no organic lesion or changes of structure are discovered by dissection. But if we admit that the brain is liable to paralytic collapse, as well as the nerves in other parts of the body, great changes of function will occur without either inflammation, organic lesion, or extravasation, having previously taken place, and the nature of the case may be explained satisfactorily without them. The length to which these remarks have extended prevents me from entering into the ratio symptomatum; but I cannot at present resist the conclusion that, under all the circumstances of this case, the total loss of sight, the partial loss of memory—a quality of the mind referable to the encephalon—the beneficial action of repeated blisters and other remedies, justify me in thinking that a portion of the brain itself was in a state analogous to paralysis, from which the patient recovered.

Douglas, Isle of Man, July 26, 1842.

C A S E
OF
UTERINE POLYPUS DURING CONCEPTION,
AND OF SHORT FUNIS.

By WILLIAM COLLYNS, M.R.C.S.

CASE I.—Mrs. L., aged 32, mother of nine children, and expecting her confinement for the tenth time, sent to me on the 22d of November, 1838, being, as she supposed, in labor. I found her suffering from uterine pains, which came on at short intervals, and were rather severe; there had been at first a considerable gush of blood, but no other premonitory symptoms. On examining *per vaginam*, I could not find the os uteri, which, from the very prominent size of the patient, I conjectured lay toward the sacrum beyond my reach. The pains having continued during several hours, without increasing in violence, I gave her an opiate, which had the effect of arresting them, and then I left her. I was again called to the patient on the 3rd of December; as I was from home, my son went in my place. He found the woman laboring under very severe pains; the os uteri partially dilated; the membranes ruptured; the liquor amnii draining away, but no profluvium, and the head presenting naturally as the pains continued, without producing any effect on the progress of the child. After six hours he gave a dose of the ergot, and repeated it in half an hour. The pains now became very violent, but the labor made no progress, though the head was low in the pelvis. At mid-day on the 4th my son sent for me, and thought I should bring my instruments, though, as he said, no apparent cause existed for their use; I saw her at four, p.m., when more progress had been made, and in about an hour the expulsion of the fœtus took place naturally, followed by that of the placenta. Our patient went on favorably, till the evening of the sixth, when she again had uterine pains, and was suddenly unable to pass her urine, assuring me she was about to give birth to another child. I had, of course, satisfied myself at the time of her delivery that there was no second fœtus, although I thought the uterus was rather large at that time, and certainly it did not subside as it ought to have done; supposing, therefore, it might now be pressing against the neck of the bladder, I

again examined *per vaginam*, and found a large substance partly there, and partly within the uterus; the lochial discharge was natural, but as the bladder was much distended, I passed a catheter and emptied it; immediately after this had been done, she had a severe pain, and on assisting her, a considerable sized body was expelled, when she became quite easy, and said she was entirely relieved. On examining the expelled substance, I found it was an organised tumor, of an oblong form, which had been attached to the uterus by a sort of neck, of about two inches long, the size of one's finger, a regular membrane investing the tumor everywhere, except at the apex of the neck; it was perfectly solid throughout, looking like flesh, with several small arteries and veins running through its substance; it measured sixteen inches in length, and eleven in circumference, and weighed two pounds and a quarter; it was, in fact, a polypus uteri. On reflecting on the history of the case, it seems probable that the tumor existed in the uterus previous to the last conception; that it occasioned the first attempt at expulsion, and was then probably partially detached from the uterus; it could not have been entirely so, as it was not expelled till a fortnight after, and was not at that period at all decomposed; it, no doubt, occasioned the labor to be so protracted at last, and it is strange that it was not entirely detached during the progress of the labor. The woman got perfectly well, but she says her size is much less than it was after her former confinement, two years ago.

CASE II.—Mrs. S., aged forty, mother of fifteen children, in the seventh month of her pregnancy with the sixteenth, having always had natural and safe labors, was suddenly seized, on the 15th of October, 1838, whilst in bed, with alarming hæmorrhage from the uterus, without any pain, but causing her to be very faint. All the usual remedial measures were directed for her—the recumbent position, perfect rest, cooling drinks, &c., when, at the end of a week, she was as well as before. On the 1st of November the hæmorrhage recurred with several large coagula, and without any pain. The same measures were resorted to with the same result; but there was a large secretion of milk in the mammæ, one of which became indurated and inflamed. Leeches, cold lotions—the usual treatment—were had recourse to without success. A milk abscess formed, and on the 18th of November it was punctured with great relief; there was no hæmorrhage after the 1st until the 13th, when it again recurred, apparently without any cause, and without any pain; it ceased as suddenly as before, but it occasioned me much uneasiness, as I felt assured that it was one of those very alarming cases where the placenta is attached over the os uteri. I, therefore, told her husband what I thought, and enjoined the greatest possible care and attention, as well as a perfect state of quiescence; but on the 29th the bleeding recurred, with great prostration of strength; on the 15th of December it again returned, and again on the 29th. The period of her gestation being now nearly terminated, I remained about and near her, with much anxiety, when, on the 3rd of January, I was summoned, and found that labour had commenced. There had been a considerable gush with the first pain, which had ruptured the membrane but there was then no hæmorrhage; and on mak

