visited her, I found her in intense suffering, the pain during the night having become gradually diffused over the whole surface of the abdomen; she was harassed by constant nausea and incessant thirst; the abdomen considerably distended with flatus; pulse 130, small and wiry; countenance anxious; breathing short and hurried; tongue coated and bilious. She was immediately bled to twenty ounces, and hot flannels soaked with turpentine applied to her body, and a pill, composed of one grain of calomel, and half a grain of opium, administered every three hours, under the impression that this was a regular case of puerperal peritonitis.

The next day I found her somewhat relieved, and ordered the remedies to be persevered with. On the 25th, in consequence of her complaining of a good deal of uneasiness above the pubes, she was ordered a blister, to be dressed with mercurial ointment, with a view of ensuring its more rapid absorption. She continued to improve daily, and by the 28th, the eighth day after her confinement, I considered her rapidly convalescing; but on the evening of that day, she complained a good deal of pain in the loins, shooting through to the uterus, which, however, did not prevent her sleeping. Whilst making water, early on the morning of the 29th, she was attacked with violent flooding, attended by bearing-down pains. In the course of half an hour a large mass was expelled, with increased hæmorrhage which induced syncope to such an alarming extent that the people in attendance on her thought death had ensued, and it was some time before she rallied. On being summoned, I examined the substance, which proved to be a polypus, or pediculated tumour, with an elongated neck, the entire mass weighing between three and four ounces. The hæmorrhage was easily controlled, by the use of astringents and local cold applications. No further loss of blood occurred; my patient steadily gained strength, and was shortly quite recovered.

Remarks.—This case is worthy of notice, from the entire absence of any of those symptoms—hæmorrhage, leucorrhœa, &c.—marking the existence of uterine disease. The entire freedom from these affections is contrary to the ordinary symptoms noticed by systematic writers, who assert that polypi and all tumours of the uterus are accompanied by more or less hæmorrhage, proceeding according to some from the lacerated portion of the pedicle, but much more likely as an exudation from the mucous surface of the tumour itself. My patient, however, never complained—never noticed anything unusual, either before or during the period of pregnancy.

The correct diagnosis of the presence of fibrous tumours and polypi before they have been forced into the vagina has been a matter of much uncertainty. Dupuytren* remarks:—"When polypi are entirely included within the uterus, the rational symptoms afford room for conjecture only, and examination by

the finger or speculum are alike insufficient." Roche and Sanson* say there is but one case in which a certain diagnosis may be formed,—viz., when the neck being effaced and partly opened, it is possible to feel the rounded tumour within." Some of the older pathologists seem to have thought that no danger was to be apprehended so long as the mass was within the uterus. It is only very recently that Dr. Simpson, of Edinburgh, to remove these difficulties, has directed the attention of the profession to the capability of dilating the os and cervix uteri, by means of sponge tents, thereby rendering a correct diagnosis much more readily attainable. It is also interesting to note how the *ars medicinæ* was supplanted by the *vis naturæ*. The specific inflammation commencing in the neck of the tumour during parturition, extending to the adjacent part of the uterus, and from thence to the peritoneum, gave rise undoubtedly to those symptoms which I was first called upon to treat, and which led to the belief of its being a case of puerperal peritonitis.

The subsequent ulceration of the attachments of the tumour, hæmorrhage, and disengagement of the mass, revealed the true nature of the disease, which would otherwise have been set down as a successful case of puerperal peritonitis.

Dr. Merryman, in his essay on this subject, relates cases, where the impeding mass having been torn from its attachments was expelled in the act of parturition before the head. Such examples are not unfrequent; but instances such as I have just detailed of the patient, after having escaped the peril of child-birth, being exposed to the fresh danger of inflammation of the uterine parietes, and spontaneous expulsion of the mass, are extremely rare.

ON TRAUMATIC TETANUS.

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THE following observations have their origin in a request contained in the last number of the *Provincial Medical and Surgical Journal*, from my colleague Dr. Whiting, relative to a case of trismus, occurring in the West Norfolk and Lynn Hospital, under my care. It is not in my power to give a full report of the case, from the notes being accidentally mislaid, nor should I have done so had it been otherwise, as I do not think there was sufficient in it, either in symptoms or treatment, upon which anything could have been said, in addition to the many conflicting statements already extant. His report, so far as it goes, is quite correct, and under the treatment a successful termination ensued. The man was admitted for a machine accident, by which the inner part of the left foot was so much destroyed,

* Leçons orales, vol. iii., p. 490.

