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CLINICAL REPORTS

OF

OVARIAN AND UTERINE DISEASES.

With Commentaries.

BY

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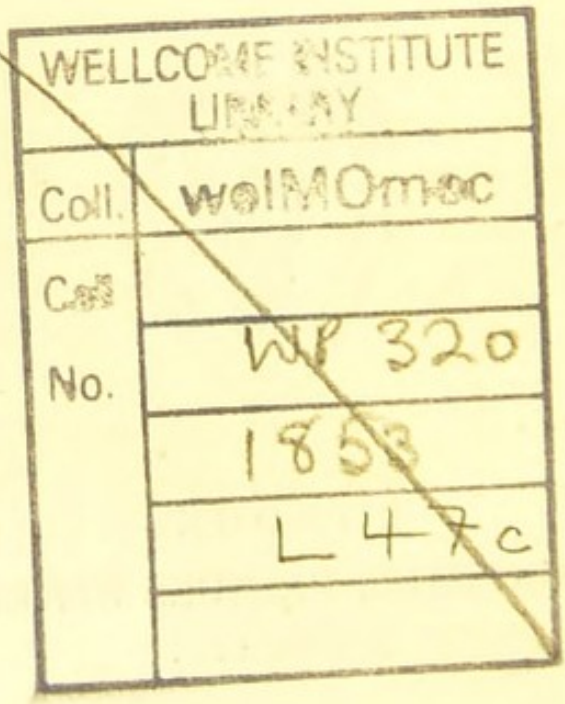
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MANCHESTER MEDICAL SOCIETY

CLINICAL REPORTS

OF

OVARIAN AND UTERINE DISEASES.

FIRST REPORT.

OBSERVATIONS ON THE STRUCTURE, FUNCTIONS, AND DISEASES OF THE OVARIA, AND THE HISTORIES OF ONE HUNDRED AND SEVENTY CASES.

In the human subject, after the age of puberty, the ovaria form two oblong flattened bodies, about an inch and a half in length, which are situated on the sides of the uterus in the posterior duplicatures of the broad ligaments. They are placed a little below the fallopian tubes, near the superior angles of the uterus, to which they are fixed by a short ligament. Their surface, except at the inferior margin where the blood-vessels enter, is smooth and convex. In the fœtus at the full period, the ovaria form long slender bodies of a prismatic form, and are placed above the brim of the pelvis. In advanced life they become hard and shrivelled, with deep irregular fissures in their surface. Each ovarium consists of a peritoneal coat, and a dense fibrous or parenchymatous structure. In this latter texture are imbedded from twelve to twenty vesicular bodies of various sizes, which are named, from their supposed discoverer, the Graafian vesicles, or ovula Graafiana. They are composed of a fine membrane, which is separable into two layers, and contain within their cavity a clear coagulated fluid.

Branches of the spermatic arteries and veins are distributed to the ovaria, and they are also abundantly supplied by

nerves and absorbents. The remarkable changes produced in the intellectual and physical constitution of women, at the age of puberty, by the development of the ovaria, have been accurately described by Harvey in the following passage, "Nec minus notum est quanta virgini alteratio contingat, increscente primum et tepefacto utero; pubescit nempe, coloratior evadit, mammæ protuberant, pulchrior vultus renidet, splendent oculi, vox canora, incessus, gestus, sermo, omnia decora fiunt."

There are certain facts which seem to prove, that it is not to the influence of the uterus, but of the ovaria, that we are to attribute all the changes which take place in the female pelvis, in the mammæ, and uterine system, at the period of puberty; and it seems not improbable, from the following facts, that it is also to certain changes in the Graafian vesicles at the time of menstruation, that all the phenomena of that singular process are to be referred.

The case of a young woman who died at the age of twenty-nine, in whom the ovaria were wanting, was published by Mr. Charles Pears, in the second part of the Transactions of the Royal Society of London, for 1805, and the following appearances have been recorded:—"Having ceased to grow at ten years of age, she was in stature not more than four feet six inches high. The breadth across the shoulders was as much as fourteen inches, but her pelvis measured only nine inches from the ossa ilia to the sacrum. Her breasts and nipples never enlarged more than in the male subject. She never menstruated; there was no appearance of hair on the pubis, nor were there any indications of puberty in mind or body at twenty-nine years of age."

In the young woman whose ovaria were extirpated by Mr. Pott, in an operation for inguinal hernia, menstruation ceased, the voice became hoarse, the mammæ shrunk, and hair appeared on the chin and upper lip. Before this period the female was stout, large-breasted, and menstruated regularly.

Mr. Yarrel has shown, that where there is a shrinking and shrivelling of the ovaria from disease in young birds, the hen assumes in many instances the plumage of the male. "Thus, in several mules (hen birds with male plumage), the ovarium has been found variously diseased; sometimes the oviducts appear to have been inflamed, and adhesions to have taken place between their opposite sides, so that they become

obliterated; at other times the ovaria are shrivelled and of a black colour, and appear as if they had never been in progress to maturity. This black colour also pervades the oviduct, which is smaller than natural, and often impervious in some part. In old birds it might fairly have been alleged that the destruction of the ovarium and the change of plumage followed only the general obliteration induced by age, and that the one was not dependent on the other; but the fact that destruction by disease of the ovarium in the young bird induces a similar change, and the destruction of the oviduct by art being followed by an alteration—incomplete, indeed, but in many respects resembling the one mentioned—sets the question at rest."

Dr. Elliotson related to me the history of the following interesting case, which came under his notice upwards of ten years ago:—"A young woman,' he says, "consulted me for amenorrhœa; she had never menstruated, and yet had violent pains every month. I strongly suspected there was some organic disease, and wished to obtain permission to examine; but to this she would not consent, and did not return to me for a considerable period. She informed me, when she again consulted me, that she had been married for a year, but had never menstruated. I then thought I must have been wrong, and that there was no organic cause. I asked if she was happy with her husband, and from her answer concluded that sexual intercourse went on. The husband consulted me afterwards, and stated that he had not encountered any impediment to connexion, but that he gave her violent pains at the time. I afterwards was permitted to examine, and then found there was no vagina, the part, on opening the labia, being as flat as the palm of my hand. She had most excruciating pains in the pelvis every month; there was every symptom of menstruation, except the discharge. At my desire she was examined by Mr. Henry Cline, who plunged a lancet between the labia, but found nothing. She went on with these monthly pains, which she had experienced ever since puberty, and her life was rendered utterly wretched. I begged Mr. Cline to make another attempt, and he put in a bistoury as far as he dared go, but found nothing. Every sort of examination was afterwards made, and no uterus could be discovered. She remained several years in this situation, when her husband died; and she has married again.

Though there was no uterus, it was evident from the appearance of the mammæ, and other circumstances, that the ovaria had been fully developed."

Through the kindness of Mr. Girdwood, of Paddington, I had an opportunity, in 1831, of seeing a case in many respects similar to the preceding, in which there appeared to be a deficiency of the uterus, and an effort at menstruation every monthly period. The patient was twenty-five years of age, and had been married two years, though she had never menstruated. Every month there was great pain in the region of the pelvis, which lasted for several days and then went off without any menstrual discharge taking place. The mammæ and external sexual organs were fully developed. On examination at the posterior part of the vagina, the finger readily passed into a short cul-de-sac, about an inch and a half in length. From ocular inspection, it was evident that this cul-de-sac did not reach the meatus urinarius, but between them was a narrow opening which admitted the catheter, and which could be passed up four or five inches. This canal was gradually dilated, so as to admit the finger, the whole length, but not the slightest trace of a body like the uterus existed at its upper extremity.

Mr. Cæsar Hawkins has related to me the case of a woman who had the vagina and uterus completely obstructed after parturition, and in whom there was a monthly effort at menstruation, though no menstrual fluid was secreted. No swelling of the abdomen took place; and, although incisions were made through the vagina into the uterus, no fluid escaped.

In Beck's Medical Jurisprudence, somewhat similar cases are referred to.

On the 11th of March, 1831, I examined the body of a young woman who died during menstruation, from inflammation of the median basilic vein. The left ovarium was larger than the right, and at one point a small circular opening, with thin irregular edges, was observed in the peritoneal coat, which led to a cavity of no great depth in the ovarium. Around the opening, to the extent of three or four lines, the surface of the ovarium was of a bright red colour, and considerably elevated above the surrounding part of the peritoneal coat. On cutting into the ovarium, its substance around the opening and depression was vas-

cular, and several Graafian vesicles of different sizes were observed. The right ovarium was in the ordinary state. Both fallopian tubes were intensely red and swollen, and their cavities were filled with menstrual fluid. The lining membrane of the uterus was coated with the same fluid, and the parietes were soft and vascular. The size of the uterus was not increased.

In the autumn of the same year, a woman under twenty years of age died suddenly from acute inflammation of the lungs, while menstruating. The body was examined by Mr. John Prout, and the uterine organs were brought to me for inspection. A red, soft, elevated portion of the right ovarium was also here observed, and at one part the peritoneal coat, to a small extent, had been removed.

The edges of the opening were extremely thin and irregular, and in the substance of the ovarium, under the opening, was an enlarged Graafian vesicle, filled with transparent fluid. Numerous small blood-vessels were seen running along the peritoneal coat of the ovary, to the opening. When the substance of the ovarium was laid open, several vesicles, of various sizes, and at different depths, were found imbedded in it. The left ovarium presented a natural appearance. The free extremities of the fallopian tubes were gorged with blood. Their cavities were filled with a red-coloured fluid. The uterus was not enlarged, but the parietes were gorged with blood, and the lining membrane of the fundus was coated with menstrual fluid. A small coagulum of blood likewise adhered to the upper part of the uterus.

On the 2nd of July, 1832, Sir Astley Cooper, to whom I had mentioned these cases, sent me the ovarium of a woman who died from cholera, while menstruating. The ovarium was much larger than natural, and at one point there was a small irregular aperture in its peritoneal coat, through which a portion of a slender coagulum of blood was suspended. On cutting into the substance of the ovarium, it was found to be occupied by three small cavities or cysts, one of which was filled with a clear ropy fluid, another with semi-fluid blood, and the third, which communicated with the opening in the peritoneal coat of the ovarium, with a firm coagulum.

On the 18th of November, 1832, the uterine organs were removed by Messrs. Girdwood and Webster, from the body of

a young woman who had died suddenly, the preceding day, when the catamenia were flowing. Both ovaria were remarkably large, and both fallopian tubes were red and turgid. The peritoneal coat of the left ovarium was perforated at that extremity which was nearest to the uterus, by a circular opening, around which aperture, for several lines, the surface of the ovarium was elevated and of a bright scarlet colour, like extravasated injection. The margin of this opening was thin and smooth, and did not appear to have been produced by laceration. Its centre was slightly depressed below the level of the edges, but there was scarcely the appearance of a cavity beneath. The right ovarium was much larger than the left, and when cut into, a cavity or cyst was found, which was filled with half coagulated blood. The peritoneal coat of this ovarium was entire.

The uterus was large, and when cut into, the parietes appeared to contain an unusual quantity of blood. The inner membrane was of a bright red colour, and coated with a thin layer of catamenial fluid. Both fallopian tubes were red and turgid, and the interior of the left was filled with menstrual fluid, but nothing in the form of a Graafian vesicle could be detected in the tube. The appearances now described have been accurately represented in a drawing made from the parts within two hours after they came into my possession.

In a paper by Mr. Cruikshanks, published in 1797, there is an account of similar appearances having been observed by him in a young woman who had died at the monthly period. "I have also," he says, "in my possession, the uterus and ovaria of a young woman who died with the menses upon her. The external membranes of the ovary were burst at one place, from which I suspect an ovum escaped, descended through the tube to the uterus, and was washed off by the menstrual blood."

Dr. Power has likewise conjectured, that an ovum escaping from the ovarium at every monthly period is the cause of menstruation, which he has defined to be "an imperfect or disappointed action of the uterus in the formation of the membrane (decidua), which is requisite for its connexion with the impregnated ovum." This hypothesis does not appear to have been formed from actual observations on the ovaria during menstruation, as Dr. Power has made no allusion to these in his work, and does not state that he has

ever examined the body of any individual who died with the menses upon her. That an ovum, by which is usually meant an embryo enveloped in membranes, does not pass from the ovarium during menstruation is evident, from the fact that an ovum is never formed but as a consequence of impregnation, and that conception does not take place at the menstrual period. The facts which have now been related render it, however, extremely probable that all the phenomena of menstruation depend upon, or are connected with, some peculiar changes in the Graafian vesicles, in consequence of which an opening is formed in their peritoneal and proper coats. Whether an entire vesicle, or only the fluid it contains, escapes through this opening, at the period of menstruation, further observations may hereafter determine. There is no proof whatever that an ovum passes along the fallopian tube into the uterus during menstruation; and it is not clearly established that this takes place even subsequent to conception.

Menstruation probably does not take place during infancy, because the ovaria are not then developed; and it is absent during pregnancy and lactation, because at these periods they are in a quiescent state.

After the age of forty-six the catamenia cease, because the parenchymatous structure of the ovaria has partially disappeared, and the Graafian vesicles have degenerated into thick, opaque cysts.

In many cases of disordered menstruation, chlorosis, and hysteria, which I have observed, the symptoms have been clearly referable to certain morbid states of the uterine appendages; and decided benefit has resulted from the application of those local remedies which were employed with the view of subduing the irritation, congestion, or inflammation which appeared to be present in these parts of the uterine system.

In the unimpregnated state, the ovaria are not very subject to those severe attacks of inflammation which produce an alteration in their structure. In most cases of puerperal fever, the peritoneal and parenchymatous textures of the ovaria become inflamed, and not unfrequently their structure becomes completely disorganized. In the article, Puerperal Fever, in this work, a full account has been given of these morbid changes, and of the varied symptoms to which they give rise during life. The adhesions between the ovaria

and fallopian tubes, which are so frequently met with in examining the bodies of women of different ages and conditions of life, prove that slight attacks of inflammation of the peritoneal coat of the ovaria are not of rare occurrence, and that their presence is seldom discovered during life. Abscess of the ovarium, from chronic inflammation of the parenchymatous structure, though a rare disease, does sometimes occur, as the following case will show:—

A woman, aged 17, of the lowest and most unfortunate class of females, was a patient of Guy's Hospital, under the care of Dr. Bright, in the autumn of 1823. She was greatly emaciated, had a very quick and feeble pulse, a shining red tongue, and constant watchfulness. She suffered from constant and irresistible diarrhœa, and for many successive days vomited both food and medicine: the catamenia were absent. After having been in the hospital about two months, she suddenly complained of most severe pain over the abdomen, and in a few hours expired. On opening the abdomen, death appeared to have been produced by the effusion of a large quantity of pus into the peritoneal cavity, which escaped from an abscess in the right ovarium, which abscess appeared to arise from suppuration in the substance of the viscus, similar in every respect to phlegmonous abscess in any part of the body, and not connected with any cyst, or change, or addition of structure, the product of morbid growth. A woman, whose case has been recorded by Dr. Taylor, of Philadelphia, had an abdominal tumour, which was considered to be an encysted dropsy of the ovary. On inspecting the body after death, the tumour, which occupied the whole abdominal cavity, and weighed seventeen pounds, was found to be formed by one of the ovaries; but in no respect did it resemble ovarian dropsy, being a large cyst, containing twenty pints of pus.

There are perhaps no organs in the human body in which cysts containing a fluid are so frequently found developed as in the appendages of the uterus, particularly in the ovaria. These sacs, or cysts, which have not unfrequently been confounded with hydatids, constitute the disease termed encysted, or ovarian dropsy; and it scarcely admits of a doubt, from the progressive enlargement of the Graafian vesicles, that these cysts often originate in a morbid distension of these bodies. In other cases, ovarian dropsy arises from the development of a solitary serous cyst in

the neighbourhood of the uterus, in the folds of the broad ligaments, or connected with the ovaria, if not imbedded in their substance. The whole substance of the ovarium is converted into a large bag containing a fluid, or into a congeries of cysts of different sizes, which have no communication with each other. These cysts, which differ considerably in the density of their coats, contain fluids which vary in their colour and consistence. In some it is serous, mixed with a slimy, ropy fluid, like jelly; in others it is a purulent fluid, or dark-coloured, like coffee-grounds; and in two instances observed by me, the matter contained in these cysts resembled custard or soft cheese. A small ovarian cyst contained a thick, dark-brown fluid, like treacle, which did not become decomposed by exposure.

Dr. Hodgkin has recently investigated the structure and mode of formation of some of the more complicated varieties of ovarian cysts and tumours. He has given the following description of the compound serous cyst, which is often complicated with malignant disease of the ovaria:—

"In this form we observe, on the interior surface of the principal cyst, elevations more or less rounded, and of various sizes, projecting into the inferior of the cavity, and covered by a membrane which is continuous with the lining of the principal sac.

"On making an incision into these tumours, we find they also consist of cysts of a secondary order, filled by a secretion, often serous, but almost as frequently mucous. It is not, however, merely by this secretion that these cysts are filled. On looking more minutely into them, we shall generally find, that from one or more points on the interior of these cysts there grows a cluster of other or tertiary cysts, upon which is reflected the lining membrane of the cyst in which they are contained. Cysts of the secondary order not unfrequently afford as complete specimens of a reflected serous membrane as either the pericardium or tunica vaginalis, the lining membrane of the containing cyst corresponding to the reflected portion, as that covering the contained bunch of cysts does to the close portion.

"The proportion which the contained cysts bears to the cavity of the membrane reflected over them is extremely various. Sometimes the fluid, especially when it is of a serous character, nearly fills the containing cyst, whilst the bunch of cysts is of very considerable size. At other times,

the superior cyst is almost entirely filled by those of the inferior order, in which case we may generally find that the nodulose or tuberose elevations, which we may have observed on the exterior of the containing cyst, are occasioned by the unequal development of the contained cysts; for those which have grown most rapidly, and have attained the largest size, forcibly dilating that part of the cyst which is reflected over them, produce a kind of hernia at that part. It sometimes happens that the distension occasioned by the growth of the contained cysts is sufficient not only to disturb the even surface of the containing cyst, but actually to produce a rupture, which admits both of the escape of its fluid contents and of the unrepressed growth of the secondary or tertiary cysts, which took their origin from its internal surface."

Dr. Hodgkin endeavours to explain the formation of the different heterologe deposits, or accidental structures, on the same principles. Ovarian cysts are not unfrequently combined with a great enlargement of the organ, by which it becomes converted into a whitish, hard, cartilaginous mass, like the fibrous tumour of the uterus. These diseases are indeed not unfrequently present in the same individual, and they commence and run their course in the same manner. Portions of these fibrous tumours of the ovaria are sometimes converted into calcareous concretions like those of the uterus, or a process of softening commences in different parts, in consequence of which the fibrous structure is completely destroyed, and large irregular cavities are formed, containing a dark-coloured gelatinous fluid.

Dr. Seymour, in his valuable work, has described ovarian tumours of the above description under the term scirrhus of the ovaria, though they are not of a malignant nature, and have no tendency to degenerate into cancer. "In the Museum of the College of Physicians, there is a preparation," (Dr. Seymour, p. 59,) "which has received the sanction of Dr. Baillie as a specimen of this rare disease. It is a section of a scirrhous ovarium (resembling more a section of scirrhous testicle than the ordinary appearance of the ovarium under this disease,) which was in various parts beginning to soften, the substance breaking down into thick, brown, fœtid fluid. This preparation was taken from a patient who died of cancer of the stomach; which Dr. Baillie says, in his Catalogue, is the same disease. It does not

appear whether any distinguishing symptoms, either of the locality of the disease or its peculiar nature, existed during life."

The affections of the ovaria, which we have now been describing, do not partake of the nature of cancer, and have no disposition to degenerate into a malignant form. The injurious effects upon the system, which they produce, result entirely from the pressure and irritation which they excite in the abdominal and pelvic viscera, and some of the remote organs of the body. The cysts may descend between the bladder and the rectum, and, becoming firmly fixed by adhesions in this situation, interrupt the evacuation of the urine and fæces. In a case which lately came under my observation in the Marylebone Infirmary, an ovarian cyst having become firmly impacted between the bladder and the rectum, produced all the symptoms of stricture of the rectum. In a lady now under my care, the presence of an ovarian or uterine tumour in the pelvis, which presses upon the neck of the bladder, renders it impossible for the bladder to be emptied without the introduction of the catheter. The effects of these tumours in impeding the progress of the child through the pelvis during labour have been fully described by Dr. Park and Dr. Merriman, in the third and tenth volumes of the Medico-Chirurgical Transactions.

When the ovarian cysts remain at the brim of the pelvis, in the progress of their enlargement they gradually produce all the usual consequences of interrupted circulation in the pelvic viscera and lower extremities. Attacks of inflammation occasionally take place in their capsules, by which they contract adhesions with the surrounding organs, and pus is poured out into their cavities. After a time, effusions of dropsical fluid take place into the peritoneal sac; and sooner or later the patient dies exhausted, from the long-continued pressure and irritation of the abdominal and other viscera.

Encysted dropsy of the ovarium can generally be distinguished from ascites by the following symptoms:—The tumour commences on one side of the abdomen; its surface is unequal, and its fluctuation, if felt at all, is very obscure. The health at first is but little impaired; and the thirst, scanty urine, and other symptoms which characterize general dropsy, are wanting. The catamenia are usually extremely irregular, or altogether wanting. When both ovaria are

diseased, Dr. Seymour states that the menses are always absent. Great difference is observed with respect to the progress of the disease in different individuals: in some it would appear to become stationary, or altogether cease to extend; while in others it goes on much more quickly to a fatal termination. In some cases, if we credit the histories which have been given by authors, recovery has taken place from a fright, blows, or from sudden exertion. Dr. Mead relates a case where eighteen pints of water escaped by a rupture of the sac through the umbilicus. Dr. Blundell relates that a lady, afflicted with ovarian dropsy, falling from a carriage struck her belly against a stone, and that a considerable discharge of urine occurred. She recovered, married, and, dying subsequently of retroversion of the uterus, the cyst of her former complaint was found to have burst, and its contents, effused into the abdominal cavity, to have been absorbed. Cysts, containing a fatty matter intermixed with hair and teeth, have frequently been met with, either in the substance of one of the ovaria, or adhering to them by a narrow neck. They have been found before the age of puberty, and consequently do not arise from impregnation. In Ruysch's Museum was a tumour of teeth and hair, which he found in a man's stomach. A little under the right kidney of a dead gelding, Mr. Colman met with a cyst containing fatty matter, hair, and teeth; and Mr. Brodie found a jaw with full-grown teeth in the bladder. Dr. Gordon met with a tumour in the thorax of a woman, which was considered, during life, to be aneurismal; but on examination after death, appeared to be composed chiefly of the debris of a fœtus, which was situated in the anterior mediastinum, and adhered strongly to the sternum. It contained a sebaceous matter mixed with hairs, and a portion of a bone which appeared to be the superior maxillary bone. I am inclined to consider all these singular productions as wholly unconnected with conception in the bodies of the individuals in whom they have been found, and to view them as examples of that species of monstrosity which has been so fully described by Ollivier and Breschet, under the term Diplogénéses par pénétration.

Dr. Baillie states that the hairs are most of them loose in the fatty substance, but many of them also adhere to the inside of the capsule. Andral describes these hairs as sometimes intimately mixed up with the fatty matter, at

other times as isolated from one another, or re-united into inextricable tufts. Their two extremities are usually alike, and in all cases which he has examined there has been no bulb.

Meckel, however, observed their bulbs in one of the cases which he examined, where the hairs were short and isolated, and were almost implanted into the walls of the sac, which formed the envelopment of the tumour.

He relates also, from Luniati, a case where the hairs had a white oval extremity, covered by a fine skin, which was confined to the bulb, and was separated from it by an oleaginous fluid.

These hairs differ greatly in length and colour; some are only a few lines in length, some several inches; others have been seen which have measured two feet three inches. Andral states that these hairs have not always a colour analogous to that of the hair of the individual in whom they are found. A negress had a cyst with cartilaginous walls in the mesentery. This contained a sebaceous matter, in the midst of which were numerous hairs, entirely different from the woolly black locks of the African woman. They were smooth, soft to the touch, white or red, and some of a silvery hue, like those of an infant of the European race.

In almost all the cases where teeth have been found, they have been implanted into the fragments of bony or cartiliginous matter, and have resembled the rudiments of maxillary bones and alveolæ. Meckel thinks that these accidental teeth are produced like ordinary teeth, in capsules filled with a gelatinous fluid.

The presence of these tumours in the ovaria has sometimes given rise to serious obstacles to the delivery of the child in parturition, and to fatal inflammation after labour. The following example of this termination of the disease has been recorded by Dr. Seymour, at page 8: "A woman, about thirty years of age, some weeks after delivery having been admitted into St. George's Hospital, under the late Dr. Young, with symptoms of enteritis, which speedily proved fatal, the inferior portion of the small intestines was found inflamed, which inflammation appeared to have been excited by the presence of a tumour, of the size of a large cricket ball, which had become attached by a narrow neck to the left ovarium. Its proper coat was of a fibrous

texture, and of a purple colour, and inclosed a mass of sebaceous matter, penetrated throughout with long fine hair, after removing which, a full-grown incisor tooth was found attached to the fibrous coat.

Blood-letting, mercury, iodine, diuretics, emetics, long-continued friction or percussion, and a variety of other remedies, have all been employed in encysted dropsy of the ovaria, and in most cases without the slightest benefit. Though the progress of the disease cannot be arrested by these means, yet the uneasy sensations produced by it admit of considerable alleviation. Inflammation of the cyst, and irritation of the bowels from its pressure, which often arise, may both be mitigated by the occasional application of leeches to the abdomen, by fomentations, and the use of cathartics and anodynes. When the distension becomes great, recourse must be had to the trochar, and, by a repetition of the operation of tapping, the life of the patient may be prolonged, and considerable ease and comfort may be thus obtained, under a complaint which must sooner or later terminate unfavourably. On the practice of extirpating the ovaria when diseased, it is not necessary to offer any observations, as it has been abandoned by all who have made themselves acquainted with the pathology of these organs. Several years ago, an eminent accoucheur of this metropolis made an incision through the abdominal parietes of a young woman who had a moveable tumour in the belly, which he considered to be ovarian, and which he thought it possible to extirpate, as Mr. Lizars had done in a similar case with success. On laying open the abdomen, a large fibro-cartilaginous tumour presented itself, which was attached to the fundus uteri by a thick peduncle. A ligature was applied round this, and the tumour cut off; but death soon followed, in consequence of gangrene taking place in that portion of the bowel which had come in contact with the cut surface. The impossibility of distinguishing ovarian from uterine tumours, where the operation was perfectly unjustifiable, was strikingly illustrated in this case.

Sometimes the ovarium is affected with encephaloid disease, or it is converted into a large irregular-shaped mass of cysts and tumours, the section of which presents all the characters of hematoid fungus. This fatal affection usually runs its course with great rapidity, and soon after its commencement the constitution of the patient is much

more affected than in the organic diseases of the ovaria already described.

M. Andral has accurately described the changes of structure produced in the ovaria by these malignant diseases:—"Sometimes," he observes, "these masses are formed of fibrous, cartilaginous, or osseous tissue; in other cases they are almost entirely composed of encephaloid matter. The walls of the cysts are thick, and their cavities gradually enlarge until a tumour is formed, which fills not only the epigastrium, but the whole abdominal cavity. The outer surface of the tumour is unequal; in some points a fluctaution can be felt, while in others it has a hardness and density equal to bone."

Dr. Seymour has also described this affection of the ovaria, and has pointed out the connexion which often exists between it and cancerous and fungoid diseases in other parts of the body, as the pylorus, lymphatic glands, and even bony and muscular parts. This malignant disease, he remarks, may be recognised during life, by the want of nutrition, and the broken health of the patient; the unevenness and rapid growth of the tumour, the simultaneous enlargement of the glands in other parts of the body, and the occasional occurrence of lancinating pains in the part: this latter symptom is not constant. The pulse is quick and feeble, and as the disease proceeds there is hectic fever, and often aphthæ in the mouth, with an inexpressible sense of debility.

This disease occurs even at an early period of life, and it appears to be excited in some instances by pregnancy, or to be called into activity by the progress of impregnation. In the body of a young woman, under twenty years of age, Dr. Carswell found on dissection an ovarian tumour of a malignant nature, as large as the gravid uterus at the full period. About five years ago I examined, with Dr. Merriman and Mr. Prout, the body of a woman about thirty years of age, who had died from malignant disease of the right ovarium, a few days after parturition. In the fourth month of pregnancy she began to suffer from a constant sense of uneasiness in the hypogastrium, and irritability of stomach; the countenance became sallow, and the constitutional powers greatly reduced. The abdomen, not long after, began rapidly to enlarge, and before the end of the seventh month it had attained the size it usually acquires at the full period of pregnancy. An enormous cyst, which contained a dark-coloured gelatinous fluid, was found on dissection adhering

to the right ovarium, and within this cyst was observed a number of tumours, of different sizes and shades of colour, which when opened presented the true encephaloid or hematoid fungous character.

An interesting case, of a similar description, in which the tumour at first offered an impediment to labour, and the performance of the Cæsarian operation was contemplated, has recently been recorded by Mr. Hewlett, of Harrow, in the 17th volume of the Medical and Chirurgical Transactions. Scrofulous and tuberculous disease of the ovaria is very rarely met with. It is the least common of all the morbid alterations of structure to which the human ovaria are liable.

The preceding observations on the structure, functions, and diseases of the ovaria, were published on the 1st of April, 1833, in the Cyclopædia of Practical Medicine. It is now known to all anatomists that the ovaria consist of peritoneum, tunica albuginea, stroma, and Graafian vesicles, which contain ova before impregnation, as first described by Professor Baer, in 1827. It is now likewise known to all physiologists, that Graafian vesicles burst during menstruation, as I first pointed out nineteen years ago. The structure of the corpus luteum was first accurately described and delineated in the following communication presented by me to the Royal Medical and Chirurgical Society in 1839, and published in the 22nd volume of the Transactions.

The Graafian vesicle in the human ovarium is a small spherical pellucid sac, which contains a fluid, the ovum, and the granular substance in which it is imbedded; the vesicle itself always consists of two distinct coats or membranous layers, which adhere firmly together. The external surface of the Graafian vesicle adheres loosely to the stroma, or proper substance of the ovarium, in which it is imbedded, by soft cellular substance, blood-vessels, and nerves.

Soon after impregnation the coats of the Graafian vesicle and the peritoneum covering it give way by absorption, the contents of the vesicle escape, and between its outer coat and the substance of the ovary, the corpus luteum is gradually formed.

