CLASS VII.—MISCELLANEOUS SUBJECTS.

No. 43, is already sufficiently noticed.

No. 44, the copy of the works of Galen, exhibited by Mr. H. Jackson, is sufficiently interesting. The name, "Francisi Rabelæsi," appears in manuscript on the title page, followed by the words, in a different hand, "nunc demum Alexandri Cooke." On the fly-leaf is written—

"Hos quinq. Tomos Galeni Operum
Lugduni Gal : comparari, quos e libris
Celeberrimi Rabelæsi quondam fuisse,
Autographam testatur. A.C.
Rabelæsus Aphorismos Hip : et deinceps Galeni
Artem medicam frequenti auditorio Mons
Pepuli publicè enarrabat. An. 1531.

Vide Epist. ejus Dedicat : in Aph. Hip."

There can be little doubt, that the name of Rabelais was written by himself.

Passing over Nos. 45 and 46, Dr. Branson's paper on the connection between spasmodic asthma and gout, next claims attention. This was a very elaborate paper. Its author very ingeniously drew a parallel between these two diseases, and showed that their symptoms, mode of attack and causes were similar. Led by these striking analogies, he prescribed colchicum in spasmodic asthma, in doses of five, ten, or fifteen minims of the vinum, three times a day, during both the paroxysms and the intervals, with very satisfactory results. In genuine cases the drug produced no purging. The doctor finally observed, that the singular coincidences between these two diseases, pointed to the inference that they were identical. They differed only in one point; the plethoric and vigorous were most liable to gout, the irritable to spasmodic asthma. Bearing in mind the many points in which the two diseases agree, and the single one in which they differ, the conclusion was almost inevitable, that spasmodic asthma is a manifestation of gout in an irritable habit. In the various treatises on gout and spasmodic asthma, no allusion is made to the many symptoms common to both these diseases. Dr. Forbes places gout among the predisposing causes of asthma, but points out no analogy between the two. Dr. H. Holland says, that certain forms of asthma may have a gouty origin.

This paper was followed by an animated discussion, the general opinion of the society being that, the two diseases were essentially distinct.

Nos. 48, 49, and 51, need no further attention. The summary will, therefore, conclude with a brief notice of the very elaborate paper of Dr. Shearman, on arsenic, as a poison; its tests, and antidote. The various processes for testing arsenic, that have obtained any celebrity, were exhibited before the members, who are deeply indebted to Dr. Shearman, for the trouble he took on the occasion.

In order to be able to swear that a substance is arsenic, and to convince a jury, so that an advocate

would be unable to mislead them, he considered it necessary—

1. To produce the metal and show its crystals.
2. To oxidize the metal, and show the crystals of the oxide.
3. To try these crystals with all the fluid tests.
4. To reduce the sulphuret again to the metallic state, again to oxidize the metal, and again to try all the fluid tests.

The tests, to which he attached most importance, are that of Professor Reinsch, as modified by Christison; and that of Robert Ellis, Esq., of University College, as modified by himself. The last modification consists in procuring the hydrogen from water, decomposed by galvanism, so as to avoid the use of zinc, which is known to contain arsenic.

He considered, that the moist hydrated peroxide of iron, and the moist hydrated persulphuret of iron, were the only known antidotes to arsenic. A number of experiments, performed on dogs, were detailed; they established the power of these preparations of iron to counteract the poisonous properties of arsenic.

The Secretary's labours here terminate. He has not satisfied himself. The state of his health was scarcely compatible with the application necessary to the preparation of a satisfactory summary of the Society's proceedings. He has, however, throughout the Session, endeavoured to discharge his duty; and if his last official act be a failure, he trusts that he will not be too severely censured.

The following corrections should be made in the former Report. See *Provincial Medical and Surgical Journal* for May 15, No. 7.

Page 84, in the table, No. 10,—for Mr. Wells, read Mr. Webb.