* Nouveaux Elémens de Pathol. Méd. Chir., tome iii., p. 284.

that I deemed it expedient to remove the metatarsal bones of the first and second toes, preserving the first of those bones on the third, the second on the fourth, whilst the fifth toe was left quite entire.

On the eighth or ninth day the secretion from the foot, which up to that time had been abundant and natural, was suddenly suppressed, and at the same time he complained of a difficulty in deglutition, from stiffness in the jaws and neck. The exhibition of tartarized antimony (gr. j.) and extract of belladonna (gr. 1-20th,) was immediately commenced, and the bowels were relieved by a common aperient. Warm emollient soothing applications were ordered to be constantly applied to the foot. The symptoms had somewhat increased the following day, the jaws being more closed, and the tetanic spasm of the muscles quite distinct, but on diminishing the period from an hour to half that time, between each dose of the medicine, they gradually improved, and continued to do so until the seventh or eighth day, when he had entirely recovered. With abatement of these symptoms a healthy secretion of pus was restored to the diseased part, from which time the wound continued gradually to heal over, and in a few days I had the satisfaction of seeing my patient not only enabled to wear a common shoe, padded on the inside, but also to follow his usual employment, with but little impediment.

It has always occurred to me, that the cases of tetanus which have recovered are not so instructive as those of an opposite nature. Cases have repeatedly been cured under diametrically opposite plans of treatment, in consequence of which, not only is each practitioner convinced that his own is the only radical means of cure, but forcibly invites others to follow his example. If it be adopted, an unsuccessful issue generally results. Nor is this to be wondered at when we remember that the *cause* of the disease is, for the most part, overlooked by those who have reported cases upon it. Hence the statement, that the unsuccessful are of more interest; for only by an accurate observation of each, and from the accumulative reasoning of the whole, can we ever expect to treat the malady upon a scientific basis.

Although many cases have not fallen under my immediate care, I have fortunately been an observer of several, and have been present at the *post-mortem* examination of most of those which ended fatally.

In the case above mentioned, the suppression of the discharge on the first appearance of the attack, appears to me to be a symptom general to all, and indicates, I imagine, not only suppression there, but in other parts of the body also. From what cause this arises I will not pretend to say; but it certainly calls for attempts at immediate restoration, as it has invariably happened, that an improvement in the tetanic symptoms corresponds with it.

"The dissection of patients," says Mr. S. Cooper, "who have died of tetanus, has thrown no light upon the nature of this fatal disorder." I cannot subscribe to the correctness of this statement, for in addition to those enumerated by him, I have observed in most cases, more

or less discernible mischief in the upper portion of the spinal cord. In some, decided marks of inflammation, viz., increased vascularity and the whole medulla oblongata imbedded in a sero-sanguineous effusion. If the disease has lasted for a long period, the same substance has been softened, and this state has also extended down the cord and upwards to the cerebellum. So again those of shorter duration present only slight vascularity. Reasoning from this, I imagine that in those cases of *very* short duration there would be little or no appearance of disease in these parts, the patients dying from the first onset of irritation, consequent upon the suppressed secretion above-mentioned.

The extreme delicacy of the organ attacked, will readily admit of such a probability, and on the same ground also will account for the great rapidity with which the symptoms increase, under what I believe to be inflammatory action consequent upon such irritation. That the medulla and upper portion of the cord is the original seat of the disease, is I believe now universally admitted, and the fact of the symptoms setting in at the outset, in muscles whose nerves take their origin there, gradually descending as the disease advances, tends greatly to confirm it. In its progress it extends only along the cord, until an advanced period, when delirium or stupor supervenes. It confining itself in this way to the true spinal nerves, has occurred to me as strongly illustrative of the correctness of the anatomical opinions expressed in the Lumleian lectures lately delivered. Why the medulla should be the portion first attacked, I am unable to state, any more than why, after amputation, secondary abscess should make its appearance in particular organs in distant parts of the body. It might also be asked—Why tetanus generally follows injuries to the fingers and toes? Here, however, although theoretical, I have imagined, from the supply of nervous matter being in a very limited number of fibres, and not admitting of such general anastomoses as elsewhere existing, a stronger impression is made upon the central spot, from which it takes its origin, than where it is otherwise more diffused, and so more liable to excite irritation.