The observations of De Graaf, Haller, and others, have proved that a corpus luteum is invariably formed after impregnation, in the situation of the Graafian vesicle from which the ovum had escaped; but whether the corpus luteum is produced by a thickening of the inner layer of the vesicle,

or is an entirely new substance deposited between its coats, or around its external surface, and whether corpora lutea are not formed in the ovaria of some women who have never been pregnant, physiologists have hitherto been unable to determine.

Professor Baer is of opinion that the corpus luteum is formed in all animals by a thickening of the inner membrane of the Graafian vesicle. "De corporis lutei genesi satis dissentiunt observatores. Me judice minime corpus novum est sed stratum internum thecæ magis evolutum. Quod sequentibus observationibus demonstrari posse puto."

Dr. Montgomery believes that the corpus luteum is formed between the coats of the Graafian vesicles, and does not consist, as Baer has supposed, of a thickening and puckering of the inner layer of the vesicle. "It will appear," he observes, "very obviously from the above description, that I believe the corpus luteum to be surrounded externally by the outer membrane of the Graafian vesicle, while its cavity is lined by the inner membrane of this vesicle; the corpus luteum being in fact inclosed between these two membranes, and its substance pervaded by the small vessels passing from the outer to the inner surface. Of this I have reason to be satisfied; and I would not have deemed it necessary to insist on it, but that a different account is given on the high authority of Baer, who thinks that the corpus luteum is not a new body, but merely the inner coat of the Graafian vesicle in a state of greater development, which appears to be the opinion of Valentin also. Now the fact is, that it lies around and outside of the inner membrane of the vesicle, which is to be seen distinctly forming its central cavity at earlier periods, and by the collapse or approximation of its opposite surfaces afterwards gives rise to the radiated white line, which remains an essential distinctive character of the true corpus luteum at every subsequent period at which this body is still visible."

On the 11th July, 1838, a woman, two months advanced in pregnancy, died of continued fever in St. George's Hospital. The uterus and its appendages were presented to me by Dr. Macleod, and the following is a short description of the left ovarium, which contained the corpus luteum. It was larger than the right ovarium, and had a considerable prominence on its convex edge, around which were seen ramifying a number of minute arteries and veins. There

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was a small circular depression at the point of this prominence, but a bristle could not be made to pass through it into the substance of the ovarium. On cutting open the ovarium, the corpus luteum presented itself, of an oval shape and deep orange colour, with a small cyst in its centre, resembling the Graafian vesicle with its coats thickened and contracted. With little difficulty I succeeded in separating one half of this cyst into two distinct layers, which appeared to be the two coats of the Graafian vesicle.

The outer surface of this cyst is so loosely attached by cellular tissue to the corpus luteum, that it can easily be separated from it. The corpus luteum itself varies from a line to a line and a quarter in thickness, and when examined with a magnifier, appears to consist entirely of small yellow globules or particles contained in cellular membrane.

Around the outer surface of the corpus luteum, and completely investing it, there is a white layer, varying in thickness, the outer part of which loses itself in the substance of the ovarium, of which it appears to form a part and to be similar in structure, leaving the mouths of divided vessels distinctly perceptible, as in other parts of the substance of the ovarium. The inner portion of this white layer, which appears to be condensed stroma, is separable on the one hand from the corpus luteum, and on the other from the substance of the ovarium, so as to give the appearance of a distinct membrane, considerably exceeding in thickness both layers of the Graafian vesicle. The Graafian vesicle is also inclosed within the corpus luteum in a specimen of fallopian-tube conception of six or seven weeks, in my collection. The same fact is fully as evident in the preparation of the gravid uterus of ten weeks, described in my paper on the membranes of the human ovum, in the 17th volume of the Transactions of the Society, and in several of the preparations of the gravid uterus in the Hunterian Museum. The Graafian vesicle is also contained within the corpus luteum, and forms its central cavity.

From these observations on the corpus luteum, soon after impregnation, we may conclude that it is neither produced by a thickening of the inner layer of the Graafian vesicle, nor by a deposit of a new substance between its two coats, but that it is formed around the outer surface of both these coats of the Graafian vesicle, and that the stroma of the

ovarium is in immediate contact with the external surface of the yellow matter. As gestation advances, the deep yellow colour of the Graafian vesicle fades, and the Graafian vesicle in its centre contracts and assumes a peculiar white membranous appearance, with small bands passing outward through the substance of the yellow matter, like the radii of a circle.

The corpus luteum has almost completely disappeared, and the ovarium returned to its natural size about three months after parturition. A small depression on the surface, and a slender white line running into the substance of the ovarium, are all the traces of the corpus luteum which remain in an ovarium three months after delivery.

In the ovaria of women who have never been pregnant, yellow, oval-shaped bodies are frequently found, which it is difficult to distinguish from true corpora lutea. In the greater number of spurious corpora lutea, as Dr. Montgomery has observed, the appearances are produced by blood extravasated within the Graafian vesicles, which assumes a fawn hue, as the colouring matter disappears by absorption, and undergoes various changes similar to those which are observed to take place in coagula of blood formed in the cavities of veins, from inflammation of the coats or mechanical obstruction. After a longer or shorter period the blood is entirely removed, and the coats of the vesicle contract, and often assume a brown, yellow, or black colour. In these false corpora lutea the yellow matter is contained within the Graafian vesicle, and does not form around it, as true corpora lutea are always observed to do.

In advanced life a thickening of the layers of the Graafian vesicle not unfrequently gives rise to appearances resembling corpora lutea. These and all other false corpora lutea are generally found deeply imbedded in the substance of the ovarium; or if they are near the surface, they are not actually in contact with the peritoneum, but have a small portion of stroma intervening. If there is a cicatrix over these, it has an irregular form, very unlike the small circular aperture always seen in the peritoneum covering the true corpus luteum. Besides, in true corpora lutea there are always bands running from the outer surface of the central capsule to the stroma, surrounding the yellow substance of the corpus luteum.

In the ovaria of women who have died during menstru-

ation, appearances have also been observed, which might easily have been mistaken for true corpora lutea. On the 18th of November, 1832, I examined the uterus and ovaria of a young woman, who had died suddenly the preceding day, when the catamenia were flowing. Both ovaria were larger than usual, and the fallopian tubes were red and turgid. The peritoneal coat of the left ovarium was perforated at that extremity nearest the uterus, by a small circular opening, around which the surface of the ovarium was elevated, and of a bright red colour. When cut into, the substance of the ovarium around had a fawn colour.

On the 16th of January, 1837, a woman, 37 years of age, who had long suffered from hysteria, died suddenly, in St. George's Hospital, during menstruation. No morbid appearance was found, to account for her death. A small circular aperture was observed in the peritoneum of the left ovarium, near the point where the corpus fimbriatum is fixed to the extremity of the ovarium. This opening communicated with a cavity in the substance of the ovarium, which was surrounded with a soft yellow substance of an oval shape. The distinctive characters of the true corpus luteum were wanting.

From all the observations hitherto made upon the true corpus luteum, we may conclude that it is never formed but as a consequence of impregnation. The yellow oval-shaped substances found in the ovaria of women who have never been pregnant, are produced by morbid states of the Graafian vesicles, and are essentially different in structure.

On the 27th of July, 1839, a lady, 29 years of age, died in the second month of her first pregnancy, and I inspected the body on the 29th, with Mr. Jorden, of Lower Belgrave-street. The right ovarium contained the corpus luteum, from which there escaped about a small tea-spoonful of yellow serous fluid, when it was cut open. On the 30th of July, I examined the ovarium and corpus luteum, with Sir Astley Cooper and Mr. Wharton Jones, and the result is, that the correctness of the view which has now been taken of the structure of the corpus luteum is now put wholly out of doubt. From the preparation of the part, and the fac-simile made of it by Mr. Wharton Jones, it is evident that no capsule surrounds the yellow matter, but that the outer surface of the yellow matter is in immediate contact with the stroma or proper tissue of

the ovarium. It further clearly appears, that both the layers of the Graafian vesicle are within the yellow matter, that the innermost of these layers is smooth, and the outer layer rough and filamentous, and that processes are sent out from this exterior layer, which penetrate the yellow matter to a considerable depth, and in some parts go quite through it to the stroma of the ovary. The peculiar convoluted appearance of the yellow matter is also distinctly seen.

Since 1839 the nervous structures of the ovaria have been examined by me in the larger quadrupeds, and ganglionic nerves, from the spermatic plexus, have been traced throughout the entire stroma, and to the coats of the Graafian vesicles accompanying the blood-vessels. That the ganglionic nervous structures of the ovaria enlarge when compound cysts are formed in them, was demonstrated by the following dissection of an ovarian cyst, published in the last volume of the Medico-Chirurgical Transactions. It is also demonstrated by this dissection, that in some, if not in all cases of compound or multilocular ovarian cysts, the cysts are formed independent of each other; that the smaller cysts do not grow from the inner surface of the larger cysts, as has been supposed, but are formed in the stroma of the ovaria, external to each other, and that the smaller cysts encroach upon the cavities of those more advanced cysts with which they are in contact, and thus in a mechanical manner acquire reflected portions of their membranes.

"An ovarian cyst, which contained two gallons of thick, viscid, brownish fluid, was removed by Mr. Duffin through an opening in the abdominal parietes, on the 27th of August last. The following is an anatomical description of the walls of this cyst. They are composed of three distinct coats or layers. First, a peritoneal covering; secondly, a middle fibrous coat; and thirdly, a dense membranous sac, in which the fluid had been contained. At the pedicle or root of the cyst, the peritoneal coat has been divided by an incision an inch and a half in length. The cut ends of three considerable arteries, and one large vein, are seen in this opening, and likewise the divided extremity of the fallopian tube. The peritoneum is here thin, and adheres loosely, by a cellular membrane, to the middle coat; but, over the whole of the remaining portion of the cyst, the

peritoneum is thick, opaque, and adheres firmly to the tissue below. The peritoneal covering of the cyst does not essentially differ from the peritoneum, which invests the pelvic and abdominal viscera, with which it had evidently been continuous. The fallopian tube, about a foot in length, extends from the pedicle or root, to the opposite extremity of the cyst, where it is seen terminating in the corpus fimbriatum.

"The middle coat of the cyst is thick at the pedicle, and has been separated into several distinct strata, or layers, to which numerous branches of arteries are distributed. With these arteries are observed proceeding to the middle coat, numerous trunks and branches of nerves with ganglionic enlargements. The middle coat becomes thinner as it extends outward from the root to the apex of the cyst, where it presents the appearance of a very dense fibrous membrane, which closely adheres both to the peritoneum and the internal coat of the cyst. In the preparation, these three layers at their extremity are seen entirely separated from one another, and constituting three perfectly distinct structures.

"The internal coat of the cyst is firm and thick, and presents on its inner surface a rough irregular puckered appearance, which in some spots has a brown or yellowish colour. Little difficulty was experienced in detaching the internal from the middle coat at the root, but at the apex they adhered very firmly to one another, as did the middle to the peritoneal coat. The first attempt to divide the internal coat of the cyst into two distinct membranes was not successful; but at the suggestion of Mr. Henry Charles Johnson, on the 8th instant—who then expressed his conviction that it would be found to consist of two perfectly distinct membranous layers, like the wall of the Graafian vesicle—I renewed the attempt with the forceps and point of the scissors, while the parts were immersed in rectified alcohol, and succeeded in clearly demonstrating that the inner coat of the cyst is not a simple membrane, but consists of two distinct membranous layers, like the wall of the Graafian vesicle.

"Imbedded in the middle coat, near the root, is another and much smaller cyst, with a lining membrane, which presents on the inner surface precisely the same appearances as those seen on the inner surface of the larger cyst. The lining

membrane of this smaller cyst is likewise composed of two distinct layers, like that of the larger cyst and the Graafian vesicle, both before and after the escape of the ovum. From the preparation, it is seen that a thin stratum of the middle coat is interposed between these two cysts, and that they are independent of each other. But the smaller cyst, though not adherent to the outer surface of the larger, has grown so as to encroach on the cavity of the latter, the lining membrane of which smaller cyst has protruded before it. From this dissection it is obvious that the smaller cyst did not grow from the inner surface of the larger, nor from its outer surface, but, that in the progress of development of the smaller cyst, it pushed before it a portion of the lining membrane of the larger, and thus acquired the layer of reflected membrane from the inner coat of the larger cyst, by which it is invested.

"At the base or root of the great cyst in the middle fibrous coat, between the outer surface of the smaller cyst and peritoneum, there is a group of small mutilocular cysts, which contain similar fluid, have all the same structure, and bear the same relation to one another as the two cysts above described. These multilocular cysts have evidently been formed independently of each other; but in the progress of their growth and enlargement, some of them have encroached upon the cavities of those cysts with which they were contiguous, and in the same mechanical manner have acquired reflected portions of their membranes.

"The walls of this ovarian cyst, which I have now described, contain all the elementary structures which enter into the composition of the human ovarium in the healthy condition—peritoneum, stroma, and Graafian vesicles, with blood-vessels and ganglionic nerves. Whether all multilocular cysts are formed in the same manner, future observation must determine."

The following reports comprise the most important practical details of all the cases of ovarian disease which have come under my observation, and of which I have preserved written histories. They have now been collected and arranged for publication, in the hope that they may be found to illustrate the various morbid alterations of structure which take place in the ovaria—the local and constitutional symptoms to which they give rise—their complications with other diseases—the difficulties of their diagnosis—the ages at

which they most frequently occur, and the results of the different methods of treatment employed.

Case I.—In the month of May, 1823, I saw a patient, aged 24, at the Westminster General Dispensary, under the care of Dr. Granville. The whole abdomen was much swollen, with a distinct sense of fluctuation. She had been married the second time, ten months before, and had lived three years with her first husband, but was barren. About three months after her second marriage, she began to suffer from sickness in the morning, general indisposition, and to menstruate irregularly. About a month after this, she perceived a swelling between the umbilicus and right ilium, which had gradually increased. She had no doubt that pregnancy existed, and thought the movements of the fœtus were distinct. There was much difficulty of breathing in the horizontal position. There was profuse leucorrhœa, some thirst, hot skin, quick pulse, and emaciation. An internal examination was made, and the uterus found to be in the unimpregnated state. Cathartics and diuretics were prescribed, but the swelling of the abdomen went on increasing, and on the 1st of June, eighteen pints of fluid were drawn off by tapping. After this, there was still a considerable swelling and hardness of the abdomen, with fluctuation, especially in the right side. After the operation, the quantity of urine became increased for a time, and the hectic symptoms from which she had suffered disappeared. The cathartics and diuretics were continued, particularly digitalis, and a blister was applied over each round ligament. She died on the 28th July, 1824, after having been tapped eight times. I examined the body, and on laying open the abdominal parietes, a great cyst like the gravid uterus came into view, the anterior surface of which was covered with a layer of coagulable lymph. It contained a gallon of fluid. An extensive adhesion existed between the cyst and the peritoneum lining the abdominal muscles. The omentum was also extensively inflamed. The cyst adhered extensively and firmly to the uterus, ovaria, and all the pelvic viscera. Many smaller cysts were found connected with the large cyst. The uterus was about four times larger than natural, and harder. The peritoneum was thickened in some parts, and studded with tubercles varying in size from a pin's head to a hazel-nut or chesnut. Many of these contained a soft

curdy matter, others were of a firm consistence. The liver and spleen were remarkably soft.

Case II.—At the Westminster General Dispensary, in October, 1824, I saw a patient 24 years of age, who was married, and had one child. About two years and a half before, a tumour about the size of the fist had appeared in the right iliac region, which had been preceded by severe pain. The catamenia were regular: profuse leucorrhœa: urine scanty. There could be little doubt that the enlargement of the abdomen, which had been slowly increasing, arose from an ovarian cyst on the right side. Cathartics and diuretics were prescribed without any immediate advantage, but I did not learn the subsequent history of the patient. Neither in this, nor in the former case, was any proposal made to have recourse to the operation of ovariotomy.

Case III.—In the autumn of 1826, I saw the Baroness F——, middle-aged, at Biala Cerkiew, in the Ukraine, during my journey from Odessa to London, with Count Woronzou. This lady had been married some time, but had never been pregnant. Not long after this, the health had become much impaired, the catamenia irregular, and the abdomen swollen. She had been seen by several physicians and surgeons, and had undergone a great variety of treatment. The opinion entertained by those who had been consulted was, that she was labouring under encysted dropsy. When I saw her, the abdomen seemed ready to burst, fluctuation was very distinct, pulse rapid, thirst urgent, and breathing difficult. It was obvious, if not relieved very speedily by tapping, that she could not live many days. None of her medical attendants would incur the responsibility of having recourse to the operation, which did not appear to be attended with any peculiar difficulty or danger. I passed the trochar, and drew off a very large quantity of straw-coloured fluid, but whether from the sac of the peritoneum or an ovarian cyst, I could not be certain. The patient was immediately relieved, regained her health, and was alive and well in the spring of 1852.

Case IV.—On the 9th of August, 1828, at Blandford Mews, with Mr. Blagden, I examined the body of a woman 79 years of age, who had died after long suffering from a tumour in the hypogastrium, with ascites. An

induration was first perceived in the abdomen, between the navel and the right ilium, nine years before, after she had suffered considerably for some months from sense of weight and dull pain in this situation. The size of the tumour gradually increased, and about eight years before (the belly being greatly distended with fluid), the operation of paracentesis abdominis was performed by Mr. Blagden, and several pints of water were drawn off. In the course of the succeeding year the operation was frequently repeated, but the quantity of fluid evacuated gradually diminished, whilst the large indurated moveable mass came to occupy the whole of the lower part of the abdomen. She sunk gradually, from the interruption to the circulation caused by the tumour. On inspecting the body after death, there was found attached to the fundus uteri, on the right side, an ovarian tumour, weighing seven pounds, of a dense and fibrous structure. Several large cysts, containing a fluid varying in colour and consistence, adhered to the upper surface of the tumour. The peritoneum, in contact with its anterior surface, was converted into a cartilaginous substance, about a quarter of an inch in thickness, and adhered firmly to the tumour. In the muscular coat of the uterus, at its fundus, was observed a fibro-cartilaginous tumour, about the size of a large orange. In other respects the uterus was healthy. The peritoneum covering the intestines showed the effects of recent inflammation. Between the fibrous tumour of the uterus and of the ovary, in this case, little or no difference of structure could be observed.

In the Museum of St. George's Hospital there is a preparation of an ovarium, in the stroma of which is imbedded a small fibrous tumour, which in structure resembles a fibrous tumour of the uterus. The stroma of this ovarium is healthy, and also the Graafian vesicles. There are several preparations also, in which what is called malignant disease of the ovarium is seen in the early stage. In one of these the stroma of the ovarium, considerably enlarged, is seen converted into a soft yellowish-coloured cellular structure, throughout which numerous injected blood-vessels ramify around the cells: these cells, when first opened, contained a substance like brain, or thick cream, which was readily washed out of the cells with a stream of water. In the centre of the stroma is another ovarium, which displays a

similar cellular structure; there was a cavity filled with a soft substance like encephaloid matter.

CASE V.—In February, 1828, I attended a patient beyond the middle period of life, at 42, Great Windmill-street, who had long suffered from the presence in the hypogastrium of a large, hard, lobulated ovarian tumour. She died suddenly from an attack of acute peritonitis, with delirium and coma. An examination of the body after death could not be obtained. It will be seen that in other cases the disease has terminated by a sudden attack of inflammation of the peritoneum.

CASE VI.—An unmarried lady, 47 years of age, became affected, in 1824, with an uneasy sensation of bearing down about the uterus. In 1826, the catamenia became profuse, with occasional attacks of uterine hemorrhage. In the summer of 1828, a tumour appeared in the hypogastric and right iliac regions, which gradually enlarged, but was not painful. By an internal examination, it was ascertained that the uterus was enlarged, that the orifice was open so as to admit the finger, and that a hard substance was protruding into the cavity of the uterus. The complexion was sallow: the tongue white: sickness at stomach: respiration somewhat laborious: frequent cough: œdema of lower extremities. The symptoms led me to believe that the ovaria were enlarged, and that there was a fibrous tumour in the walls of the uterus. On the 3rd of October, 1828, the breathing was extremely hurried: pulse 120: the swelling of both legs increased, and pitting upon pressure: tongue white: thirst, and scanty urine: abdomen distended: the hypogastrium painful on pressure, particularly around the tumour, which also appeared considerably larger than before. Twenty-four leeches were applied to the hypogastrium, and small doses of acetate of potash and vinum colchici administered. On the 5th, the symptoms were considerably relieved. On the 12th, there being a return of pain and fever, the leeches were again applied. The symptoms which appeared in this case were believed to depend not so much upon peritonitis, as on inflammation of the substance of the tumour. About the end of October, the sickness at stomach and other symptoms had nearly disappeared, and she seemed to recover her strength. In November, vomiting almost incessant came on, and she died on the 11th of December. On examining the body

after death, I found each ovarium about the size of a child's head, and containing cysts of various sizes, filled with a thick fluid like yolk of egg, mixed with a thin ropy fluid. In several of the cysts, the matter was of the consistence of custard, and of a light-yellow colour; the uterus was considerably enlarged. In the fundus, on the right side, under the peritoneum, was a small fibro-cartilaginous tumour. The cavity of the uterus contained a thick cheesy-looking matter, like a half-softened tubercle of the lungs. On removing this, a deep circular excavation was found to exist in the posterior part of the inner surface of the uterus, as if the mucous membrane and a portion of the muscular coat had been cut out. The inner surface of the uterus around this cavity was of a white colour, and soft consistence.

Case VII.—On the 3rd of June, 1829, a woman aged 40 came into the British Lying-in Hospital, in labour, at the full period. The funis presented, and a dead fœtus was expelled after a protracted labour. During the pregnancy and labour, the gravid uterus and an ovarian tumour were felt. After delivery, acute inflammation of the tumour took place, but it was subdued by vigorous antiphlogistic treatment. The recovery was, however, extremely slow. Whether the ovarian disease afterwards became stationary, or increased in size, I did not ascertain.

Case VIII.—At Chelsea, on the 11th of June, 1829, with Dr. Henry Davies, and Mr. Jones, of Princes-street, Cavendish-square, I made a post mortem examination of the body of a woman 45 years of age, who had been a housekeeper in some nobleman's family. Of the history of the case I could obtain no further information than this—that the disease had run its course rapidly, had been accompanied with profuse discharges from the uterus, and that the os uteri had remained unchanged. The immediate cause of death was supposed to be an attack of enteritis from fatigue. The peritoneum, omentum, and intestines, showed the usual effects of inflammation. The right iliac and lumbar regions were occupied with a large irregular lobulated mass, in some parts of a dark colour, almost black, in others of a light red. It adhered to the omentum, the caput coli, to the muscles and blood-vessels at the brim of the pelvis, and it passed down between the vagina and rectum, and filled the whole cavity of the pelvis. The

uterus was pushed towards the left side of the brim. The left ovarium was healthy. The uterus was considerably enlarged. Under the peritoneal coat, near the fundus, were situated several fibro-cartilaginous tumours, of a dense structure, and yellowish-white colour. On opening the uterus, its orifice was found to be entire, but to be unusually soft, and altered in structure. The cavity of the uterus was half filled with a dark-coloured offensive fluid. The inner membrane was destroyed, and also a great portion of the muscular tissue; and in place of them a ragged fungous mass was hanging from the remaining portion of the muscular coat. On washing away the fluid, the whole inner surface of the uterus was seen in this diseased state; but the upper and back part of the fundus and body were most affected, and here the disease had nearly reached the peritoneum. When the ovarian tumour was opened, a number of irregular-shaped cavities were observed, filled with a substance like brain or jelly, or a dark fluid similar to that which filled the cavity of the uterus.

Case IX.—On the 26th March, 1832, I examined the body of a woman aged 35, who had died in the St. Marylebone Infirmary. She was supposed to have stricture of the rectum, which was divided with a sharp cutting instrument. I found, after death, a large ovarian cyst filled with a clear fluid, situated between the uterus and rectum. It adhered firmly to the uterus on the left side. The coats of the rectum were thickened.

Case X.—At the same Institution, on the same day, I examined the body of a woman aged 50, who had died from scrofulous disease of one of the knee joints, and several of the joints of the superior extremities. Numerous chronic ulcers were observed in the vagina, and the os uteri was also ulcerated, ragged, and irregular. A cyst of considerable size, apparently an enlarged Graafian vesicle, was found in each ovarium.

Case XI.—At the St. Marylebone Infirmary, July 7, 1832, I was present at the examination of the body of a woman aged 97, who had died from enteritis. The uterus in size and shape was like that of a fœtus, or child before the age of maturity. There was a small fibrous tumour in the posterior wall. There were several compound cysts of considerable size, connected with the right ovarium. The fallopian tubes were adhering firmly to both ovaria.

Case XII.—On the 7th July, 1832, I was present at the examination of the body of a woman, aged 45, who had died in the St. Marylebone Infirmary from disease of the brain. The lower margin of the omentum adhered firmly, by an old adhesion, to the fundus uteri on the left side. A hard fibro-cartilaginous tumour was imbedded in the anterior wall of the uterus. The left fallopian tube adhered to the ovarium, and this ovarium formed a large mass of cysts, filled with a fluid of a dark-brown or blackish colour.

Case XIII.—On the 9th November, 1832, I saw a patient who had been married four years, and was barren. Since the time of her marriage she had suffered from a sense of uneasiness in the hypogastrium and region of the uterus. Three months before, she perceived an enlargement in the right iliac region, which had been gradually increasing in size. There was a small moveable ovarian tumour in this situation.

Case XIV.—Mrs. E——, aged 37, November 4, 1833. The mother of four children. Twelve years since the birth of the last. In September, 1832, she began to suffer from pain in the back, and sense of bearing down about the uterus, with leucorrhœa. Two years before, perceived an enlargement of abdomen, and pregnancy was suspected. The catamenia regular, but scanty. I found the uterus healthy, and not displaced. A tumour of considerable size, not hard, was felt between the rectum and uterus, which could not be pressed above the brim of the pelvis. Iodine had been employed largely in this case for three months, without advantage. On the 14th October, 1834, I examined again, and the tumour had undergone no change. Liquor potassæ had been largely employed.

Case XV.—On the 6th October, 1833, I examined the body of a woman who had died the previous day, the eleventh after delivery. Occupying the brim of the pelvis, there was an ovarian cyst, the size of the fœtal head at the seventh month, which was filled with a white sebaceous substance and short hairs, which did not adhere to the cyst. There were no teeth or jaw-bones connected with this cyst.

Case XVI.—On the 3rd November, 1833, at the St. Marylebone Infirmary, I examined the uterine organs of a patient, aged 20, who had died of tubercular phthisis and hectic fever. The coats of the fallopian tubes were thickened, their canals much enlarged, and the fimbriated

extremities of both were firmly adherent to the ovaries, which were enlarged and contained cysts. The omentum adhered to the left ovarium by a long slender band of false membrane. The mucous membrane of the bowels was ulcerated. Sterility had existed in this case.

CASE XVII.—Mrs. P——, aged 40. Married seventeen years, and barren. June 12, 1834. Chronic leuchorrœa Catamenia irregular. Uneasy sensations and swelling about the hypogastrium. Œdema of the left ancle. There was no defined tumour in the hypogastric region, but between the uterus and rectum there was a distinct mass, in which there was an obscure fluctuation, and which I had no doubt was an ovarian cyst. Several years after this, it had undergone little or no change.

CASE XVIII.—June 19, 1834. Mrs. P—— has had five children, and though the catamenia are regular, is persuaded that she is near the full period of pregnancy, and feels the movements of the child. General health good. Uterus in the unimpregnated state. Right side of hypogastrium enlarged, with obscure fluctuation. December 8.—Fluctuation distinct; tapped a month after. Iodine given largely. About the end of 1835, died exhausted, after being repeatedly tapped. A large mass of ovarian cysts, with solid substance, having all the characters of encephaloid disease, was seen after death on the right side.

CASE XIX.—Mrs. A——, aged 47. July 13, 1834. Has had two children, the last, eleven years ago: the abdomen was then observed to be larger than natural. Eighteen months ago, a distinct enlargement was perceived on the right side of the hypogastrium: this was preceded by pain; the abdomen is now prodigiously distended, and fluctuation distinct. Œdema of feet and ancles. Urine scanty: pulse 100: respiration difficult. Tapping was repeatedly employed. Iodine and liquor potassæ were given freely, without effect, and the case ultimately terminated fatally.

CASE XX.—On the 13th August 1834, saw, with Dr. Scott, of Stratton-street, a lady aged 36, who had been married twelve years, and was barren. Two years before this, she had perceived an enlargement of the left side of the abdomen, which had been gradually increasing: fluctuation distinct: catamenia regular. The uterus, in a healthy state, was pressed down close to the outlet of the pelvis. In February 1836, the abdomen was greatly distended, the

strength much impaired, feet and ancles œdematous. Tapping was repeatedly had recourse to, with temporary relief; but early in 1837, the disease proved fatal. On examining the body after death, we found the left ovarium converted into a solid mass, with numerous cysts of different sizes adhering universally to the peritoneum. Iodine and liquor potassæ were given largely in this case, without any sensible benefit. Cathartics and diuretics seemed more useful.

Case XXI.—In February 1834, I examined the body of a patient who had died at the age of 17. In the left ovarium there was a cyst the size of a nutmeg, which appeared to be a dropsical Graafian vesicle; the lower end of the omentum and corpus fimbriatum were firmly adhering to this ovarium. There were adhesions likewise between the corpus fimbriatum and right ovarium, which was sound in other respects.

Case XXII.—On the 22nd May, 1834, I examined the ovaria of two patients after death, at the St. Marylebone Infirmary, both under twenty years of age. One ovarium in each was much enlarged with cysts. Some of these contained coagulated blood, others a thin gelatinous fluid. There was a small cyst, with a long slender neck, adhering to the fimbriated extremity of one of the fallopian tubes. Uterus in both healthy.

Case XXIII.—On the 3rd March, 1835, the late Mr. Henry Earle requested me to see a patient 60 years of age, whose only son and child was 34. The catamenia had ceased at fifty. Several years before, a large, hard, irregular, indolent ovarian tumour had appeared in the right iliac region, which had produced considerable uneasiness. This tumour occupied a portion of the brim of the pelvis. The uterus was healthy.

