pulse, nevertheless I thought it right to extract twenty ounces of blood, having previously acted freely upon his bowels by calomel and cathartic extract. This catharsis was kept up for three weeks, during which time, as the depression and uneasiness in the head, accompanied with almost total loss of sleep, continued, I rubbed the tartar emetic ointment over the back part of his head, and so caused a very considerable crop of pustules. A few days after this his sleep returned; I gave him the infusion of hop, and he was soon restored to health and his usual spirits. He is perfectly well at the present time. Here there is no doubt that abstraction of blood averted a greater evil, and rendered the after treatment more successful, as the sequel of the case fully testified. I do not, by the relation of these facts, as I before observed, wish to imply that bleeding in all suicidal cases is indicated, although I believe it to be the rule; and the practical physician will, no doubt, occasionally find exceptions; but these exceptions will be fewer as the practice becomes more universal of treating with depletion the first irruptive symptoms of the disease, in all those instances where anything like the commencement of a departure from a sound state of mind is capable of being detected. This remark is also applicable to those cases of mania and dementia which have been the sequel of hysterical paroxysms in healthy young women treated *without* depletion. Many of these cases tread close upon the confines of insanity, which a timely bleeding might have averted. Experience has taught me to regard hysterical fits, when they occur in plethoric girls, with much more circumspection than as a young practitioner I might have been disposed to do. I was once called upon to see a young woman who was laboring under all the symptoms of hysteric passion. I regarded the cold-water treatment sufficiently powerful to subdue the fit, but I grieve to say the senses never returned. Coma quickly followed in my absence of a few hours, and my patient died. I examined the brain soon afterwards, and I then found out my error. At the base of the brain, particularly around the basilar artery, there was a deposit several lines in thickness, of a caseous substance, of the color of cream. I believe Dr. Burns, of Glasgow, has somewhere noticed the same appearance, but I cannot at this time put my hand upon the case. I feel, however, satisfied in my own mind that the morbid action in the cerebellum in hysteria, though it may be of a specific kind, and therefore not *always* disposed to run through its stages with the same rapidity that characterises common inflammation, is nevertheless an inflammatory one, which responds to the lancet in the first instance. Not so afterwards, when the disease has established itself in an organic form, and the organ of the mind has been obstructed in the due performance of its function. In my next paper I shall incidentally take occasion to show that some of the most distressing cases of mental disease owe their origin to the very trifling means which were used at that period of the history of the case when hysteric fits were the only marks to pilot the physician.

I am, Gentlemen,

Your obedient servant,

C. M. BURNETT.

Westbrook-house, Alton, Hants, Sept., 1843.

A CASE
OF
MALIGNANT DISEASE OF THE OS UTERI,
COEXISTING WITH PREGNANCY, AND TERMINATING
FATALLY HALF AN HOUR AFTER DELIVERY.

WITH REMARKS.

By THOMAS DORRINGTON, Esq.,

Surgeon to the Manchester and Salford Lying-in-Hospital.

On the 15th of December, 1842, I was sent for to see Sarah Hales, aged thirty-five, pregnant, and a home-patient of the Manchester and Salford Lying-in-Hospital. She was complaining of severe uterine pain, which had succeeded an attack of hæmorrhage that occurred yesterday, to the amount of about two quarts of blood, as she supposed. Her general appearance was that of a woman laboring under malignant disease; she was sallow and emaciated; her face was rather œdematous, her arms and legs much so. The pain that she was suffering from was referred to the neighbourhood of the os uteri, and extended to the loins and hips. The hæmorrhage had weakened her materially. Upon making a vaginal examination, I found the uterine orifice and neck in an advanced state of scirrhus, and apparently of open carcinomatous ulceration. The anterior portion of this part was much lengthened, so as to project low into the vagina, where it formed a hard, convex, bulky tumor; the os uteri had been converted into an extensive, large, oblong, irregular fissure, extending up into the left side of the uterus—the edges of this fissure being nodulated, rough, and, as far as could be judged by the feel, ulcerated. This opening was large enough to admit the ends of all the fingers in a line, and might be in some parts an inch and a half wide, being situated transversely, and somewhat obliquely. The posterior portion of this opening, to about the extent of one-third of its whole circumference, was soft, and seemed dilatable, but the remaining two-thirds were so scirrhus as to preclude all notion of dilatation. A soft body, which seemed the membranes, could be felt high up in the fissure. The pain of which she complained was of a lancinating, grinding kind, and was always present more or less. My examination produced much suffering, the parts seeming exquisitely tender to the touch. She could not tell exactly how far she was advanced in pregnancy, but the size of the uterus did not indicate more than seven or eight months. I felt the movements of the child distinctly when my hand was upon the uterus, and I fancied that I could detect fluid in the abdominal cavity.

