SUCCESSFUL REMOVAL OF THE UTERUS BY LIGATURE.

By JONATHAN TOOGOOD, M.D., Bridgewater.

The following case, although not similar to that published by Mr. Crosse, in the *Journal* of the 12th of June, affords an additional example of the safety and propriety of removing the uterus under certain circumstances.

About sixteen years ago I was requested to visit Miss L., aged about forty, who was represented to be suffering from a considerable swelling, which prevented her from passing any water. The introduction of the catheter was rendered somewhat difficult from the protrusion of a large mass from the vagina; but after a little time I succeeded in drawing off between two and three pints of water, and then proceeded to make a more accurate examination. I found that the uterus was completely prolapsed, and hanging down between the thighs. There was not much difficulty in returning it, or retaining it in its natural situation by a large globular India-rubber pessary, which I directed to be removed occasionally and replaced. I heard nothing more of my patient for three years, when I was again desired to see her on account of a profuse and most offensive discharge, which had existed for some time. To my very great surprise I discovered that the pessary had never been removed, which at once explained the cause, and I was actually obliged to deliver her of it with the forceps. From that time, as I subsequently learnt, it was never replaced, consequently, the uterus was frequently coming down, and prolapsing beyond the external parts, and she had acquired the habit of returning it by sitting over an open space, and pushing it back with her fingers. This course was pursued until the 13th of April last, when it came down, and, after making repeated ineffectual attempts to return it for three days, she sent for my late partner, Mr. Parsons, who gives me the following statement:

"On Wednesday, April 17th, I was sent for to see Miss L., a maiden lady, nearly sixty years old, who I had before known to have been suffering from a prolapsus of the womb; on my arrival I was informed that this had come down on the Saturday previously, during a violent fit of coughing, and that all her attempts to reduce it, had failed. On examination I discovered a very large protrusion of a pyriform shape, and extending from the vagina to at least seven or eight inches. The surface was not very sensitive, but was of a red, florid colour, and in some parts ulcerated and ecchymosed from repeated attempts to effect its reduction, and from which some hæmorrhage occasionally occurred. Every endeavour on my part to return it being fruitless, I ordered some leeches and cold applications to be used, hoping, in a day or two, by these means, to reduce its bulk, so as to enable me to return it. None of these remedies, however, succeeded, and as, on a more careful examination, I discovered that the neck of this large mass, as it entered the vagina, rather diminished in size, I requested a consultation with my friend Dr. Toogood, who had formerly attended the patient, who agreed with me on the practicability and safety of removing the whole by ligature. Accordingly, on Sunday the 21st, we applied a ligature very firmly round the neck of the swelling, just within the vagina, and took away the protruded part immediately.

"The mass removed was about two pounds weight, the shape of the uterus, but its structure much altered in character, the cavity being quite obliterated, and the os uteri become almost cartilaginous. No bad symptoms ensued, and she told me yesterday, the 22nd, that she was as well as when she was sixteen.

"On examination, no uterus can be discovered, but the vagina seems to terminate in a short cul de sac."

At the time I met Mr. Parsons in consultation, the patient was in a very suffering state from general irritation and repeated discharges of blood, and as the parts had begun to assume a somewhat flaccid and livid appearance, I thought the safest course would be to remove the whole as speedily as possible, and I advised the operation with the greater confidence, from having, in the course of my experience, known two other cases in which the whole body of the uterus was removed by ligature, without any immediate danger; but as these cases were not my own, I know nothing of the details or ultimate event of either.

Bridgewater, June 24, 1844.

CASE OF PERITONEAL DROPSY.

By EDWARD DANIELL, Esq., Newport Pagnell.

In offering the following case to the profession, I am aware that I am adding but very little to the general stock of knowledge in peritoneal dropsy, but as the case was successful, and that after only one operation, I thought the particulars of it would not be unacceptable, for to practical men one fact is of more value than a thousand suggestions.

—, 37 years of age, was delivered on the 3rd of April, 1835, of her fifth child; the case was simple, and the labour not protracted; a month passed on without any symptom of an unpleasant character. She was enabled to pay several friendly visits to ladies who had favoured her with kind enquiries during her confinement, and on one of these visits was overtaken by a shower, which made her damp and uncomfortable, but anticipating no evil, she did not regard it. She was however seized on the following day with severe pain over the whole abdomen, which seemed at length to concentrate itself in the left groin. The pain was so intolerable that she could not stand erect, and there was tenderness on pressure, costiveness, and pyrexia, symptoms clearly indicating inflammation of the peritoneum.

She was bled in the arm, leeches, cupped, and blistered, and, as the attack was combined with considerable cerebral disturbance, her hair was close cut off, spirit lotions applied to the head, and the general antiphlogistic plan pursued. By this process the inflammatory symptoms gave way, but they were only yielding to exhibit another form of disorder, too common where membranes analogous to the peritoneum, are the seat of active mischief.

Tumefaction of the abdomen became visible in a week after the inflammatory symptoms had subsided, fluctuation was perceptible, and I need not add, that from the obstinate nature of such cases generally, the final result was referred to with very gloomy anticipations.

Small and repeated doses of mercury were given without any obvious effect upon the system; pytalism could not be induced; elaterium in its usual forms was administered, and neutral diuretic salts combined