Case XXIV.—On the 23rd July, 1835, at the request of Mr. Copeland I saw a lady, who had been married twelve years, had one child and two miscarriages, and then became sterile. Four years before, she perceived an enlargement in the right side of the hypogastrium, which was preceded by attacks of spasm and painful menstruation. Urine scanty: legs swollen. The uterus, in a healthy condition, was forced down to the outlet of the pelvis by a large ovarian tumour, which filled up a great part of the pelvis, and the upper part of which was distinctly felt in the hypogastrium; the fluc-

tuation was obscure. Liquor potassæ had been given for months, without any decided benefit.

Case XXV.—On the 20th February, 1836, a woman aged 18 was brought into the St. Marylebone Infirmary in a state of unconsciousness. The abdomen was much enlarged, and fluctuation distinct. The catamenia had disappeared five months before, and it was suspected that she was pregnant. Violent convulsions soon took place; and in consequence of this I was requested to make an examination and determine if pregnancy existed. The uterus was in the unimpregnated state. There was a dull sound in the anterior part of the abdomen, and in the flanks the sound emitted on percussion was clear. On the 23rd, a large quantity of dark-coloured gelatinous fluid like treacle was drawn off by tapping. After the operation, there still remained a large mass of disease in the abdomen. On the 24th, consciousness returned, but on the 26th, she again became delirious, but did not sink till the 14th of March. After death, we found an immense sac, with a mass of smaller cysts filling the abdomen. The large cyst, which was thick, and in some parts black, adhered all round to the peritoneum, liver, and other viscera. Masses of lymph and pus were formed around the cysts, and within the large one there were traces of severe recent inflammation.

Case XXVI.—On the 12th of March, 1836, with Dr. Scott, I saw an unmarried lady, aged 49, who some time before had perceived a little hardness and swelling in the left side of the hypogastrium, which had excited alarm in her mind, a relative having a short time before died from cancer. This tumour had not been preceded by pain, but now and then she had a sense of gnawing and uneasiness in the part, and bearing down when she walked far. The tumour was hard and irregular, but not painful on pressure, and moveable. Leeches were occasionally applied, hydriodate of potash and aperients were administered, and rest enjoined. Several years after, the tumour, which we believed to be ovarian, was in the same state.

Case XXVII.—In 1836, I saw a married lady aged 28, a native of Madrid, who had been married ten years and had never been pregnant. The health had been long extremely delicate. The catamenia were regular. The abdomen had begun to enlarge several months before, and

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pregnancy was supposed to exist. I made an internal examination, and found the uterus in the unimpregnated state. An ovarian tumour of considerable size occupied the brim of the pelvis on the right side. The right leg was œdematous.

Case XXVIII.—In 1836, I saw Miss ——, aged 36, who about four years before, after an attack of cholera, began to suffer from a painful and swollen state of the right side of the hypogastrium. The enlargement had increased, and I then found the lower part of the abdomen occupied with a large tumour, somewhat irregular in form, which I believed to be ovarian. The catamenia were regular.

Case XXIX.—On the 5th of June, 1836, I was requested to see a lady, aged 38, who had been many years sterile. About three years before, had been attacked with pain across the hypogastrium, and soon after perceived a small hard tumour on the left side, which had gradually increased. Iodine had been taken largely, without much benefit. I found a large hard mass occupying the brim and a part of the cavity of the pelvis. The uterus was partially turned round, so that the orifice was directed to the right side of the pelvis. This mass could not be forced back—it was pressing down between the uterus and left side of the pelvis. From the history of the case, there was reason to suspect that this ovarian disease had commenced at the age of twenty-three, when she suffered from severe pain in the left side of the hypogastrium, and within the pelvis.

Case XXX.—On the 3rd September, 1836, I was requested to see a lady, aged 38, who had been married nine years, and was barren. Menstruation was profuse. Four months before, she had observed a swelling in the lower part of the abdomen, which had been gradually increasing. There had been much pain for several years in the left side of the hypogastrium, extending down the left thigh. The os uteri, in a healthy condition, was situated high up, immediately behind the symphysis pubis. There was a large hard tumour felt behind the uterus, filling up the hollow of the sacrum.

Case XXXI.—September, 19, 1836. At Chelsea I examined the body of a woman, aged 53, the mother of several children, who had died from a disease of the left kidney, which was greatly enlarged, and contained many calculi of

an irregular form. Before death, this patient was supposed by her medical attendant to have an ovarian cyst, and that there was communication between this cyst and the vagina. The uterus and both ovaries were healthy.

CASE XXXII.—October 30, 1836. Mrs. ——, aged 31. Married five years, and never pregnant. A month before, perceived a solid mass in the abdomen, which moved from side to side; but before this, the abdomen had begun to enlarge, and though the catamenia were regular, it was suspected that pregnancy was the cause of the symptoms. She stated that there was milk in the breasts. November 6.—Uterus unimpregnated, and no disease within the pelvis. The greater part of the abdomen filled with a large lobulated ovarian tumour: fluctuation indistinct. June 4, 1847.—No sensible change in the tumour. Iodine largely employed, externally and internally.

CASE XXXIII.—March 4, 1837. Mrs. ——, aged 28. Married seven years, and barren. Had suffered much from pain in the region of the uterus and sacrum. A tumour about the size of a small orange was felt between the uterus and the rectum, which I believed to be an enlarged ovarium. Apparently, by the long-continued use of iodine, liquor potassæ, and great quiet, this tumour gradually diminished in size, and caused less pain. The sterility continued. Catamenia regular.

CASE XXXIV.—March 12, 1837. A patient in St. George's Hospital had perceived, six years before her admission, a tumour in the lower part of the abdomen, which was believed to be ovarian. She had long been a patient in Guy's Hospital, and also in St. Thomas's, but derived no benefit, according to her representation, from the various remedies prescribed. When I saw her, the tumour was chiefly felt on the right side of the hypogastrium. The catamenia were profuse, and before each period, the tumour felt increased in size.

CASE XXXV.—March, 1837. Mrs. S——. Fifteen years before, a tumour appeared in the left side of the hypogastrium; it has attained an enormous size; fluctuation: great tenderness on the left side.

CASE XXXVI.—May 16, 1837. Miss S——, aged 32. Abdomen swollen: fluctuation obscure. Disease commenced two years ago, and was preceded by a course of ill health. Catamenia regular. A large tumour felt in the

cavity of the pelvis, pressing down the uterus. June 17.—Sudden attack of acute pain in the abdomen; sickness: constipation: tumour much enlarged: fluctuation distinct. Dr. —— saw the patient, and expressed his opinion, in a decided manner, that the enlargement did not arise from ovarian disease. 29.—Tapped, and twenty-five pints of dark-coloured gelatinous fluid drawn off; recovered favourably, but the fluid had again accumulated to such an extent (December 17) that the operation was again required. The relief was very temporary, and she did not long survive.

Case XXXVII.—May 19, 1837. Miss H——, aged 32, after suffering for some time with impaired health, began three years ago to complain of uneasiness in the region of the pelvis, and sense of bearing down, numbness in the lower extremities, and pain in the back and groins. The os cervix and body of the uterus were healthy, but the uterus was low in the pelvis, and the fundus pressed back by a large soft tumour above; through the rectum it felt irregular and immoveable. The catheter had often been required.

Case XXXVIII.—June, 1837. Mrs. A——, aged 30. Married twelve years, and barren. Two months after her marriage, became ill, and had violent attacks of pain about the stomach, and sickness. The abdomen began to enlarge about the fifth month after, and she supposed herself to be pregnant, till the ninth month passed away, and no labour took place. On the left side of the hypogastrium there is a large hard tumour, which crackles when compressed. The os uteri is extremely small, and the cervix short.

Case XXXIX.—June 15, 1837. Miss ——, aged 40, had long been in a state of delicate health, and had suffered much from headache, palpitation of the heart, and pain in the back and right side of the hypogastrium. I felt a large ovarian cyst on the right side; liquor potassæ was given without any benefit. On the 9th October she felt weaker, the leg was swollen and painful, and another tumour had appeared on the left side. The condition of the interior of the pelvis was not allowed to be ascertained.

Case XL.—August 11, 1837. Mrs. R——, aged 37. St. George's Hospital. Abdomen greatly enlarged, tense, and fluctuating; uterus low in the pelvis; a distinct fullness and hardness to be felt within the pelvis, on the left side

of the uterus. The swelling began fifteen months ago. General health much impaired. Catamenia regular. Fifteen quarts of straw-coloured fluid drawn off by tapping, on the 13th inst.—great relief. At the end of the month left the Hospital.

Case XLI.—August 12, 1837. A patient aged 22. St. George's Hospital. The abdomen swollen, hard, and irregular: umbilicus protruding: mammæ small: areolæ florid: catamenia wanting. Suspicions of pregnancy had been entertained; but by an internal examination, it was ascertained that the uterus was in the unimpregnated state. On the 12th August, uterus high up, beyond the reach of the finger. A large, irregular, moveable mass in the abdomen. It projected unusually at three points—above and on the sides: fluctuation distinct. The abdomen harder on the left side and above, than on the right side.

Case XLII.—August, 1835. Mrs. D——, aged 35, had been long married, and was sterile. She had resided two years in Jamaica, and before leaving England had perceived a slight fullness of abdomen, without pain. This enlargement increased in the West Indies; the legs became swollen, with severe spasms. At present there is a large tumour occupying the left side of the abdomen, as high as the umbilicus. Within the pelvis, it is felt pressing down before, and on the left side of the uterus. An obscure fluctuation is felt in this. The os uteri is in a healthy state: right leg œdematous. This lady went to Leamington, and consulted Dr. ——, where she received the most positive assurances that the enlargement would be removed by medicine, and these assurances were confided in for a time, but in spite of them the tumour increased, and destroyed her.

Case XLIII.—August, 1837, I saw a lady aged 60, whose abdomen was much enlarged, and the upper part was hard, irregular, and painful on pressure. The uterus was pressed back into the hollow of the sacrum by a large tumour or cyst pressing down through the brim of the pelvis in front. There was distinct fluctuation. In November had been tapped five times, and the disease ran its course rapidly to a fatal termination.

Case XLIV.—October 8, 1837. Mrs. T——, aged 32. Married two years, and sterile. Five years ago, had pains and cramps, principally in the right groin. Two years

after, perceived a tumour the size of an orange, moveable at first, with great discharge from the vagina. It has continued gradually to enlarge, with great sense of weight and pain. Both legs swollen. Uterus healthy, but unusually high up in the pelvis. In front of the uterus there is a large mass, and in this fluctuation is distinct.

Case XLV.—March 11, 1838. Mrs. S——, aged 32, has been married several years, and ever since has been in bad health, and has been barren. About two years ago, perceived a tumour in the right side of the hypogastrium. Menstruates profusely, and with pain: and in the intervals, there is a thick, yellow discharge. There is a large, hard, lobulated tumour, occupying the brim, and a great part of the cavity of the pelvis. It slowly increased, and I saw the patient five years after, nearly in the same state.

Case XLVI.—March 22, 1838. Mrs. H——, aged 29. Married three years; before, was in good health, but slightly hysterical. Since her marriage, has suffered from severe irritation about the uterus, with leucorrhœa and hysteria. During the last twelve months, has suffered almost constantly from pain in the lower part of the spine and sacrum, and sense of dragging down when she walks, and pain and difficulty in passing the contents of the rectum: occasional attacks of menorrhagia. The situation of the uterus is natural, but rather low in the pelvis. The orifice is small, the cervix and body not enlarged, and healthy. High up behind the uterus, in the hollow of the sacrum, I felt an irregular tumour of small size, and rather inclined to the left side. On examining by the rectum, this tumour was found to press much on the anterior wall. There was a difficulty in passing the finger between this mass and the hollow of the sacrum along the rectum. I thought, that in all probability it was the left ovarium enlarged, but it might have been a fibrous tumour of the uterus. This patient had been kept twelve months in the recumbent position; leeches had been applied to the groins, warm hip-baths and lavements had been used, and uva ursi.

Case XLVII.—October 12, 1837. Miss L——, aged 25. Swelling of the right side of abdomen, commenced two years before. It continued slowly to enlarge, without the general health being impaired. Menstruation, after

being profuse, ceased four months ago. The abdomen is now tense and fluctuating; diarrhœa: emaciation: mottled appearance of thighs and legs, with swelling: umbilicus soft and protruding; trochar introduced in the usual place, and eight pints of viscid straw-coloured fluid drawn off. The right side of the abdomen still continued to bulge out. This cyst was not opened. After being repeatedly tapped, died.

Case XLVIII.—October 16, 1837. Mrs. S.——, aged 39. Married, but has never been pregnant. Catamenia regular till the last six months. Swelling first began six or seven years ago in the right side of the abdomen, without pain. It was then the size of the fist. Since the appearance of the catamenia the tumour has increased. There is now distinct fluctuation; it can be both seen and felt: hardness of the abdomen on the right side. Uterus healthy, and not displaced. Died after being repeatedly tapped. A large mass of cysts and malignant disease was found in the right ovarium. Its surface was covered with blood-vessels. A mass of bloody matter, mixed with a soft substance like brain, was contained in the larger cyst; there was purulent infiltration of the right fore-arm; pus in the left knee-joint. The symptoms were not such as to have led to a suspicion that such alterations of structure would have been discovered after death.

Case XLIX.—May 6, 1838. Mrs. S.——, aged 33. The symptoms in this case had commenced fifteen months before, with an attack of cholera; this was followed by fever and inflammation within the pelvis; nearly a pint of pus is reported at different times to have escaped from the bowels: emaciation. This went on three months; health now impaired; a tumour, the size of a small melon, still fills the cavity of the pelvis. Dr. Merriman had seen this case, and given it as his opinion that the disease was ovarian.

Case L.—May 13, 1838. Mrs. F.——, aged 39. A large ovarian tumour occupies the right side of the hypogastrium. This patient had been married in early life, and was sterile. On attempting to determine whether this tumour occupied any part of the cavity of the pelvis, the hymen was found to be entire, and the fact could not be ascertained.

Case LI.—June, 1838. Mrs. ——, aged 27, had bilious fever and inflammation of the bowels three weeks before, for which the proper remedies were employed; and she

partially recovered. When I saw her at St. George's Hospital the abdomen was distended, and resounded almost universally when struck. At the lower part there was an obscure fluctuation: thighs swollen. I was requested to determine if any ovarian disease existed. The uterus was in the natural situation, and healthy, and no fullness or hardness, or enlargement of any kind, was felt within the pelvis. After death, the sac of the peritoneum was found distended with gas, one pound of serum, with flakes of coagulable lymph, and the peritoneum showed marks of extensive inflammation.

Case LII.—July 24, 1838. Miss H——, aged 44, after suffering upwards of ten years from pain and bearing down about the uterus, and difficulty in passing the urine, a tumour appeared in the right side of the hypogastrium. It is now large, hard, and painful, and occupies a considerable part of the pelvis; legs swell in the evening; leeches and liquor potassæ were employed; and the progress of the disease was very slow. February, 1839. Catamenia regular. Little or no change in the tumour.

Case LIII.—October 30, 1838. Mrs.——, aged 42. Married many years, and barren. There was a tumour which I believed to be ovarian, between the uterus and rectum. I had seen the patient five years before, and the tumour had undergone little or no change. Iodine had been taken for a long period.

Case LIV.—June 19, 1838. I examined the body of a woman who had died of disease of the heart and lungs. It was not known before death that any disease existed within the pelvis. The left ovarium was enlarged, being three and a half inches in the long, and two in the short diameter. It consisted chiefly of cysts, which all opened into one another, and contained an oily fluid, like honey. Dr. Prout analysed this, and gave the following account of it:—"The oily matter appears to resemble very closely human fat, and not cholesterine, such as is often found in tumours. Like all fats, it may be separated into two varieties,—one a fluid oil, elaine; the other a solid fat, stearine. I do not remember to have met with any case like this before." In this case, the diseased ovarium adhered firmly to the uterus and rectum. The left fallopian tube was distended with fluid.

Case LV.—May 18, 1839. I was requested to see an

unmarried person, aged 28, to determine whether the enlargement of the abdomen was produced by pregnancy. The catamenia were regular, the abdomen was large and hard. No movement felt, nor sound heard. The uterus was ascertained, by an internal examination, to be in the unimpregnated state. A large tumour occupied the upper part of the pelvis.

Case LVI.—September 13, 1839. Dr. A. T. Thomson requested me to see an unmarried lady, aged 45, who had a large moveable ovarian tumour on each side: obscure fluctuation. They appeared eighteen months before. Catamenia regular: general health good. Iodide of potash and iron was prescribed; but the disease proceeded in the ordinary course. The sister of this lady was suffering from ovarian disease.

Case LVII.—November 5, 1839. At Kennington I saw a married lady, aged 41, the cavity of whose pelvis was in a great degree filled up with a tumour, which was probably ovarian. The uterus was forced down to the outlet. The disease had commenced about the previous Christmas, with pain in the left side of the hypogastrium, and in the pelvis; diarrhœa: blood passed from the bowels. There is now sickness, emaciation, and sallowness of the complexion, and constant pain. The disease ran its course quickly to a fatal termination.

Case LVIII.—On the 18th January, 1840, at Camden Town, I saw an unmarried lady, aged 30, who had complained for some years of difficulty and frequent desire to empty the bladder, and had suffered from frequent and severe attacks of menorrhagia. The pelvis was filled to a great extent behind, by a large tumour, not very hard, which was felt above the brim of the pelvis, on the right side: an obscure fluctuation.

Case LIX.—January 25, 1846. Mrs. N——, aged 47, born in India—the mother of six children. In good health till eighteen months before, when abortion occurred, with great hemorrhage. In August last, a tumour appeared on the left side of the abdomen, and increased rapidly. The whole abdomen is now greatly distended; no pain: strength much reduced: indistinct fluctuation around the navel: other parts hard. The tumour has contracted adhesions all round. The abdominal parietes are of a dark purple colour, and large veins are seen ramifying around

the umbilicus. The disease increased rapidly, and soon proved fatal. The immediate cause of death was an attack of erysipelas of the head.

Case LX. — May 22, 1840. Miss G——, aged 50. Catamenia irregular, but have not wholly ceased, and health impaired. Swelling of the legs and abdomen took place a year ago; leucorrhœa: the left side of the hypogastrium occupied with a large, hard, irregular tumour, probably ovarian. Has pain when she walks, but no bearing down, nor pressure on the neck of the bladder. No disease within the pelvis.

Case LXI. — May 13, 1840. Mrs. C——, aged 50. One child in early life—since, sterile. Her husband has had his arm amputated three times. Swelling of the abdomen first perceived three years since, soon after the disappearance of the catamenia: has enlarged during the last twelve months. It is now chiefly on the left side, where there is a large, irregular, lobulated tumour, reaching as high as the false ribs. An indistinct fluctuation is felt in the whole of the lower part of the abdomen. The tumour presses down into the brim of the pelvis, behind the uterus, causing distressing prolapsus ani. Liquor potassæ and hydriodate of potash were fully tried in this case, but they did not appear to exert any influence upon the progress of the disease, which terminated fatally in Scotland, about a year and a half after.

Case LXII.—September 15, 1840. Mrs. K——, aged 30. Sterile. Repeated attacks of inflammation about the pelvic viscera, with tenesmus and irritability of the bladder. Some symptoms of calculus vesicæ. An ovarian cyst, of no great size, fixed between the uterus and rectum. Various remedies employed, without any marked effect. Repeated attacks of inflammation within the pelvis, from 1840 to 1850, when the size of the tumour had slightly diminished. After violent pain, a rough calculus, nearly the size of a walnut, was passed from the bladder. One of the mammæ has been tacked with scirrhus.

Case LXIII.—September, 1840. Mrs. B——, aged 30. Married eight months: six months pregnant. An ovarian tumour appeared in the right side five years ago, which has enlarged slowly. Abdomen now enormously distended, as if it would burst: great dyspnœa. Premature labour induced. The patient recovered favourably. The tumour

subsequently decreased in size, but never wholly disappeared. She was alive some years after.

Case LXIV.—February 16, 1841. Miss H——, aged 38. Had resided between the tropics. For several years had suffered from dysmenorrhœa, menorrhagia, and hysteria, with inability to pass the urine. There was a painful tumour, but not very hard nor large, in the hypogastrium, whether uterine or ovarian I felt it difficult to determine. The os and cervix uteri were healthy, but the body somewhat enlarged. The tumour pressed down in the front of the pelvis, into the cavity. There was often a distressing sense of pulsation experienced in it. Relief was often derived from sitting over the steam of hot water.

Case LXV.—March 14, 1842. Mrs. N——, aged 48. Her youngest child is sixteen. Five months ago, perceived an enlargement of the abdomen. Feet unusually weak before that time, but not much out of health. There were none of the other signs of pregnancy present. The catamenia had long been irregular. During three years she had scarcely ever been free from sickness. A practitioner whom she consulted, and who was allowed to examine the patient in every way that he desired, and that could enable him to arrive at a correct conclusion, declared that pregnancy existed. Another practitioner decided that the enlargement depended upon some organic disease of the spleen. The enlargement of the abdomen had gone on increasing, and she was greatly distressed with flatulence; she had found it difficult to lie on the right side. The complexion had become sallow. No sickness. No feeling of any movements like those of a fœtus. The os uteri was open, the lips swollen. Behind the uterus was a large, soft, irregular, elastic tumour, which filled the hollow of the sacrum, and which was fixed in this situation. On the right side of the hypogastrium there was a large hard mass, and on the left side was another similar, but much larger mass, which reached nearly to the false ribs.

Case LXVI.—In December 1841, I saw a lady, aged 36, suffering from peritonitis, after exposure to cold during menstruation. She recovered, but at the end of January, 1842, the abdomen was larger than natural, and there were irregular attacks of pain. In March she informed me that she had been married privately two years before, that she was pregnant, but that the pain she occasionally endured

was almost unbearable; that the belly was rapidly increasing in size, and that a serous and bloody discharge had taken place from the vagina, which lasted seven days, and that she suspected she was about to miscarry. On the 14th of March, I found the hypogastrium occupied by two distinct lobulated tumours, very painful on pressure. No movement was felt on pressure, and no sound heard in the abdomen, to indicate that pregnancy existed. Internally, the hollow of the sacrum was completely blocked up with a large mass, fixed to the sides of the pelvis, which I ascertained to be the lower part of the tumours in the hypogastrium. The os uteri, in the unimpregnated state, was forced up behind the symphysis pubis, so as to be almost beyond reach of the finger. I ordered leeches, and perfect rest for some days, that I might still more completely investigate the case before giving an opinion. Having done so three times, at intervals of several days, and being satisfied about the nature of the disease, I communicated to the husband my doubts about the existence of pregnancy, and suggested the propriety of calling into consultation an eminent practitioner, to be quite sure that I was not wrong. This was done, and after another complete examination, no doubt was left that extensive ovarian disease existed, without pregnancy. She returned into the country, but being one night in acute pain, Mr.—— was requested to see her; the following day her husband called upon me with a smiling countenance, to say that his wife was pregnant, that premature labour was about to take place; and he very politely advised me to be more cautious in future how I ventured to give a decided opinion upon such cases. No labour, however, followed; the tumour increased with great rapidity, and in less than a month, retention of urine and constant vomiting took place, which proved fatal on the 26th of April, in the manner ovarian tumours of a malignant nature usually do.

Case LXVII.—July 7, 1842, saw, with Dr. Theophilus Thompson, Miss ——, aged 26. A year before, an enlargement had appeared in the right side of the hypogastrium, without much pain. Lately the health has become impaired, and she is greatly fatigued by slight exertion. Catamenia regular. No swelling of right leg, nor irritation about the bladder or rectum. A large mass is felt on the right side of the abdomen, which is not painful on pressure, nor hard like a solid tumour. Internally it is felt occupy-

ing the brim of the pelvis, and pressing down into the cavity on the right side, but not deeply, and not pressing on the bladder or rectum. Uterus healthy. Sir B. Brodie had seen this patient, and prescribed liquor potassæ, which I recommended to be continued, with iodine.

July 2, 1852.—This patient is still alive.

Case LXVIII.—September 20, 1842. Mrs. L——, aged 29. Married six years. One abortion soon after. Since sterile. During the last three years has felt dull pain in the left side of the hypogastrium, where a distinct enlargement has appeared, with sense of bearing down, and numbness, and pressure on the left thigh; puffiness of feet, and difficulty, at times, in passing the urine. There was a large hard mass, not fluctuating, on the left side of the abdomen. There was a great tumour in the pelvis, between the rectum and vagina, pressing forward the posterior wall of the vagina, close to the symphysis pubis. The os uteri pressed up so high above the symphysis pubis that it could not be reached. This lady had been seen by several practitioners, and iodine and liquor potassæ, and I believe mercury, also, had been prescribed, without any advantage. I could suggest no remedy which appeared likely to check the growth of such a disease. Quiet, and the careful regulation of the bowels, and relieving attacks of congestion and inflammation in the tumour, were all the means that I could suggest, and the disease did not pursue a rapid course to a fatal termination.

Case LXIX.—March 22, 1843. Mrs. A——, aged 46. Married twenty years, and never pregnant. Difficulty of voiding the urine occurred eighteen months ago; it increased till the catheter was required, and then the practitioner discovered that there was a large tumour within the pelvis, pressing on the neck of the bladder, and obstructing the flow of the urine. The upper part of this tumour was felt in the hypogastrium. In this no fluctuation could be detected, and some doubt remained, which the further progress of the case did not remove, whether this was an ovarian or uterine tumour; and it did not appear of great practical importance to have this doubt removed. The menstruation had been painful and irregular.

Case LXX.—April 10, 1843. Miss E——, aged 26. The abdomen has been larger than natural during the last two years. The enlargement commenced on the right side,

and was not preceded by any uneasiness. The whole abdomen is dull on percussion, and a distinct fluctuation is perceived. No defined hardness in any part: general health but little impaired: menstruation now regular. Is able to walk a great distance without fatigue: no swelling of the feet or ancles. I had no doubt that this was a case of ovarian dropsy, and I recommended the patient to remain in the single state. The uterus was healthy. I did not see this patient again, but was informed that she was tapped on the 17th September, 1844—that treatment by pressure was followed twelve months after—that she married, and was safely delivered within a year—that she was tapped in 1846 and 1850—an exploratory incision made—a slight recent adhesion encountered—an incision extended to twelve inches—an enormous tripple-headed cyst removed—and that she died on the third day, from peritonitis.

Case LXXI.—April 27, 1843. Mrs. I——, aged 35. Married ten years, and never pregnant. Had not enjoyed good health through life. In November last, observed the abdomen to be enlarged: this was preceded by pain, and discharge from the vagina in the intervals of menstruation, which was profuse. She consulted —— in November, who examined her with the speculum, and said there was ulceration of the womb. The following "Caustic Lotion" was prescribed: ℞ argent. nitrat. ʒiss., aquæ distill. ℥viii. The abdomen, though swollen, was not examined. In February she again consulted Dr. ——, who, without examining the abdomen, or repeating the examination of the uterus with the speculum, between which and the spatula he discerns no difference, prescribed fifteen drops of creosote to be taken in barley-water or thin gruel, and iron with soda in the following form: ℞ ferr. tartariz gr. x., sodæ tartariz ʒi. ft. pulvis, bis quotidie sumendus. On the 8th March, without any further examination, the following prescriptions were given: ℞ ferr. sulph. ϑi., zinc. sulph. ϑij., ft. pulvis pro lotione in a pint of water.—℞ hydr. bichlorid gr. vii. aquæ distill. ℥viii. tinct. lavendulæ comp. ℥iss. fit. lotio alterno mane.—℞ pilul. hydr. gr. xv., extract rhei gr. xviii., pilulæ vi. On the 17th March, the swelling of the abdomen had considerably increased, but it was not examined, nor was the speculum again employed. The following medicines were prescribed: ℞ acid. nitri. dilut. ℥ii. extr. humul ʒvi. tinct. aurant. ℥ss.,

sumat coch. theæ i. bis die ex aqua.—℞ extr. rhei ʒss. sapon dur ℈i., pulv. ipecac. ℈ss, liquor potass. m. v. Divide in pilulas xii. Sumat i. omni nocte.

On the 27th April, 1843, when I first saw this patient, the discharge from the vagina was less—the tongue loaded—pipillæ enlarged—general enlargement and hardness of abdomen considerable, and in some parts extremely tender on pressure. The sound on percussion was clear in the epigastric and hypochondriac regions—in the lower part of the belly the sound was dull, and a distinct fluctuation perceived. I was inclined to think that the fluid was in a cyst, but could not be quite certain. A few days after this, Dr. Blundell saw this patient with me, and formed the opinion that there was ovarian dropsy. He examined the os uteri with the speculum, but no trace of ulceration could be detected. The fluid went on accumulating rapidly, and he again saw the patient, for the purpose of determining whether the operation of ovariotomy or tapping should be performed. I left the matter to his discretion. It was not considered by him to be a case in which ovariotomy was advisable, and relief for a time was procured by tapping. The operation was repeated eight or ten times in less than a year. It had been resolved by Mr. ——, who saw the patient a few days before the last tapping, to remove her to London, for the purpose of subjecting her to ovariotomy, soon after the fluid had been drawn off by the trochar. The question was left wholly to his decision. The operation was prevented by the sudden and fatal sinking which followed the removal of the fluid from the large cyst in which it had been contained. A post mortem examination was not made; but after each tapping adhesion could be distinctly felt, between the cyst and parts above. At the time, this was not considered a valid objection by Mr. —— to ovariotomy.

Case LXXII.—October 3, 1843. The late Mr. Lambert requested me to see an unmarried lady, aged 30, who had long suffered severely from attacks of pain in the right iliac region; they had recurred periodically, and had been conconsidered and treated as simple spasmodic pains; temporary relief had been obtained from laudanum, ether, and quinine. About ten days before I saw the patient, it had been ascertained that both sides of the hypogastrium were occupied with hard, lobulated, moveable tumours, which,

there could be little doubt, were ovarian. Leeches, mercury, iodine, and various other remedies, were afterwards employed, but with little effect.

Case LXXIII.—October 14, 1843. Miss B——, aged 43. Has enjoyed good health for many years. On the 10th instant, after a long walk, was suddenly seized with retention of urine. On attempting to pass the catheter it was discovered that there was a tumour in the pelvis, and that the os uteri was pressed to the symphysis pubis. It then appeared that difficulty in passing the urine had occasionally existed for two years, and that the hypogastrium had been swollen. The urgent inflammatory symptoms were relieved by venesection and other remedies; and the catheter was not long required. By the occasional use of leeches to the hypogastric region, cathartics, diuretics, and great quiet, this tumour between the uterus and rectum has remained without increasing, and some years after was in the same condition; and the retention of urine had never returned.