The following history was elicited from her:—She has been a healthy woman on the whole, though subject to hysterical attacks, and has had seven children. Her last child was born twenty-one months ago, after a difficult and tedious labor of fourteen or fifteen hours. Her previous labors had been much shorter and easier, but the gentleman who attended her is not aware, as he informs me, that the difficulty last time arose from incipient disease of the os uteri. It is, however, very possible that the deposition of scirrhus deposit had begun before that time; it would be easy at least to account for the unusual difficulty of her

labor by this circumstance, which still might not attract attention at the time, on account of the disease being in an early state only. She suckled the child till it was sixteen months old, when it died. During the first ten months of lactation she had a continual sanguinolent discharge from the vagina, which was increased at the catamenial periods. At the end of this time the discharge and the catamenia ceased to appear till the child died, a period of six months. In about a week after this event a severe flooding came on, and lasted five or six days. In less than a month she had again a slight colored discharge, which lasted two days; and in rather less than another month a similar one. Since that time she has had none till that which occurred yesterday, but in the intervals between the three last colored discharges she has had a yellow, muco-purulent, fetid discharge from the vagina. During the whole of the period succeeding the hemorrhage that occurred soon after the death of the child, she has had the severe shooting and grinding pain at the lower part of the abdomen, and at the cervix uteri, of which she now complains; and also a difficulty in voiding her urine, which has sometimes been retained for two days and nights, and has then passed with difficulty, pain, and smarting, from which, indeed, she always suffers during micturition. Her bowels have been tolerably regular, rather confined, perhaps, than otherwise for some time. She has lost flesh rapidly, and got weaker; has had no appetite, and has been confined to her bed from pain and debility for the last month. Her left leg became œdematous about the time that she began to have pain at the cervix uteri and in the bladder, and it has been so painful from distention that she has been forced to have recourse to a bandage to support it; the other leg and her hands and face have not begun to swell till lately. She thinks that she quickened five months ago, but had not the same degree of faintness this time that she has had at her other quickenings. In her other pregnancies she quickened variously—at the third, fourth, and fourth and a half months—so that no estimate can be formed of her period from this circumstance. If the sensations called quickening depend upon the rise of the uterus out of the cavity of the pelvis, one would suppose this event to have taken place both more gradually and at an earlier period than usual, owing to the pelvis being materially occupied by the tumefied cervix uteri. Supposing, then, that she quickened about the end of the third month, we may thence conclude her to be about eight months gone. She says that just before the third hemorrhage she had after the child's death—that is, about thirteen weeks ago—she was apparently as large as a woman at the full time—a statement which her friends corroborate; but after this the size of the abdomen diminished, and the abdominal parietes became comparatively flaccid. The integument of the abdomen, and, indeed, of the rest of the body, is œdematous. When she lies on the side, the uterus seems flatter at the sides and smaller than when she is supine, and seems to have a longitudinal ridge along its centre, most distinct towards the pubes; this ridge, however, cannot be observed in any other position, and probably depends on some peculiar state of the uterine fibres connected in some way with the disease. The pulse is weak,

and rather more frequent than natural. I ordered the following:—

Acetate of morphia, two grains;
Camphor mixture, eight fluid ounces. Mix. To take one ounce every four or six hours.

This medicine seemed to ease the pain, but on the 19th of December she begun to have stillitidium urinæ. I introduced a silver catheter into the urethra, but could detect no fistulous connection between this and the vagina or os uteri. I could not succeed in introducing it into the bladder, owing to some obstruction about the neck of that viscus, which was very painful when touched by the instrument. Dr. Radford heard the pulsations of the fetal heart, and we both felt the child move repeatedly.