Believing, therefore, that tetanus has its origin in irritation from a specified cause, it is easily explained how I could so readily agree with the treatment adopted in the case I have given. I had no particular desire for antimony and belladonna, but knowing they were *sedatives* of no ordinary character, I could not, possibly, raise objection. That opium has cured several cases, no one can doubt, but I believe only when the irritation had not existed sufficiently long to produce its sure consequence—inflammation. At this point ends the greatest chance of success from the true sedative treatment, and the difficulty of treating inflammation here not only arises, but also in discovering the period at which it commences, most probably from the transition being very gradual. I should suppose, if the disease has had its existence twenty-four or thirty-six hours prior to being seen by the practitioner, that the state of irritation had passed over, and that little benefit could be expected from the treatment before

indicated. If, also, after the expiration of forty-eight hours under its adoption, the symptoms continue steadily to increase, I should soon be induced to relinquish all hopes, and commence a different mode altogether. It need hardly be said, the earlier the sedative treatment is adopted, the greater will be the chance of success. This is strongly illustrated in my case; I believe it had not existed but a *very* few hours, indeed it was so slight that it was entirely overlooked by the house-surgeon.

The difficulty of swallowing, when the disease has advanced, generally forbids the exhibition of internal remedies, and indeed it runs on so fast, that if it were otherwise they could avail but little. This strongly contrasts with the chronic form of the disease, and goes far to prove the correctness of the *supposed* cause, where Sir Astley Cooper and others affirm the greatest benefit arises from the administration of calomel and opium. At this point it would seem only reasonable, provided it is not too far advanced, to place more reliance on not only relieving the circulation *generally*, which nature always attempts, and of the benefit from which Guthrie, Larrey, and others mention several cases, but also *locally* followed by extensive counter-irritants, of which others speak with equal praise.

That the disease should in many cases defy all these remedies, is not so much to be wondered at, when the seat of it is remembered, and it will doubtless continue as difficult to combat by human power when all shall be agreed as to its true nature, as now, when almost every one has a different conception regarding it.

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It is, we conceive, one of the bounden duties of the journalist, to pass in review whatever of interest appears from time to time on the medical horizon, and it is not less expected of him that he should, as far as his capabilities may allow, endeavour to lead his readers to a correct appreciation of its value.

It is in this spirit that we feel it to be incumbent upon us not to pass over in silence a most remarkable debate which has recently occupied the attention of the Medico-Chirurgical Society, the details of which will be found at a further page. Whether or not we regard the debate as such as should characterise a Society holding so important a position as the one mentioned, will be gathered from the ²comments which we are about to make.

If we were called upon to name the department of medical study in which the most striking advances have been made of late years, we should

undoubtedly fix upon that of uterine pathology. It is true, that of the malignant and incurable diseases to which the reproductive organs of the female are liable, but too much has been known, and for too long; but of the minor and more curable affections of the womb, we do not hesitate to say, that until lately, comparatively little was known. The writings of Sir C. CLARKE must until this time be looked upon as the best exponent of existing knowledge; and without in the least detracting from the merited reputation of that excellent physician, we must yet in strict truth avow, that even with all the information his ample experience enabled him to dispense, the pathology of non-malignant uterine disease, was wanting in precision, as its treatment was destitute of rational principles. To the introduction of the speculum, long previously used and appreciated by our less squeamish neighbours, is to be traced a new era in the management of these cases, and to Mr. ACTON, and more particularly to Dr. HENRY BENNETT is due the credit of having first exhibited their pathological import.

In the case of the speculum, however, as in other things, abuse has been intermingled with genuine usefulness; and its application has been invested with exaggerated importance by many, and with some few to whom we shall not more particularly allude, it has been made an adjuvant of unblushing quackery. There are, too, darker hints of the grossest immoralities perpetrated under the guise of professional treatment; and it has even been affirmed, that the general tone of female purity is on the decline, as a direct consequence of the general introduction of speculum practice.

As a result of these reports, the latter of which is too ridiculous to be insisted upon, a reaction has commenced, under the auspices of some of the seniors in obstetrical practice, with the aid of one or two less distinguished practitioners. The first blow of this anti-speculum agitation has been struck by Dr. TYLER SMITH, who denies the alleged frequency of simple ulceration of the os uteri, according to the definition of ulceration, as applied to other structures. He, however, unwittingly perhaps, admits that superficial erosion and granulations are so common that probably few women altogether escape them.

The onslaught that commenced is followed up by Dr. MARSHALL HALL, Drs. LEE, ASHWELL, and other smaller fry, whose observations form