them, and leave it to others to form their own opinion on the subject, if you should think them worth inserting in your Journal.

I remain, Sir,

Your obedient servant,

W. HENCHMAN CROWFOOT.

Beccles, April, 1844.

Mrs. S., middle aged, and married, applied to me in the beginning of last August for the removal of a large polypus uteri. She had suffered materially in her health from profuse and repeated hæmorrhages, and had a very pallid and sickly aspect. This lady had been under the care of a very respectable and experienced practitioner, who suspected the existence of serious uterine disease, and had declined to operate. As I could detect no other morbid structure than the polypus, a ligature was applied to its pedicle on the 17th of August, and tightened every day until the 20th, when the polypus was removed, without the slightest local or constitutional irritation having been suffered by the patient. All discharge had ceased at the end of eight days, and, as far as the operation was concerned, the patient appeared to be quite well, when, as I was anxious to satisfy both myself and my patient that no other disease of the womb existed, I made a careful, but gentle examination, per vaginam, and had the satisfaction to find the os and cervix uteri in a perfectly healthy condition. It happened that, two days previously, I had been engaged in a *post mortem* inspection of a fatal case of puerperal fever, and that I was still in attendance on other cases. In just 48 hours from the time of the examination, I had the mortification to find my patient attacked by a severe rigor, followed by pain and tenderness in the region of the uterus, and particularly in the left iliac fossa, heat of skin, small and very rapid pulse, tumid abdomen, and great prostration of strength, in short, with symptoms which indicated a formidable metritis, and which remarkably resembled those which I had so recently witnessed in several cases of puerperal fever.

Notwithstanding the reduced state of the patient, from previous hæmorrhages, she was bled from the arm, to faintness, twice in the first 24 hours, leeches were applied to the verge of the anus, the bowels were freely purged by calomel and senna mixture, and warm stupes were applied over the body. These remedies were followed by doses of calomel and opium, with saline effervescing draughts. The disease gradually yielded to the treatment, and in a few days the patient was in a state of safety, but I could not help reproaching myself as having been the possible cause of her danger and suffering.

If the above case were an instance of the power of the poison of puerperal fever to produce a similar train of symptoms in a non-parturient female, the following one would tend to confirm the opinions that the disease itself may be occasioned by a poison generated by erythematous inflammation, unconnected with child-birth.

A nurse, who had been in attendance on a case of diffuse cellular inflammation, which had proved fatal in five days, was called, before the death of the patient, to Mrs. W. in her accouchement. Mrs. W., who was

the mother of several children, had a somewhat lingering, but easy labour, and went on remarkably well till the fifth day, when she had a severe attack of fever, preceded by a violent shivering fit, and attended by acute pain in the back and over the pubes, great tenderness on pressure over the uterus, and in each iliac region, a hot skin, dry tongue, sickness, and great prostration of strength; the pulse however, did not exceed a hundred beats in the minute, in the first instance, and never much exceeded 120 during the course of the disease. The patient was immediately bled to faintness, and leeches were applied to the anus, and to each iliac fossa, warm stupes to the abdomen, and the bowels were purged by calomel, &c. The symptoms were much mitigated by this treatment, but the disease was not subdued, and it was necessary to have recourse repeatedly to the leeching, in spite of the threatenings of typhoid symptoms, as well as to the use of calomel and opium. As the inflammation subsided in the womb, it attacked the right iliac and crural vein, occasioning great swelling of the limb. The patient had a tedious recovery.

I have just read the review of Dr. Lee's Lectures in the last number of the journal, and leaving it to the Doctor to defend his pathology of puerperal fever against the criticism of your reviewer, I would only beg leave to observe that, whatever may be our speculations as to the part of the system, the nervous, the vascular, or the sanguineous, on which the first impression is made by the morbid poison,—whether we believe that the inflammation is produced by poisoned blood, or that the blood is poisoned by inflammation, my own experience convinces me that inflammation of some organ or tissue will be generally found to be so early, and so important a feature of the disease, as to claim the earnest attention of the practitioner, and his most strenuous efforts to subdue it, and that, if it cannot be checked, in limine, the patient will be almost sure to die.

CASE OF DISLOCATION ON THE DORSUM OF THE ILIUM, WITH FRACTURE OF THE FEMUR.

By T. O'CONNOR, Esq., M.R.C.S.

This complication must be rare, as I have not seen it noticed in any surgical work which I have read, neither have I witnessed it before. I shall, therefore, with your permission, give the history and treatment, with a few passing observations upon it. The subject, by trade a carpenter, was employed in repairing the machinery of a windmill, when he fell off the scaffold to a distance of ten or twelve feet on a cross-beam, which, passing between the thighs, threw the femur on the dorsum of the ilium; having still to descend a distance of fourteen feet to reach the ground, he was prostrated on some logs of wood, fracturing *obliquely* the femur, at the junction of the middle with the superior third. In addition to these accidents, I may here observe, he had compound fracture of the fibula, about three inches from the head of the bone.

