CASE.—On the 8th instant, I was summoned to Mrs. Rust, of Wilden, near Bedford, in labour for the third time. I found her of leucophlegmatic temperament, and naturally delicate. There had been so much hæmorrhage that the woman was nearly exhausted. On examination, I detected a globular, softish, spongy mass, immediately over the os uteri, which was flabby, and sufficiently dilated to introduce four fingers. A pain came on, and with it, a fearful gush of hæmorrhage. I was now certain that it was a case of placenta presentation. Perceiving that the woman was getting weaker, I determined immediately to remove the placenta, directing the administration of some brandy and water, and a full dose of ergot. I then introduced my hand, carefully peeling the placenta from its attachment to the uterus, removed it, divided the funis, and immediately the hæmorrhage ceased. Uterine action not coming on for some time, I repeated the secale, occasionally passing my finger around the inner surface of the os uteri, and shortly I had the pleasure of perceiving my patient rally. In about four hours from the time the placenta was removed, the fœtus was naturally expelled. The woman is doing very well. Success in these cases, in my opinion, depends upon prompt interference.

WILLIAM PECK, 14, Priory Terrace, Bedford.

P.S.—I have pursued this plan in two other cases, with the same advantage to the mothers as in the above case, and in one of the cases the child was saved; but I regret that records of the particulars were not preserved.

ON THE ADMINISTRATION OF CAMPHOR IN CHLOROFORM.

By WILLIAM DAVIES, M.D., Senior Physician to the Bath United Hospital.

In common, no doubt, with many other medical men, I have often felt it to be a matter of much regret that we do not possess a convenient mode of administering camphor in full doses. From the statement of the Messrs. Smith, of Edinburgh, and also from the comment made thereon in a late number of the Journal, I was led to suppose that the difficulty alluded to had no longer any existence, in consequence of the solubility of camphor in chloroform, and its non-precipitation on the addition of water or other ordinary vehicle. I am sorry to say, however, that the result has been by no means satisfactory. I ordered a solution to be made in the proportion of a scruple of camphor to a drachm of chloroform. The solution was perfect, and the camphor was not liberated on the addition of water; but immediately on being dropped into water, it sank to the bottom in the form of a globule, and though, by means of brisk agitation, it became diffused through the water, yet it rapidly re-accumulated at the bottom of the vessel, nor could this result be avoided except by adding so much mucilage as to render the draught unpleasantly thick. Nor is this the only difficulty, as in pouring the mixture

from the bottle into a glass, some of the camphor becomes deposited on the sides of the bottle, and also attaches itself to the glass out of which the draught has been taken, so that the patient does not get the prescribed quantity of camphor.

If any reader of this Journal knows how the difficulties here mentioned are to be overcome, he will do good service by communicating the fact in its pages.

CLINICAL ILLUSTRATIONS.

ON CORRODING ULCER OF THE UTERUS: CASE AND REMARKS.*

By EDWARD BALLARD, M.D., of Leamington,
Late Senior Physician to the St. Pancras Royal General Dispensary, and Medical Tutor in University College, London.

REMARKS.

Nature of the Affection of the Uterus.—The great question with respect to *corroding ulcer of the uterus* is, whether or not it is connected with cancerous disease? That the ulcer is very obstinate in its character, very indisposed to heal, and presents a tendency to deep destruction of tissue, are points which all are agreed upon; and the fact that these characteristics are equally possessed by the ulcer from cancerous disorganization, has led to the suspicion that corroding ulcer is but one form of malignant disease. The partisans of this opinion overcome the difficulty arising from the absence of tumour, by the assumption that all trace of cancerous deposit is removed by ulceration as fast as it occurs, the removal proceeding *pari passu* with the deposition. On the other hand, it has been maintained, that analogy furnishes us in lupus, and other diseases, with examples of deeply spreading ulcers, altogether distinct from cancerous disease, and that unless distinct proof can be adduced of the presence of cancerous tissue, we must not argue respecting it from the character and position of the ulceration alone. It may be, that the case which I have recorded, will assist in throwing a little additional light upon this disputed point of pathology. I would place together four points as worthy of notice, with a view to its elucidation. First, that there was present, in my case, a considerable amount of ordinary *inflammation*. This was obvious after death, from the colour of the parts of the uterus adjacent to the ulceration, of the ecchymoses scattered though the congested portion, and from the condition of the parts of the bladder and vagina adjacent to it. Secondly, that some kind of *foreign deposit* was present near the surface of the uterine ulcer, and infiltrating the tissue which formed the base of the bladder, pressing upon the termination of the ureters, and causing their distension with the urine. Thirdly, that in this tissue were discovered, by the aid of the microscope, *cells similar to those which are met with in cancerous growths*.

* Continued from page 158.

