oozed out for several days; but it again closed, and he then felt the fever, &c. as above described, with sharp pains across the belly. On Thursday, 25th, a quantity of yellow thick matter forced its way out at the part where the operation was performed, and also at the part which had closed below. The discharge continued all night, and he was much easier than before, without fever, pain at lower part of belly, &c.

On Friday morning a bread and milk poultice was applied, and the discharge continued pretty copious until the following morning. Previous to the breaking of this abscess he had walked a quarter of a mile.

On the 1st of September, the two orifices were closed, but a fresh outlet appeared in the groin, and about a quarter of a pint of matter was discharged through two openings. He says that he feels much easier since this last discharge has taken place. He has very little fever, his appetite is very good, and he increases in strength, but sleeps very little.

The discharge continued freely from the two openings in the groin, but not from the two former places until Saturday, September 3. On that day he walked some distance, drank some wine, and when he returned home, the two orifices, from which the matter had been previously discharged, but which had for some time been closed, again opened and discharged about a quarter of a pint of yellow fetid matter as before. On the same day a diarrhoea took place without any evident cause; and, notwithstanding the administration of numerous remedies, continued to be profuse for seven days; at the end of which time it became less frequent. He continued in this state, being purged occasionally, once or twice a week. The discharge from the four openings, amounted to about a quarter of a pint daily, until September 23, when another abscess appeared about half an inch above the wound where the operation was performed. On the day following it burst, and discharged nearly half a pint of pus. The surrounding parts appeared somewhat inflamed and indurated. Poulices have been continued over the whole, the Pil. Opii being administered at night; and he is still, notwithstanding the great discharge, able to walk about a little, but complains of frequent pains in the diseased limb, and occasionally, he says, in the bone of the thigh. On walking, the limb swells from the hip down to the ankle. His appetite is very good, he eats five times per day, drinks two pints of porter, and occasionally wine, or wine and water.

In the expectation of inducing a more vigorous state of constitution by the assistance of country air, the patient now left London, and Sir Astley Cooper makes no note of having afterwards heard of him.

**CASES OF LACERATION
OF
THE POSTERIOR PART
OF THE VAGINA AND CERVIX UTERI,
SUCCESSFULLY TREATED.
BY JONATHAN TOOGOOD, ESQ.**

SENIOR SURGEON TO THE BRIDGEWATER INFIRMARY.

In a paper published by Mr. Birch in the 13th volume of the *Medico-Chirurgical Transactions*, he

states that lacerations of the posterior part of the vagina and cervix uteri always prove fatal. Having met with two cases of very extensive laceration of that part which healed completely in a short time, I think the publication of them may be useful.

CASE I.—Mrs. Collins, a delicate woman of thirty, was seized with uterine hæmorrhage at the seventh month, which recurred slightly twice before the completion of the eighth, when it increased suddenly to an alarming extent. It was then ascertained that the placenta was lying over the os uteri, and immediate delivery was determined on. At ten in the morning of the 19th of April this was effected without any particular difficulty, but with considerable hæmorrhage, which continued after the expulsion of the placenta, to such a degree as to make it advisable to introduce the hand for the purpose of checking it. I then discovered a very extensive laceration of the posterior part of the vagina, which extended to the cervix uteri. Another surgeon, who was present at the delivery, made, at my request, a careful examination, and satisfied himself of the nature and extent of the rupture. The uterus was well contracted. For two hours she remained in a most alarming state, the hæmorrhage continuing, with constant restlessness, fainting, and exhaustion. About half-past twelve she appeared to be rapidly sinking, when a violent fit of vomiting came on, which seemed to relieve her, and she slept for half an hour; but during that time it was often doubtful whether she was still alive. She was quite cold over the whole surface, and this state continued for three hours. Cordials and opium were administered unsparingly, and she gradually became warmer, and now complained of great pain in the belly. She suffered much from exhaustion, but had some sleep during the night.

Second day.—Her countenance was rather improved; the pulse perceptible, but very small. She had occasional sickness, and still some hæmorrhage: complained of excessive exhaustion, but not of noise in the ears, and loss of sight, but never quite fainted. Cordials and opium were given, and perfect quiet enjoyed. In the evening reaction commenced; the pulse became full, but easily compressed; the pain in the belly was increased, with feeling of great sinking and weakness. The catheter was passed, and effervescing medicines, with opium, given.

Third day.—The night was passed without sleep, and the pain in the belly much increased, with restlessness, thirst, full, frequent, weak pulse, sickness, and sinking feeling. The belly was fomented, the catheter passed, and an injection of warm water given; cordials and nutritious food were continued, with perfect quiet. I found her much the same in the evening; but she had slept a good deal at short intervals during the day.

Fourth day.—She had had no sleep during the night, and I found her extremely restless, hot, and flushed in the face, with a pulse of 140: complaining of extreme weakness, and fainting, with sickness and frequent vomiting: the belly tense, countenance exceedingly anxious, very talkative, and desponding. All the symptoms had become so much worse, that I scarcely hoped to find her alive on my next visit. The catheter was passed, a warm water injection thrown up, and an opiate given.