Page 85, in the table, No. 36,—for Mr. H. Jackson, read Mr. W. Jackson.

Page 86, in column 1, line 24,—for globulated, read lobulated.

Page 89, in column 2, line 18 from the bottom,—for Mr. H. Jackson, read Mr. W. Jackson.

THE COMPLETELY INVERTED UTERUS SUCCESSFULLY REMOVED BY LIGATURE.

By JOHN GREEN CROSSE, Esq., Senior Surgeon to the
Norwich Hospital, &c.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

In forwarding the following case for insertion in your Journal, I beg to premise that I am preparing an Essay on "Inversio uteri," and shall feel obliged if those Members of the Association, of whom the number must be considerable, who have met with examples of this disease not yet made public, will

favour me with the leading particulars of each case, through the same channel as I have the privilege of addressing them, and of subscribing myself,

Sir,

Your obedient Servant,

JOHN GREEN CROSSE.

Norwich, May 22, 1844.

On the morning of October 10, 1841, I was called by the medical gentleman in attendance to Mrs. W., aged 29 years, who, after a very tedious first labour, during which ergot had been thrice given, applied the forceps, but did not succeed in effecting delivery. I found the forceps incorrectly applied, and having placed them aright, delivered the patient with very little effort on my own part, a few strong pains completing the expulsion of a still-born child. In half an hour there was uterine contraction; and the placenta descended so as to be felt in the vagina, and with the hand I brought it past the os externum; but, although nine-tenths of the placenta were thus made visible, a portion still remained adherent to a mass occupying the vagina, as if there were another placenta. I succeeded in detaching the placenta on a level with the external labia, and grasping the mass in the vagina, I carried it up into the uterus. All these occurrences occupied very little time; the patient was losing blood, had become pallid and faint, and promptitude of action was required. On reflection, it became evident to me, that the placenta having been attached, and perhaps morbidly so, to the fundus uteri, this part had become inverted, and descended through the os uteri into the vagina; and that, in the relaxed state of the organ, I *reverted* the fundus and placed all *in situ*. On leaving the patient I entertained the most unfavourable prognosis, but learnt from her usual attendant, who remained with her, that she rallied in two or three hours, and in the evening there was satisfactory improvement, the pulse going well—no loss—no fainting. The abdomen became large and tympanitic; but she recovered, and subsequently furnished the following and still more singular history:—

Arrived at the full term of gestation, and in her 31st year, this Mrs. W. terminated her second labour naturally, after eight or ten hours of pain, by the birth of a living female child, at nine o'clock p.m. of January 14, 1843. The surgeon in attendance informed me that profuse hæmorrhage followed—two sudden and enormous gushes—and the placenta not descending, he introduced his hand into the uterus, and finding part of the placenta detached and part still adherent, he proceeded to separate the adherent part with his fingers, but experienced much difficulty, and could only succeed by removing the placenta piecemeal. The hæmorrhage had ceased when I arrived at 10 o'clock p.m.; but the patient continued faint, pallid, cold, with a pulse scarcely to be felt, and did not rally until the expiration of five hours.

No urine having been passed for above thirty-six hours, I was required to use the catheter, when I felt in the vagina a round body as large as my fist, which I recognised to be the uterus completely inverted. Having requested the attendance of the surgeon who had officiated at the delivery, I drew off three pints of urine, and proceeded to replace the uterus, trying the various manipulations advised on such occasions. All

the efforts both of my associate and myself proved unavailing; the uterine tumour was firm and contracted, and as no advancement towards reduction was effected after an hour's trial, we deemed it prudent to desist; the patient's condition indeed warned us to take this course, her pulse being 120, and feeble, the abdomen distended, and the symptoms indicating immediate danger. Anodynes were administered freely, and by care and quietude the patient's condition gradually improved. The catheter was required every twelve hours.