On the 20th of December Dr. Radford and myself thought that the scirrhus parts were softer, and that the pains she had resembled incipient labor.

Dec 21. The stillitidium urinæ has ceased, but she complains that she cannot hold her water long, and has some "catching in her breath." I made an examination to-day, which caused her to have a good deal of pain for some time after. There was no alteration in the state of the parts. A general consultation of all the medical officers of the lying-in-hospital was held upon the case, and it was determined that I should endeavour to induce premature labor.

22. She will not consent to my proposal of bringing on premature labor till she has seen her husband, who is absent, but who is expected home on the 25th instant.

24. Last night the dyspnœa became so urgent that she was obliged to leave her bed, and sit propped up all night in a chair; the breathing now is short and hurried; she is very *feeble, faint, and cold*; her pulse is rapid, irregular, small, and faltering; her face exhibits every appearance of prostration, and she says that the *mucous rattle* comes on the moment she adopts the recumbent posture. Unfortunately there is no fire-place in the room, which has the effect of increasing the natural coldness of the surface. I ordered warmth to be applied to the feet, arrow-root and brandy to be taken frequently, and the following:—

Sesquicarbonate of ammonia, two scruples;
Sulphuric æther, two drachms;
Camphor mixture, eight ounces. Mix. To take one ounce every three hours.

Eight, p.m. Rather better; there is less prostration.

27. She has rallied a little, but is now suffering from intense pain in the carcinomatous parts, and for two days has had constant stillitidium urinæ, which creates much smarting. She has not felt the child move since the 25th, and its motions then were very feeble; the pulse is 90, feeble, and faltering; she has great thirst; the bowels are constipated, and she has taken an aperient pill that she happened to have in the house. She has left off taking the mixture prescribed on the 24th, but takes about four ounces of brandy in her arrow-root each day. Yesterday I ordered her to resume the mixture prescribed on the 15th, but she does not think that it eases the pain. She has been in bed for the last two days, the dyspnœa having left her on the 25th. This afternoon the pains began to resemble labor, and by eleven o'clock, p.m., this had unequivocally come on.

28. About one o'clock, a.m., the midwife in attendance sent for me. I arrived about two, a.m., and found the labor pains vigorous and natural, but she complained of much suffering in the situation of the carcinomatous parts. The membranes presented nearly at the os externum, dilatation of the os uteri having taken place as fully as I thought possible without laceration; the hard tumor situated in the anterior part of the cervix and os uteri had disappeared, or nearly so; it was, probably, pushed up behind the pubis. I waited for nearly an hour, in expectation of the membranes rupturing, but this did not occur, although the uterine action was strong. The woman complained of feeling faint very frequently, and brandy and water was given whenever she did so. I now tried to rupture the membranes with my finger nail; but, finding them unusually tough, I passed a pin into them, and, bringing the point out again in another place, tore through the intervening substance, which was tougher than I expected, but still yielded readily enough. I may here say that I could not ascertain the presentation before I did this. A sudden escape of most fetid gas, through the opening I had made, followed, and a quantity of putrid cerebral matter was forced through it into my hands. I had not only perforated the membranes, but the foetal scalp, which was closely enveloped by them. I enlarged the opening with my fingers, and got out more of the brain; and I now found that, owing to the pressure of the uterus acting on the putrid head of the child, the brain had been forced out between the bones and the scalp, so as to form the tense resisting tumor covered by the membranes, which I felt presenting, and which I mistook for the liquor amnii contained in the bag of membranes. I conclude that this must have occurred, both from the fact of being unable to feel the cranial bones during an examination made before I ruptured the scalp, and also from the loose, detached state of one of the parietal bones, which I found amongst the brain immediately after I had opened the head.