Case LXXIV.—October 25, 1843. Mr. Painter called me to see the wife of one of the Foot Guards, Mrs. D——, aged 32, the mother of seven children, and eight months pregnant. The abdomen began rapidly to enlarge in the fourth month. The abdomen is now distended as much as possible without bursting; and there is a distinct fluctuation. The movements of the fœtus are felt with the hand through the abdominal and uterine parietes. The sound of the fœtal heart was heard, but indistinctly: areolæ large, and glands around developed: urine for some days has contained blood: the ballotement of the fœtus remarkably distinct: the os uteri far back, a little open, and the membranes felt. These were immediately ruptured; but only two pints and a half of liquor amnii escaped. It had been proposed by —— to perform the operation of tapping upon this patient; and it would have been actually carried into execution had Mr. Painter not remonstrated against it. 26th.—At 10 P.M. labour going on. 27th.—Delivered by Mr. Painter this morning with the forceps. The child lived only a few minutes. The distension of the abdomen was greatly diminished after the birth of the child; but still fluctuation was distinct. 29th.—Abdomen large and fluctuating: dyspnœa, which gradually increased till the following morning, when she died. Mr. Painter, jun., examined

the body, and reported that he found nine quarts of straw-coloured fluid, mixed with flakes of coagulated lymph, in a large cyst, which filled the whole abdominal cavity, and pressed the viscera above it against the diaphragm. In this cyst, and surrounded by it, was the ovary, enlarged to about the size of two fists, and containing smaller cysts, which contained a thick gelatinous fluid; the infundibula and pelves of the kidneys much increased in size, and easily torn: spleen large: uterus sound.

Case LXXV.—On the 20th November, 1843, Dr. Corrie, of Finchley, requested me to see a lady aged 36, who had been ill twelve months. The illness commenced with violent pains in the right side of the abdomen. The catamenia were regular. The abdomen had begun to enlarge two months before, and chiefly on the right side, which was tender on pressure. The swelling sometimes diminished, but never wholly disappeared. The whole abdomen was swollen irregularly, but it projected remarkably between the umbilicus and ilium on the right side, where the sound is dull, and there is an obscure fluctuation. No swelling of feet or ancles: sallow complexion. There was a large fatty deposit in the abdominal parietes. The uterus was healthy, and low down in the pelvis: nothing very unusual felt within the pelvis. The diagnosis in this case was attended with great difficulty. On the 7th October, 1851, Dr. Corrie informed me that this patient continued to drag on a life of suffering and misery till December 20, 1844. The abdomen became much distended, and she had symptoms repeatedly of inflammation, more or less acute. Obscure fluctuation. A small trochar was introduced, but no fluid escaped, and death took place two days after. A cyst containing a large quantity of fluid, like gruel. "The cyst had no connexion with the ovaries, but adhered firmly to the cæcum, ascending colon, and to the peritoneal lining of the abdomen on the right side."

Case LXXVI.—On the 1st of May, 1844, I saw a lady aged 45, who had been married thirteen years, and had never been pregnant. The catamenia had long been profuse—no discharge in the intervals. Indigestion: pain in the left iliac region when she walked. Two years before, she had been suddenly seized with violent pain, which stretched from the left groin to the back, by which she was bent double. Similar attacks have since been experienced.

There was a hardness in the left side which she could feel with her own hand. I found a large, hard, irregular, immoveable mass in this situation. The uterus was in a healthy state, but was forced back by the lower part of this tumour, which occupied the brim and a portion of the cavity of the pelvis. Occasional cathartics, liquor potassæ, and iodine; leeches, and above all, quiet were recommended, and in July, 1848, the disease had made no progress. Eight leeches had been applied every month. The enlargement had not increased, and the menorrhagia had diminished. She could walk better, and could take gentle exercise with less fatigue.

Case LXXVII.—On the 3rd May, 1844, the late Dr. Rumsey requested me to see a lady aged 32, who had been married twelve months, and had not been pregnant. In good health before her marriage. Since, had suffered almost constantly from pain in the lower part of the abdomen and right side and back. Catamenia regular. Sickness when the pain was very severe. There was a hard tumour, nearly the size of a cricket-ball, in the right iliac region, which descended through the brim and occupied the front of the pelvis. The uterus was healthy. The same plan of treatment was recommended as in the last case. On the 14th July, 1851, I again saw this patient. She was still sterile. The catamenia had sometimes been profuse, with a dark discharge in the intervals. There had been pain in the hips, and sense of bearing down; and sometimes difficulty had been experienced in passing the urine. The tumour had neither increased nor diminished. This lady had lost a half-sister from cancer in the breast, since 1844, which had excited apprehensions about herself.

Case LXXVIII.—May 19, 1844, Mrs. R——, aged 34. Married seven years, and never pregnant. Catamenia every fortnight: leucorrhœa in the intervals: pain in the back, and weakness across the loins: pain in the lower part of the abdomen, extending down the limbs: irritation of the bladder, and prurigo of the external parts. Had consulted various practitioners, on account of the leucorrhœa and prurigo. A few days before I saw this patient, it had been ascertained by her medical attendant that the greater part of the hypogastrium was occupied with a tumour, in which no fluctuation could be detected. This was felt occupying the brim and a part of the cavity of the pelvis,

intimately connected with the body of the uterus in front. The orifice and neck of the uterus were healthy, and it was impossible positively to determine whether this was an ovarian or uterine tumour. In a practical point of view, it did not seem of much consequence whether it was uterine or ovarian.

CASE LXXIX.—On the 6th January, 1845, I saw an unmarried lady, aged 38, who some years before had perceived an enlargement of the left side of the abdomen, which had slowly increased, and had come to fill the centre of the hypogastrium, was hard, and nearly as large as the head. The catamenia had been profuse since the tumour was first perceived. There had been great irritation about the bladder, and frequent excitement of the whole uterine nervous system. Swelling of the ancles. There was a large, hard, insensible mass in the hypogastrium, and passing down through the brim into the cavity of the pelvis. No fluctuation: os uteri high up: lips thick: neck short: the tumour inseparably connected with the uterus. I thought it was a fibrous tumour of the uterus, but two eminent physicians who had previously seen her were of opinion that it was an ovarian tumour. By other two surgeons, who were consulted respecting the propriety of removing the tumour by an operation, it was not considered advisable to operate.

CASE LXXX.—April 3, 1845. Miss H——, aged 31. Enlargement of the abdomen perceived two years ago, preceded by general weakness, chiefly in the left side of the hypogastrium, during the last eight months, where there is a large irregular tumour, not fluctuating, the brim and cavity of the pelvis partially filled up with this mass, which in all probability is the left ovary enlarged. Os uteri small and smooth, and body in the natural state.

CASE LXXXI.—I was requested by Mr. Gaskell, in November 1842, to see Miss F——, about 12 years of age, who had not long before suffered from an attack of mumps, followed by pain and enlargement of the abdomen. The whole abdomen, and especially the hypogastrium, was large, hard, and irregular. It was supposed by the mother of the patient that sufficient attention had not been paid to the regular evacuation of the bowels while at school, from which she had recently returned. The catamenia had not appeared, and there were none of the symptoms of puberty present. Active cathartics were given, but the enlargement and hardness of the abdomen continued after the bowels had

been thoroughly evacuated. I saw the patient, with Mr. Gaskell, thrice at short intervals, and formed the opinion that some obscure organic disease, not glandular, existed. Dr. Merriman was then consulted, and I am indebted to his kindness for the following account of the case from the 22nd December, 1842, till the month of May, 1843:—"On first seeing this young lady, I was sensible of a fluctuation low in the cavity of the abdomen, and a feeling of tightness within the pelvis, which led me to believe that the pelvic viscera were involved in the disease, and I ordered diuretics as principal remedies. Miss F—— was from time to time brought to my house; and on the last day of her paying me a visit, the opinion I gave of the case was so unfavourable as to induce her parents to wish that Dr. Paris's opinion should be taken. Dr. Paris met me, and a plan of treatment was adopted and acted upon for about a week. Meantime her parents had been urged to consult the late Mr. A. White, who saw her with me, January 23rd, 1843, and on this occasion a tumour, evidently ovarian, was distinctly to be seen emerging out of the pelvis. She was now put upon a course of hydriodate of potash, which, together with change of air and more advanced season, appeared to improve her general health. Throughout the month of March her health remained much the same, but the tumour did not diminish, and in April Mr. Aston Key was called in. He continued to give the hydriodate of potash, and had the parts fomented, without much benefit. She was brought to me in the month of May, and, I believe, went to the sea-side." About the end of October, 1843, nearly a year having elapsed from the time I first saw Miss F—— with Mr. Gaskell, her parents again consulted me respecting her, and as the abdomen was then greatly distended with fluid, I recommended that she should be tapped, and that Mr. Aston Key, under whose care she had been for some months, should be requested to perform the operation. This was done on the 2nd of November, and a quantity of dark-coloured, gelatinous fluid, evidently the product of an ovarian sac, was drawn off. As no case of ovarian dropsy at the age of thirteen had ever before come under my observation, and before the appearance of the catamenia, I had been led to conclude that the fluid was contained in the sac of the peritoneum, and that the case was not one of encysted dropsy. After the fluid had been drawn off, the lower part of the abdomen was still hard and

irregular, and a solid mass, about the size of a hen's egg, was distinctly felt the day after the tapping, in the epigastric region. From the 3rd of November, 1843, to the 7th of February, 1845, I was never consulted by the parents of Miss F——, nor obtained any information respecting the state of her health. On the morning of the 7th of February she was brought to my house by her father and mother. The abdomen was again largely distended with fluid. I was informed by them that they had been induced to consult Dr. F. Bird, and that he had given it as his opinion that their daughter's case was in all respects most favourable for the operation of ovariotomy. They further stated, that Dr. Locock had been consulted the day before, and that he considered the case highly favourable for the operation, and urged its immediate performance. It had, in fact, been determined, before they came to me, that the operation should be performed, and they seemed confident that their daughter would speedily be restored to perfect health. Apparently their purpose in calling upon me, was not so much to obtain my sanction to the proceeding as indirectly to reproach me for not having long before recommended or performed the operation which they believed to be so efficacious and devoid of danger. Instead of offering any observations on the propriety of the operation, I took down vol. xxvii. of the Medico-Chirurgical Transactions, and turning to Mr. B. Phillips' Table of "Operations for the Extraction of Ovarian Tumour," begged them to run their eyes along the column of results. In this they saw the word "death" repeated twenty-eight times, thrice three times running, and once four times, without any intervening case of "cure" or "recovery." Nothing further was said respecting the operation on that day.

On the 16th of July, 1845, I was requested to meet in consultation, Drs. S. and W. Merriman, Dr. H. Roe, and Dr. F. Bird, to consider the propriety of the operation of ovariotomy in this case. I pointed out the necessity of having the patient again tapped, and the condition of the ovarian cyst and tumour, and of all the pelvic and abdominal viscera, carefully determined before any operation was attempted. After some opposition, I succeeded in obtaining the acquiescence of all to this proposal. During the tapping, the canula being obstructed, the fluid ceased to flow, and on inquiring into the cause of this, it was discovered to have

arisen from a quantity of fatty matter and long hair. It was at once obvious that the dark-coloured viscid fluid was not escaping from an ordinary ovarian cyst, but from a cyst containing, along with the fluid, long hairs and fatty substance, and probably a jaw-bone and teeth, as in numerous recorded cases of congenital malformation of the ovaria. After the fluid, fat, and long hairs had been drawn off, a large irregular mass remained in the hypogastrium, and the small tumour in the epigastric region was still to be felt. At this consultation "it was the opinion agreed to, that the operation was not immediately necessary, and might with propriety be deferred three or four months." Dr. W. Merriman made this memorandum the same day. I never saw the patient again, and, until about the end of August, 1846, could not learn what had become of her. I was then accidentally informed that Miss F—— had died at Ramsgate, but after much trouble I have not succeeded in ascertaining precisely when this took place. The body was, however, brought to London, and a post mortem examination made by Dr. H. Roe, Dr. F. Bird, and Mr. B. Holt. Mr. Holt did not preserve any notes of the morbid appearances, and does not know the date.

On the 6th of September, 1846, Dr. F. Bird gave me the following description of these, which I took down in writing in his presence, and the same day copied into my journal of cases, from which it is extracted.

"Abdomen greatly enlarged. On opening the integuments, adhesions equal to a space of six inches, the centre where the puncture had been made, from which the adhesions radiated. No other adhesions elsewhere. Slight attachments above, to the omentum. A great ovarian sac came into view, connected with the right ovary, involving the whole of it, the pedicle formed by the broad ligament, and fallopian tube, which was eight inches long; the chief vessel was the spermatic; the anterior half of the tumour presented a spherical outline, but, posteriorly, nodulated throughout; the sac an inch thick anteriorly, whereas behind it was extremely thin, like tissue paper; within this soft vascular mass, which had ulcerated, and this had poured out a great quantity of blood, the sac having given way, hæmorrhage had also taken place into the peritoneum. On laying open the sac, it was multilocular; but one large cyst, with a number of small ones; patches of inflammation on

the lining membrane. One large and hard mass existed on the left side, where we felt the hardness traced up on the left side, eight inches long, four wide, and two in thickness, consisted of numerous small condensed cells, having a centre of bone, with hairs—not yet examined."

I obtained permission to examine this mass, by making an incision into it. The structure was that usually termed by pathologists malignant disease of the ovary. The tumour had interspersed throughout its substance numerous long hairs and pieces of bone. A case in some respects analogous to the preceding occurred several years ago in the United States of America, in which the operation of ovariotomy was performed, and was followed by a fatal result. I am not aware that any other case resembling this has yet been recorded.

Case LXXXII.—April 12, 1845. Mrs. A——, aged 48. Menstruation has ceased several years; long in delicate health; enlargement first felt on the right side of the abdomen about Christmas last; it has rapidly increased, and now fills the whole of the lower part of the abdomen: fluctuation distinct: considerable hardness felt on both sides of the hypogastrium. Much tenderness on the left side. Hymen entire. Condition of the anterior of the pelvis could not be ascertained. I saw this patient at the request of Mr. Keate.

Case LXXXIII.—April 30, 1845. Mrs. E——, aged 40. Married six years. Sterile. Until thirty in good health. Has complained of languor during the last seven years, with profuse discharge at the monthly periods, without uneasiness; pain in the groins and low down in the back, at other times stretching down the thighs: hysterical: palpitation: dyspnœa. Four years ago, perceived a tumour in the right side of the abdomen—her attention called to it by uneasiness and tenderness in the part. No increase in the size of the tumour during the last two years. On examination, I found a large tumour occupying the right side of the abdomen, reaching from the margin of the false ribs to the brim of the pelvis, not lobulated, tender on pressure, very hard, no fluctuation in any part. Uterus drawn up out of the pelvis, os uteri behind the symphisis pubis, or rather above it. In the back part of the pelvis, high up, a portion of the large tumour in the abdomen was felt.

Case LXXXIV.—May 15, 1845. Miss G——, aged

22. More than three years before, severe attacks of diarrhœa, griping pain in the bowels, with constant desire to evacuate the bladder. An examination by the rectum led to the discovery that there was a large tumour in the pelvis. This increased slowly, and a part of it came to be felt above the brim of the pelvis.

Case LXXXV.—Lady H——, aged 60 in 1845. After suffering long from a large ovarian cyst, fell accidentally upon the stairs of her house with great violence; this was followed by alarming sinking: it was believed that the cyst was ruptured; pressure was applied as the cyst diminished, and the abdomen kept covered with the linimentum hydrargyri. For several years the disease appeared to be arrested, but it returned and proved fatal. I saw this case with Dr. Scott.

Case LXXXVI.—Mrs. D——, aged 45. Married twenty-three years; a numerous family, the youngest eleven years old. Had suffered long from leucorrhœa and menorrhagia, irritation of the bladder, and pain in passing the urine; right leg and thigh at times swollen, and exquisitely painful on pressure. A tumour had been removed from the neck three years before; this had been growing twenty years, "and went deep into the neck." I found the os uteri a little open, the lips smooth and healthy, cervix uteri natural, but the body enlarged. The os uteri was close to the symphisis pubis. There was a soft irregular mass, painful on being touched, between the uterus and rectum, whether uterine or ovarian I could not be absolutely certain, but intimately connected with both.

Case LXXXVII.—June 21, 1845. Miss G——, aged 40. Long afflicted with attacks of bilious diarrhœa. During one of these it was discovered that there was a great accumulation in the colon. After this had been removed she still complained of sickness and weight in the abdomen, and on an examination being made, a tumour was detected. I found a large hard tumour lying between the short ribs of the right side, adherent to some of the surrounding parts; the finger could be pressed between the ribs and the tumour, which had been supposed to be ovarian. The tumour did not descend into the hypogastrium, and there was no positive proof that it had any connexion with the ovaria. The hymen being entire, it was impossible to

ascertain the condition of the pelvic viscera. This lady was at the head of a Priory, and her memory is universally respected.

Case LXXXVIII.—July 31, 1845. Mrs. P——, aged 40. Catamenia regular; general health not impaired; has a constant desire to pass the urine, which is healthy; a distressing sense of bearing down, and swelling about the labia: the right ovarium much enlarged: fluctuation distinct: no hardness: strong pulsation of the abdominal aorta: orifice of uterus unusually open, but free from disease; the large ovarium felt in the brim of the pelvis on the anterior part. The disease slowly ran its common course.

Case LXXXIX.—December 16. Mrs. J——. Married four years. Two miscarriages. Eighteen months ago first felt a swelling on the right side of the hypogastrium; it was not preceded by pain, nor cramps, but by severe dyspepsia, and two or three years before, the health had been declining. The tumour has enlarged since premature labour was induced three months ago, while in the sixth month of pregnancy. I saw this patient with Dr. Hull.

Case XC.—January 30, 1846. Mrs. B——, aged 36. Married seventeen years; nine children; two abortions. Has not been in health during the last four years. Seriously ill in October: vomited a large quantity of dark bilious matter. Then a moveable tumour was discovered on the left side of the abdomen, not painful when sitting up, but producing a painful sensation when lying down. This tumour has increased slightly; legs weak and swollen: easily fatigued: vomiting every morning after rising: lying on the back with the knees drawn up, the tumour sinks into the pelvis. Uterus healthy.

Case XCI.—February 14, 1846. Sarah P—— has long had dysmenorrhœa and menorrhagia, pain in the back, and spasmodic pains in the stomach, and about the groins. From the presence of the hymen nothing could be ascertained respecting the state of the pelvic viscera. In the hypogastrium there was a large irregular tumour; fluctuation was felt in part of this: the remainder was hard. Most tender on the right side. It had not of late increased rapidly.

Case XCII.—April 16, 1846. Mrs. R——, aged 45. Married nine years; never pregnant. Catamenia regular.

Two months ago, without any pain in the part, accidentally felt a tumour in the right iliac region, extending into the left. There is now a moveable tumour, of no great size, felt in each iliac region. Uterus healthy.

Case XCIII.—April 22, 1846. Mrs. B——, aged 39. Married eighteen years to her first husband; never pregnant. Married a second time, and still barren. Believes herself, or wishes others to believe, that she is in the family-way. States that there is milk in the breasts. Catamenia irregular. Abdomen began to enlarge twelve months ago. Uterus in the unimpregnated state. A great enlargement on the left side of abdomen. Dull sound on percussion, and obscure fluctuation.

Case XCIV.—June 18, 1846. Mrs. B——, aged 44, was delivered of her first child nine years ago, and recovered favourably, and continued in good health till twelve months since; then seized with extreme pain in the lower part of the back, and loss of power in the lower extremities; great prostration of strength. Has not menstruated for two years; difficulty often experienced in passing the urine: sensation of bearing down: leucorrhœa: uterus healthy: an ovarian tumour present.

Case XCV.—August 20, 1846. Mrs. H——, aged 46. Had one child twenty years ago. Enjoyed tolerable health till twelve months since. Profuse menorrhagia: no pain. Three months ago, discovered a swelling on the left side of the abdomen, without pain. Considerable hardness and enlargement in the left iliac region: a hard mass behind the uterus.

Case XCVI.—October, 1846. Mrs. J——, aged 42. Married thirteen years: no child. Swelling of the right side of abdomen; observed seven years ago. No pain, but she could not walk; cramps about the legs, and swelling, which has been slowly increasing: general health impaired: attacks of sickness and vomiting: difficulty in passing the urine. Consulted Dr. Abercromby several years ago. There is now a large hard mass in the right side of the hypogastrium; there is another on the left side, nearly reaching the short ribs; there is a connexion between these tumours by a firm band across. The hymen is so perfect, that it is impossible to introduce the finger to ascertain the condition of the organs within the pelvis.

Case XCVII.—October 31, 1846. Mr. Ince requested me to see a patient, aged 25, who had been delivered

naturally of a living child, two years and a half before. Mr. Ince had ascertained that the hollow of the sacrum was filled up with a large tumour, which prevented the head of the child from descending, in her second labour. Delivery was safely completed with the perforator and crotchet. This patient recovered, and is, I believe, still alive.

Case XCVIII.—August 9, 1844, I was called to a case of protracted labour. There was an ovarian tumour in the hollow of the sacrum, which had existed for several years, obstructing the progress of the head. She had been twice before delivered with the forceps. While waiting in the hope that the head would again descend sufficiently low for the safe application of the forceps, rupture of the uterus took place, and a great part of the child escaped through the rent into the sac of the peritoneum. I passed up my hand through the rent, grasped the feet, and delivered by turning. The patient died four days after.

Case XCIX.—March 17, 1846, I saw a lady about the middle period of life, in the third or fourth month of her second pregnancy, whose abdomen was greatly enlarged by a cyst of the right ovarium. It had first been perceived about six weeks after the commencement of her former pregnancy, and had continued to grow till the full period, with the gravid uterus. The labour was natural. On this occasion, the symptoms were so urgent, that I punctured the membranes; incessant sickness followed the discharge of the liquor amnii, and continued till the fœtus and placenta were expelled, and afterwards gradually subsided. She recovered favourably, and for a considerable period the cyst remained stationary, but subsequently it assumed a more active form, with distinct fluctuation, and has now attained a large size.

Case C.—November 28, 1846, I saw a case of difficult labour, with Mr. Marshall and Dr. Snow. There was an ovarian tumour occupying the hollow of the sacrum; rupture of the uterus was threatened; the forceps could not be applied, because the head had not descended into the pelvis. The perforator and crotchet were employed. The patient recovered, and for a time the tumour could scarcely be felt; afterwards it could be perceived above the brim of the pelvis, on the right side, and gradually increased. Ascites took place, and she died on the 12th April, 1847. Mr. Marshall informed me, that there were found ten pints of serum in

the sac of the peritoneum, and a large cancerous tumour connected with the right ovarium. The left ovarium was also found affected with malignant disease.

Case CI.—At Bayswater, in the spring of 1847, I saw a patient aged 48, who had been confined to bed upwards of three months. There was a great mass of ovarian cysts with solid substance in the abdomen. They were firmly adhering all round, and were enlarging with great rapidity, and with great constitutional disorder.

Case CII.—March 19, 1847, Mrs. M——, aged 28. Married six years, and sterile. A year ago, thought she was pregnant for the first time. A hard tumour appeared in the centre of the abdomen; general health has been good: catamenia regular: no swelling of the legs. The tumour has not sensibly increased during the last four months. At times it is very painful. She has consulted three medical practitioners, who have all given it as their opinion, if she reports faithfully, that she is pregnant, and one has engaged to attend her in labour. A fourth practitioner whom she had consulted, has told her that it is a tumour, and not pregnancy; he said one part of the tumour is hard, and another soft, which is the fact. The uterus in the unimpregnated state.

Case CIII.—April 6, 1847. Miss G——, aged 34. Four years ago, last Christmas, began to increase in size. The catamenia continued regular till last June. The enlargement was chiefly on the right side. At times the kidneys had acted powerfully, and the swelling had diminished. Ancles swollen. She had consulted various practitioners, and many remedies had been tried without effect. The abdomen enormously distended, and fluctuation very distinct; hardness felt in different parts of the abdomen. Hymen entire: condition of uterus not ascertained.

Case CIV.—May 21, 1847. Mrs. P——, aged 40. Married nineteen years, and never pregnant. Catamenia regular: leucorrhœa: constant pain about the lower part of the abdomen, since her marriage: sense of burning heat and pain within the pelvis and about the groins; has been compelled to lie up much for this. Aperient medicines invariably excite the pain within the pelvis. Fifteen years ago, consulted ——, who said there was inflammation of the uterus; another said, without having made an examination, that there was congestion. I found the os uteri healthy,

and situated immediately behind the symphisis pubis. On the left side of the uterus, within the pelvis, there was a soft mass, about the size of a cricket-ball, which I believed to be an ovarian cyst. This lady had been treated by various hydropathists, without any benefit. In 1851, this tumour remained nearly in the same condition, but occasioned greater distress, and interrupted the circulation in the left lower extremity.

Case CV.—May 29, 1848. Mrs. D——, aged 46. Sterile. Twelve months before, saw this patient with a tumour in the abdomen, which I considered to be ovarian; liquor potassæ, iodine, quiet, and every means adapted to prevent inflammation in the diseased part, was recommended. The tumour had sensibly increased. Catamenia profuse. When she lies down, feels as if there were some pressure on the bowels. Complained of frequent sense of pulsation over the abdomen. Brim of pelvis occupied by a hard, irregular tumour, which projects unusually on the right side. The hollow of the sacrum filled with a large tumour. The os uteri, in a healthy state, pressed forward by this mass close to the symphysis pubis.

Case CVI.—August 27, 1847. Mrs. D——, aged 49. Nine children; several miscarriages; catamenia disappeared two years ago. In April, it was ascertained that a tumour of considerable size existed in the lower part of the abdomen. A continual inclination to pass the urine experienced: leucorrhœa. I was requested by Dr. Arnott to see this lady, with Mr. Tobias Brown. The os uteri was tumid and open. Several nabothean glands enlarged: a great hardness on the left side, occupying the cavity of the pelvis: abdomen swollen: dull sound on percussion: distinct fluctuation. The enlargement has been increasing rapidly of late. The enlargement went on increasing during the two succeeding years, and after repeated tapping, the case terminated fatally.

Case CVII.—Miss F——, aged 30, 1847. Three years ago, retention of urine took place without any obvious cause. This difficulty passed away, and then an enlargement took place in the right side of the abdomen, which has gradually increased. There is now distinct fluctuation. This case terminated fatally, in the country, but the exact time was not ascertained.

Case CVIII.—February, 1848. With Dr. Scott, I saw a

married lady, in whom a considerable enlargement of the abdomen had taken place, soon after her second marriage. She was sterile during her first. It was chiefly on the left side. There was obscure fluctuation. The disease ran its course rapidly to a fatal termination, after repeated tapping. The propriety of performing ovariotomy in this case was discussed, but not carried into effect.

Case CIX.—May 18, 1848, Dr. Ranking, of Hastings, requested me to see an unmarried lady, aged 45, "labouring under disease of the ovaria." Two tumours in the hypogastrium had been first observed the previous year. Catamenia regular. There was a large irregular tumour, with obscure fluctuation, on the right side of the abdomen, reaching as high as the navel—not moveable; no part of the disease within the pelvis. Uterus healthy.

Case CX.—June, 1848, I saw a lady, aged 28, who had lived much abroad; she had been married ten years, and reported that she had once been prematurely confined, and miscarried thrice. There was a tumour of considerable size, not very hard, in the left iliac region, and partially within the pelvis. The uterus was perfectly healthy, but slightly displaced by the tumour. Leeches, in large numbers, had been applied to the os uteri. She had often been examined with the speculum, and named a practitioner in Paris, who had applied through it, to the os uteri, red-hot irons. There was no reason to disbelieve her statement.

Case CXI.—In 1848, in consultation with Mr. Bryant, I saw Mrs. L——, aged 32, who had several children. There was a suspicion that some venereal taint had been communicated to her by her husband. She had suffered from dysmenorrhœa, and exquisite tenderness of the hypogastrium. Behind the uterus, which was healthy, an unusual fulness was felt; in the progress of time, this enlarged, and rose up into the hypogastrium, and fluctuation was plainly perceptible. I had no doubt it was a mass of ovarian cysts. Dr. Rigby was consulted, and after using the uterine sound, or poker, decided that I had committed a mistake in supposing that the enlargement depended on disease of the ovarium. He affirmed that it was a uterine, and not an ovarian tumour. In spite of this opinion, delivered to Mr. Bryant, the cyst enlarged, and fluctuation

became quite distinct. Drs. ——, ——, ——, and ——, afterwards saw the patient, and decided that it was a fit case for the operation of ovariotomy. It was performed by Dr. ——, and quickly proved fatal. This is one of Dr. ——'s fatal cases, of which no account has yet been published. Mr. Bryant has kindly furnished me with these details.

Case CXII.—September, 1848. Mrs. ——, aged 36. Married sixteen years. No child. Reports that she has had several miscarriages; but of this there was some doubt. Not pregnant during the last six years. Since the date of the last pregnancy, has suffered more or less from pains about the uterus—pelvic pains. Six years ago she consulted an experienced accoucheur, who informed her "that it was only weakness, or want of tone in the uterus." An examination was subsequently made, and the uterus found enlarged. The speculum was employed, and she was informed that there was no ulceration of the os uteri. Catamenia regular, and not profuse. On examination, I found the uterus the size of a small melon, harder than natural; cervix obliterated: orifice flat: lips perfectly smooth. I thought that the enlargement arose from the presence of one or more fibrous tumours, imbedded in the posterior walls of the uterus, at a distance from the cavity. Two other practitioners were consulted, who gave the same opinion; a third, who was subsequently consulted, thought it was probably an ovarian tumour, adhering to the body of the uterus. No grounds whatever were assigned by him for this opinion. All recommended the greatest quiet, and the avoidance of everything that could irritate the diseased organ. The patient for a time steadily pursued this advice, and with the most marked benefit. The tumour, at the end of many months, had not increased, and was the source of little inconvenience. She was persuaded to seek the opinion of a fifth practitioner, who resided at a considerable distance from London, and who professed to possess a profound knowledge of uterine pathology and diagnostics. After using the uterine poker, and dislocating the uterus, as it was termed, while she was insensible, he gave the opinion that the enlargement was produced by a fibrous tumour, within the cavity of the uterus, or near the lining membrane. Violent and long-continued attempts were then

made to dilate the os and cervix uteri, with sponge tents, while she was in a state of insensibility. When the dilatation had been effected, it was found that there was no tumour within the cavity of the uterus to remove. A long slender trochar was then thrust through the posterior wall of the vagina or neck of the uterus, in the direction of the tumour, while she was stupified with chloroform. This was represented to be a harmless and justifiable proceeding, and one which he had often had recourse to. A few drops of bloody fluid escaped through the canula, and then the diagnosis was rendered perfect: it was declared to be an ovarian, and not an uterine tumour. The lady speedily died from peritonitis. No inquest was held, and no history of the case has hitherto been published.