At the expiration of four days, the patient incautiously raised herself to facilitate an evacuation from the rectum, and by straining, caused the inverted uterus to prolapse through the external labia. It was evident now that complete inversion of the organ had taken place; the lowest part of the tumour answering to the internal fundus, had a ragged and sloughy appearance, indicating the spot to which the placenta had adhered; the mass protruded five inches and a half at the external labia, and measured twelve inches in its largest circumference. The patient continued in a very alarming state, with a pulse at 120, or even more. I feared to disturb her much, using a male catheter of gum elastic to draw off the urine, and administering anodynes; and having made up my mind not to return the tumour into the vagina, I covered it with soft linen, or lint, and encircled it with a bandage. This measure was repeated daily, and the graduated and uniform pressure of the bandage, checked the mucous discharge, gave great comfort and relief to the patient, enabled her to turn in different postures, and aided the diminution of the size of the inverted organ, which naturally would diminish, but now did so with such rapidity, that, at the expiration of eight days from the commencement of this treatment, the measurement from the fundus to the neck of the inverted organ was six inches and a half, and the greatest circumference nine inches and a half.

At this period the surface of the tumour was still of a florid red colour, so tender and vascular as to bleed on the slightest touch; and at the lowest part, or fundus, where there was an appearance of dark slough, being the part to which the placenta undoubtedly had adhered, the slough being now separated, there was an irregular depression, about the size of a shilling, decidedly ulcerated. Embracing the opportunity when the bandage was removed, I experimented by touching the exposed internal (now the external) surface of the uterus, by pressing it with the finger, pinching it, pressing my finger nail into it; but none of these means, nor even pricking the membrane with the point of a pin, caused any inconvenience, or produced any sensation or impression upon the patient. It being wintry weather, I got some snow, and placed it on the exposed lining membrane of the uterus, but no sensation of pain or of cold was experienced by the patient; at the part however answering to the os uteri, and at the contiguous part of the vaginal membrane, the cold was felt by the patient from the contact of snow. An abundant mucous discharge was furnished by the whole surface of the exposed tumour.

The termination of the vaginal membrane in the uterine membrane, answering to the os, is very distinguishable in appearance, and is further marked

by a ring or thickening, which corresponds to the cervix. This ring or thickening can just be brought into view by pulling down the whole mass, and in this state of the parts I introduce the finger, as far as is admissible, into the vagina, I can at each lateral aspect feel each round ligament, tense and stretched as a firm cord; pain is experienced in the groins when the tumour is thus pulled down.

In sixteen days after delivery the length of the inverted organ was three and a half inches only, the greatest circumference eight inches and a half, under continuance of the bandaging. The catheter was still required twice daily, but soon after this date the urine was often passed naturally, and the catheter was very rarely required.

Having, after the first trial, given up all idea of reducing the inversion, and contemplating the final removal of the organ, I was induced not to carry it up into the vagina, considering that cleanliness could be better promoted by the tumour remaining external, its diminution of size be expedited by bandaging, and facilities offered for removal of the organ by ligature, when it should be determined upon; whilst at any time I could place the uterus in the vagina, if deemed advisable.

The patient's condition was much improved at the three weeks' end, but after this it deteriorated; the profuse mucous discharge weakened her greatly; she became anxious, desponding, restless; and at the expiration of just one month from delivery, I determined to apply a ligature for the removal of the entire organ. I obtained no instruction from books as to the most eligible spot for placing the ligature; but from the experiments I had made in regard to the sensibility of the vaginal membrane, compared with the uterine, I thought it better to avoid the former, and place the ligature on the neck of the uterus, where the circumference measured above five inches; and this choice had the sanction of our valuable colleague, Mr. Newham, whom I consulted by letter.