Fourthly, that, as in Dr. Heaton's case, the *nutrition had been depraved*, from privation.

Now, I am not one by any means given to the "anticipation of nature," or disposed to generalize from individual instances, nor (to proceed still further,) am I especially anxious to insist here, or in any other case, on the discovery of "cancer-cells," as proof positive of the presence of cancer. I am not by any means so certain that what I should recognize as a cancer-cell would be equally admitted to be such by another person, or, in other words, that the cell is so peculiar, that it can belong to no other kind of growth; and hence, although I am inclined to think that the present case tends in some degree to support the view of those who hold the cancerous nature of the corroding ulcer, I am far, from believing that it was *certainly* of cancerous origin, and far less from holding the opinion that it is always so. The first and fourth of the facts to which I have above alluded deserve to be well considered; whether originally cancerous or not, had not ordinary inflammation much to do with the ulcer? Might not the ulceration have been due to this in great measure, as engrafted on, or independently of, the malignant deposit? And, lastly, had not the defective nutrition considerable influence in both Dr. Heaton's case and my own, in determining ulcerative absorption as the result of this inflammation? I believe these to have been important agencies at work in the production of the disease.

The *ulcerations and vesicular elevations on the mucous membrane of the gullet* are the only other morbid appearances to which I shall occupy the space of the Journal in alluding. In Dr. Heaton's case, ulcers, small and superficial, were found in the stomach. The œsophageal ulcerations I do not recollect having seen noticed to be preceded, as in this instance, by a vesicular sort of eruption on the membrane.

Period of Life.—In both Dr. Heaton's case and my own the patient had passed what is understood as the middle age. Dr. Heaton's patient had, we must believe, long ceased to menstruate; my patient, however, was still subject to her periodical flow, nor did it cease to appear when the more obvious symptoms of the uterine disease became manifest. The catamenia appeared in the month of August, but in that of September she was unable to distinguish between this natural discharge and the morbid one.

Outbreak of the Uterine Disease.—In Dr. Heaton's case no period is distinctly stated as that at which the uterine affection commenced. The patient is merely said to have been out of health for three or four years. Such, too, was the case in some degree with my patient. Although not ill enough for her ailments to attract much of her attention, or to prevent her following her customary avocations, or even to be an obstacle to active exercise, she had plainly been falling off in her health for some time, some symptoms of uterine disease, with hæmorrhoidal discharge, having from time to time presented themselves. Her husband also assured me after her death, that she had been subject to passing blood with her urine for some months before she suffered any pain. The more obvious symptoms of her complaint however, and what most persons

would have designated as its commencement, were attributed by herself to over exertion. Much serious disease may be advancing in the frame with but little token being afforded, and hence little suspicion being aroused of its existence, when all at once subsequent to, and no doubt under the superadded influence of, some otherwise trifling occurrence, the system gives way, the latent affection bursts into light, and runs a rapid course to a fatal termination. Clinical observers know this well.

The precise *duration* of the disease of the uterus is difficult to determine. Probably it had existed in a latent form for some months prior to its manifest outbreak, possibly for two or three years, or as long as the patient had been subject to vaginal discharges. If so, there will be in its chronic progress a similarity to Dr. Heaton's case.

Symptoms.—The symptoms of the uterine disease were very distinct in the two cases. In Dr. Heaton's, the repeated floodings led to the suspicion of uterine ulceration, but the pain and hypogastric tenderness were trifling in amount. In that which I have reported there had been no flooding whatever, the uterus having only previously displayed disorder of its function in the several miscarriages which had taken place. The pain in the loins, sacrum, thighs, and groins, due, no doubt, in great measure, to the renal affection, constituted here the most remarkable symptom, and was especially induced by the passage of *fæces* through the rectum; a point of interest too, connected with this pain was its plainly *rheumatic character*. By a superficial observer, it would have been no difficult matter to have overlooked completely the disease in the womb. The patient, a weakly woman, was exposed to cold and wet. Some days after, in consequence, perhaps, of over walking, she was attacked with pain in the loins and thighs, (the vomiting might have arisen from the ale she had taken having disagreed with her.) The pains continued for some weeks, increased by warmth, aggravated by motion, always worse at night, relieved by moderate exercise, and always more complained of when a change took place in the weather. Until the futility of anti-rheumatic remedies had been discovered, no enquiry might have been instituted into the condition of the uterine and urinary system, and many women are slow in mentioning them spontaneously. Such an error was very possible in the hurry of dispensary practice, and, perhaps, under such circumstances, might not have been quite unpardonable. The masked character of the symptoms in this case only impresses upon the practitioner more strenuously than ever, the great importance of the practical rule of enquiring, whatever the apparent disease, into the condition of every organ of the body. The *discharge* from the vagina was, on every occasion that I had an opportunity of examining it, tinged with the colouring matter of the blood; still the patient described it as "like water," and so did Dr. Heaton's. The patient's description of a vaginal discharge, I have found, is never to be relied on. "Thick" and "watery" are the only terms employed to designate its character, and the practitioner is pretty sure to be led away if he depends on anything

but his own eye-sight in satisfying himself on a point like this. *Vomiting*, with *constipated bowels*, and *indurated faeces*, were remarkably present in both cases.