Case CXIII.—February 27, 1849. Miss F——, aged 40. In good health in November last. Pain was then expeperienced in the hypogastrium, and this was followed by an enlargement of both iliac regions. Swelling at the feet and ancles has taken place. Catamenia profuse: occasionally some difficulty in passing the urine. The uterus is pressed into the hollow of the sacrum by a large irregular tumour, which occupies the front of the pelvis and which adheres to the uterus.

Case CXIV.—May 1, 1849. Mrs. O——, aged 42; a widow. Has suffered much during three years, from irritation about the bladder. A large, hard, lobulated tumour, probably ovarian, felt above the brim of the pelvis, on the right side and across the linea alba, and also in the pelvis on the right side of the uterus; and anterior to it the finger can be passed up between the tumour and the uterus. Mrs. O—— was married in early life, and was never pregnant.

Case CXV.—On the 5th July, 1849, I saw Miss W——, a young lady from the country, 15 or 16 years of age, who had a circumscribed tumour of considerable size in the right side of the lower part of the abdomen, accompanied with little pain or uneasiness of any kind. The general health was little affected. Menstruation had not commenced. Cathartics were freely employed, but the tumour, after some weeks, had rather increased than diminished in size. The hymen being entire, it was with great difficulty that the interior of the pelvis could be examined. This, however, was done both by the vagina and rectum,

and the pelvis was found in a great degree blocked up with the lower part of the tumour, which I had no doubt was ovarian, and of a malignant character, and would go on growing rapidly, and in no long time would destroy the patient. The uterus was small. The parents of this young lady could not be persuaded that such was the nature of her disease, and that such would be its result, being attended with so little pain and constitutional derangement. Mr. Stone and Sir B. Brodie afterwards saw the patient with me, and they formed the same opinion, and predicted the same fatal termination of the disease at no very remote period. Death took place about two or three months after. There was no post mortem examination made.

Case CXVI.—July 16, 1849. Mrs. B——, aged 44. Was quite well two years before. An enlargement of the abdomen then took place, with pain in the lower part, dyspepsia, and irritability of the bowels. The enlargement has increased much during the last six months, and the feet are swollen, and she has lost strength and flesh; fluctuation extremely distinct: uterus healthy. The mass fills the pelvis in front of the uterus: catamenia very irregular.

Case CXVII.—September 7, 1849. Miss G——, aged 40. About eighteen months ago, began to suffer from leucorrhœa, which led to an examination of the uterus. A small polypus was growing from the orifice; catamenia regular; the polypus was removed by ligature. The health for a time appeared restored, but uneasiness about the hypogastrium induced her surgeon to examine the region, and he detected a considerable hardness and enlargement, like the gravid uterus—it has since slowly enlarged. There is now a large, hard, immoveable tumour on the left side of the hypogastrium, not fluctuating. There is a small, hard, moveable tumour on the right side, in all probability ovarian. A great part of the pelvis filled up with the lower portion of these masses. Os uteri felt with great difficulty on the right side.

Case CXVIII.—November, 1849. Miss B——, aged 50. Catamenia ceased at 48. Two years ago, enlargement first perceived in the lower part of the abdomen, with frequent desire to pass the urine; rheumatic and gouty: bleedings at the nose: cramps in the legs. A large mass of ovarian cysts and solid substance occupied the whole hypogastrium

and a part of the pelvis, increasing slowly, and without much pain or constitutional disturbance.

Case CXIX.—November 29, 1849. Mrs. K——, aged 50. Married many years, and never pregnant. A large ovarian cyst, or mass of cysts, on the left side: hardness and fluctuation, the distension now becoming very distressing: legs swell. Eleven pints of thick, ropy fluid drawn off with great difficulty, and very partial relief. In February, 1850, the abdomen had again become enormously distended: the trochar introduced, but only a small quantity of bloody fluid drawn off. Died soon after.

Case CXX.—February, 1850. Mrs. R——, aged 70. One child in early life, and then sterile. A hard, irregular mass occupying the right side of the hypogastrium; the pelvis filled with a portion of the same, which is growing rapidly. Incessant sickness, obstruction of the bowels, pain, and retention of urine speedily followed, and she died after great suffering.

Case CXXI.—May, 1850. Mrs. L——, aged 45. Has had children—the last, seven years ago. Catamenia regular: general health impaired. Enlargement of the abdomen first observed seven months ago—increasing—and pregnancy suspected. It was a large ovarian tumour.

Case CXXII.—June, 1850. Miss S——, middle age. A large mass of ovarian disease: fluctuation. Tapping repeatedly performed, and the case is now (October, 1851) proceeding rapidly to a fatal termination.

Case CXXIII.—July 11, 1850. Mrs. A——, aged 53. Three years ago, saw this patient with a large mass of ovarian cysts, adhering all round: fluctuation. Leeches, fomentations, gentle cathartics, diuretics, light diet, and very great quiet were recommended, and the disease has made little progress.

Case CXXIV.—July, 1850. Lady F——, aged 50. Has long been suffering from an immense distension of the abdomen, from a mass of ovarian cysts and solid substance adhering extensively. Fluctuation in some parts, and hardness in others. At different times, the disease has threatened to assume an active and destructive form. The same treatment as in the last case was attended with the happiest results, during the remainder of 1850 and 1851. In the month of June, 1852, great distension of the abdomen took place, and the disease proved fatal. Tapping not

performed. I saw this patient with Dr. Gardiner and Dr. Bright.

Case CXXV.—July 11, 1850. Miss H——, aged 42. There are several hard, moveable tumours in the lower part of the abdomen, adhering to a large diseased mass in the brim of the pelvis. Internally, on an examination being made, it was ascertained that the hollow of the sacrum was filled up with the lower portion of this tumour, which adhered all round to the pelvic viscera. The uterus, in a healthy state, lies in front of the tumour, near the symphysis pubis. The symptoms rendered it certain that this disease had commenced eight or ten years before. There has occasionally been retention of urine. Mr. —— proposed to perform the operation of ovariotomy in this case.—June 28, 1852. The general health is pretty good, and the tumours have not increased in size, and the functions of the bladder have scarcely ever been interrupted since July, 1850.

Case CXXVI.—July 11, 1850. Mrs. S——, aged 32. Married three years. Regular every month, till the end of April,—catamenia then ceased. A month ago, felt an enlargement on the left side of the hypogastrium: it has increased, and a week ago became very painful. A tumour of considerable size, hard and lobulated, occupies the hypogastric region. A large mass in the anterior part of the pelvis. Uterus felt behind—whether impregnated or not, uncertain.—January 1, 1851. Pregnancy existed. Delivery has taken place, and the tumour remains in a quiet state.

Case CXXVII.—July 18, 1850. Mrs. C——, aged 26. Married seven months. Catamenia perfectly regular: good general health. Abdomen began to enlarge one month after her marriage. The swelling for a time almost disappeared, after the employment of active cathartics and diuretics. Now the abdomen is greatly distended, and fluctuation distinct: uterus in the unimpregnated state, and pressed forward, near the symphysis pubis, by a solid mass. The enlargement went on increasing, and I recommended tapping. Dr. Blundell and Mr. Walne saw the patient, and thought the case most favourable for ovariotomy; and Mr. Walne undertook to perform the operation. The patient was removed to his neighbourhood for this purpose; but, after some months had elapsed, Mr. Walne did not

proceed with the operation. Mrs. C—— then consulted Dr. F. Bird, Dr. Roe, and Mr. Holt. In April, an exploratory or tentative incision, four inches long, was made by Dr. F. Bird, through the abdominal parietes, but adhesions existed, and the ovarian cyst could not be removed. Tapping was had recourse to, and the case has since terminated fatally.

Case CXXVIII.—August 2, 1850. Mrs. C——, aged 28. Several miscarriages—the last, five years ago. Difficulty in passing the urine, and pain in the back and hypogastrium for a long time. Uterus healthy: a large, elastic tumour on the right side of the hypogastrium, and partly within the pelvis, behind the uterus.

Case CXXIX.—October 7, 1850. Mrs. W——, aged 36. Married a second time, and never pregnant. Catamenia regular, but profuse: leucorrhœa: sense of bearing down: swelling of feet and ancles. There is a large, hard, irregular tumour in the right iliac region; it occupies the brim, and descends into, the pelvis. The hollow of the sacrum is filled up with a solid tumour, which is not moveable. The os uteri is close to the symphysis pubis, and the cervix and body, as far as can be ascertained, healthy.

Case CXXX.—November, 1850. Mrs. C——, aged 26. Married nine years, and never pregnant. A tumour on each side of the lower part of the abdomen, first observed about a year ago. Not painful, and not increasing. Catamenia regular.

Case CXXXI.—November 14, 1850. Mrs. T——, aged 24. Married in June, 1849, and two months after, perceived a swelling in the left iliac region. It gradually increased, but afterwards diminished while taking the iodide of potassium. Became pregnant in March, 1850, and soon after, the tumour reappeared. Premature labour took place. It can now be felt on pressing firmly over the hypogastrium, behind the symphysis pubis, and is not large. In the left side of the pelvis, and anteriorly to the uterus, there is a cyst of considerable size, which adheres to the uterus; it does not interfere with the bladder.

Case CXXXII.—December 23, 1850. Mrs. P——, aged 33. Married ten years: never pregnant. A tumour of small size, first perceived in the lower part of the abdomen, on the right side. It remained stationary for a time, and then began slowly to increase, without pain. The tumour has appeared largest at the monthly periods. A

tumour of considerable size, which fluctuates obscurely, now occupies the left iliac region and the centre of the hypogastrium. It was at first moveable, but it is now fixed. Uterus healthy, pressed back into the hollow of the sacrum. The left side and front of the pelvis occupied by the cyst, which is felt, as stated, to fluctuate obscurely above the brim.

Case CXXXIII.—1851. Mrs. F——, aged 32: never pregnant. Four years ago, health declined without any obvious cause. Two years and a half, treated homœopathically. There is now considerable swelling of the whole abdomen—a dull sound, and obsure fluctuation, below the navel; on pressing the fingers deeply, a hard, irregular, and lobulated mass felt, which adheres on the right side. Ovariotomy was proposed by ——, and the patient had given her consent: the operation not attempted. Died, after being repeatedly tapped, in July, 1851.

Case CXXXIV.—1851. Mrs. L——, aged 40. Fourteen years ago, had all the symptoms of pregnancy, but they disappeared. An examination made some time ago, and the uterus felt enlarged—this believed to arise from a fibrous tumour in the walls of the uterus. Iodide of potassium was taken for a long time, and the enlargement diminished, according to the report; and twelve months after, she was delivered of a living child; three years after, again delivered. Has had no child for nine years. Six weeks ago, sent to her medical attendant to inform him that she was again pregnant; but the catamenia were regular, and on examining, a large round tumour was felt behind the uterus, which was healthy. I made an examination, and felt this tumour between the uterus and rectum, not very large, and which I had no doubt was an ovarian cyst.

Case CXXXV.—March 3, 1851. Mrs. R——, aged 60. Married ten years. Six years ago suffered from symptoms of enteritis; enlargement of the abdomen, and fluctuation followed. Tapped twelve months ago, with relief. The abdomen again immensely distended, hard and irregular in some parts, and fluctuating in others. A large mass of ovarian cysts adhering universally. The trochar introduced, but only a small quantity of thick, viscid fluid escaped.

Case CXXXVI.—Mrs. S——. Sterile: menorrhagia: membrane discharged with pain from the uterus at the monthly periods. A hard irregular tumour now occupies the

brim of the pelvis, and chiefly on the left side. No distinct fluctuation: uterus healthy.

Case CXXXVII.—1851. Mrs. G——, aged 42. Married ten years: never pregnant. Eighteen months after her marriage, it was discovered that there was a tumour connected with the uterus; this has been gradually enlarging. The whole abdomen now enlarged, and tender. Tumour first observed on the right side: fluctuation: uterus healthy.

Case CXXXVIII.—August 6, 1851. Mrs. G——, aged 38. An ovarian tumour discovered after her last confinement, nine months ago—right side: it has not increased during the last eight months.

Case CXXXIX.—1851. Mrs. M——, aged 35. Supposed to be pregnant, and in labour two days. The symptoms produced by a great mass of ovarian cysts and solid substance, slowly increasing. Uterus enlarged.

Case CXL.—Sarah S——. Unmarried. Has not enjoyed good health for several years. Six years ago, perceived a swelling in the abdomen, which remained stationary till two months since, when it began to increase, and became painful; it is now a large, hard, irregular mass, occupying the whole hypogastrium: fluctuation indistinct: hymen entire.

Case CXLI.—September 22, 1851. Mrs. P——, aged 45; has been tapped six times. A great mass of ovarian disease in the abdomen. Commenced apparently two years ago.

Case CXLII.—September 24, 1851. Mrs. C——, aged 43, perceived a tumour in the hypogastrium eleven years ago, during her first and only pregnancy. It long continued stationary; but during the last year it has become tender, and has increased. It now forms a large lobulated tumour, both in the cavity of the pelvis and above the brim, adhering on the right side to the parts around.

Case CXLIII.—1851. Miss G——, aged 64. Left ovarium affected with dropsy—tapped five times—duration of the disease about three years.

Case CXLIV.—1850. Mrs. D——, aged 35. Married many years. Sterile. After repeated tapping died exhausted.

Case CXLV.—1851. Mrs. P——. Married four years, and never pregnant. Abdomen began to enlarge soon after marriage: catamenia regular: has suffered much from pain in the lower part of the abdomen: sense of bearing down, and irritation of the bladder: an irregular hard mass occupies the brim of the pelvis on the left side: os and cervix

uteri healthy; but behind and on the left side adhering to it is a large tumour, which I have no doubt is the left ovarium.

Case CXLVI.—September, 1851. Anne D——, aged 29. Unmarried. Catamenia regular, rather profuse: general indisposition for a long time: dyspepsia. About two weeks ago, first perceived a small "lump" at the bottom of the stomach, on the right side. The whole of the right side of the abdomen is now occupied with a hard irregular tumour—not fluctuating. The tumour is rapidly increasing.

Case CXLVII.—September, 1851. Mrs. T——, Rugby, aged 44. Hysterical in early life; married twenty-two years; sterile; ill health for two years, but not seriously ill till nine months ago; great pain in the left side of the abdomen, where there is a hardness and enlargement, and obscure fluctuation: dull sound on percussion. The enlargement, she says, increases and goes down again. Was extremely nervous, and a complete examination not allowed. A large, hard tumour occupying the anterior part of the pelvis. She now states that she was sensible of this enlargement eighteen months ago. Condition of the uterus and interior of the pelvis not allowed to be ascertained. Tongue clean: dyspepsia: dysmenorrhœa: catamenia profuse.

Case CXLVIII.—1851. Mrs. L——, aged 46. Married twenty months—one child, now three months old. After violent pain, three years ago, a lump the size of an egg formed in the left side of the abdomen; the tumour increased in size during the pregnancy. There is now a large mass of ovarian cysts felt on the left side of the hypogastrium. No part of the tumour felt within the cavity of the pelvis. Uterus healthy, and not displaced.

Case CXLIX.—October 3, 1851. I saw an unmarried lady, aged 53, about whom her medical attendant, ten years before, had expressed a suspicion that there was some disease about the uterus, but he was not permitted to make an examination. She went on looking pale and sallow, dyspeptic and out of health, without any specific complaint. The symptoms having become aggravated, with sense of weight and bearing down, the abdomen was examined fourteen days before, and found to be distended with a large mass of ovarian cysts and solid substance: uterus healthy.

Case CL.—October 7, 1851. Mrs. S——, aged 76; six children. Has suffered from irritability of the stomach and

bowels during two years, and distension of the abdomen. A "lump" was perceived in the right side soon after this. She consulted two eminent practitioners, who said the enlargement arose from flatulence. Abdomen gradually enlarging, now hard in some parts, and fluctuating in others: swelling of the external parts: a small polypus hanging through the os uteri: uterus in other respects healthy.

Case CLI.—October 7, 1851. Mrs. W——, aged 40. Married sixteen years—six children—now a widow. Catamenia regular. The abdomen unusually large eight years ago, after the birth of her last child. During the last three months, the enlargement has rapidly increased, especially in the right side, where there is a hard mass felt: distinct fluctuation in other parts: feet and ancles swollen: thirsty and feverish: dyspnœa: urine scanty: frequent desire to pass it: os uteri healthy, and high up in the pelvis: no part of the cyst or tumour felt within the pelvis. "I fear ovarian disease," said her medical attendant; "is it a fit case for removal; what would you do?" I did not consider it a fit case for ovariotomy.

Case CLII.—October, 1851. Miss H——, aged 35. Profuse menstruation and indisposition, four months ago, led to an examination of the uterus, and the pelvis was found to be blocked up with a large tumour, the upper part of which was felt in the iliac region, adhering all round. The os and cervix uteri in a healthy state, near the symphysis pubis. There are frequent attacks of violent plunging and gnawing pain within the pelvis. General health greatly impaired.

Case CLIII.—October 10, 1851. Mrs. S——, aged 50. Only one child, twenty-seven years ago; catamenia ceased ten years since. Two years ago, first perceived an enlargement of the lower part of the abdomen, on the right side, and then on the left; it increased, at first slowly, but rapidly during the last few months, and now the whole abdomen is distended, irregular, and hard in different parts—fluctuation in others: anterior wall of vagina and os uteri swollen: procedentia uteri: no part of the pelvis occupied with the mass.

Case CLIV.—October 11, 1851. Mrs. C——, aged 42. Six children, the youngest ten years old; afterwards, two miscarriages. Three years ago, a swelling the size of an egg appeared in the left groin. A year after, a swelling and

hardness were perceived on the right side, and the whole abdomen gradually became enlarged, and during the last three months it has increased rapidly; fluctuation is now distinct all over the abdomen, and no defined hardness felt anywhere: os uteri open, and situated behind the symphysis pubis: cervix obliterated, as in pregnancy: posterior wall of vagina descends so as to protrude externally: pelvis not filled behind or before with the mass above the brim: catamenia ceased in April, which, with morning sickness, led her to believe that she was pregnant. Fourteen days ago, the catamenia returned, and continued to flow six days. The medical attendant of the family, Mr. Gibson, of Holborn, was consulted two years ago; he recognised the nature of the disease, and iodine was given largely, but without any benefit: emaciation, debility, and unfitness for exertion followed its employment; since it was given up her strength has returned: dyspepsia preceded the abdominal swelling. Hydragogue cathartics were recommended in this case, and Mr. Gibson gave twice a week the following mixture—℞ pulv. jalap co. ʒss, bitartrate potass ʒiii. On the 11th December, Mr. Gibson informed me that the condition of the patient was greatly improved. There was a great reduction of the size of the abdomen; the tumour was not only reduced in size, but more flaccid. Hydragogue cathartics were the remedies chiefly employed with so much effect—large doses of jalap, and supertartrate of potash.

Case CLV.—October 8, 1851. Mrs. H——, aged 41. Married fifteen years; one child and three miscarriages; now a widow; for some years afflicted with menorrhagia to a great extent. Twelve months ago, the interior of the pelvis was examined, and a large soft tumour ascertained to exist within it; this has increased, and now adheres to the uterus, and all round to the pelvis, occupying the brim of the pelvis and left iliac region: no fluctuation: legs swollen: constitution greatly weakened.

Case CLVI.—October 11, 1851. Mrs. E——, aged 35. Married eight years; six children. Seven years ago, was thrown violently from a chaise against a wall; a lumbar abscess followed, from which she recovered in eighteen months. Was safely delivered three months ago, and went on well till twelve days since, when an attack of peritonitis was experienced, which was subdued by leeches, calomel, and opium. Mr. Balderson then saw the patient, and dis-

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covered in the left iliac region a soft tumour, as large as the head of a child, which he believed to be an ovarian cyst. On examining this, we found in it a distinct fluctuation. The cyst occupied a considerable part of the brim and cavity of the pelvis; it could not be pressed out of the left iliac fossa. The uterus was healthy. The sister of this patient had died at the age of 35, of ovarian dropsy, after having been repeatedly tapped by Mr. Aston Key.

Case CLVII.—December 4, 1851. Mrs. B——, aged 36. Four children, the youngest two years old. Eighteen months ago, a constant coloured discharge took place from the vagina, with uneasiness about the pelvis. Dr. Richards, with whom I saw this case, was fully aware of the existence of a tumour about the uterus. In the centre of the hypogastrium a defined hard tumour of considerable size was felt; this could be traced through the brim of the pelvis, and could be felt internally in the front and on the left side of the uterus, adhering to the body of the uterus. The os uteri was swollen and open; behind, the body of the uterus was not felt enlarged. With the finger of the right hand pressed internally against the tumour in the pelvis, and the fingers of the left hand over the tumour in the hypogastrium, I felt an obscure fluctuation in the mass; this, and other circumstances, led me to believe that it was an ovarian cyst. Rest, leeches, hydriodate of potash, and other remedies, had been employed by Dr. Richards, and the tumour had rather increased than diminished, but caused less irritation.

Case CLVIII.—On the 9th December, 1851, with Mr. Cort, I saw a lady aged 33, who had only one child, and ten years old. The abdomen had been gradually increasing during twelve months, and was as large as at the full period of pregnancy. There was a hard mass felt on the right, and another on the left side of the hypogastrium, and a distinct fluctuation over the greater part of the abdomen. The swelling had not at first been perceived on either side. Uterus in the unimpregnated state: orifice open, so as to admit the finger: lips swollen: no part of the pelvis occupied with the tumours, which there could be little doubt were ovarian cysts. The abdomen was examined when the patient lay upon her sides, and I had no doubt, from immobility of the mass, that it adhered extensively to the parts around. The umbilicus protruded, as in most of the cases previously de-

sailed. Mr. Cort stated, that some months before, there had been a severe attack of peritonitis, requiring leeches, calomel, opium, and other remedies. This patient had been twice seen by ——, who said "the defined border of the cyst could be felt in the epigastrium. This case will ultimately become a case for operation." I examined with the utmost care, but could not perceive it; the clear sound of the colon could be heard all round, but no definite border. There was a dull sound over the whole abdomen, as high or higher than the umbilicus; a hardness, as stated, on each side; a clear sound all round along the course of the colon. Cathartics, diuretics, and rest were chiefly recommended.

Case CLIX.—On the 20th December, 1851, I saw Mrs. RR——, a lady aged 50, in whom a swelling of the right side of the abdomen had taken place, or was first noticed four months before, in consequence of her sister remarking some difference in her size. It had been preceded by a sense of uneasiness and fullness, which were attributed to flatulence. She was in perfect health four months ago; before that time, a discharge had taken place from the vagina. I examined the abdomen, and felt a considerable enlargement, with distinct fluctuation and unusual hardness in different parts—not moveable. The fullness was perceived at first distinctly on the right side. Bowels have been kept open, and the urine has increased in quantity since she took iodine, liquor potassæ, and sarsaparilla, with slight alteratives. Size of abdomen has considerably diminished; but she feels at times larger than others. The abdomen has sometimes been tympanitic, for which she has worn an abdominal bandage.

Case CLX.—On the 13th December, 1851, I was requested by Mr. Robert Woolaston to see Mrs. H——, aged 40, the mother of one child, and who had repeatedly miscarried. The catamenia had not appeared for four months, and all the ordinary symptoms of pregnancy had been present during that period. Several rather profuse discharges of blood had taken place from the vagina. There was a large, hard, irregular tumour, exquisitely painful, occupying the left iliac fossa and brim of the pelvis, and adhering to the parts around; the os and cervix rather hard, and slightly open—not soft and tumid, as during pregnancy; the finger could be introduced, but nothing like an ovum was felt within the uterus. In front, behind, and on the left side,

there was a considerable enlargement, and much tenderness. My impression was, that the tumour was not the gravid uterus, but something exterior to it: pulse rapid and feeble: constant vomiting. The object was to subdue the inflammation, whatever the tumour might be. Eighteen leeches were re-applied, and calomel and Dover's powder exhibited. On the 16th, there was great tenderness of the abdomen: the vomiting continued: pulse rapid: nothing had come away from the uterus. The opinion given was: "Pregnancy does not exist; and the enlargement is produced by an ovarian tumour of rapid growth." The leeches were repeated, and other remedies; but the case, as we anticipated, terminated fatally. Mr. Woolaston made a post mortem examination, and states, 1st July, 1852, that he found "most extensive peritoneal inflammation, with two or three pints of fluid and lymph effused; and fungoid disease in the fundus of the uterus, both on the mucous membrane and in the very walls of the uterus, and of the left ovary. On laying open the uterus, which was unimpregnated, and rather larger than the ordinary size, the whole of the mucous membrane was found highly vascular; small tubercles, resembling a mass, and of the size of a large raspberry, protruded from the surface of the fundus, and imbedded in its substance. The left ovary resembled a pulpy mulberry; the ligamentum latum and corpus fimbriatum were sphacelated. The body of the uterus was extremely soft, its outer coat extensively inflamed, and coated with lymph."

Case CLXI.—On the 20th January, 1852, I was requested by Mr. Harding, of Mylne-street, Pentonville, to see a patient aged 35, who had been married in May, 1851. She had enjoyed good health before, and was well during the summer. Menstruation had taken place last about the end of August. Soon after, it was believed that pregnancy had taken place. In November this patient was suffering from a severe cold, and Mr. Harding was called to see her. On passing the hand over the abdomen, he felt a tumour in the right side of the hypogastrium. This has increased without occasioning much uneasiness; and another small, hard, moveable tumour has since appeared on the left side.

On the 20th January I saw this patient with Mr. Harding. The areolæ were dark: glands enlarged. There was a large, hard, irregular tumour on the right side of the ab-

abdomen, fixed to the brim of the pelvis, and felt backward between the ilium and the short ribs. In this tumour there is an obscure fluctuation felt; there is a small, hard, moveable tumour on the left side. The gravid uterus is felt in the centre of the hypogastrium; the placental souffle is heard, but not the fœtal heart. I made an internal examination, and ascertained that the uterus was gravid, and that no part of the interior of the pelvis was occupied by these tumours. The distension produced by these tumours and the gravid uterus was not distressing to the patient. We saw no necessity for interrupting the pregnancy by inducing premature labour. It was agreed that the case should be carefully watched. No unfavourable symptoms occurred; and Mr. Harding has informed me that the labour was natural and the recovery favourable.

CASE CLXII.—January 27, 1852. Mr. D—— requested me to see Mrs. ——, aged 35; married twelve years, and has no child. I was informed that M—— had seen this patient, and declared her to be pregnant. Made no internal examination. An ovarian cyst and tumour on the left side; fluctuation: uterus unimpregnated.

CASE CLXIII.—February 1, 1852. Mrs. W——, aged 36. A month before this, Mr. R—— had been called to see her; she was in great pain, increased by pressure, in the region of the liver, with general tenderness of abdomen; skin yellow: intense pain in both lumbar regions: frequent vomiting: fever. Leeches, fomentation, calomel, and opium were employed. Monday, the following day, as the symptoms were not relieved, the leeches were re-applied with good effect. Thursday, Dr. —— was called to see her, with Mr. ——. He recommended the treatment to be followed up. He said it was enlarged liver. He expressed no suspicion that disease of the ovary existed. He directed the abdomen to be rubbed with liniment hydrarg. night and morning. This was done for a week, without any improvement. Dr. —— then saw her. He said the liver was larger than natural, but that he had no doubt there was disease of the right ovarium. He prescribed as follows:—

℞ Potass. iodid..... ʒij.
Linim. sapon. ..... ℥iij.
Abdomini.

℞ Potass. iodid. ..... gr. iij.
Acid hydro. (Scheele) ..... m. j.
Potass. bicarb. ..... gr. x.
Tinct. aurant. ..... ʒj.
Syrup aurant. ..... ʒj.
Aqua cinamom. ..... ʒx.

M., fit haustus, ter die.

January 21.

I found the abdomen greatly distended, and fluctuating; irregular hardness on the sides of the abdomen.

June.—Abdomen not increased in size.

Case CLXIV.—March 8, 1852. About eighteen months ago, saw Mrs. H——, aged 42 or 43, with Dr. Cahill. General health has since been good, but the enlargement has increased. Has suffered little uneasiness about the abdomen: catamenia profuse: no swelling of feet or ancles: tongue clean: dyspepsia. Saw Dr. —— after I saw her, and he said there was no tumour at all. He prescribed—

℞ Pilul. galban. co. ..... ʒss.
Pilul. rhei co. ..... ℈ss.
Zinc sulph. ..... gr. vi.
Ferri sulphat. ..... gr. ix.

Divide in pilulas xii.; sumat i., ter die.

August 16, 1850.—These have been taken almost habitually ever since March, 1852. Abdomen much larger.

Case CLXV.—April 20, 1852. Mrs. H——, aged 52. Six years ago, seized with retention of urine; catheter employed occasionally during two years; catamenia had been profuse before this affection of the bladder occurred.

On the 30th July, 1851, Dr. N. Arnott prescribed—

℞ Liquor potass. ..... ʒj.
Tinct. gentian. co. ..... ʒx.
Tinct. hyoscy. ..... ʒj.

A teaspoonful to be taken twice a day.

℞ Potass. iodid. ..... gr. xii.
Aqua distill. ..... ℥jss.

M., sumat coch. parvum in haustu aquæ, omni meridie.

℞ Extract taraxac. ..... gr. xxiv.
Pilul. hyd. ..... gr. iv.
Ext. hyoscy. ..... gr. xii.
Pulv. rhei ..... gr. xii.

Et misce in pillulas xii. duodenda, sumat unam hora somni.

April 3, 1851.

Examination.—A hard and irregular tumour in the left side of the hypogastrium, adhering to the parts at the brim of the pelvis—occasionally a little tender: os uteri healthy: immediately behind the symphysis the hollow of the sacrum occupied with a large hard mass, not much connected with the uterus—not hard: no fluctuation perceptible. Bowels to be kept regularly open—light diet—no great exertion in walking or driving.