Fifth day.—I had the satisfaction of finding my patient in every respect better this morning. She had slept a great deal; the pulse was less frequent; the skin moist; the tongue, which had been dry and brown, was now moist, but the edges were apthous. She had made water freely, and the bowels had been relieved. The sickness had returned once only. She was much more tranquil, had taken nourishment frequently, and thought better of herself. After this day, my anxiety as to the result of this case ceased, and the improvement was so regular, that at the end of a month she complained only of weakness and slight purulent discharge. About ten or twelve days after delivery, finding there was a copious purulent discharge, I passed my finger gently into the vagina, and found that although the rent was still large, it was filling up. At the expiration of six weeks there was not the slightest discharge of any kind, and a long firm cicatrix could be plainly felt. I believe the success of this case may be fairly attributed to the great attention which was paid to it, and by following the treatment so judiciously recommended by Dr. Marshall Hall after great losses of blood. When the reaction commenced with so much pain in the abdomen, I was importuned by the friends to take away blood, under the impression that inflammation was going on, in which opinion they were joined by the surgeon who was present at the delivery; but I felt so satisfied that the symptoms arose from a different cause, and that the loss of a small quantity of blood, although attended, perhaps, with immediate relief, would, in all probability, have been fatal, that I determined to trust to opium, cordials, nourishment, and perfect quiet. My plan was admirably seconded by the unceasing attention of her husband, and her recovery was complete in every respect.

CASE II.—I was requested, by a surgeon of this place to visit Robert Stewart's wife, who gave me the following account of her case. She had been in labour a long time when he was called to her, and found the shoulder presenting, and the uterus closely contracted around it. The delivery was very difficult; and on introducing the hand to remove the placenta, he found a considerable laceration of the posterior part of the vagina, in which the cervix uteri was involved. The intestines were lying in the vagina, which he returned after he had extracted the placenta, and retained them with his hand until the uterus had contracted. In the delivery she complained of sudden and great pain, and the labour pains instantly ceased; violent hæmorrhage followed, and continued for many hours. It was going on when I saw her, and she was in such a state of exhaustion that she appeared to be dying. The abdomen was much swollen, and she could not bear the pressure of the bedclothes. The pulse was small and fluttering, and she complained of great pain. In the evening she made water, which considerably relieved her. On the third day, vomiting of a dark-coloured fluid came on, and continued so long and violent that she again appeared to be sinking rapidly, but was relieved by large opiates. After a number of alarming symptoms she recovered, but had a copious discharge of matter for six weeks, and could not stand erect for months afterwards.

Bridgewater, April 1841.

NEW VIEWS

OF THE ANATOMY OF THE BRAIN.

By Dr. FOVILLE.

OF the three methods which have been most generally used in examining the brain, the one employed by Dr. Foville is that by the vertical section, as it allows, more completely than either of the other two, the connexions between the brain and spinal marrow to be examined. De Blainville objects to this method, on the ground of its destroying the commissures, or those parts which connect together the two sides of the encephalic masses. He proposes a fourth method, which he has been in the habit of employing himself; and which consists in removing successively the layers of muscle and bone on one side of the head, from the falx superiorly to the foramina in the base of the skull inferiorly. This plan leaves the parts in their normal position, preserves their connexions, and is very little more difficult than the others, besides exhibiting the origin of the cephalic nerves, their exit through the holes of the skull, their connexion with the sympathetic, in a much clearer manner.

In order to make a just estimate of the extent and value of any discovery, it is necessary to be made acquainted with the progress made by those who have previously laboured in the same field. De Blainville gives a short summary of what was known of the brain and nervous system, previous to the researches of living anatomists, as follows.

The central nervous system, called cerebro-spinal, because it is contained within the vertebral bones of the cranium and spine, has for its base the spinal marrow. Taken as a whole in its entire extent, it may be considered as formed of two portions or opposite cones, applied base to base, like its vertebral sheath, and the muscles which move it at the termination of the spinal bulb. Of these portions or cones, the one, anterior and cephalic, is much shorter and more bulky; the other, posterior and rachidian, much longer and more slender. They are both in reality similarly composed of two symmetrical halves, like all the organs of animal life, and mainly differ in the degree of their development, their form, and the disposition of the second part of the cerebro-spinal nervous system, or that which has been designated under the general name of ganglions.

The central part, serving as a bond, base, and centre to the rest of the nervous system, communicates by connexions more or less extensive with the binary symmetrical masses, or ganglions. Of these ganglions, the one series is smaller, less pulpy, and gives origin to nerves which come or go to the sensorial or contractile circumference; the other series of ganglions has no nerves either afferent or efferent; their substance is generally thicker and more pulpy, and, like a species of accretion added to the central part, they appear, in the ratio of their development, proportionate to that of the intellectual or reflected sensorial faculties.

Lastly, without speaking of the distribution of the nerves, properly so called, those ganglions possessing an external apparatus communicate with the central part of the nervous system by radicular filaments, or, anatomically speaking, roots of two