duce a collapsed state of the wounded lung, as the one most favorable for arresting hæmorrhage, and for promoting reparation. Secondly, to prevent the accumulation of blood in the pleura, and the consequent pressure on the opposite lung, by giving a free discharge for the blood which had escaped, or might subsequently be poured out from the wounded lung. The large amount discharged in this case soon after the opening was made, and the further quantity shortly after, would in all probability have proved fatal, by obstructing the function of the opposite lung, if there had not been an opening for its discharge. Thirdly, to admit of the escape of the serous or sero-purulent discharges secreted by the pleura in a subsequent stage of the complaint.

I by no means intend to say that such a practice is required in all cases of fractured ribs accompanied by emphysema, for every surgeon must readily call to mind many cases of the kind which have recovered without any other treatment than the ordinary means employed for fractured ribs, and for the relief of pneumonia, when that has occurred. It is only in cases of like severity to the one I have related that such practice is required; but I also think an opening into the chest may, in like manner, be required, for the purpose of allowing the escape of blood in cases where the lung may have been wounded in another way than by a fractured rib, as by a bullet having passed into the chest by an indirect route, and having wounded the lung. In that case, if difficulty of breathing came on to a greater degree than inflammation of the organ would account for, and which the treatment for inflammation had failed to relieve, it would be right to ascertain, by percussion and the stethoscope, the probability of there being fluid in the chest, when, if the presumption of such being the case were strong, and the symptoms urgent, it would surely be right to make an opening into the chest, and give the patient the chance which such a proceeding might afford.

There are cases recorded of the lung being wounded by a bullet entering the chest by an indirect course, which have proved fatal, and the post-mortem examination discovered a considerable quantity of blood and of bloody serum in the chest, and the wound of the lung not to an extent by any means incompatible with reparation.

To these I could add other cases of severe injury to the chest and lungs, under my own observation, to prove that, although this practice has long since been recommended, it has not received that attention in practice which it appears to me to deserve.

Bath, October 7, 1843.

SPERMATORRHOEA.

Mr. Douglas, of Glasgow, has treated a case of this malady, with success, by injections of one grain of opium and three grains of acetate of lead in an ounce of mucilage, together with the shower-bath, and muriated tincture of iron. He believes this injection to have all the effect of the injection of nitrate of silver in allaying the inordinate irritability of the urethra, without any of the pain or necessity for confinement which the latter remedy occasions.—*Med. Gaz.*

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.,
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(Continued from page 9.)

The result of the preceding case is strictly in accordance with what has generally happened in similar instances—*both mother and child perished*. There are on record a somewhat considerable number of cases in which pregnancy and malignant disease of the os and cervix uteri coexisted; and after a careful perusal of them, I cannot help being struck with the catalogue of horrors they present—a catalogue which, perhaps, might in some degree have been lessened, had there existed, in the minds of those who had to do with them, a determination to save the lives of the children at least, even if the disease did of necessity destroy the mothers. In some of the cases noted, the state of matters was such that the mother must of necessity have succumbed almost immediately—at *most in a few days*—to the fatal disease under which she was suffering; and yet, in these very cases, it has been thought advisable to sacrifice the life of the child, in order to effect its delivery by the natural passages. I plead guilty to this charge myself in the case just recorded, and frankly admit that, on mature reflection, and after much thought on the subject, I am satisfied that I ought to have proposed the Cæsarean section to the patient at the time the child was known to be living; for, had she submitted to this alternative, the life of her offspring would, in all probability, have been saved, and she would have exchanged a horribly painful operation for one which is universally admitted to be by no means unusually severe, and one which assuredly could not have proved more fatal. It may be urged that this is an opinion formed after the event, and that one can never calculate accurately as to the trouble and difficulty of effecting delivery in such cases, inasmuch as some of those given by authors, which have been quite as unpromising as mine, have terminated much better. In one or two instances, which I shall notice below, it is true that such was the case; but I maintain that the evidence on this subject, when taken as a whole, goes to prove most decidedly that no reasonable expectation could have been formed in my case that either the life of the mother or that of the child could have been saved in delivery *per vias naturales*. In milder cases, when the diseased structures were not so bulky as to interfere with the diameters of the pelvis, delivery has taken place through the pelvis in various methods, and the child has even been occasionally living. In such, although the chances for the mother are very small, the child may be extracted by the forceps after the diseased parts have been lacerated or incised, and we should be justified in anticipating a safe termination of the labor as far as it is concerned. It, therefore, becomes a matter of practical importance to decide what treatment is applicable to the various cases of malignant disease of the os uteri connected with pregnancy—a question which will, perhaps, be

best answered by giving briefly a collection of cases abridged from various authors, which shows the varieties that we are liable to meet with.

Cases in which Delivery has taken place Spontaneously.