Case CLXVI.—May 11, 1852. Mrs. B——, aged 43. Some years married; never pregnant. A patient of Mr. Stillwell, Uxbridge. Catamenia regular till the last few months. Has been ailing during fourteen months: weakness in the back, and sense of bearing down: no swelling nor hardness of the hypogastrium: the os uteri, in a healthy condition, is immediately behind the symphysis pubis, and near the orifice of the vagina. Behind the uterus, and attached to it, are two distinct hard tumours; that on the left side, the size of a small apple, adheres to the uterus; on the right side there is another moveable tumour, not more than half the size of the other; these tumours do not feel to be connected together. I thought it most probable that they were ovarian tumours. The symptoms and state of the uterus would probably have been different if they had been fibrous tumours.

Case CLXVII.—May 12, 1852. Mrs. C——, aged 30. Married two years and eight months, and never pregnant. Was quite well till the 29th of May, 1851, when symptoms were observed which led her to suppose that she was pregnant; the catamenia had been regular up to that time, then suddenly ceased. In July, a slight show. In September, a considerable discharge occurred, with coagula, and it was believed abortion was threatened. On the 9th November, thought she had quickened, and it was calculated that she would be confined about the end of March. During the whole of that period continued to increase in size. Towards the end of January, was seized with violent pains of a spas-

modic character in the abdomen, and at the same time an inability to pass the urine, and the catheter was required. The enlargement was first observed in the right side of the abdomen. The belly is now much enlarged, and fluctuation distinct in the lower part, where there is also much irregular hardness. The os uteri, near the symphysis pubis, not impregnated; a large hard mass occupying the brim of the pelvis.

Case CLXVIII.—June 10, 1852. Miss B——, aged 43. Two years ago, after repeated attacks of gastric disorder, perceived an enlargement on the left side of the hypogastrium. This was three months after the catamenia had ceased. Had been treated homœopathically; is thinner than usual: swelling of the legs: a large, hard tumour exists on the left side, extending above the umbilicus, and stretching across to the right side—is generally adherent. I made an internal examination, but could not feel the os uteri. The whole pelvis, almost to the outlet, occupied with a solid mass firmly adhering all round. The question was put to me, Whether the tumour is truly ovarian, and whether adherent or not? My answer was, The tumour is firmly adherent, not only within the pelvis, but in the abdomen; and it is of no consequence whether the tumour be ovarian or uterine.

Case CLXIX.—June 11, 1852. Mrs. L——, aged 40. Married thirteen years, and never pregnant. There is a large ovarian tumour in the right iliac region, in which an obscure fluctuation is felt. The cavity of the pelvis is partially filled up with this mass, which adheres universally to the parts around. I had seen this patient in 1849, and had recommended great quiet, the frequent use of hydragogue cathartics and diuretics, and the occasional application of leeches to the hypogastrium. In the course of three years the ovarian disease had increased, but very slowly.

Case CLXX.—July 3, 1852. Mrs. D——, aged 47. Married five years, and never pregnant. Sterility existed in many of the cases already recorded. About two years ago, without any local pain or general indisposition, accidentally perceived a moveable tumour in the left iliac region, which for a time was supposed by her medical attendant to be the gravid uterus. In some months it became obvious that pregnancy did not exist, and iodine was prescribed, which produced great depression of strength and spirits. The abdomen is now greatly enlarged, hard in some parts, and

fluctuating in others. A great part of the interior of the pelvis is blocked up with the mass. The feet and legs have become œdematous, and there is drowsiness during the day. Depletion by leeches, and active purgatives and diuretics, were recommended.

In this and several other cases in this report, ovarian cysts and tumours were distinguished with difficulty from pregnancy. If in pregnancy the fœtus has died from any cause, auscultation affords no assistance: the movements of the fœtus cannot be felt; and there is sometimes a striking resemblance observed between the form of the gravid uterus, and a mass of ovarian cysts and solid substance. The umbilicus protrudes in both, and a dull sound is emitted on percussion. Fluctuation, more or less distinct, is usually felt in some part of the abdomen, when enlarged from ovarian disease; but this also may be present in cases of pregnancy, complicated with dropsy of the amnion. The condition of the mammæ does not satisfactorily indicate, in many cases, the nature of the swelling, and it is only by a careful examination of the lower part of the uterus, internally, that we can positively determine whether in any case the symptoms depend upon pregnancy or upon some ovarian disease. If the lips of the os uteri be soft and thick, the cervix shortened, the body expanded, and the fœtus, whether alive or dead, be felt floating in the liquor amnii, or the ballotement perceived, a positive opinion may be formed. If the uterus be unimpregnated, drawn up, and turned to one side, or pressed forward, backward, or downward, and the cavity of the pelvis be filled, more or less completely, with a mass which can be felt occupying the brim, and more or less of the abdominal cavity, hard, or soft and irregular in some portions, with fluctuation in others, we may conclude that the disease is ovarian. A careful inquiry into the history of each case, and especially of the order in which the symptoms were observed—the cessation or continuance of the catamenia—the state of the mammæ—the time when the swelling of the abdomen was first observed—the character of the swelling—the result of auscultation and percussion—and above all, a careful examination of the os cervix and body of the uterus, will in almost all cases prevent the commission of any serious error in the diagnosis of pregnancy and ovarian disease. Where pregnancy is complicated with enlargement of the ovaria, two distinct tumours

are usually felt in the abdomen, and more or less suffering from distension is usually experienced, even at an early period. If auscultation be employed, the pulsation of the heart of the fœtus, if alive, will be heard, and likewise the placental sound; and if the gravid uterus be firmly pressed upon with the points of the fingers, the movements of the fœtus will often be felt. But it is chiefly by an internal examination that the positive existence of pregnancy in such complicated cases can be determined. In cases of extra uterine conception, if the fœtus be dead, great doubt will often remain as to the cause of the enlargement.

In one, at least, of the foregoing cases, ascites existed, when the enlargement was supposed to depend upon the presence of a large ovarian cyst. In ascites, it is stated by systematic writers that the enlargement is uniform and symmetrical when the patient lies upon the back, and that the flanks bulge outwards, from the weight and lateral pressure of the fluid. If the fingers are pressed in a direction perpendicular to the surface, a sensation of the displacement of liquid is communicated. A dull sound is heard, in the lower part of the abdomen, and a clear sound above; there is constitutional disorder, a sallow complexion, debility, emaciation, and some visceral disease. To these diagnostic symptoms it may be added, that the fluctuation is usually very distinct in ascites, and that the irregular hardness felt in various parts of the abdomen, when enlarged with ovarian cysts and tumours, are wanting, and that the cavity of the pelvis contains nothing but the healthy viscera. In a large proportion of cases of ovarian dropsy, if the early history be known, it will be found that the tumour is first perceived on one side of the hypogastrium, or in one of the iliac fossæ, and is hard and moveable. During the last stage of the disease, the whole abdomen is distended as in ascites, the fluctuation is nearly as distinct, and the irregular hard masses cannot be felt. Not unfrequently, in the progress of ovarian disease, effusion takes place into the sac of the peritoneum, and the quantity of ascitic fluid is as great as that contained in the ovarian cysts. I have seen several cases, in which the most acute and experienced physicians have been at a loss to determine, after the most rigid investigation, whether the enlargement of the abdomen arose from ascites or encysted dropsy; and the truth was not positively known till the operation

of tapping was performed. It is said that on one occasion Mr. John Hunter tapped a urinary bladder, and in a recent case of retroversion of the gravid uterus, the distended urinary bladder was not tapped, but the nature of the enlargement was not ascertained till after death, when it was found that the bladder had burst, and the urine escaped into the peritoneal sac.

It appears from the foregoing cases, that tuberculated disease of the peritoneum, disease of the kidneys, and abdominal tumours of various kinds, have been mistaken for ovarian diseases. I have seen the same error committed in cases of hysterical tympanitis, and large deposits of adipose matter in the omentum, and abdominal parietes. Such mistakes would not have been made, if percussion had been carefully employed, and the interior of the pelvis explored. The diagnosis of fibrous tumours of the uterus, and ovarian cysts, can be drawn with sufficient accuracy for all practical purposes, without the employment of that useless and dangerous instrument called the uterine sound or poker. I have seen this weapon on various occasions employed by those who are accustomed to its frequent use, and I never, in a single instance, observed any information derived from it, and on several occasions it has led to the commission of gross errors. After having been introduced into the cavity of the uterus, and attempts made to dislocate the organ, or force it out of the cavity above the brim of the pelvis, the efforts have been ineffectual, and the instrument has been withdrawn covered with blood. On more than one of these occasions, I had no doubt that the point of the metallic probe had wounded the coats of the uterus.

The following Analysis of 162 Cases of Ovariotomy, from volume xxxiv. of the Medico-Chirurgical Transactions, will furnish data to enable us to determine whether it would not contribute equally to the interests of humanity, and the honour of British Surgery, if this operation, which was facetiously termed belly-ripping by Robert Liston, were wholly abandoned.

AN ANALYSIS OF

162 CASES OF OVARIOTOMY,

WHICH HAVE OCCURRED IN

GREAT BRITAIN.

Dr. Nathan Smith, professor of physic and surgery in Yale College, Connecticut, published, in the Edinburgh Medical and Surgical Journal for 1822, the history of a "Case of Ovarian Dropsy, successfully removed by a Surgical Operation." There was a large tumour in the right side of the abdomen, which was moveable to a considerable extent, and in which a distinct fluctuation could be perceived. "The patient being placed on a bed," observes Dr. Smith, "with her head and shoulders somewhat raised, an assistant pushed up the tumour to the middle of the abdomen, and held it there. I then commenced an incision about an inch below the umbilicus, directly in the linea alba, and extended it downwards three inches. I carried it down to the peritoneum, and there stopped till the blood had ceased to flow, which it soon did. The peritoneum was then divided the whole extent of the external incision. The tumour, now exposed to view, was punctured; a canula was introduced, and seven pints of a dark-coloured ropy fluid were discharged into a vessel. About one pint was lost, so that the whole was about eight pounds. Previous to puncturing the tumour, by introducing the finger by the side of it I ascertained that it adhered for some extent to the parietes of the abdomen, on the right side, between the spine of the ilium and the false ribs. After evacuating the fluid, I drew out the sac, which brought out with it, and adhering to it, a considerable portion of omentum. This was separated from the sac by the knife; and

two arteries, which we feared might bleed, were tied with leather ligatures, and the omentum was returned. By continuing to pull out the sac, the ovarian ligament was brought out; it was cut off; two small arteries were secured as before, and the ligament returned. I then endeavoured to separate the sac from its adhesions to the parietes of the abdomen, which occupied a space about two inches square. This was effected by a slight touch of the knife, at the anterior part of the adhesion, and by the use of the fingers. The sac then came out whole, excepting where the puncture had been made, and I should think it might weigh between two and four ounces. The incision was then closed with adhesive plaster, and a bandage applied round the abdomen. No unfavourable symptoms occurred after the operation. In three weeks the patient was able to sit up and walk, and since has perfectly recovered."

This operation, similar in the first stage to the Cæsarean section, but much less formidable, was undertaken by Professor Smith, from the following considerations:—"The patient, although her health was not greatly injured, was sensibly affected by the disease. She was quite certain that the increase of the tumour in a given time was augmented, and probably, at no distant time would destroy her. I had also an opportunity to dissect the body of a patient who had died of ovarian dropsy, after having been tapped seven times. In this case, the sac was found to be the right ovarium, which filled the whole abdomen, but adhered to no part, except the proper ligament, which was not larger than the finger. I have seen two other ovarian sacs which were taken from patients after death; they had been tapped several times, and the sacs were equally unattached, except to their own ligaments. Thence I inferred, that in a case of ovarian dropsy, while the tumour remained moveable, it might be removed with a prospect of success; and the event has justified my expectations. The mode of operating in the above case has been described in several of my last courses of 'Lectures on Surgery.'"

In the following year, 1823, Mr. John Lizars, of Edinburgh, made a long incision through the abdominal parietes of a woman, aged 27, who, in the opinion of some of the most experienced physicians in that city, was afflicted with ovarian disease; but the symptoms were produced by obe-

sity and distension of the intestines, and there was no ovarian cyst or tumour found present to remove, on laying open the abdomen. This patient did not die from the operation. In 1825, Mr. Lizars removed an enlarged ovarium by a long incision from another patient. Some hæmorrhage followed the operation. The other ovarium was diseased, and was not removed. In 1825, Mr. Lizars operated in another case, and the results were fatal. In 1826, Mr. Lizars repeated the operation, but he encountered a vascular tumour which could not be removed. In 1826, Dr. Granville made an incision of nine inches and a half through the abdominal parietes of a woman who had an ovarian cyst; but the adhesions were so strong, that the operation was abandoned. In 1827, Dr. Granville repeated the operation, but there was no ovarian tumour to remove. Some time after this, it was proposed again to perform the operation; but the consent of the patient could not be obtained, and she died some years after, under the care of Dr. Scott, of Stratton-street. Both ovaria were sound; and the enlargement arose from a great vascular tumour imbedded in the walls of the uterus. The preparation of the uterus and tumour is in the Museum of St. George's Hospital.

The difficulty, or rather the impossibility, of determining whether ovarian cysts and tumours were present in these cases, and whether, when they actually existed, their extirpation was practicable, were strikingly illustrated by these operations; and during six years after their performance, ovariotomy was almost wholly abandoned in this country. In 1833, the operation, as performed by Dr. N. Smith, was revived by Mr. Jeaffreson, of Framlingham, who made an incision one inch and a half to two inches, between the umbilicus and pubes, through the abdominal parietes of a patient, exposed an ovarian cyst, which had no adhesions, and after emptying the cyst by tapping, drew it out, tied and excised the root. During the last twenty-seven years the operation of ovariotomy has been attempted or performed more than 130 times in Great Britain. Of 108 cases I have obtained authentic reports, and now beg leave to present an Analysis of these to the Royal Medical and Chirurgical Society. In about one third of these cases there was either no ovarian cyst or tumour to remove, or there were present ovarian cysts and tumours the removal

of which was found to be impracticable. It is demonstrated by the following Analysis of 108 Cases of Ovariotomy, that in about one third of the whole number, before an opening had been made into the sac of the peritoneum, it was impossible to determine whether any ovarian disease actually existed; or whether, when ovarian cysts and tumours were present, it was possible to extirpate them by a surgical operation.

Postscript.

Since the preceding paper was presented to the Society, details more or less complete have been obtained, of 54 additional cases of ovariotomy which have occurred in Great Britain. An Analysis of these has been appended to the table, making, in all, 162 cases in which the operation has been undertaken. In 60 the ovarian disease could not be removed; 19 of these proved fatal. Of the remaining 102 cases, in which the operation was completed, 42 terminated fatally. The present condition of the 60 patients who recovered is very imperfectly known.

Analysis of 162 *Cases of Ovariotomy which have occurred in Great Britain.*

No.	Date.	Age.	History of the Symptoms and Treatment.	Operator.	Ovarian disease removed or not.	Result.
1	1823, Oct. 24.	27	Enlargement commenced 1815; long incision; no ovarian cyst or tumour; the enlargement produced by obesity and distension of the intestines. (Observations on Extraction of Diseased Ovaria; J. Lizars, Esq. Edin., 1825.)	J. Lizars, Esq.	No ovarian disease to be removed.	Recovered from the operation.
2	1825, Feb. 27.	36	One enlarged ovarium removed by a long incision; the other ovarium diseased and not removed. Some hæmorrhage followed the operation. The ligature had not come away when the history of the case was published. (Ibid.)	Ditto	Removed: other ovarium diseased not removed.	Recovered from the operation.
3	1825, Mar. 22.	25	Ovarian tumour seven pounds, adhering to the brim of the pelvis, colon, and abdominal walls, which were partly overcome by dissection, tension, and the handle of the scalpel; incision from sternum to symphysis pubis. Gangrene of the intestine followed. (Ibid.)	Ditto	Removed.	Died.
4	1825.	34	A solid and vascular fibrous tumour of the uterus, adhering to the omentum majus. (This patient died in 1850. Both ovaria were found healthy. This fibrous tumour adhered to the fundus uteri.) (Ibid.)	Ditto	No ovarian disease to be removed.	Recovered from the operation.
5	.....	...	A case, similar to the first of these, was seen by Dr. Gooch about 1829, in Guy's Hospital. The patient, a young woman, had been in the hospital some time before, for what was considered ovarian dropsy; but purgatives removed the tumour. A few months before I saw her, having a return of the enlargement, she consulted an enterprising surgeon, who assured her that she had a tumour in the ovary, which could be removed only by extirpation; for this purpose he made an incision in the linea alba, six inches long, by which the cavity of the abdomen was exposed. It was then discovered, as in the case at Edinburgh, that there was no tumour, and that the enlargement depended on flatulence and fat; the wound was closed and healed; but the patient's health sustained great injury. (See Dr. Gooch's Account, &c., p. 222.)	Unknown.	No ovarian disease to be removed.	Recovered from the operation.

6	1826.	...	Incision nine inches and a half long; a large ovarian tumour brought to view, which had extensive adhesions, by firm bands, with the adjacent viscera and peritoneal coverings. (Medical Gazette, vol. i., 1842-3, p. 540.)	Dr. Granville.	Not removed.	Recovered from the operation.
7	1826, Mar. 21.	30	Incision nine inches; a tumour, which weighed eight pounds, removed, and supposed to be ovarian. Dr. Lee examined this tumour in the recent state, and ascertained that it was a fibrous tumour, which had adhered to the fundus uteri by a thick peduncle; a portion of small intestine, which had come in contact with this root where incised, became inflamed and gangrenous. The preparation was several years after in the possession of J. North, Esq., but it has not been preserved.	Ditto.	No ovarian disease to be removed.	Died from the operation.
8	1835.	...	November, 1833, a tumour, discovered during the second labour, occupying the entire left half of the pelvis, pressed above the brim of the pelvis, and the labour natural. March 4, 1845, delivered again without assistance; left ovarium dropsical, which afterwards rapidly increased. Incision from ten to twelve lines in the course of the linea alba, between umbilicus and pubes; one cyst, containing twelve pints, and another two ounces. The entire ovary extracted, and its connexions divided; ends of ligature protruded; wound closed with two sutures, adhesive plaster, and lint. On the 10th, incessant vomiting, hiccough; pulse scarcely to be felt. These symptoms subsided. Secretion of milk. The patient recovered; and has since given birth to five healthy children, and is still alive.	W. Jeaffreson, Esq., Framlingham, Suffolk.	Removed.	Recovered from the operation and disease.
9	.....	...	Abdomen distended during three years with solid and fluid matter; two gallons of fluid removed by tapping; operation repeated; the solid part of the mass was large, irregular, and presenting three spherical projections; elastic feel; the disease had made slow progress. An incision about three inches through the parietes, a little above a line drawn across the abdomen from the umbilicus; the fluid escaped, and a portion of omentum: the wound was closed. The tumour, after death, was found to be an enlarged gland, in a fold of the mesentery. (Lancet, vol. i., 1837, p. 586.)	H. C. King, Esq., Saxmundham, Suffolk.	Not removed.	Died a few months after.

No.	Date.	Age.	History of the Symptoms and Treatment.	Operator.	Ovarian disease removed or not.	Result.
10	1834, March.	40	A tumour on the right side, between the superior spine of the ilium and the short ribs, four to five inches long and two or three broad; moveable: health not much deranged. A vertical incision through the parietes and linea semilunaris of seven or eight inches; search made for tumour without success; wound enlarged four inches, in direction of lumbar vertebræ; tumour not discovered; wound closed. Health improved after the operation. (Lancet, vol. i., 1837, p. 587.)	H. C. King, Esq. Saxmundham, Suffolk.	Not removed.	Recovered from the operation.
11	1836.	40	Hannah Cavell, August, 1833. Abdomen enlarging for three years; enlargement, with fluctuation, went on increasing; emaciation; an incision as in the last case; twenty-seven pints of gelatinous fluid removed; opening enlarged to three inches; a large thick cyst and solid tumour extracted; ligature slipped off; three ligatures reapplied; little hæmorrhage. The patient was in good health five months after, and twelve months since. (Ibid., p. 588.)	Ditto.	Removed.	Recovered from the operation
12	1836. Nov. 2.	45	Mrs. Hurrion, of Southborough, mother of three children. Incision, two inches; sac punctured, and twenty pints of fluid drawn off; then drawn out, and its root tied and divided; no adhesions; doing well when the history of the case was published. Present, Dr. Scudamore and Mr. Hargraves. This patient is now alive and well. (See the Tables of Mr. B. Phillips and Mr. S. Lee.)	— West, Esq.	Removed.	Recovered from the operation.
13	.....	23	Miss S—. Small incision; no adhesions; twenty-four pints of fluid removed. (Ibid.)	Ditto.	Removed.	Recovered from the operation.
14	.....	40	Small incision; adhesions; cyst not removed. (Ibid.)	Ditto.	Not removed.	Recovered from the operation.
15	.....	24	Short incisions; cyst tapped before extraction; eleven gallons of fluid removed. (Ibid.)	Ditto.	Removed.	Died.
16	.....	...	The disease had existed more than twenty years; tapping twice. No details of the operation could be obtained. The lady recovered perfectly, and was then in good health. (Lancet, 1839-40, vol. i. p. 287.)	B. C. Crisp, Esq.	Removed.	Recovered from the operation.

17	.....	...	"On discharging the fluid (about five pints of dark grumous matter), the sac was found to be very thickened and adherent, and complicated with tumour, about the size of a child's head at birth. The patient died in about five days; a *post-mortem* was not allowed." (Communicated by Mr. Hargraves, and never previously published.)	T. Hargraves, Esq.	Not removed.	Died.
18	.....	...	"I was also present at an unsuccessful case at Riverhead, where the disease was complicated with tumour. The patient died in less than a week after the operation, although little more was done than the fluid let off, and a slight attempt made to break through the adhesions to the parietes." (Communicated by Mr. Hargraves, and likewise never previously published.)	Ditto.	Not removed.	Died.
19	1840.	21	Unmarried; in good general health. Incision two inches and a half: sac seized with the vulsella; 330 ounces of fluid evacuated; opening enlarged; cyst drawn out; root tied and excised, and sac removed without difficulty. Severe pain followed, with vomiting; and I saw the patient about half an hour afterwards with rapid feeble pulse, and cold extremities. I was present at the examination of the body, when the appearances of recent inflammation were observed within the pelvis, with a small quantity of extravasated blood. St. Marylebone Infirmary. (Med. Gazette, vol. xxvii. p. 83.)	B. Phillips, Esq.	Removed.	Died.
20	1843.	19	E. D—. Fifteen months before, slight increase of abdomen. Perceived pain in right side, with fever; rapid increase; a large tumour occupying the abdomen; on the left side adhesions suspected where the mass was hard; fluctuation on right side. Incision at first four inches below umbilicus; incision extended upwards to the ensiform cartilage. No adhesions. (Guy's Hospital Reports, vol. i. p. 477.)	A. Key, Esq.	Removed.	Died.
21	1843.	32	Married, but never pregnant; cysts and solid tumour; adhesions with cancerous disease of the uterus; long incision; a portion of omentum included in ligature; peritonitis. This and the last case occurred in Guy's Hospital. (Med.-Chir. Trans., vol. xxvii. p. 76.)	B. Cooper, Esq.	Removed.	Died.
22	1843, Sept. 3.	29	Mary Nicholson, married. Good health till her marriage, more than two years before. Six months after, a moveable tumour, the size of an orange, in the pubic region, which rapidly enlarged; nine months after, supposed to be in labour; abdomen enlarged, and strength failed; fluctuation in one or two places, but the tumour generally firm; incision	T. M. Greenhow, Esq.	Removed.	Died in a few days.

No.	Date.	Age.	History of the Symptoms and Treatment.	Operator.	Ovarian disease removed or not.	Result.
			from near the ensiform cartilage, to the pubes; several adhesions divided; root tied, and tumour excised. (Med.-Chir. Trans., vol. xxvii. p. 88.)			
23	1843, Nov. 19.	28	Miss —. Removed the entire cyst; no adhesions; had suppurations within the peritoneal cavity; recovered. Since married; has had one dead and one living child. Is now living. (The history of this and the following cases was communicated by Mr. Lane to Dr. Lee.)	S. Lane, Esq.	Removed.	Recovered.
24	1844, Feb. 15.	47	Mrs. L—. Removed a very large cyst; firm adhesions to the anterior wall of abdomen above the umbilicus, and from one hypogastric region to the other; none elsewhere. Recovered; died two years after of stricture of the rectum. (Ibid.)	Ditto.	Removed.	Recovered. Died two years after.
25	1844, Feb. 15.	43	Mrs. —. Removed the cyst, with the exception of a portion attached to the side and fundus of the uterus; recovered; lost her husband three years after the operation. Married again in about a year; died about fifteen months after her last marriage. (Ibid.)	Ditto.	Partially removed.	Recovered.
26	1844, Nov. 21	20	Miss P—. Removed the cyst; no adhesions; recovered; now living. (Ibid.)	Ditto.	Removed.	Recovered.
27	1845, Sept.	40	Mrs. W—. Removed the cyst; universal adhesions to the anterior wall of the abdomen, also posteriorly to the liver, kidney, renal capsule, and the cava inferior; left a small portion of the cyst adherent to the renal capsule and cava. Died of peritonitis on the third day from the operation. (Ibid.)	Ditto.	Cyst partially removed.	Died in three days, from peritonitis.
28	1845.	39	Miss T—. Removed the cyst; no adhesions; had pelvic abscess; recovered; still living, but the discharge from the abscess has never ceased; and the movements of the hip joint are much interfered with. (Ibid.)	Ditto.	Removed.	Recovered partially.
29	1846, Nov.	31	Miss A—. Incision made; attempts made to remove the cyst not successful; recovered rapidly from the operation. Died two years afterwards from an attempt to produce suppuration of the adhering cyst. (Ibid.)	Ditto.	Not removed.	Recovered from the operation.
30	1847, April 24.	40	Mrs. P—. Solid tumours and ascites; small explorative incision made; tumours not removed on account of their connexions; well in two days from the operation; still living. (Ibid.)	Ditto.	Tumour not removed.	Recovered from the operation.

31	.....	...	Large solid tumour of the size of the uterus at the full period of pregnancy. Incision from umbilicus to pubes; tumour too much connected with the uterus for removal; recovered from the operation; wound healed; able to walk about; died suddenly five weeks from the operation, after an attack of dyspnœa. The *post-mortem* examination discovered no cause of death, with the exception, perhaps, of pale flabby heart; no evidence of inflammation of the abdominal cavity. (Ibid.)	Ditto.	Tumour not removed.	Died in five weeks after.
32	1848, Oct. 15.	54	Miss D—. Incision made; universal adhesions prevented the removal of cysts; rapid recovery from the operation. Two years after, suppuration produced in three or four of the cysts. Now living in tolerable health. (Ibid.)	Ditto.	Cysts not removed.	Recovered from the operation.
33	1849, Nov.	24	Miss H—. Inflammation of the cyst produced, followed by cure. (Ibid.)	Ditto.	Not removed.	Recovered.
34	1839.	26	Small incision. Adhesions; tumour not extracted. Operated upon in Guy's Hospital by Mr. Morgan. Considered by all who saw the case most favourable for the operation. (See Mr. B. Phillips's Table, p. 474.)	—Morgan, Esq.	Not removed.	Died in forty-eight hours.
35	1842.	46	The tumour large and solid; pelvic cavity filled; fluctuation one, detected above the pubes; incision nearly from sternum to pubes. (The histories of this and the following cases were communicated by Dr. Clay.)	Dr. Clay.	Removed.	Recovered.
36	1842.	57	Nine children. Ascites; paracentesis; an ovarian tumour four pounds in the left iliac region, hard and heavy; parieties in front, below the umbilicus, attached to it. Incision ten inches; strong adhesions in every direction, overcome by the scalpel; a double ligature passed through the root; tumour removed; recovery rapid. (Ibid.)	Ditto.	Removed.	Recovered.
37	1842.	47	Great enlargement, and fluctuation chiefly on the left side. Two years before, tapped of two pints of bloody fluid; at first a small incision. The whole anterior surface of the mass adherent; tumour vascular; pierced in various parts, when blood issued. The removal of the tumour impracticable. Died on the sixth day after the operation. (Ibid.)	Ditto.	Not removed.	Died from the operation.
38	1842.	39	Right side of abdomen enlarged four years before; tapped four times; a bold incision; sac exposed with numerous incisions: an immense sac removed; recovery rapid. Good health. (Ibid.)	Ditto.	Removed.	Recovered.
39	1843.	35	Mrs. L—. Frequently tapped; extensive adhesions between the cyst and parietes; tumour eighteen pounds and a half; fluid seven pounds. (Ibid.)	Ditto.	Removed	Died.

No.	Date.	Age.	History of the Symptoms and Treatment.	Operator.	Ovarian disease Removed or not.	Result.
40	1843	40	Mrs. E—. Sterile; the tumour removed weighed thirty pounds; peritonitis in twelve hours; and she died at the close of the second day. (Ibid.)	Dr. Clay.	Removed.	Died.
41	1843	46	Mrs. B—. Forty pounds of fluid drawn off by tapping; numerous small tumours felt; incision four inches; large quantity of fluid, with hydatids escaped; most of abdominal viscera enlarged and adhering together, especially the uterus, right ovary, and spleen; twelve folds of white worsted a foot in length introduced into the abdominal cavity; wound closed. Two years after in health.	Ditto.	Not removed.	Recovered from the operation.
42	1843	40	Mrs. P—. Ovarian disease of ten or twelve years' standing; repeatedly tapped; a large solid mass with the empty sac right side; incision ten inches; three adhesions; active inflammation followed, but was subdued.	Ditto.	Removed.	Recovered.
43	1845	38	Mrs. W—. Large ovarian tumour; frequent attacks of inflammation; incision four inches; extensive adhesions; cleared out sac; a string of threads left hanging out of it; discharge nearly gone in four months; size of abdomen nearly natural. In 1847 in good health.	Ditto.	Not removed.	Recovered from the operation.
44	1846	51	Mrs. S—. Abdomen, size of the gravid uterus at the full period; tapped; sac extirpated. Incision from umbilicus to pubes. No adhesions, no unfavourable symptoms followed.	Ditto.	Removed.	Recovered.
45	1845	35	Mrs. T—. Sterile; tapped thrice; solid part moveable; few adhesions. Length of incision not stated.	Ditto.	Removed.	Recovered.
46	1845	38	Two ovarian cysts; tapped; two solid masses remained, and adhesions in two places to the parietes. Length of incision not stated. Cysts and solid matter removed. Six months after was stouter than at any former period of life.	Ditto.	Removed.	Recovered.
47	1843	45	Mrs. H—. Tumour size of the gravid uterus at the eighth month, hard, unyielding, lobulated, moveable, not fluctuating. Incision thirteen inches. No adhesions; tumour exposed; has a broad attachment; the greater part of the uterus forming part of the tumour; great difficulty in securing the exposed vessels; attacks of syncope succeeded; and she died in an hour and a half. The tumour weighed twelve pounds, and included a portion of the os and cervix uteri.	Ditto.	Removed, and also a part of the uterus.	Died soon.

