high-coloured.

To have the wet sheet for one hour, and blankets for three hours. Milk and water to drink. The abdominal complication was most marked in this case—a true typhoid gastro-enterite.

10th. Continues in many respects the same; the diarrhoea, however, has subsided. Was ordered a repetition of the treatment, and the vinegar and water lotion to the head.

11th. Says he is better to-day; the skin is cooler, and inclined to moisture; face very little flushed; tongue becoming less dry and red; headache better; no pain in epigastrium or abdomen; bowels confined; urine free, and paler; less thirst; pulse 110, but not so sharp. To repeat the wet sheet as before.

12th. Convalescent; slept the whole of the night, and makes no complaint this morning, except of weakness. Face cool; headache gone; tongue clean and moist; urine free; pulse 64, very soft; appetite returning. To have mutton broth, and bread and milk.

13th. To have rice pudding and meat.

16th. Is able to walk in the yard, and may be considered well.

CASE III.

Thomas Gafen, Irish, aged 14, of healthy habits, ill for three days.

July 8th. Face flushed and anxious; skin very dry and hot; tongue of a vivid red, and in the centre covered with a dirty cream-coloured fur, becoming dry and black in places; great thirst; throbbing pain in the head, epigastrium, and limbs; pulse 120, wiry, and small; considerable tenderness in epigastrium; gurgling in iliac region, accompanied with diarrhoea; the respiration hurried; frequent cough, and universal sonorous râles in the chest; no sleep; urine scanty. Was ordered the wetted sheet for one hour, and blankets for two hours. Hair to be cut short, and the wetted cap applied. Milk and water to drink.

9th. Continues in all respects the same, except that the skin is somewhat cooler.

10th. Wonderfully better; slept much in the night; aspect natural; no heat of face or skin, which is inclined to moisture; tongue moist, and losing its fur; very slight thirst; urine free; bowels open twice since the 10th, and has lost all pains in the head and epigastrium; pulse 76, soft. No further application was ordered.

On the 14th the boy was allowed to sit up, and have meat, and was considered convalescent.

May we not draw the following conclusions from the facts adduced:—

1. That the judicious use of the wet sheet has a powerful influence in relieving many of the most distressing symptoms of fever.

2. That if applied *very early* in the disease, it may in some cases arrest its further progress.

3. That if used *later* in the disease it has a controlling influence, bringing the fever to a termination much earlier than by any other known treatment.

4. That the ordinary complications of fever are no arguments against, but rather for, its use.

5. That with this treatment, weak broths and milk and water, *ad libitum*, may be allowed.

6. That the first symptoms of the subsidence of the fever, were a cool and often moist condition of the skin, a diminution of thirst, and an improvement in the tongue. When these changes occur, the treatment must directly be discontinued, and bark, and better diet be ordered.

7. That some of the worst cases of typhus fever were convalescent and walking about on the fifteenth day from the commencement of the attack.

HISTORY OF TWO CASES OF POLYPUS UTERI.

By EDWARD JOHN SPRY, Esq., Truro, Surgeon to the Royal Cornwall Infirmary.

(Read at the Annual Meeting of the South-Western Branch of the Provincial Medical and Surgical Association, held at Truro, July 16th, 1847.)

CASE I.

M. A. K., aged 43, was admitted into the Infirmary, on the 28th of January, 1847, as a case of menorrhagia, under the care of Dr. Carlyon. She is the wife of a mason residing at Redruth, and the mother of nine children. She says that she enjoyed good health until two years since, when irregular vaginal discharges commenced, accompanied with pain in the back; that about nine months since she was seized with a violent pain in the abdomen, which obliged her to keep her bed for some time, during which she was attended by Mr. Roan, who told her that she had "a gathering in the womb;" that she has since had every few days a profuse, sanguineous, and purulent discharge; that she has found no relief from medicine, and that lately the discharge has been almost entirely sanguineous, and occasionally so profuse as to cause fainting.

February 2nd. Dr. Carlyon being absent, the case fell under the management of Dr. Barham, who, this morning requested me to examine the patient, as he suspected the existence of a polypus, so called. The discharge of blood had been excessive during the night; her countenance was very sallow; pulse 100. I found a large tumour occupying almost the whole of the vagina, attached to the uterus, within the cervix, and although I could not avail myself of Dr. Simpson's valuable uterine sound, I satisfied myself that there was no inversion, and that the tumour grew from the left side of the uterus, midway between the fundus and cervix, in which investigation I found a stout bougie a very useful aid.

12th. At Dr. Barham's desire, I applied a ligature to the neck of the tumour with the double canula, which procedure occasioned little or no pain. The hæmorrhage, which, from the patient's account, was sufficient to fill an ordinary chamber utensil in twenty-four hours, ceased from that moment, and did not return up to the time of her leaving the Infirmary,

which she did, on the 12th of March, in good health. The ligature was tightened daily, and I found it loose in the vagina on the seventh morning after the operation. The tumour is pyriform, of a very firm structure, but very vascular, and almost as pervious as a fine sponge, its lower surface has ulcerated, and the edges of that hollowed surface are flocculent.