Sir Charles Clarke, in the first part of his work "On those Diseases of Females which are attended with Discharges," third edition, p. 217, writes as follows:—"There is reason to believe that carcinomatous tumors make a very rapid progress when any violence has been done to them, as the following case will show:—A woman, about the age of forty, fell into labor; the head of the child presented, and little progress being made, a consultation was thought necessary, and the author was desired to see her. Upon examination, the os uteri was found dilated to the size of half a crown; the cervix of the uterus was greatly thickened in every part, and felt like cartilage, and the least pressure caused considerable pain. Upon inquiry, it appeared that the woman had been liable, during the latter part of her pregnancy, to a profuse discharge of mucus, and to occasional attacks of pain in the lower part of the abdomen. Two days elapsed before the os uteri was completely dilated, and the dilatation was performed with greater suffering than usual. The head of the child at length passed through it. After the labor the pain and discharge were greatly increased, and the woman died in a few days. Upon examining the cavity of the abdomen after death, the body of the uterus was contracted as much as usual at the same period of time after delivery, but the cervix was very much thickened, and ulceration had commenced. It is to be presumed that the disease formed after the commencement of pregnancy, (?) and that it became more active in consequence of the violence done to it in labor. Comparing this case with others in which occasional examinations are made, it is probable that it must have proceeded with great rapidity."

Madame Boivin, in her "Practical Treatise on Diseases of the Uterus," &c., translated by Heming, at p. 256 relates the following case:—Madame D., aged thirty-six, having had four children with natural labors, the last of which took place in her thirtieth year, was found, on January 17, 1823, to have the anterior labium of the os uteri as large as an orange, and two inches in diameter, smooth, and free from pain, but causing constant desire to pass urine, from its pressure on the urethra. She became pregnant, and fell into labor on February 7, 1824. The accoucheur found a large tumor in the vagina, which he mistook for the head of a foetus; several nights passed without any progress being made, and a consultation being held, the os uteri was found very far backward, and undilated. "The pains increasing, the patient was brought to the Maison de Santé. She was exceedingly pale; the pains were violent and frequent; the membranes had been ruptured two days before; an enormous tumor was found in the vagina, hollow in the centre, so as to admit the two first joints of the forefinger; the surface of the other part of the tumor was knotty, hard, and uneven, especially during the contraction. In seven hours and a half from this time the tumor of the cervix advanced to the os externum, and presented a large torn surface, with granulated edges. It was tightly compressed between the right ischium and the head

of the foetus, which was protruded at once through the os uteri and os externum. The child was born alive." The disease made rapid progress during one year after this labor.

Dr. F. H. Ramsbotham, in his Lectures on Midwifery, in the "Medical Gazette," vol. xiv., p. 162, gives two cases of this kind, in which labor terminated spontaneously. In the first case, which was one of carcinoma, the whole disc of the os uteri was destroyed by malignant ulceration, and the vagina was extensively affected. The labor was rather premature, and was naturally and most expeditiously accomplished. No mention is made as to whether the child was living or not, but the mother died in the second week after delivery.

The second case was one of cauliflower excrescence; the lady had had one living child seven years before, and had miscarried once in the two years previous to her pregnancy, during which time Dr. Ramsbotham, senior, had been attending her for a uterine affection. She became pregnant a second time whilst laboring under the disease; abortion was threatened, but was with great care averted. The membranes ruptured on Sunday, May 26, 1828, in the morning, and the uterine action came on at noon, at which time the os uteri would admit the tip of the finger. Pains good all day, with very little dilatation at night; an opiate given, which stopped the pains, but gave no sleep. Slow dilatation on Monday, with regular and powerful pains. At half-past eight, p.m., the os uteri the size of a crown piece, and from its whole disc a fungous tumor sprang, filling the vagina. The cervix was exceedingly indurated all round. The constitution had suffered as yet very little, though the uterine action was very strong and painful. There was very little alteration till half-past three, p.m., when, under the influence of a violent contraction, she suddenly screamed out that the child was passing. An examination was immediately made; the head had passed the os uteri, filled the cavity of the pelvis, and was delivered in about half an hour, the child being alive. The placenta gave no trouble. Dr. F. H. R. could not detect any breach of surface, owing to the confused state of the parts, but does not doubt that a laceration of the os uteri occurred when the head passed. The woman was in imminent hazard for a fortnight, but left her room at the month's end. She sunk in fourteen months after delivery, worn to a skeleton by pain, hæmorrhage, and serous discharge.

Dr. Robert Lee, in his late work on "Clinical Midwifery," p. 82, gives a case of malignant fungoid disease of the os uteri in which pregnancy existed, and in which he recommended the induction of premature labor, to which the woman would not consent. Delivery took place, however, spontaneously at the seventh month, and a dead child was expelled without artificial assistance. This was on the 14th of July, 1840. The pain, discharge, and other symptoms of cancer almost entirely disappeared for several months, but they returned again, and she died on the 1st of January, 1841. He also gives three other cases that came from Dr. Merriman. "In one the labor pains were excruciating, and continued for a long time without producing any effect upon the os uteri, but at last it gave way suddenly, and the head passed

through it. The child was born alive; the mother died six weeks after.