48	1844.	52	Enormous enlargement of abdomen of sixteen years' duration. Incision twelve inches. Uterus enlarged to twenty pounds; left ovary four pounds. The whole extirpated, connecting the vagina into a *cul de sac*. Both ovaries and uterus extirpated. Died on the fifteenth day.	Ditto.	Both ovaries and uterus removed.	Died.
49	1846.	26	A large ovarian cyst of three years' duration, with a small solid mass; first tapped, and then the cyst extirpated. Weight, thirty-five pounds. No adhesions. Died on the tenth day.	Ditto.	Removed.	Died.
50	1846.	32	One child, seven years before; began to enlarge in 1842; tapped five times. Incision thirteen inches. Recovered perfectly in less than five weeks, and is now perfectly well.	Ditto.	Removed.	Recovered.
51	1848.	27	Ovarian disease of three years' duration; tapped. On opening abdomen, a sac with few adhesions exposed, except that near the attachment to the right ovary; a solid mass of five pounds, so firmly attached to the adjacent parts that its removal was improper. The sac and its contents removed. A thick tent passed into the substance of the solid mass; in five weeks, tent came away, and discharge ceased. No swelling now remains, and she has resumed her occupation.	Ditto.	Partially removed.	Recovered.
52	1847.	32	Mrs. H—. Tapped; after, in the right iliac region, a solid mass of four or five pounds, without adhesions; tapped. Operation easy; no adhesions. The sac and mass removed, fourteen pounds and a half. Became pregnant five months after; delivered of a dead fœtus. Is now in good health.	Ditto.	Removed.	Recovered.
53	1846.	22	Ovarian disease on the right side for five or six years. A large sac tapped six times, the last time a few days before the operation. A broad patch of adhesions. Tumour weighed twenty-nine pounds.	Ditto.	Removed.	Recovered.
54	1846.	35	Tapped six times. Tumour of considerable size, without adhesions. Incision fourteen inches. On the fifteenth day after the operation returned home.	Ditto.	Removed.	Recovered.
55	1846.	45	Mrs. A—. Ovarian disease twelve years. Large solid tumour. Incision from sternum to pubes. Adhesions. Peritonitis followed, but she recovered.	Ditto.	Removed.	Recovered.
56	1847.	51	Mrs. J—. Emaciated; ovarian disease sixteen years. Tumour weighed forty pounds. Some adhesions. Died in thirty-six hours.	Ditto.	Removed.	Died.
57	1848.	51	Mrs. L—. Long standing ovarian disease; tapping; a cyst with adhesions and a solid mass on the right side. Incision ten inches. Recovered, and was in good health in less than a month.	Ditto.	Removed.	Recovered.

No.	Date.	Age.	History of the Symptoms and Treatment.	Operator.	Ovarian disease Removed or not.	Result.
58	1848.	47	Mrs. B—. Ovarian disease five or six years; tapped; sac adherent; exploratory incision. No further proceeding. An incision lower down. No adhesion detected; extirpation; exhaustion. Died on the sixth day.	Dr. Clay.	Not removed.	Died.
59	1848.	40	Mrs. B—. Tumour removed, forty-six pounds. Now in excellent health.	Ditto.	Removed.	Recovered.
60	1848.	19	Miss M. K—, Edinburgh. Tumour removed. Died within twenty-four hours.	Ditto.	Removed.	Died.
61	1848.	35	Mrs. T—. Tumour removed, which with cystic and ascetic fluid weighed fifty pounds.	Ditto.	Removed.	Recovered.
62	1846.	27	Ellen D—. Tumour removed weighed forty-eight pounds. Now quite well.	Ditto.	Removed.	Recovered.
63	1848.	45	Mrs. S—. Tumour removed, which weighed twenty-eight pounds. Now in good health.	Ditto.	Removed.	Recovered.
64	1847.	25	Mrs. A—. Tumour removed, forty pounds. Is now quite well.	Ditto.	Removed.	Died.
65	1848.	18	Miss J—. Tumour removed, thirty pounds. Died in thirty-six hours.	Ditto.	Removed.	Recovered.
66	1848.	47	Sarah J—. Tumour removed, thirty-seven pounds. Recovered. Now well.	Ditto.	Removed.	Died.
67	1847.	27	Tumour removed, thirty pounds. Died on the ninth day.	Ditto.	Removed.	Died.
68	1848.	35	Mrs. R—. Tumour removed, twenty pounds. Died on the third day.	Ditto.	Removed.	Recovered.
69	1846.	37	Mrs. McA—. Tumour removed, forty pounds. Recovered very slowly, but is now well.	Ditto.	Removed.	Recovered.
70	1849.	33	Mrs. W—. Weight of tumour, thirty-one pounds. Is now well, and has had a still-born child since.	Ditto.	Removed.	Recovered.
71	1849.	32	Miss W—. Tumour thirty-five pounds. Now in good health.	Ditto.	Removed.	Recovered.
72	1849.	48	Mrs. S—. Tumour seventy-six pounds. Now in good health.	Ditto.	Removed.	Recovered.
73	1850.	45	Mrs. H—. Weight of tumour extirpated, twenty-four pounds. Now quite well.	Ditto.	Removed.	Recovered.
74	1850.	38	Mrs. S—. Weight of tumour twenty-four pounds. Contents of sac two days previously, thirty pounds. Now progressing favourably.	Ditto.	Not removed.	Recovered from the operation.
75	1844.	22	H. H—. Ovarian disease five or six years; tapped six times; tumour twenty-nine lbs. fourteen oz.; long incision.			

76	.....	...	Four cases of peritoneal sectional exploration from one inch and a half to two inches and a half.	Ditto.	Not removed.	Recovered.
77	.....	...	Second case of peritoneal sectional exploration.	Ditto.	Not removed.	Recovered.
78	.....	...	Third case of peritoneal sectional exploration.	Ditto.	Not removed.	Recovered.
79	.....	...	Fourth case of peritoneal sectional exploration.	Ditto.	Not removed.	Recovered.
80	.....	...	Fifth case of peritoneal sectional exploration.	Ditto.	Not removed.	Died.
81	1843, Oct. 20.	37	Mrs. H—, mother of six children. After a protracted labour two years and a half before, followed by inflammation, a small tumour felt above and to the left side of the pubis; abdomen afterwards increased, with pain; a circumscribed moveable tumour before the operation, above the pubis, the size of the fœtal head; uterus healthy; an incision through the skin from the right of the umbilicus along the mesial line to within three inches of symphsis pubis; peritoneum exposed and punctured; four quarts of ascitic fluid escaped; wound enlarged to the extent of nine inches; omentum adhering to tumour, separated; pedicle of tumour tied and removed; tympanites and obstinate vomiting, which caused the ends of the ligatures to be drawn within the abdominal cavity. After several weeks a small abscess at the lower part of the cicatrix. In 1845 the patient was in perfect health. (Medical Gazette, 1843.)	G. Southam, Esq.	Removed.	Recovered.
82	1845, June, 24.	38	Mrs. S—, married twenty years. Sterile; enlargement observed eight years before; abdomen, before the operation, greatly enlarged; fluctuation of a resisting kind; exploratory incision; no adhesions; cyst punctured; sixteen pints of fluid evacuated; opening enlarged above and below to six or seven inches; cyst drawn out; root tied and divided; the ligature came away on the forty-ninth day, and the patient is now in the enjoyment of perfect health. (Provincial Med. and Surg. Association, 1845.)	Ditto.	Removed.	Recovered.
83	1847, May 21.	26	Mary H—. Five children; after her last confinement became dropsical, and was tapped; recently the tumour had increased rapidly, with pain; an incision first made three inches long; six pounds of ascitic fluid escaped; no adhesions; unsuccessful attempt to tap the tumour; incision extended; adhesions; tumour removed; faintness; dyspnœa took place on the 23rd, and she died on the 26th. (Provincial Med. and Surg. Journal, vol. iii. New Series, 1847.)	Ditto.	Removed.	Died.

No.	Date.	Age.	History of the Symptoms and Treatment.	Operator.	Ovarian disease removed or not.	Result.
84	.....	...	"In another case I made an exploratory incision," says Mr. Southam, "with a view of determining on the propriety of extirpation, or adopting the operation recommended by Mr. Bainbrigge, of Liverpool, having previously satisfied myself that adhesions existed, which I thought, if they proved too extensive in extirpation, might facilitate the other operation. The patient recovered from the exploratory incision without a bad symptom, but died from the effect of Mr. Bainbrigge's operation, suppuration of the cyst having produced violent irritative fever. The tumour was multilocular, consequently a very favourable one for Mr. Bainbrigge's plan." (This case is not published.)	G. Southam, Esq.	Not Removed.	Died.
85	1846.	20	Unmarried; tumour first perceived eighteen months before; tapping six times; large incision; both ovaria diseased and removed; fatal peritonitis and phlebitis followed. (Ed. Med. and Surg. Journ. vol. lxv. pp. 278—308.)	Dr. Handyside.	Both ovaria removed.	Died.
86	1846, Sept. 3.	38	Mrs. P—, married and five children. Seen first by Dr. Handyside, Oct. 1845, eleven months subsequent to the birth of her last child: a moveable tumour of the left ovary, with a large dropsical swelling. Feb. 1846, tumour and dropsical swelling increased; tapping; the tapping repeated thrice. Sept. 3, "Incision four inches; a similar procedure adopted to that in the last case, with the exception of the line of exit for the ligature being through the recto-vaginal cul-de-sac of peritoneum." "The two ligatures were carried out per vaginam." The tumour, consisting chiefly of cysts, weighed ten pounds. (Dr. Handyside has communicated the history of this and the following case.)	Ditto.	Both ovaria removed.	Died peritonitis.
87	.....	...	"Dr. Simpson communicated verbally to the Edinburgh Medical and Chirurgical Society, in December, 1849, a notice of a fatal case of ovariotomy that occurred to himself. So far as I know, this is the only instance in which he has operated." (Unpublished.)	.....	.....	Died.
88	1848.	23	An incision first made of one inch, the finger introduced, and no adhesion felt; opening extended to three inches; the sac tapped; a second cyst detected and tapped, both cysts firmly adhering. Operation could not be completed. (Middlesex Hospital—Pathological Transactions.)	J. M. Arnott, Esq.	Not removed.	Died.

..	.....	..	Abdomen first perceived to be swollen in 1847; tapped in operation, July 9, 1849; incision twelve inches; compound cyst and solid tumour; one adhesion; pedicle thick as a middle-sized finger. Aug. 15, wound healed. (Med. Gazette, vol. xliv. p. 366.)	J. Crouch, Esq.	Removed.	Recovered.
90	1843.	40	Long incision; fibrous tumour of uterus removed; hæmorrhage. (See S. Lee's Table, p. 268.)	A. M. Heath, Esq.	Removed.	Died.
91	.....	...	Incision; cyst removed; recovered. (Ibid.)	M. Morris, Esq. Rochdale.	Removed.	Recovered.
92	1846.	24	This patient, seen first by Mr. Arrowsmith, April 1846, had been tapped once for ovarian dropsy. The case in all respects appeared favourable for the operation. An incision six inches; adhesions so strong in every direction, that the farther steps of the operation were abandoned: no bad symptoms followed. Some weeks after, was tapped. The further history of the case unknown. (Communicated by Mr. Arrowsmith to Dr. Lee, June 4, 1851.)	J. Y. Arrowsmith, Esq.	Not removed.	Recovered from the operation.
93	1846.	18	St. George's Hospital. A single cyst without adhesions; incision three inches. (Med. Gazette, vol. iii. New Series, p. 735.)	C. Hawkins, Esq.	Removed.	Recovered.
94	1846.	20	Incision four inches; no adhesions; one cyst, right side; hæmorrhage from slipping of the ligature; left ovarium diseased. (Med. Gazette.)	S. Solly, Esq.	.....	Died.
95	1846.	39	Large incision; no adhesions; multilocular cyst, complicated with chronic peritonitis; tumour weighed twenty pounds, fluid ten pounds. Died in four hours from shock of operation. (See S. Lee's Treatise, p. 271.)	Dr. P. Smith.	Removed.	Died.
96	1845.	18	Unmarried; duration of disease, eighteen months; incision fourteen inches; adhesions; two pints of fluid drawn off; the two hands introduced on each side of the tumour deep into the pelvis, and tumour raised; a double ligature passed through the ligature and divided. (Prov. Med. and Surgical Journal, 1845, p. 597.)	J. Dickens, Esq.	Removed.	Recovered.
97	1846	25	Married six years; three children; enlargement first observed seven years before; small incision first made; no adhesions; the incision extended up to within one inch and a half of the ensiform cartilage, and downwards to the pubes; cyst tapped and drawn out; uterus six months gravid; cysts and solid matter removed; afterwards became pregnant and had a healthy child. (Medico-Chirurgical Transactions, vol. xxx. p. 95.)	H. E. Burd, Esq.	Removed.	Recovered.

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No.	Date.	Age.	History of the Symptoms and Treatment.	Operator.	Ovarian disease removed or not.	Result.
98	1850.	38	Compound cysts of seven or eight months' duration; incision under three inches; some difficulty in extracting the large cyst; tapped, and difficulty overcome; pedicle tied and divided. (Medico-Chirurgical Transactions, vol. xxxiv. pp. 1—3.)	E. Duffin, Esq.	Removed.	Recovered.
99	1850, Feb. 19.	19	Sept. 1848, a tumour the size of an orange on the right side of the hypogastrium first perceived, which gradually increased in size. In Jan. 1850, the abdomen as large as at the full period of gestation; fluctuation distinct; incision ten inches; two slight adhesions between the omentum and anterior surface of tumour; cyst emptied; root tied and divided; one large and several small cysts removed; the patient in good health eight months after. (Lancet, vol. ii. 1850, p. 680.)	C. H. Cornish, Esq.	Removed.	Recovered.
100	1850, March 7.	33	Sept. 17, 1844, tapped. Treatment by pressure twelve months. Married, and safely delivered within a year. Tapped 1846 and 1850; an exploratory incision made; a slight recent adhesion. Incision extended to twelve inches. An enormous triple-headed cyst removed. Died on the third day, from peritonitis. (History communicated by Dr. Ely and Mr. Isaac Brown to Dr. Lee, and not previously published.)	I. Brown, Esq.	Removed.	Died.
101	1850.	24	Married nine months in Feb. 1850. Speedy pregnancy; abdomen large; labour natural; abdomen continued large; constitutional disturbance; jaundice. Ten days after delivery, abdomen forty-eight inches and a half in circumference. Eleven weeks after delivery, seven gallons of dirty brownish fluid, with flakes of lymph and pus, drawn off; no bad symptoms followed, but twenty-five days after, abdomen measured fifty inches. Operation then performed; incision three inches, a little to the left side; finger passed between two closely adherent layers, which were the parietal peritoneum and the sac closely adherent. Mr. Phillips seized the exposed sac with double hooks, but it rent, and the contents escaped, which were five gallons of pure pus; edges of sac fastened to wound of abdominal walls. Died ninety-six hours after the operation. After death, cyst found universally adherent. (History communicated by Dr. West and Mr. Paget to Dr. Lee, and never previously published.)	J. Paget, Esq.	Not removed.	Died.

102	1848, Sept. 2.	34	Susan C—, married nine years; one child. Ovarian disease two years and a half's duration; tapped twice; emaciated and debilitated; dyspnœa. Incision from ten to twelve inches; extensive adhesions. The attempt at its removal abandoned; eight days after, wound nearly closed. Cyst fast filling. Six days after, during a fit of coughing and vomiting, wound burst asunder and many pints of fluid escaped, and the flow continued till she died on the 23rd, three weeks after the operation. A second cyst. The other ovarium had a single cyst attached, from which three pints of fluid escaped. (Communicated by Mr. Anderson to Dr. Lee, and never previously published.)	A. Anderson, Esq.	Not removed.	Died.
103	1849, Oct. 29.	25	Unmarried. At the age of 22, tumour appeared in right iliac region; increased rapidly during last six months, but its development unattended with pain. Universal fluctuation. Measured forty-one inches in circumference. Cyst presumed to be single and not adherent. Operation by small incision resolved on. Cyst found to be of remarkable tenuity, containing transparent fluid. Contrary to expectation, universal adhesions to peritoneum and compound cysts. In fourteen days the abdomen as large as before. (Communicated by Dr. West to Dr Lee, and never before published.)	C. De Morgan, Esq.	Not removed.	Recovered from the operation.
104	1845.	33	Incision four inches; no adhesions; cysts tapped and extracted. (See S. Lee's Table, p. 270.)	W. B. Page, Esq.	Removed.	Recovered.
105	.....	...	Long incision; adhesions. (Mr. Phillips's Table.)	A. B.	Not removed.	Died.
106	.....	...	Small incision; adhesions. (Ibid.)	C. D.	No tumour.	Recovered.
107	.....	...	Large incision; adhesions. (Ibid.)	E. F.	.....	Died.
108	.....	...	Long incision; extensive and strong adhesions, which were violently torn up. A personal friend who was present at the operation communicated all the details to Dr. Lee. Death speedily followed. (Unpublished.)	Mr. Walne.	Removed.	Died.
109	.....	58	Large incision; no adhesions; tumour sixteen pounds, nearly all fluid. (Mr. B. Phillip's Table Med.-Chir. Trans. vol. xxvii. p. 474.)	Ditto.	Removed.	Recovered.
110	.....	57	Large incision; no adhesions; tumour sixteen pounds and three-quarters. (Ibid.)	Ditto.	Removed.	Recovered.
111	.....	20	Large incision; no adhesions; tumour twenty-eight pounds. (Ibid.)	Ditto.	Removed.	Recovered.
112	.....	54	Large incision; adhesions; not extracted. (Ibid.)	Ditto.	Not removed.	Recovered from the operation.
113	.....	45	Large incision; no adhesions; tumour twenty-four pounds. (Ibid.)	Ditto.	Removed.	Died.

No.	Date.	Age.	History of the Symptoms and Treatment.	Operator.	Ovarian disease removed or not.	Result.
114	1844, April 22.	30	Miss D—. Abdomen enlarged from ovarian disease. January 1841. In January 1844, consulted Mr. Walne, who proposed the operation for removal. Operation for removal commenced by Mr. Walne making an incision of one inch midway between umbilicus and pubes in linea alba, down to peritoneum. Dr. Blundell inserted a silver probe its full length into the cavity of the abdomen without ascertaining the position of the solid tumour. Operation proceeded with: incision extended to about three inches in length, and fluid contents of sac burst forth; about twenty-four pints of fluid ran off, leaving the integuments flaccid, and the size entirely reduced; further progress of operation stopped; patient placed in bed, when for nearly a week she suffered much from fever and cerebral disturbance. The patient recovered, but abdomen became again full. In 1846 married; in 1847 bore a still-born child; in 1849 bore a healthy child, which with herself continue well up to the present time. October 31st, 1850, Mr. Walne, Dr. Blundell, Mr. Vincent, and Dr. Hogg, were present on the occasion. Dr. Hogg has communicated to me the above details of this case, which have not hitherto been published. Mr. Walne having declined to communicate to Dr. Lee the entire results of his operations, successful and unsuccessful, after repeated solicitations to do so, it is impossible, therefore, to state these results, as they have not yet been published. Dr. F. Bird likewise declined communicating the desired information, but has since published the following imperfect details:—	Mr. Walne.	Not removed.	Recovered from the operation.
115	.....	...	Mrs. G—. Large, non-adherent tumour. (Lancet, vol. ii. 1850, p. 592.)	Dr. F. Bird.	Removed.	Recovered.
116	.....	...	Miss H—. Large, non-adherent tumour; sessile. (Ibid.)	Ditto.	Removed.	Recovered.
117	.....	...	Mrs. W—. Large, colloid tumour, generally adherent. (Ibid.)	Ditto.	Removed.	Recovered.
118	.....	...	Miss M—. Large simple sac. (Ibid.)	Ditto.	Removed.	Recovered.
119	.....	...	Tumour adherent to pelvis and uterus, rendering necessary to leave a segment of the cyst attached. (Ibid.)	Ditto.	Removed partially.	Recovered.
120	.....	...	H. T—. Tumour adherent to pelvis, of great thickness. (Ibid.)	Ditto.	Removed.	Died.
121	.....	...	Miss M—. Large sessile tumour; adhesions. (Ibid.)			

122	.....	...	Mrs. L—. Tumour bound down in pelvis, causing unceasing suffering; tapping required every ten or twelve days. (Ibid.)	Ditto.	Removed.	Died.
123	.....	...	Mrs. H—. Two large compound tumours, involving both ovaries. (Ibid.)	Ditto.	Removed.	Recovered.
124	.....	...	Mrs. G—. Small tumour, non-adherent. (Ibid.)	Ditto.	Removed.	Died.
125	.....	...	Large compound tumour. (Ibid.)	Ditto.	Removed.	Died.
126	.....	...	Miss K—. Large, and slightly adherent tumour. (Ibid.)	Ditto.	Removed.	Recovered.
127	.....	...	Large tumour with very short pedicle. (Ibid.)	Ditto.	Removed.	Recovered.
128	1848, Jan. 6.	30	Mrs. P—. Very large malignant mass; inseparably adherent posteriorly; extreme suffering from distension by solid matter, and rapidly approaching death, rendered the attempted operation justifiable. (Ibid.) The following details of this case have been communicated to Dr. Lee by Dr. Hogg:—	Ditto.	Not removed.	Died.

Mrs. P—. Married in 1841; never pregnant. January 1844, first perceived enlargement of the abdomen. In 1846 had strong pressure applied to the abdomen, after being tapped by Mr. J. Brown. A second tapping; the operation of ovariotomy undertaken by Dr. F. Bird, 6th January, 1848, present Dr. Rigby, Mr. Holt, two assistants, and Dr. Hogg, who has communicated these details to Dr. Lee. "An incision of two inches was made in the linea alba, midway between the umbilicus and pubes, and twenty pints of liquid were drawn off by a large canula; the opening was then fairly made into the cavity of the abdomen, and the solid tumour seized by forceps; the size, however, of the tumour was such that the opening was of necessity extended to ten inches before it could be drawn forth; tumour then found adhering strongly behind the small intestines, and, in fact, to all the abdominal viscera. Dr. F. Bird attempted to separate it from them, by conveying his hand behind it, and, to a certain extent, succeeded in so doing; but on the tumour advancing through the opening, it brought the colon with it, rather before it, which was so firmly adhering that it defied all attempts at separation, even with the handle of the scalpel; the removal being impossible, it was replaced in the abdomen, and the external opening sewed up. The operation occupied an hour and ten minutes, during the whole of which time she was kept under the influence of chloroform. The unfortunate patient, on recovering herself from the effects of the chloroform, stated that she had heard all that was said, but suffered very little. She expired twenty-eight hours after." (Unpublished.)

No.	Date.	Age.	History of the Symptoms and Treatment.	Operator.	Ovarian disease removed or not.	Result.
129	.....	...	Mrs. P—. Small incision; then tapped. (Lancet, vol. ii. 1850, p. 592.)	Dr. F. Bird.	Not removed.	Is now living.
130	.....	...	Small incision; then tapped. (Ibid.)	Ditto.	Not removed.	Is now living.
131	.....	...	Miss —. Incision of rather large size. (Ibid.)	Ditto.	Not removed.	Lived two years.
132	.....	...	Mrs. C—. Small incision to ascertain character of adhesions, and of small tumour attached to the cyst, as well as to evacuate contents.	Ditto.	Not removed.	Lived six weeks.
133	.....	...	Miss G—. Incision. (Ibid.)	Ditto.	Not removed.	Lived more than two years.
134	.....	...	Mrs. B—. Incision; then tapped. (Ibid.)	Ditto.	Not removed.	Lived nearly three years.
135	.....	...	Miss B—. Incision; then tapped. (Ibid.)	Ditto.	Not removed.	Lived six months.
136	.....	...	Miss B—. Incision; then tapped. (Ibid.)	Ditto.	Not removed.	Is now living.
137	.....	...	A. B—. Incision; then tapped; tapped several times afterwards. (Ibid.)	Ditto.	Not removed.	Not stated.
138	.....	...	Incision; then tapped; tapped afterwards. (Ibid.)	Ditto.	Not removed.	Unknown.
139	.....	...	Mrs. S—. Incision; then tapped; tapped many times afterwards. (Ibid.)	Ditto.	Not removed.	Unknown.
140	.....	...	Mrs. C. Incision; not tapped; afterwards tapped and died. (Ibid.)	Ditto.	Not removed.	Recovered. from the operation.
141	.....	...	Miss G—. Incision to ascertain adhesions, and to remove any viscid contents. Died next day from bursting of a large hepatic abscess. (Ibid.)	Ditto.	Not removed.	Died next day.
142	.....	...	Mrs. C—. Small incision; then tapped; subsequently tapped; and was living more than a year afterwards.	Ditto.	Not removed.	Recovered from the operation.
143	.....	...	S. B—. Incision; colloid. Was living after the lapse of ten months. (Ibid.)	Ditto.	Not removed.	Recovered from the operation.

144	.....	...	Mrs. W—. Small incision; then tapped; tapped many times afterwards. (Ibid.)	Ditto.	Not removed.	Recovered from the operation.
145	.....	...	L—. Small incision; then tapped. Now living.	Ditto.	Not removed.	Recovered from the operation.
146	.....	...	"We have had three other operations in this town by other surgeons, all of which were fatal, and I am acquainted with another which occurred at ——, which was also fatal.—None of these have been published." (The above statement was made confidentially to Dr. Lee by an eminent surgeon, well known to all the Fellows of the Society.) First case here referred to, unpublished.	.....	.....	Died.
147	.....	...	Second of these fatal cases, unpublished.	.....	.....	Died.
148	.....	...	Third of these fatal cases, unpublished.	.....	.....	Died.
149	.....	...	Fourth of these fatal cases above referred to, unpublished.	.....	.....	Died.
150	October, 1850.	35	"Miss B—. Yorkshire. Single female. Tumour removed with great facility, about twenty-seven pounds weight. Lived till the 9th day. Cause of death, inflammation and subsequent obstruction of bowels." (This and the following four cases have been communicated by Dr. Clay to Dr. Lee.)	Dr. Clay.	Removed.	Died.
151	1850, Nov.	33	Mrs. P—, 9, Manchester. Tumour, ten pounds. Now well, 1851.	Ditto.	Removed.	Recovered.
152	1850, Nov.	57	Mrs. P—, Glasgow, now Manchester. Tumour, twenty-six pounds. Now quite well—well in 1851.	Ditto.	Removed.	Recovered.
153	1850, October.	32	Mrs. H—. Sterile. Married some years; tumour small, removed. Now well, 1851.	Ditto.	Removed.	Recovered.
154	1851, Feb.	45	Mrs. C—, near Lyme Regis. Tumour removed; about twenty-five pounds; had been tapped ten times; was greatly exhausted previously (only fourteen days' interval between tapping). Died second day.	.....	.....	Died.
155	1850, 8 Nov.	23	Elizabeth North. In May, 1850, enlargement of the right side of the abdomen. Tumour the size of an orange. In September it was as large as the head of a child; no fluctuation; an incision five inches in	Geo. Norman, Esq.	Not removed.	Recovered from the operation.

No.	Date.	Age.	History of the Symptoms and Treatment.	Operator.	Ovarian disease removed or not	Result.
			length, commencing an inch above the umbilicus; instead of any part of the tumour appearing, several convolutions of the small intestines protruded; these, with some little delay, were returned; anterior parietes of the abdomen adhered very considerably and firmly to the tumour on each side of the incision; adhesions below also considerable, and appeared insurmountable; a portion of small intestine, fully two inches in length, adhered to the anterior part of the tumour; operation abandoned. (Provincial Med. and Surg. Journal, No. 1, 1851, p. 5.)			
156	1850, Nov. 14.	20	Hannah Hiscox. A tumour first perceived in the right iliac region, in 1848. General health good; tumour moveable; fluctuation; incision from the umbilicus to about an inch and a half above the pubes; sac emptied, and root tied. Died three days after. (Prov. Med. and Surg. Journal, No. 11, 1851, p. 37.)	F. G. Stockwell, Esq.	Removed.	Died.
157	1850, Dec. 4.	30	Eliza Smith, unmarried. Enlargement commenced December, 1849; a circumscribed ovarian tumour, extending from the left iliac region to the left hypochondriac; fluctuating; uterus healthy; an incision of four inches between the umbilicus, and one inch and a half of the symphysis pubis; adhesive bands on both sides of the incision, separated; incision enlarged six inches upward; multilocular cysts; tumour removed (weight twenty-five pounds) and pedicle tied. January 11th, went to church. Walls of the cyst composed--1. Of a peritoneal layer. 2. A middle or fibrous layer of unequal density. A thick membranous sac containing fluid. The middle coat at the root thick, and arteries, veins, and nerves ramifying upon it. The inner coat, in some of the smaller cysts, consisted of two layers; the cysts placed one within another, like a nest of boxes. (Prov. Med. and Surg. Journal, No. 15, 1851, p. 397. Read to the Medical and Chirurgical Society, June 24, 1851.)	J. Beales, Esq., Halesworth.	Removed.	Recovered.
158	1846, July.	37	Mary Boyce, mother of two children. In 1843, a tumour, the size of a hen's egg, in the right iliac region, which increased till it was as large as the gravid uterus; tapped twice; a small incision first made; no adhesions; incision enlarged to five or six inches; adhesions then de-	Dr. Elkington.	Not removed.	Died on the fourth day, from peritonitis.

		tected between fundus uteri and bladder. These adhesions were considered of such a serious character, as to preclude the possibility of completing the operation. (Prov. Med. and Surg. Journal, Aug. 6, 1851.)			
159	1848, July 18. 46	Mrs. L—, five children. In 1830 first perceived a tumour in the right iliac region; stationary five years; two children after its appearance; in 1838, after an illness, size of tumour diminished, and remained so for six years,—it then increased; length of incision not stated. "The tumour was connected, by extensive adhesions, to the parietes at the fore and lower part of the abdomen, and to the edge of the omentum;" it was very vascular, and supplied by several vessels, which passed from the lower edge of the omentum to the surface of the tumour. (Prov. Med. and Surg. Journal, Aug 6, 1851.)	Ditto.	Removed.	Died thirty-six hours after the operation.
160	1849, April 3. 31	Mrs. Moore, married fifteen months. Soon after, began to enlarge on the left side; supposed to be pregnant; tumour very moveable; irregular and nodulated; indistinct fluctuation; tapped Feb. 28. "The tumour was so very large that, although the incision was extended to ten or twelve inches, we were obliged to empty one or two of the cysts before we could remove the tumour." No adhesions; recovered rapidly. April, 1851, safely confined. (Ibid.)	Ditto.	Removed.	Recovered.
161	1850, Sept. 26. 42	Mrs. Howard. Married twenty-one years; nine children; two years and a half since, an enlargement in the left hypochondrium; six months after, a hard moveable tumour; became pregnant, and was safely delivered; Aug. 30, tapped. Mr. Day "first drew off five gallons of ascitic fluid with the trochar, then passed a director through the opening made by the trochar, and laid open the abdominal cavity to the extent of five inches; and having ascertained that the tumour was free from adhesions, he continued the incision upwards, making use of his fingers instead of a director, to within a short distance of the ensiform cartilage; he also extended the incision below nearly to the pubis." Pedicle, three inches wide, tied and divided; recovery slow, and for for some time doubtful; diarrhœa; sickness; aphthous condition of the mouth and fauces. (Ibid.)	Mr. Day, of Walsall.	Removed.	Recovered.