On the 12th of February, therefore, the ligature, silken, and about the twelfth of an inch in thickness, was applied; and by means of the instrument, of which an outline is here represented, I had the power of tight-

ening or loosening the ligature at pleasure.* Before tightening the ligature, I bandaged the tumour firmly with a common roller; every two or three hours during the first day, I tightened the ligature a few notches; the mass below the ligature enlarged under the constriction, bulging out where unsupported by the roller, and assuming a dull red colour. It was obvious that the ligature was tight enough only to interrupt the return of venous blood, and but slightly, if at all, to interfere with the supply of arterial. It was even probable that, with so large a mass included, the ligature would scarcely act upon the central parts. To tighten the ligature at short intervals, in proportion as it became stretched, and the parts included gave way, became necessary, in order to maintain the degree of constriction. The patient experienced no pain in the seat of the constriction, and suffered no sickness, but had pain at the lower part of the abdomen, and in the loins, which moderate doses of opiates relieved.

On the second day, the constriction being kept up, and even a little increased, the tumour, where visible, was dark as a mulberry. Contact of the soft parts with the instrument was prevented by lint, and renewal of dry linen was often required to absorb the abundant mucous discharge. Sleep has been gained by the use of opiates; the abdomen is tumid, but not tender on pressure.

Every day I tightened the ligature a few notches, and had never occasion to loosen it, on account of any very urgent or painful symptoms, which I attribute to my keeping in view a gradual constriction, so that the ligature might work its way through the included mass, by *ulcerative absorption*, and not cut through as a knife, nor suddenly produce strangulation of the part, which could not be borne. The pulse continued at 120, as it was before I began the operation, and the catheter was used several times each day.

On the 16th, four days from the commencement, the superficial parts of the tumour appeared quite gangrened, still the ligature required to be tightened thrice in the day, a few notches each time; and next day the tumour became a flaccid, dark, and evidently putrifying mass, leaving no doubt as to the arterial circulation being entirely interrupted in it; so on the 18th I cut it off, three quarters of an inch below the ligature, to the great comfort of the patient. The pulse subsided to 108, so I altered from low diet to meat, and a little wine or porter, to support the patient's strength. In the evening, after this excision, I found the ligature, which was still kept tight, and which was at first apparent at the external labia, drawn up an inch and a half within the vagina. The weight of the tumour being removed, and the resistance from its size at the external labia no longer present, this retraction of the remaining os into the vagina, is attributable to the action of the round ligaments.

At the expiration of twelve days, February 24th, I removed the ligature, leaving the small remaining slough to separate spontaneously; the woman's health is

* The figure is half the size of the instrument employed. The ends of the ligature being brought through the apertures (a) and (b), are fastened at (d), and the ligature is tightened by turning the part (e), which is connected with the cogged cylinder (f), and each cog acts upon the spring (g). The ligature can be loosened by pressing back the spring, so that it no longer acts upon the cogs till left at liberty.

improved, the urine has for some days been voided naturally, the pulse is 100 in a minute.

March 6th. All mucous discharge has ceased. By the use of the speculum I ascertain the vagina to be healthy, and can observe the part corresponding to the os uteri, a transverse slit, flat at its edges, without any remaining ulcer.

On the 11th of March the patient sat up, and after the 14th came down stairs daily, occupying herself moderately in her domestic affairs. By the 20th she was restored to as good health as usual. A sponge pessary was worn for some weeks.

It is now sixteen months since the operation; no menstrual loss has appeared, but she has performed conjugal duties without inconvenience, and enjoyed as good health as was usual before being deprived of the uterine organ, a part of the female system whose essential functions have reference naturally to only a portion of the possessor's life, and the absence of which, when once safely accomplished, can be borne without any detriment to health, or abbreviation of the duration of her existence.

HYDROPATHY.—FATAL CASE AT A COLD-WATER ESTABLISHMENT.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Will you do me the favour to insert the following case in the Provincial Medical and Surgical Journal. The circumstances attendant upon its termination, have excited a great degree of interest in this neighbourhood.

I am, Sir,

Your obedient servant,

J. P. GARLICK.

Leeds, June 4, 1844.