an examination I was delighted at not finding any placenta near the os uteri. The head was presenting; the labour was quick and natural; and, on the expulsion of a thin but healthy child, the whole cause for our previous alarm was very satisfactorily but unusually explained. The child was expelled, together with the placenta, by the last pain, when I found the funis was so very short that the abdomen of the child appeared to be almost in contact with the placenta; in fact, the cord was not quite *six inches* long, and I had some little difficulty in putting the two ligatures on it. Never having met with any case like this, during an extensive practice for thirty-five years, I have stated it, in order to afford one gleam of comfort to my professional brethren, when uterine hæmorrhage occurs in the latter months of pregnancy, since what has occurred once may occur again.

Kenton, July, 1842.

POISONING WITH OPIUM.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—If you think the following case worthy of insertion in your Journal, I shall be glad if you will give it a place. There are two or three points in it which deserve remark: the near approach to death of the little patient; its early age for mechanical treatment; and the recklessness of the mother in giving it so large a dose of opiate—a practice which is, I fear, but too common in the class to which she belongs; and the complication of the symptoms with teething—a condition requiring attention in the after treatment.

Your obliged servant,
ROBERT STORRS.

Doncaster, July 22, 1842.

About six o'clock in the evening of July 4, Catherine Doyle, aged seven months, was brought to my surgery apparently in a dying state. She was cold and pulseless, with livid lips and dusky countenance; eye-lids half closed; the globe of the eye upturned; pupils contracted; there was great stupor. It was stated by the mother, who came with the child, that as it had been restless for some time, she had been advised to give it a little laudanum, and had consequently given it about half a teaspoonful in the forenoon. At noon, when her husband came home, he thought it looked very ill, but the mother dared not tell him what she had done, as she began herself to think that she had done wrong. In the afternoon she also became seriously alarmed, and was advised by one of her neighbours to take the child to the dispensary, whence it was brought to me. It was then in the state above described. I saw there was no time to be lost, as it seemed to be in a dying state. I determined, therefore, to try the stomach-pump, and in lieu of the ordinary stomach-tube, which was, of course, much too large for so young an infant, I adapted to the syringe the largest elastic gum-catheter I had, and found it serve the purpose required very well. I injected into the stomach about a pint of warm water, having in solution two grains of sulphate of zinc, and brought the whole of it back again; for before I had

finished withdrawing the fluid, spontaneous vomiting came on, and the stomach was entirely emptied; the fluid returned, smelling strongly of laudanum.

As soon as this was done, and the tube withdrawn, the child's head fell, and I supposed it was dead. By artificial respiration, however, putting the child into a hot bath immediately, applying stimulants to the nostrils, &c., sensation and respiration returned. After a short time the pulse began to be felt, and in about an hour the child seemed to be much better, except that it was in a state of great exhaustion. It was now put into warm flannel, and placed in a child's cot in my nursery, where I left it for a time under competent superintendence. I had not long left the house before the child was seized with a violent convulsion. I was soon sent for, when mustard plasters to the feet, hot bottles, &c., were applied, and as I found it was cutting two teeth, I lanced its gums, and subsequently applied a leech to the forehead. From this time it gradually recovered, and was able to be removed home about eleven o'clock, p.m. The mother was requested for some hours not to let it sleep long at a time; and in the morning, when I called, I found the little patient quite restored.

LUXATION OF THE TIBIA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—The attention of your readers having been recently drawn* to the subject of luxations of the knee-joint, the remarkable discrepancy of authors in describing the position of the leg in the dislocation backwards, has been brought under notice. In the following case, the leg was at right angles with the thigh, and the ligament of the patella was *not* torn—in these points differing from each of the opposite conditions of the limb, mentioned by Sir A. Cooper and Boyer (*vide* Cooper's Surgical Dictionary, seventh edition). As it is probable that the circumstances which occasion these varieties, and the comparative frequency of each variety, will only be determined by the multiplication of individual instances, may I, on this ground, beg the insertion of the following notes?

Your obedient servant,
THOMAS T. GRIFFITH.

Wrexham, July 27, 1842.

January, 1821.—I was called to S. Evans, aged forty, of spare habits, but strong muscular frame. Whilst at work, above a very large wheel moving in connection with a steam-engine, he had fallen on its edge, and had been forced doubled through an incredibly small space between the wheel and a wall. The scalp was severely lacerated and contused; the inter-spinous ligament of the fifth and sixth dorsal vertebrae was torn through, and the head of the tibia was thrown behind the femoral condyles; the leg was at right angles with the thigh; the patella closely set on the trochlea, and its ligament on the full stretch, but not ruptured. After several ineffectual attempts at reduction, I proceeded in the following manner:—The man lay on his back, with the nates on the edge of

* See the Nos. for May 14, June, 11 and 18.