To the opinion that *dislocation* preceded the *fracture* of the femur, I am inclined by the following circumstances:—the position in which he is said to have fallen on the cross-beam; the contused appearance of the

parts covering the tuberosity and ramus of the ischium and lower part of the groin; the ecchymosed state of the scrotum, and subsequent severe inflammation of the testicle of the affected side. The three latter circumstances, taken in connection with the first, are conclusive evidence to my mind that dislocation occurred in the first part of the descent, and that having been thrown, either on his back or side, on the pieces of wood which lay on the ground, fracture then ensued. The limb was shortened full four inches; the glutei muscles were contracted and rigid, giving the appearance of a clenched fist beneath the integuments.

To reduce simple dislocation of the hip is an operation familiar to every mechanical surgeon, but this was a complication so formidable that I will not affect to conceal my despair of success before I commenced the attempt at reduction. An extraordinary degree of extensive force must be employed to overcome the rigid state of contraction assumed by the muscles surrounding the hip, under their *novel state* of emancipation, from their natural antagonist, the femur; or an equivalent to extraordinary extension must be substituted. As severe extension was here impracticable from the impediment offered by the fracture, pressure afforded the only chance of subduing muscular action; and with this view, a leather strap was passed tightly round the limb, over the insertion of the *psaos magnus* and *iliacus internus*, and above and around the trochanter major, and of course through the cleft of the nates, and finally connected to a roller, which surrounded the pelvis. This contrivance commanded the muscles about the hip, including the rotators, outwards, leaving the vasti free; which, being in a state of active spasm, favoured the intention by affording resistance sufficient to bring down the head of the femur by the time the fracture was reduced. In consequence of the great obliquity of the fracture, I was obliged to employ M'Intire's splint, to keep up extension, although I believe, in fractures of the upper third, the double inclined plane is generally preferred; the fracture of the fibula, treated on the ordinary principles, terminated favourably in three weeks or a month. The patient is now recovered, if I except a shortening of the limb, to the extent of half an inch. Such is the history and such the treatment of this case; if a similar one has already occurred in practice, or appeared in print, I am not aware of it.

March, Cambridgeshire, March 28, 1844.

[The above, as the author correctly observes, is a rare complication. A case of a similar nature is recorded in Fergusson's Practical Surgery, but the fracture was in the lower third of the femur. The dislocation, however, was not discovered for some considerable time, and the attempt at reduction proved futile.]

EFFECTS OF ERGOT IN PRODUCING ABORTION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In the interesting trial relative to the production of abortion, related by Dr. Shapter, of Exeter, in your

number for April 10th, 1844, I was greatly surprised at the following expression of his opinion:—"I do not think ergot of rye would act unless natural action had commenced."

Having been engaged for more than twelve years in that arduous portion of our profession, midwifery, and since, during that time, no less, on an average, than from 20 to 30 cases of labour have been attended by myself during each month of the period already alluded to, I have had, I conceive, sufficient opportunities for inquiry into the action of so potent and specific an agent as the ergot of rye upon the impregnated uterus. Several cases of premature labour have been produced in my own practice at the sixth and seventh month of utero-gestation, by the administration of this agent alone. With every feeling of respect towards Dr. Shapter, I beg most distinctly to affirm my thorough conviction in the power the ergot of rye possesses in producing uterine action; and it has that power, provided the ergot is good, in an equal degree, to that of reproducing uterine action when it has been once established. I must further unhesitatingly state, that the ergot of rye possesses the power of producing abortion, though doubts might be entertained that it had not that specific action ascribed to it by many writers of the present day upon midwifery, if the opinion of so eminent an authority as Dr. Shapter were allowed to remain unquestioned.

Since writing the above, we have been favoured with the remaining portion of Dr. Shapter's paper, wherein he fully carries out the opinion entertained by some leading obstetricians of the present day. Dr. Shapter gives a condensed account of the action of the ergot of rye, as attested by men of eminence; yet, it appears, he rested his own opinion of the ergot of rye, as a non-producer of uterine action, unless that action had already commenced, on a single case. Such evidence will, to an ordinary reader, not be conclusive. I have before me numerous cases in which the ergot of rye was administered, for the purpose of producing a healthy action of the uterus, with success. In one case, in which hæmorrhage had been going on some time prior to its administration, after the lapse of two or three days a fleshy substance was expelled. This morbid production had given rise to passive hæmorrhage, unattended with uterine action, until excited by the ergot of rye, when the production alluded to was expelled; after which, the hæmorrhage ceased, and the patient rapidly regained her health and strength.

There can, as it appears to me, be only one opinion on the specific action of this drug; for, instead of plugging the uterus, administering lead and opium, acids, &c., in cases of uterine hæmorrhage, whether accompanied or not with uterine action, I invariably succeed in arresting the flow of blood by the timely, yet judicious, administration of the ergot of rye. Many practitioners differ with me in opinion on this point; I, however, still rest on my own experience, which continually adds new evidence of the justness of my views. I therefore repeat that ergot of rye never failed, in my hands, to produce the desired effect.

My mode of giving the ergot of rye does, I am well aware, differ from that of many of my professional brethren; for, instead of administering the ergot in large doses, I give small doses of the drug, say from two to three grains every three or four hours, or oftener,