CASE II.

Mrs. H., aged 42, mother of three children, had been in very good health until about three years since, when she began to be irregular, and for the last two years has been subject to very profuse uterine hæmorrhage. I saw her for the first time on the 22nd of April, of the present year; she was then very pale and sallow, and exceedingly weak from the almost continuous hæmorrhage that was going on. She complained of great pain in her back, and a sense of weight and pressure in the hypogastrium. Suspecting the existence of a morbid growth from the uterus, I induced, her, after a visit or two, to submit to an examination, when I discovered that the vagina was nearly filled with a large fibrous tumour, which bled freely under the gentlest pressure. Considering that there was no room for delay, I proposed a consultation with my friend Dr. Barham, who, concurring in opinion, as to the character of the tumour, and the seat of its attachment, (just within the os tincæ,) on the 30th of April I passed a ligature round it, as high up as possible, by the aid of the double canula, as described by Nissen, in "Richter's Anfangsgrunde." The application of the ligature, as in the former case, occasioned little or no pain; it was tightened daily, and on the morning of May 8th, I found the tumour detached. No hæmorrhage ensued from the first application of the ligature, nor has any returned to the present time.

Tremendous hæmorrhagic action came on, causing violent congestion of the head, lungs, and heart, and finally, of the abdominal viscera, which required to be met with suitable remedies, including the application of several dozen of leeches, and one venesection. The blood drawn contained very little crassamentum, and the patient informed me, that having accidentally cut her finger a few weeks before I saw her, a fluid escaped, almost colourless, from the wound. She has recovered, however, sufficiently to walk out, and being in the neighbourhood this morning, July 16th, I found her free from any urgent complaints. She told me that she had been unwell twice since the operation, at regular periods, and that she was entirely without any sanguineous or muco-purulent discharge.

[These cases were illustrated by preparations.]

CASE OF EXTRA-UTERINE FETATION WITHIN THE FALLOPIAN TUBE, FATAL BY RUPTURE AT THREE MONTHS OF GESTATION.

Reported by SPENCER COBBOLD, student at the Norfolk and Norwich Hospital, and pupil of John Green Crosse, Esq.

On the 10th of last December, Mr. Crosse was first summoned to Mrs. K—, who was suffering from

severe pain about the right iliac region, accompanied by general debility and slight constipation. Seven days before, she received medical aid from Mr. Spencer, who described her symptoms as those of great prostration, with a remarkably slow and feeble pulse, in fact, incipient syncope. It appeared almost evident to Mr. Spencer that she had lost blood, but having made diligent inquiry to that effect, he could in no way account for these formidable symptoms. Opium and æther combined were administered, and she had rallied considerably by the following day. The local pain first described was somewhat relieved by the application of two small successive blisters. The constipation yielded to gentle aperients, and at the end of a week medical services were discontinued. A few days subsequently, however, a relapse of the former symptoms prevailed, the costiveness presenting a more prominent feature in the diagnosis. The Oleum Crotonis, taken internally, here readily produced the desired effect, and little or no further treatment appeared necessary.

On the 3rd of January, at 9 p.m., after sitting up for several hours, the patient was suddenly seized with severe pain in the right iliac region, and sank rapidly, expiring after a period of two hours.

Autopsy forty hours after death.—The first feature of interest was the great distension of the abdomen, and the general exsanguine appearance of the corpse. The peritoneal cavity was loaded with dark, and chiefly coagulated, blood, (seven or eight pints at least.) As the investigation proceeded, a tumour was at length discovered in the right iliac fossa, (barely the size of a cricket ball,) the external surface having a delicate greenish hue, and the whole being semi-transparent, allowing a fœtus to be distinguished floating in a quantity of fluid. After separating the coagula from it, one third of the mass was observed to be enveloped by a cyst, the whole resembling in a great degree the universal ball and socket-joint; the pouch answering to the socket was evidently a part of the Fallopian tube, which had been enlarged and distended in so enormous a degree, by the contained and increasing fœtus and membranes, that at length it ruptured, giving rise to the hæmorrhage.

An elaborate and tedious dissection now followed; a ligature was applied to the vagina to prevent drainage, and the uterus and part of the vagina, together with the tumour, were removed *en masse*. The uterus was a little larger than in the unimpregnated state, and its inner surface was coated with a semi-gelatinous deposit, which could be easily scraped off with the handle of the scalpel; this deposit was about an eighth of an inch in thickness, and was all that the uterine cavity contained. The distended tube, after rupturing, had contracted at its base, so as to effect in part the expulsion of the fœtus and its membranes. In the right ovary the corpus luteum was observable on section; no other change was remarked, excepting that its bulk was greater than that of its fellow. The passage between the cystic portion of the tube and the uterus was found impervious and obliterated. The left ovary and Fallopian tube had undergone no perceptible change.

Norwich, July, 1847.