As soon as the presenting tumor was thus opened and emptied, it became evident that the bulk of the foetal head was above the scirrhus os uteri, and was to a great extent out of reach of the finger, used as an extracting agent. The thickened lips of the fissure representing the os uteri, now that the tumor formed by the scalp and membranes was emptied, sunk into the pelvis again, and occupied so large a portion of the basin, particularly in front, as to cause considerable embarrassment in my operative manœuvres. I now sent for my colleague, Mr. Hunt, desiring him to bring the crotchet and craniotomy forceps. The pains, which were strong and frequent before I ruptured the presenting tumor, had entirely ceased, and the woman was inclined to doze a little. She would also have fainted several times but for the free administration of brandy, and the stimulating mixture prescribed on the 24th. Rather more than an hour elapsed before we began our extracting efforts with the craniotomy forceps and crotchet. The former instrument was used to bring away the bones of the cranial vault and portions of the scalp. These parts were so soft, and afforded so little hold, that this was an operation that lasted some time, gave considerable pain to the patient, and caused her to feel much ex-

hausted, for which brandy and water was occasionally given. As we got away the cranial bones piecemeal, an escape of fetid gas every now and then took place from the uterus, but *no liquor amnii escaped in any part of the labor*. The bones of the cranial vault being removed, and those of the base of the skull and face broken apart, and mummified as much as possible, Mr. Hunt and myself having effected this by turns, I passed up the crotchet, and fixed it firmly into the upper part of the neck, just below the chin. After very firm and steady traction, I succeeded in getting this down, the woman suffering most excruciatingly. I then removed the crotchet, and fixed it into the upper part of the chest, just below the sternal articulation of one of the clavicles, getting a very firm purchase. After very violent traction, during which the screams of the woman were heart-rending, I succeeded in getting down one shoulder and arm; the other followed immediately, and the rest of the child soon after. It was in a most putrid state, and at about the eighth month. The woman had now given to her one drachm of tincture of opium in some strong brandy and water, and also some of her stimulating mixture. It was four hours and a half since I had opened the head, and during the whole of that time, excepting the first hour, every effort had been used to extract the child. As the placenta did not come away, and slight hæmorrhage began to show itself, I introduced my hand through the os uteri without difficulty, and extracted it, the uterus contracting well afterwards. The reason that I had no difficulty in getting through the os uteri was because a laceration of the cervix had taken place, as was afterwards seen. A bandage was applied to the belly, and brandy given, but the woman began to sink, and died in less than half an hour.

Autopsy, Ten Hours and a Half after Death.

The head and thorax were not opened, and no especial examination was made of any other organs, except the uterus, bladder, and rectum.

The body was much emaciated, and the appearance of the viscera exsanguineous.

There was a small quantity of serous effusion in the abdomen. The uterus occupied the lower part of the umbilical and the hypogastric regions, being larger than is common after recent delivery; in other respects its external appearance was natural, there being no laceration of its peritoneal covering. The finger being passed into the os uteri from the vagina, there was found on the right side, opposite the iliac fossa, a small laceration in the scirrhus structure, that extended into the sub-peritoneal cellular tissue, but did not involve the peritoneum; when examined from above, ecchymosis of some extent was found in the neighbourhood of the laceration. The vagina was entire, and no communication existed between the diseased parts and the interior of the bladder. The rectum was healthy. The bladder, uterus, and rectum, were carefully dissected out of the pelvis; and during this operation several lymphatic glands in the pelvic cavity were found to be larger and harder than natural, and, when cut into, they presented a firm, gristly appearance. The parts being removed, an incision was made in the middle of the posterior surface of the uterus, whose texture was softer and more friable than natural. The whole of the mucous membrane lining