Before passing to the observations I have to make on the diagnosis of the disease, I wish to offer a few remarks on the *vaginal examination*, and this more by way of caution than anything else. I suppose that no one in the present day would proceed to treat a case of severe, or even apparently trifling, uterine disease, without physical evidence, if he could obtain it, both to the finger, and, by the aid of the speculum, to the eye, of the actual condition of the organ. Some women are so foolish as obstinately to refuse the practitioner this means of investigation, but when its importance is properly represented, and its necessity firmly insisted on, I have rarely failed to obtain it. But what I wish to refer to is, the fact noticed in the report of the *post-mortem* examination, that on passing the finger into the *vagina*, so as to feel the ulcer of the cervix, it passed through the thin membrane left by the ulceration, and entered the cavity of the peritoneum. I need not say much here respecting the extent of the ulceration in this form of disease; enough is reported upon that head, and scarcely requires repetition. But the necessity of great caution under these circumstances in making vaginal examinations, cannot be repeated too often. The accident which occurred after death might have taken place during life. Corroding ulcer of the cervix uteri is not so far from the peritoneum, especially when it begins to attack the body of the organ, but that a trifling pressure of the finger, or a little rudeness in the mode of examination, may be fatal to the patient. A distinguished professor once informed me that he feared that in a case of corroding ulcer, he had once himself, unavoidably, hastened in this way the fatal result. A further caution may be given with respect to the kind of speculum to be employed. In many cases of uterine disease there is an advantage, in my opinion, in the use (at a first examination,) of a cylindrical speculum, avoiding those which act by dilatation, until it has been ascertained that the dilatation can be productive of no injury. In corroding ulcer of the uterus especially this precaution is of value, as the same accident may happen as from digital examination.

Diagnosis.—I did not recognise this case during life as one of corroding ulcer, but as one of ulcerated cancer of the cervix uteri; nor, as I said above, am I certain that the diagnosis was incorrect. The absence of lancinating pain might be readily accounted for by the absence of the indurated tumour, which is known to be its cause. When the patient first presented herself for treatment, I was struck with her remarkable sallowness and pallidity, and in the lack of any hæmorrhage to account for it, I was led to institute an enquiry into the condition of the uterine system. The existence of the vaginal discharge, of an extensive excavation of the cervix uteri, with a hardened and irregular edge, taken in conjunction with the sallowness and pallidity to be accounted for in no other way, led me to conclude that, although no obvious tumour was discoverable, I had to treat an ulcerated cancer of the

cervix uteri. The occurrence in the progress of the case of large cells, like those of cancer, in the urine, and at length of the cancerous odour in the vaginal discharges and in the urine, with increasing weakness and emaciation, confirmed the opinion which I had formed of its nature.

I have studiously confined the foregoing observations to the principal disease, and would only further remark, in respect to its complication, that during the latter days of the patient's life, the pains which had marked the uterine affection were scarcely complained of at all, being obscured by the overwhelming torture arising from the vaginal ulceration and the vesico-vaginal communication, every gush of urine or discharge eliciting the most distressing cries.

The treatment under the view I took of the case, could only be directed to palliation, and an endeavour to support the system, and improve the digestive functions. With this view gentian and sulphate of bebeerine were administered to her when she first came under treatment, and suppositories of opium and soap, and afterwards of belladonna, were employed, till the condition of the bowels forbade their further use. In the latter periods of the complaint, local pains were sought to be relieved by the application once or twice of a few leeches, by turpentine fomentations to the abdomen, warm water fomentations to the vulva, muriate of morphia, &c.

Leamington, February 11, 1849.

PROVINCIAL Medical & Surgical Journal.

WEDNESDAY, APRIL 4, 1849.

We have on former occasions contended for the right of medical men to remuneration on giving information to Life-Assurance Offices, by which the assurance of lives may be more safely and advantageously effected. While admitting this right, the offices have very generally urged that the party insuring his life should pay the fee to his own medical man, the offices on their part being responsible to their own referees. This may have an equitable appearance in theory, but is not found equally feasible in practice. The insurer very commonly objects to the paying of this fee to his own medical adviser, and expects that the necessary questions will be at once answered by him as are those by the non-professional friend to whom reference is also made; while, on the other hand, the information required from the medical attendant may be, and often is, of that character which, while it is of essential importance to the office to know, at the same time proves to the disadvantage of