"On returning home from attending a case of labor, Dr. Merriman was informed by his uncle, the late Dr. S. Merriman, that the patient had a scirrhus of the os uteri—that he thought she would never have another child, and would die from the disease. That, he said, was the result of his experience in other cases. She conceived again, however, and died soon after delivery. The child was born alive, and neither in this nor in the last case was any operation performed." The following letter contains the third case:—

"My dear Dr. Lee,—The following case, which I did not recollect last night, will interest you; I do not remember any one very similar:—

"Aug. 12, 1824. I was desired by my excellent friend, Mr. Clifton, of Leicester-place, to visit Mrs. George, whose husband kept the Coach and Horses public-house in Compton-street, Soho. She told me that she had been long ill, and had consulted Dr. Bree, who thought her disease was ulcer of the womb, and treated her accordingly. She said, however, she was quite sure of being pregnant, and not liking to continue a mode of treatment which she imagined must be improper, had ceased to consult him. On making inquiry into her symptoms, it appeared that Dr. Bree was justified in taking the view he did of her complaint; they were extreme pain in the back, constipation, emaciation, and especially extremely offensive discharges from the vagina. These symptoms had occurred after a lying-in two years before, and had continued ever since; indeed, there was some reason to believe that they had shown themselves before the termination of that pregnancy. Upon this point, however, the evidence was not quite satisfactory.

"Having learnt thus much, I inquired what were her reasons for thinking herself pregnant; her reply was, that she distinctly felt the motions of the child. As no examination per vaginam had been instituted, I obtained permission to pass my finger, and was not a little surprised to find that the os uteri and part of the cervix were entirely destroyed by a species of *ulcus exedens*, yet that the body of the uterus was enlarged to the size it usually attains between the fifth and sixth month, and that it contained a living fetus; so that this was a case of pregnancy in a uterus deprived of disease of a large portion of its substance. Whether the os uteri had taken on disease before the pregnancy commenced must remain uncertain, but, at the time of my examination, which was made with as much care and exactness as was in my power, the whole of the os uteri and a large portion of the cervix were literally eaten away by ulceration.

"On conferring with Mr. Clifton, who accompanied me, on the treatment to be adopted, I expressed an opinion that the fetus could not be much longer retained, for the distension of the uterus was already beginning to intrench upon the cervix, and as the distension proceeded, the ulcerated cervix would be pressed upon, and must necessarily give way, and the fetus be expelled; accordingly, on the 31st of August, the fetus and placenta passed into the world without pain; the child, of about six months' gesta-

tion, was born alive, and lived a few hours. The poor woman, who now began to entertain hopes of recovery, was not at all benefitted by the delivery, but continued to live in a state of great suffering, sometimes mitigated by narcotics, till the month of February, when death gave her a happy release.

"Believe me, dear Sir,

"Yours, with great truth,

"SAMUEL MERRIMAN."

It must be observed that, in all of the above cases, there is no mention made of the os or cervix uteri being *exceedingly bulky* from disease, excepting in Madame Boivin's and Dr. F. H. Ramsbotham's case of fungoid excrescence. Of these two, the first terminated by an occurrence which can never be anticipated—protrusion of the diseased part as far as the vulva, by which it ceased to encroach materially on the diameters of the cavity and outlet of the pelvis; and the second, from its soft and compressible nature, would afford no particular impediment farther than would arise from the *indurated*, but *not bulky*, disc of the os uteri, from which the fungoid disease sprang. We are warranted in concluding from the above cases that, where malignant disease of the os and cervix uteri, attended with considerable induration, exists, provided the *bulk* of the parts is *not materially* increased, labor will probably terminate safely for the child. It must be observed, however, that patients in this condition are apt to have abortion or premature labor, which at once diminishes the risk to the mother, but increases it to the offspring.

Out of 8 cases, the children were born living in 5, dead in 1, and this is not stated in 2. Two of the labors were premature; one at the sixth, the other at the seventh month. Of the mothers, *all died*, but at such different periods that the deaths could not in all cases be traced to the effects of the labors, but rather to the nature of the disease. The period of life after delivery in the cases was respectively fourteen months, twelve months, five months, four months, six weeks, two weeks, "a few days," and "soon." There can be no doubt, however, as Sir Charles Clarke has remarked, that the process of labor must aggravate the disease very much.

[To be continued.]

ON POLYPUS UTERI.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—In your number of the 23rd of September is a paper on polypus uteri, by Dr. P. Murphy, of Liverpool, in which he states as the result of his experience "that polypus is not a disease of the virgin state," and that its "removal is attended with very little danger or difficulty."

These conclusions are somewhat at variance with the experience of other writers. Dr. Denman in his Introduction to the Practice of Midwifery, 6th edition, pages 49, 51, gives two cases occurring in unmarried females, in one of which the operations caused death; and also two other fatal cases after ligature; and Dr. Lee, in the "Cyclopædia of Practical Medicine," vol. iv., page 393, says that "the operation is not without danger," quoting as a proof the experience of Dupuytren, who "met with eight or