Mr. William Waite, of Leeds, aged 59 years, by trade a joiner and cabinet-maker, consulted me about ten years ago for what I considered a disease of the stomach. Strict attention to diet, local depletion, counter-irritants, with appropriate medical treatment, afforded him complete relief.

In the year 1840, he had a fresh attack, in an aggravated form, which resisted various means employed to subdue it. By the joint recommendation of Dr. Williamson and myself, he crossed the Atlantic in a sailing vessel, April, 1841, and after an absence of three or four months, returned home surprisingly improved in health, and so entirely relieved of all pain, sickness, and vomiting, as to consider himself well.

He continued to feel quite well up to March last, and on the 23rd of that month he again consulted me. He said that he had been suffering pain for many days in the epigastrium, extending from the anterior abdominal parietes a little to the right of the median line, quite through to the back, and prolonged thence into the right hypochondriac region.

He complained of a distressing sensation of heat at the part, and some degree of acidity of the stomach. Frequent vomiting at uncertain intervals, and sometimes occurring very suddenly was a strongly marked symptom. The pain uniformly came on about an hour

and a half after taking food, and would continue severe for about two hours, when it would leave him, and he would remain easy till a fresh supply of food was introduced into the stomach. If the vomiting happened to occur when the pain was most severe, it would afford him instant relief. Immense accumulations of flatus in the stomach and bowels distressed him much. The bowels were very irregular in their action, sometimes constipated, sometimes in a loose state. There was tenderness on pressing on the epigastric region in one particular spot, but I could not discover induration. He was emaciating and looking ill.

From these symptoms, precisely analogous to those which existed in the former attacks, I had too much reason to fear a protracted illness, and perhaps ultimately a fatal termination. Knowing my patient to be a very intelligent man, I took some pains to explain to him the opinion that I had formed of the nature of the disease under which he was suffering, and the precise part of the stomach which I believed to be more especially affected by it, the pyloric extremity.

After pursuing the plan of treatment which I recommended to him, for about a fortnight, he was persuaded to go to Ilkley, a village, sixteen miles from Leeds, where a cold-water establishment has recently been set up, and place himself under the care of its medical superintendent, Dr. Rischaneck. The opinion which Dr. R. thought fit to give to Mr. Waite, is emphatically expressed in the following extract from a letter which he wrote to his wife on the 19th of April:—"Dr. R. says it is the liver that is affected, and *not* the *stomach* and bowels, only as they are affected by the liver; and he speaks with the greatest confidence that in a little time I shall be better."

The treatment adopted at Ilkley, is so graphically described by Mr. Waite himself, that I cannot do better than again quote his own words. In a letter dated May 7th, he says, "I must now tell you what I am doing. At half-past five the man comes into my bedroom with a cold wet sheet, and I get out and strip, while he turns the bed and bed-cloths back, and spreads a blanket on the mattress, then the wet sheet. I lay down upon it on my back, and he wraps me up in it; he then wraps the blanket very tight round me, and pulls the bed and bed-cloths upon me, and tucks them in round my breast, and leaves me for one hour. He then comes with two buckets of cold water, and takes me out to the side of the bath. He takes off the blanket and sheet. I first wet my head, then sit down in the water; the man washes and rubs me behind, and I the front; and rubbed dry with a dry sheet. Dress; take a pint and a half of cold water; walk half an hour; then breakfast on half a pint of new milk, with a little water, and a little bread and butter. At 11 o'clock, a sit bath—a pint of cold water—walk half an hour. Dine at twelve, on a small bit of mutton and a little rice pudding. At five, I have sheet bath—that is, the man takes a cold wet sheet and flings it over my head. He rubs the back, and I rub the front, from top to the bottom. He then changes for a dry sheet, and we rub from top to bottom. I take a pint of cold water—walk half an hour—then supper, same as breakfast.

"But I have forgot to say that I have a bandage three times round my body that is wet one yard, and two yards dry. This is fresh wet every time I have a bath, that is, three times a day. Now I have given you a