this viscus presented an unusual appearance; it was of a dark olive tint, approaching to blackness. The portions of the organ that had formerly been the os and cervix uteri were converted into hard, irregular, thickened structure, covered with mucous membrane; that was rather of a redder tinge than the rest, and presented irregularities of surface—indications of previous ulceration. Owing to the contusions they had undergone during the labor, they had been mummified and squeezed to so great an extent, that they felt less hard and bulky than one would have expected from an examination made during life. The laceration before alluded to presented the appearance of a number of bands, probably vessels passing across it, and keeping the lacerated surfaces more or less in contact, especially at that part of the texture farthest from the mucous membrane. The lacerated surfaces were smooth, which probably depended on the great brittleness of the diseased structure. On the left side of the cervix uteri was a coagulum, which was firmly adherent to the mucous surface, and seemed so inseparably connected with its structure, that one could not say where the coagulum ended and the mucous membrane began. When a section was made of the thickened, irregular structure, that occupied the place of the cervix and os uteri, the following appearances were presented:—A reddish brown layer of mucous membrane, about one-sixth of an inch in thickness covered a cartilaginous-looking mass, which was nearly an inch thick in parts. This latter structure was hard, brittle, yellowish-white, and nearly homogeneous in appearance, and bore a strong resemblance to a potato when sliced. Certain sections of it were not entirely homogeneous in their aspect, but presented appearances something like the bands observed in certain forms of scirrhus, but they were not very distinct. In one or two sections marks of vascularity existed, the situation of the vessels being mostly towards the centre of the part. The mucous membrane of the bladder was healthy, but uneven posteriorly, owing to the state of the coats beneath, which presented the same appearances when cut into as the cervix and os uteri, but to a less extent; the anterior wall of the organ was healthy. The bony pelvis presented a peculiarity with regard to the spines of the ischia. Both these processes projected inwards towards the mesial line, and were more prominent than natural, encroaching upon the cavity of the pelvis; on the right spine there was a small bony tumor, about the size of a split pea, on its pelvic aspect. The pancreas was firmer than is usual.

[To be continued.]

ON A

CRITICAL COLDNESS SUPERVENING IN THE COURSE OF CONTINUED FEVER.

WITH CASES.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—I have hesitated some time in submitting the following observations to the readers of your excellent Journal, for fear they might merit the accusation of containing no point of interest or novelty, and prove merely a repetition of what has been frequently recorded in the pages of medical literature.

But having taken some pains to examine not a few of the various repositories of our knowledge upon the subject of fever, and meeting with no special allusion to this, in my present estimation, important symptom, I feel encouraged to draw the attention of the more experienced members of our profession to the subject, in order, at least, to ascertain if the phenomena be of frequent occurrence in the practice of others; for, notwithstanding the general silence of authors, it is not easy to believe that the occurrence is due to any peculiarity of type in the fever of this district induced by local circumstances, inasmuch as I am unaware that any especially exist, unless the presence of an unusual quantity of moisture can be accounted as such.

There is one author, however, in particular, who ought to be exempted from the above charge—namely, the venerable Hippocrates, for he had evidently noticed the symptom, as may be inferred from certain of his aphorisms, which will be quoted in the subsequent part of this dissertation; although they are not altogether free from a certain amount of contradiction, which may be readily excused when the early period of the history of our art in which he wrote is taken into consideration.

The symptom to which I refer is the accession of a mild shivering, or more properly, perhaps, a coldness, during the course of continued fever. It may supervene any time after the seventh or eighth day, but most frequently occurs from the eleventh to the fourteenth day. The character of the fever in which it has been chiefly observed corresponded most nearly with the "Synochus" of Cullen. The cases chiefly happened amongst the inhabitants of a village and the surrounding rural district. According to my experience it is an extremely favorable sign, and has invariably denoted a fortunate result, all the cases in which it was strikingly apparent having terminated in recovery. Indeed, having at first regarded it with distrust and suspicion, I now hail it as a most propitious omen; and as the detail of a few cases would perhaps afford the clearest illustration of our meaning, I will endeavour to introduce them as briefly as possible.

CASE I.—Mary W., aged twenty-nine, naturally affected with slight bronchial asthma, was seized with fever on the 10th February, 1841. Nothing very unusual occurred in its course, except a very loud wheezing respiration, which caused me to extract blood. On February 24th, happening to call at a neighbour's house, I heard she had passed a very restless night, had shivering, and such coldness of the extremities for a few hours that no warm applications would suffice to heat them. This being the first time I had particularly noticed the symptom, it caused me much apprehension, fearing, from theory, the invasion of some visceral inflammation. On visiting her, however, I was agreeably disappointed to find the expression of countenance more rational, and the wheezing respiration nearly gone; the pulse not much reduced in frequency, but its volume less, the artery feeling, as it were, diminished in calibre, its coats more rigid, and the pulsation firmer; these being exchanged for the bounding, vibratory character previously existing, and I may here state that this alteration of the pulse generally attends the chilliness above described. From