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No.	Date.	Age.	History of the Symptoms and Treatment.	Operator.	Ovarian disease removed or not.	Result.
162	1851, May 7.	18	Rachael U—. Enlargement of abdomen at the age of 12 years and 3 months, which slowly increased; abdomen measuring forty-two inches and a half; swelling uniform; os uteri small, and high in the pelvis. "A small elastic swelling between uterus and bladder; a process of the cyst in the abdomen." Insensible from chloroform; incision two inches below the umbilicus; cyst attached, by thready cellular connections, to the abdominal walls; punctured, and seven gallons of brownish bloody fluid discharged; sickness; cyst propelled between the edges of the wound; it being thought that the attachments of the cyst were of a loose and lacerable kind, the opening was enlarged upwards, and the sac separated from the abdominal walls, lumbar regions, iliac fossæ, rectum and bladder; pedicle tied and divided; hemorrhage from an artery which was tied; four or five other vessels tied. The patient pallid and faint from loss of blood, feeble efforts to set up reaction, which never came on, fell into a state of collapse, and died twenty-six hours after the operation. (Communicated by Mr. Baker to the President of the Society, and through him to Dr. Lee.)	Alfred Baker, Esq.	Removed.	Died twenty-six hours after the operation.

MEDICAL SOCIETY

SECOND REPORT.

MALFORMATIONS OF THE UTERUS—DIAGNOSIS OF UTERINE DISEASES—DISEASES OF THE FALLOPIAN TUBES—INFLAMMATION OF THE UNIMPREGNATED UTERUS—INFLAMMATION OF THE FOLLICLES OF THE OS UTERI—ON THE USE OF THE SPECULUM IN THE DIAGNOSIS AND TREATMENT OF UTERINE DISEASES — NERVOUS STRUCTURES AND DISEASES OF THE UTERUS.

THE sexual system of the human female consists of the uterus, and of its internal and external appendages. Before the age of maturity the uterine organs are small, exert but little influence on the constitution of the female, and are not liable to many diseases. From the age of fourteen or fifteen, when menstruation is usually established, until the middle period of life, the functions of the uterus are subject to serious derangements; and at a more advanced period of life its structures are often destroyed by diseases of a malignant nature. In extreme old age the uterine system, without any organic disease, undergoes a great diminution of volume, and not unfrequently the canals of the fallopian tubes and upper part of the cervix uteri become impervious.

Malformations of the Uterus.

Various irregularities in the formation of the human uterus have been described in the works of different authors, under the terms bilocular, bicorned, bifid or double uterus, in all of which, without a single exception, the uterine appendages have been simple, or have consisted of one ovarium

and one fallopian tube annexed to each corner of the uterus, and not of two ovaria and two fallopian tubes, as the term double uterus would seem to imply. In the examination of a great number of children at the Maternité of Paris, the division of the uterus, as in some of the lower orders of mammalia, was often met with. Professor Chaussier has described the case of a woman who was delivered in the Maternité of her tenth child, in whom it was found, after death, that the right side of the uterus only existed, with one ovarium and one fallopian tube. Littre, in dissecting the body of a little girl, found the vagina divided by a fleshy, perpendicular septum, as in most of the ruminant animals. The vagina is sometimes divided by a thin, perpendicular, membranous partition. Vallisnieri relates the history of a woman who was poisoned with cantharides, in whom two uteri were found to exist, one of which opened into the vagina, the other into the rectum.

M. Cassan has referred to numerous other examples of similar malformations of the uterine organs, and to those more particularly, the histories of which are contained in the Memoirs of the Royal Academy of Sciences. In the Museum of the Royal College of Surgeons, in London, there is a specimen of bifid unimpregnated uterus; and another was preserved, in the collection of Mr. Brookes, in which the fundus, cervix, and os uteri were all divided by a thick septum. Similar cases have been recorded by different writers. MM. Lauth and Cruveilhier have reduced all the malformations of the uterus to the four following varieties:—1. Where the uterus and vagina are separated into two cavities by a septum running in the direction of the mesial line, while the external configuration presents nothing unusual. 2. Where the fundus and body of the uterus are divided into two cornua, the cervix, os uteri, and vagina remaining in the normal state. 3. Where the uterus is bifid, as above, while the cervix and vagina are divided by a septum. 4. Where the vagina forms a single canal with a double os uteri. These deviations from the natural formation of the uterus do not prevent impregnation. Morand, Bartholin, Purcell, Ollivier, and many other writers, have recorded cases of double uterus, in which conception had taken place, and the fœtus had been retained till the full period. "Num mulières," inquires Riolan, "quæ superfœtare solent aut plures fœtus quam duos generant, uterum bipartitum

habeant." M. Cassan has also recently speculated upon this subject; but there are certain facts which prove that the doctrine of superfœtation, if well founded, cannot be explained on the supposition that the uterus is double, or bifid. I have related a case of impregnated double uterus, in the Medico-Chirurgical Transactions, in which an organized deciduous membrane, in the form of a shut sac, lined the unimpregnated cornu, and rendered superfœtation and menstruation impossible. The uterus has been found wanting in some women; others have had the orifice closed by a membrane or a dense fleshy substance, or the os uteri has opened into the rectum. The vagina is also sometimes malformed: its orifice has been impervious from unusual strength of the hymen, or a considerable portion of the canal has been closed within the os externum by a thick fleshy substance. Cases have been recorded in which the whole vagina has been filled up with a dense solid mass. An extreme narrowness and shortness of the canal has also been repeatedly observed; and in some it has been altogether wanting. In the neck of the bladder, urethra, and parts situated around the orifice of the vagina, many varieties of malformation have occurred.

Diagnosis of Uterine Diseases.

We ascertain the presence of disease in the uterine system chiefly by the uneasy sensations of the patient, by the disordered functions of the organs, and by the changes in their situation, form, and sensibility. The mammæ, stomach, brain, and nervous system, are all sympathetically affected in many of the diseases of the uterus; and in most of the organic affections of the organ and its appendages, there is severe burning or lancinating pain experienced in the hypogastrium, or dull gnawing pain in the sacrum, loins, pubis, and upper part of the thighs. There are often sickness and vomiting, loaded tongue, impaired appetite, and other signs of gastric derangement. There are frequently also dull pain, sense of giddiness, confusion of head, and many irregular nervous affections. The mammæ sometimes become enlarged and painful, as in the early months of pregnancy; the functions of the uterus, more particularly of menstruation and conception, are interrupted or disturbed. There is

frequently an altered secretion of the lining membrane of the uterus and vagina; and instead of the mucus, which lubricates the passages, serum, pus, or blood are poured out in greater or smaller quantities from the parts. When a female, after the middle period of life, suffers from an habitual discharge of a serous, sanguineous or purulent nature from the vagina, with pain in the back and irritation within the pelvis, an internal examination should be made, to determine the condition of the uterus. If our object is to ascertain the condition of the lower portion of the uterus, the patient should remain in the erect position, with the back resting against the wall, while the fore finger is carried through the vagina to the os uteri. When the finger reaches the uterus, pressure should be made with the left hand over the hypogastrium, that the sensibility, form, and weight of the organ may be accurately ascertained. It is necessary for the practitioner to recollect that there is a great variety in the form of the os uteri in different women, without disease. In some individuals its length is remarkable; and in many women who have had children, in whom labour has been natural, there are irregularities or fissures from laceration, where there is no organic disease. In some women, observes M. Dugès, after repeated labours, the lips of the os uteri do not project, the orifice occupying directly the upper part of the vagina, like a funnel. This I have repeatedly found to be the state of the os uteri in aged females, whether they have had children or not. Sometimes the orifice is so large as to admit the point of the finger, prolonged backward and to the left by an oblique fissure with round edges. Not only should the smoothness, hardness, and regularity of the lips of the os uteri be examined, but the degree of dilatation of the orifice should be ascertained, if any exists, and whether it is giving passage to a tumour of any description. The size and weight of the uterus should also be determined, and whether the fluid covering the finger be mucous, serous, sanguineous, or purulent. The condition of the vagina should likewise be accurately explored, for there are few diseases of the uterus of a cancerous or malignant nature in which some change is not perceptible in the coats of the vagina. It is by an examination per vaginam that we become acquainted, not only with the alterations of structure in the os and cervix uteri, but with the numerous displacements to which the organ is liable.

I am now fully satisfied that the horizontal position, on the left side, with the knees drawn up to the abdomen, is the best in which the patient can be placed, in all cases where the condition of the uterus and vagina is about to be examined.

The speculum uteri has been much employed on the Continent, in the exploration of the diseases of the uterus; and in some cases of inflammation and superficial ulceration of its orifice, important information may be obtained from its use. In many more, however, and particularly in tumours and cancerous affections of the uterus, I am fully persuaded that little information can be obtained from it: its introduction is painful, and where the vagina is diseased it has produced most injurious effects. In a case of malignant ulceration of the os uteri and upper part of the vagina, which came under my observation, the introduction of the speculum produced hemorrhage, which proved fatal in the course of twenty-four hours.

I now propose to give a short account of some of the most important diseases, I. *Of the fallopian tubes.*— II. *Of the uterus;* and III. *Of the vagina and organs situated around its orifice.*

I.—*Of the Diseases of the Fallopian Tubes.*

The fallopian tubes are two slender tortuous canals about four or five inches in length, which extend between the ovaria and the superior angles of the uterus. They consist, like the uterus, of a peritoneal, muscular, and mucous membrane, and they perform the office of conveying the spermatic fluid from the uterus to the ovaria, and, after impregnation, of carrying back the germ or ovulum to the cavity of the uterus. They are liable to attacks of acute and chronic inflammation, both in the unimpregnated and puerperal states. Their fimbriated extremities are frequently, in consequence of acute or chronic inflammation, firmly united to the ovaria, posterior part of the uterus, omentum, or other contiguous parts. The structure of the fimbriæ is often completely destroyed, and the tubes terminate in a cul-de-sac. The canals of the tubes are also sometimes obstructed, and sterility is the result. The obstruction may be partial or complete. One of the most

frequent morbid appearances which I have observed in the bodies of young subjects, after death, is the adhesion of the fallopian tubes to the ovaria by short, firm, adventitious membranes, or by long, slender, transparent filaments. After parturition, when inflammation attacks the peritoneum, the fallopian tubes, in most cases, become red, vascular, and partially or completely imbedded in pus or lymph. Their ovarian extremities not unfrequently become softened, of a deep red colour, and deposits of pus in a diffused or circumscribed form take place within their cavities, or in their sub-peritoneal tissues. Their lining membrane also becomes inflamed, and the canals, throughout their whole extent, filled with pus. A case of abscess of the fallopian tube, communicating with the rectum, has been observed by M. Andral. The woman, after suffering from constipation, had vomiting, pains in the right side of the abdomen, then in the left and in the right thigh; a tumour gradually formed in the left flank, with fever, emaciation, and purulent diarrhœa. On opening the body, the effects of inflammation of the bowels were observed; the left fallopian tube, considerably dilated, opened into the rectum by an aperture which would admit a writing-quill. A purulent fluid, or a thick viscid matter like cream, is frequently found in their cavities, where there has been no previous inflammation of their coats. The cavities of the tubes are also found in some cases distended with scrofulous matter, and the same deposition is occasionally observed within the cavity of the uterus. The coats of the tubes are frequently much thickened, and of a red or dark colour when affected with scrofula. All these affections produce barrenness; but there are no symptoms by which we can determine their existence during life. In the article Ovaria, I have expressed my belief that in many cases of painful menstruation there exists a state of great congestion or inflammation of these organs; and there can be little doubt that the fallopian tubes often participate in the same disease. In such cases, and in others where there is reason to suspect the existence of inflammation of the uterine appendages, leeches, warm fomentations, and poultices to the sides of the hypogastrium, and other antiphlogistic means, should be had recourse to.

Accumulation of fluid sometimes takes place within the cavities of the fallopian tubes. Dr. Hooper has termed

this affection hygroma; and he observes, that the fallopian tubes are not unfrequently found distended by a serous fluid. "I have never seen," he says, "more than seven fluid ounces in one tube; from one to two ounces is the most usual quantity. When a hygromatous tumour is formed in these tubes, the fimbriæ are generally destroyed, and the abdominal openings obliterated; the sides of the tubes are distended into complete bags, which have a long tortuous or pyriform shape, being always much the largest at the loose extremity. The tube of both sides is mostly in the same state of disease; and there are generally traces of pre-existing inflammation, as thickened portions here and there, and many adventitious membranes and adhesions to neighbouring parts."

Sometimes the fallopian tube is suddenly enlarged by fluid at the ovarian extremity, when it resembles a horn, or has a pyriform or spherical shape; and it may then acquire enormous dimensions. De Haen relates a case in which the fallopian tube weighed seven pounds, and the cavity contained twenty-three pounds of fluid. In other cases, the quantity has been still greater.

It is difficult, or impossible, during life to distinguish dropsy of the fallopian tube from cysts formed in the ovaria, and it would not be of much practical importance if the diagnosis could be drawn. All internal remedies are equally unavailing in both diseases. De Haen states that death has followed the operation of drawing off the fluid from the fallopian tube by a trochar; and that the viscid state of the fluid hindering its escape through the opening, makes the operation unsuccessful. Monro states that hydatids may produce the same effect. Boivin and Dugès relate a remarkable case from Frank, in which a pint of fluid escaped daily by the uterus and vagina, till the patient died of consumption. On examining the body, thirty-one pounds of a watery and gelatinous fluid were found in the left fallopian tube. The disease was referred to a violent blow received upon the hypogastrium. Similar cases have been recorded, in which the fluid accumulated in the fallopian tubes has escaped by the uterus and vagina.

When the catamenia are retained from imperforation of the hymen, vagina, or os uteri, the cavity of the uterus not only becomes much distended, but also the cavities of the fallopian tubes, which may become ruptured by ulceration.

The same authors believe that some cases of leucorrhœa may depend on a chronic catarrh of the lining membrane of the fallopian tubes. Repeated examinations made by me, of the uterus after death, have rendered it certain that, in many instances of leucorrhœa, the fluid is secreted by the lining membrane of the uterus, and not by that of the fallopian tubes or vagina.

Small pedunculated cysts are very often found suspended from the fimbriated extremities of the fallopian tubes, even in women under the age of twenty.

Rupture of the fallopian tube in the unimpregnated state is a rare occurrence. Boivin and Dugès have cited a case of this description, in which the accident arose from a violent effort, and death soon followed, from effusion of blood into the abdomen. This hemorrhage, they observe, must have been excited by a violent fit of rage, into which the woman had been thrown. The tube is sometimes, they add, the seat and the source of a sanguineous exhalation, without any apparent rupture of the coats; and this happens most frequently in puerperal women, or in those who have miscarried, and in conjunction with metro-peritonitis. Dugès relates the following as an example of this rare occurrence. A woman, who had recently miscarried in the early months, was seized with inflammation of the uterus and peritoneum, of which she died. The ovarian extremity of the left fallopian tube was as large as a hen's egg, and adhering to the ovarium, which it in great part enveloped; it was red, very vascular, and contained a bloody fluid. The walls of the sac were half a line in thickness; the right fallopian tube was obliterated at the loose extremity, as large as the finger, destitute of fimbriæ, and adhering to the ovaria by some cellular filaments.

Rupture of the fallopian tube most frequently takes place in the [second], third, or fourth month of pregnancy, and the ovum sometimes escapes entirely into the cavity of the abdomen; at other times, it continues within the tube. It is probably in consequence of some imperfect action of the tube that the ovum is not transmitted along its canal to the uterus, as in ordinary cases. The fallopian tubes, having a structure similar to the uterus, admit of the development of the ovum within their cavity for a certain period, generally to the [second], third, or fourth month;

after this, the ovum still continuing to enlarge, they become ruptured, in consequence of their incapability of undergoing further distension. A violent pain is then suddenly felt in the region of the uterus; this is followed by faintness, coldness of the extremities, and other symptoms of internal hemorrhage, and death usually takes place in a few hours. On opening the body, a quantity of blood is found in the sac of the peritoneum, and the tube which contained the ovum is found lacerated or laid open by inflammation and sloughing; when ruptured, it does not possess a power like the uterus, to close the exposed vessels after the separation of the placenta, and the blood is poured out from the laceration until the woman perishes. In cases of fallopian tube conception, an organized deciduous membrane is often found (it has been stated) lining the inner surface of the uterus, the volume of which is much increased; in other cases, one of which came under my observation, the cavity of the uterus was lined with a soft, flocculent, albuminous matter, which is not organized. In two cases, about the end of the fourth month, which I have recently examined, no deciduous membrane lined the cavity of the uterus; the fundus and body were both considerably enlarged, but its cavity was lined with a white tenacious mucus, which closely adhered to the lining membrane. Mr. Langstaff examined a case in which there was no deciduous membrane; and Dr. Blundell has seen two, in which the decidua was likewise wanting.

The fallopian tubes are sometimes affected with cancerous or malignant disease. This may commence in the tubes themselves, or it may extend to them from the ovaria, or other parts of the uterine system.

Considering the similarity of structure which exists between the uterus and fallopian tubes, it appears singular that fibrous tumours should be so seldom met with in these organs. In no case have I met with a fibrous tumour in the walls of the fallopian tubes. "I have seen a hard round tumour," observes Dr. Baillie, "growing from the outer surface of one of the fallopian tubes. This, when cut into, exhibits precisely the same appearance of structure as the tubercle which grows from the surface of the uterus, consisting of a hard white substance, intersected by strong membranous septa. This, however, I believe to be a very rare occurrence."

"A more uncommon situation for this tumour," says Dr. Hooper, "is the cavity of the fallopian tube. It is occasionally seen, very small, deposited in the cellular tissue, under the peritoneum of the tubes; and I once found it in the cavity or canal itself, about the size of an olive; the fimbriæ were destroyed, and the tube terminated in a cul-de-sac."

II.—*Diseases of the Uterus.*

The most important diseases of the human uterus, accompanied with sensible alteration of structure, may be divided into three classes:—1. *Those which are produced by inflammation of one or more of the textures which enter into the composition of the uterus.* 2. *Those which arise from the formation of tumours in the parietes of the organ, or from enlargement of the glands situated in its orifice, and have no tendency to degenerate into a malignant form, and do not contaminate the surrounding structures.* 3. *Those which result from a specific or malignant action of the uterus, by which its different textures, and the adjacent viscera, become disorganised.*

1. *Of Inflammation of the unimpregnated Uterus.*—In the history of Puerperal Fever, a full account has been given of the symptoms and treatment of uterine inflammation in puerperal women. In the unimpregnated state, the uterus is also liable to attacks of congestion, and of acute and chronic inflammation, which, though less dangerous than after parturition, are, nevertheless, productive of great distress, and are often but little under the control of medicine.

Inflammation of the Lining Membrane of the Uterus.—The lining membrane of the uterus, in the healthy state, is smooth, and moistened with a tenacious mucous fluid, of a yellowish-white colour. Not unfrequently it is of a deep red colour, and ecchymosed, and a little blood escapes from it on pressure. These appearances I have often observed in women who have died suddenly, from affections of the brain and other organs, and in whom there had been no symptom of uterine inflammation, except an increased discharge of mucus from the vagina.

Inflammation of the lining membrane of the uterus some-

times produces merely an increase of the natural secretion of the part; in other cases pus is secreted, as in inflammation of the mucous membranes of other organs.

In some women who menstruate with pain, there is a membrane somewhat like the decidua, though essentially different in structure, discharged from the cavity of the uterus at each monthly period. It is sometimes of a triangular shape, the inner surface being smooth and filled with fluid, while the exterior, which had been adherent to the uterus, has a rough and flocculent appearance. In other cases this membrane is passed in flakes, like coagulated lymph, and does not present any appearance resembling the decidua. Women who are affected with this peculiar disease of the uterus, suffer more or less from uneasiness in the region of the organ, in the intervals of menstruation, and they seldom become pregnant. According to Dr. Denman, the disease does not depend upon any peculiarity of constitution, or disposition to any other complaint. The false membrane is probably formed between the monthly periods, by a peculiar and specific inflammation of the mucous coat of the uterus. The symptoms would lead to the inference, that the substance of the uterus is also affected.

Morgagni was the first writer who described this disease, and he was aware how little it is under the control of remedies. Dr. Denman has recommended for its treatment, mercury to salivation, the ammoniated tincture of cinchonæ, infusion of burnt sponge, with bark, myrrh, and the different preparations of iron; the Tonbridge or Spa waters, the liquor potassæ, and all the remedies usually termed tonics. In one case injection of the aqua zinci vitriolata cum camphora had a good effect. Dr. Denman admits that none of these remedies have been attended invariably with success. Dr. Burns says, time in general removes the disease better than medicine, which is only to be advised for the relief of pain, weakness, or any other symptom which may attend or succeed to this state.

Dr. Dewees states that he has seen a portion of membrane discharged from the uterus not much larger than the nail, after severe suffering; at other times he has witnessed as much as would fill a small tumbler. The period employed for the extrusion of the substances is various, sometimes requiring but a few hours, at other times several

days. The degree of suffering is not always in proportion to the quantity of substance expelled: indeed, the pain would rather appear to be less, when much is discharged. He thinks there are two varieties of the disease: one where the mammæ sympathize with the uterus, and become tumid and extremely painful; the other, where there is no such affection induced. In this affection, he says there is almost always a permanent pain in the back, hips, and loins, which indicates the presence of a highly congested, if not an inflamed state of the lining membrane, and probably also of the middle coat of the uterus. For the relief of pain in this affection, which is the first object of treatment, he states that he has found the following combination of remedies more useful than any other: ℞ gum camphor., ℈j, spirit vin. rectif., q.s., fiat pulvis; add pulv. g. arab., ʒj, sacchar. alb., q.s., aqua cinam. simpl., ℥j; m. One half of this draught is to be given the instant pain is experienced, and, if not relieved in an hour or two, the other is to be given. This quantity, however, is not always sufficient to subdue pain; in this case, let the mixture be repeated: or the same quantity of camphor may be finely powdered, and given in ten grain doses, every hour, entangled in a little syrup of any kind, until relief is procured. The ergot, as might have been expected, has failed to afford relief. Warm baths, pediluvium, and bleeding, have also been prescribed; but he declares that nothing has succeeded so well as camphor. The injection of tepid narcotic fluids into the vagina would probably be attended with advantage, and the application of leeches to the os uteri, in the intervals of the monthly periods, when the membrane is forming within the cavity of the uterus. As a means of affording permanent relief in this painful disease, Dr. Dewees has recommended the use of volatile tincture of guiacum, in doses of a drachm, three times a day. In some cases it has been useful, in others altogether useless. He supposes the inflammation to be rheumatic; but of this there is no satisfactory evidence.

The pathology and treatment of this affection of the uterus, it must be admitted, are but imperfectly understood. The occasional local abstraction of blood from the region of the pelvis, by cupping or leeching, in the intervals of menstruation, when there are symptoms of congestion of the uterus present; the exhibition of calo-

mel, Dover's powder, and camphor, with rest in the horizontal position, and the frequent injection of tepid narcotic fluids into the vagina, are the remedies which have afforded the greatest relief in the cases which have come under my care.

When the lower portion of the uterus is chiefly affected with inflammation, there is an uneasy sensation or pain experienced in the back, hypogastrium, and loins, aggravated by pressure and bodily exertion, and chiefly by riding and walking. In this disease there is usually an increased secretion of mucus from the vagina, or there is a discharge of white opaque mucus, "like a mixture of starch and water made without heat, or thin cream; it is easily washed from the finger after an examination, and it is capable of being diffused through water, rendering it turbid." "A morbid state of the glands of the cervix of the uterus," continues Sir C. Clarke, "probably gives rise to this discharge; at least, the cases in which it comes away are those in which the symptoms are referred to this part, and when pressure is made upon it, the woman complains of considerable pain."

When an internal examination is made, the uterus is often found hanging unusually low in the vagina, the os uteri is neither hard nor irregular, but it is swollen and puffy, and is painful on pressure; there is more or less irritation in the bladder and rectum, and the symptoms are usually aggravated, before and subsequent to menstruation.

When the substance of the fundus and body of the uterus are inflamed, the pain, which is constant, occurs also in paroxysms, and is aggravated by the erect posture, and by pressure over the hypogastrium. The milky discharge from the vagina, which is often present when there is no inflammation of the uterus, and which Sir C. Clarke considers as a pathognomonic symptom of inflammation of the os uteri, is wanting, according to his observation, when the substance of the unimpregnated uterus is inflamed. It is sometimes observed in young females after marriage, and is most frequently referable to violence, or to the application of cold during menstruation.

There is often little effect produced on the constitution by this disease. In other cases, constitutional disturbance, more or less marked, accompanies chronic inflammation of the uterus. The pulse is soft, but easily accelerated, par-

ticularly in the evening. The digestive organs are deranged, the appetite becomes impaired, and the bowels are confined. The urine is discharged with pain and difficulty. The anus is sometimes retracted. Menstruation is frequently disturbed, and if the disease continues long, and the powers of the system are much impaired, it is entirely interrupted. In many cases it is impossible during life to distinguish this affection from incipient malignant disease, and other organic diseases of the uterus, of a totally different nature. Dr. Gooch and M. Genès maintain, that all the symptoms of inflammation of the uterus may be present, without inflammation, or without any sensible derangement of the uterus. This view does not, however, rest on accurate and extensive pathological research, and the heat, swelling, and exquisite sensibility of the neck and body of the uterus, prove that in the disease, or group of diseases, described by the former of these writers under the name of irritable uterus, a state of the organ exists closely allied to inflammation or congestion. In more than one case which had been considered and treated as simple irritability of the uterus, without inflammation, organic disease of a malignant nature was subsequently developed. The presence of fibrous tumours in the walls of the uterus has likewise, in some individuals, given rise to that peculiar series of symptoms which has been described as characteristic of irritability of the uterus, without inflammation or disposition to a morbid alteration of structure.

"What is the nature of the irritable uterus?" inquires Dr. Gooch. "It is not acute inflammation; for that would run a far shorter course, and end in certain known consequences. It is not chronic inflammation; for that is a disorganizing process, and slowly, but surely alters the structure of the organ in which it goes on. Both in chronic inflammation, and in the disease which I am describing, there is a morbid state of the nerves, indicated by pain, and, sometimes at least, a morbid state of the blood-vessels, indicated by their fulness; but the substances effused by chronic inflammation show, that in this there is something additional in the actions, and consequently in the state of the vessels. The disease which I am describing resembles a state which other organs are subject to, and which in them is denominated irritation. Thus surgeons describe what they call an irritable tumour of the breast. It is

exquisitely painful; an ungentle examination of the part leaves pain for hours; it is always in pain, but this is greatly increased every month, immediately before the menstrual period. Although apprehensions are entertained of cancer, it never terminates in disease of structure. It is represented as a very common disease. Mr. Brodie describes a similar case in the joints. It occurs chiefly amongst hysterical females; it is attended by pain, at first without any tumefaction, but the pain increases, and is attended with a puffy, diffused, and trifling swelling; the part is exceedingly tender. This assemblage of symptoms, lasting a long time, and being often a little relieved by remedies, occasions great anxiety, but there never arise any ultimate bad consequences." "The disease," says Mr. Brodie, "appears to depend on a morbid condition of the nerves, and may be regarded as a local hysteric affection. These painful states of the breast and of the joints appear to be similar to that which I have been describing in the uterus; similar in kinds of constitutions which they attack; similar in pain, in exquisite tenderness, in resemblance to the commencement of organic disease, and in proving ultimately to be only diseases of function."

Dr. Dewees, whose attention has been particularly directed to the pathology of this affection, does not consider this view of the subject to be correct, and it is certainly very difficult to discover any analogy between a tumour of the female breast or joints, and an affection of the uterus, depending solely upon a morbid state of its nerves.

Chronic congestion and inflammation of the uterus appear to arise most frequently from exposure to cold, and fatigue during menstruation, and subsequent to abortion or parturition. It is an obstinate disease, and often resists the effects of all remedies, for many months, or even years. The patient should remain in the horizontal position, if the pain is constant and severe. Blood must be drawn from the arm or from the uterine region, by leeches or by cupping-glasses. When the circulation is undisturbed, as is most frequently the case, local is to be preferred to general blood-letting. Some think that cupping affords decidedly more relief than leeches, and that the glasses should be applied over the sacrum, or to the part to which the pain is referred. Dr. Dewees applies them to the inside of the thighs. The bowels should be regulated with castor oil, infusion and

electuary of senna, supertartrate of potash, and Epsom salts. To subdue the pain, the tepid hip-bath, warm fomentations, and narcotics must be had recourse to, and camphor, combined with extract of hyoscyamus, henbane, or poppy, should be administered twice or thrice daily. A belladonna plaster should be applied over the sacrum. Warm decoction of poppy, or lukewarm linseed tea, or eight or ten grains of opium, dissolved in a pint of hot water or solution of starch, may be thrown up the vagina, and an ounce of warm milk, with a drachm of laudanum, may be injected into the rectum, after the bowels have been evacuated. An alterative course of mercury has afforded decided relief in some cases. Like all the other chronic phlegmasiæ, when the disease has lasted long, relief sometimes follows a different plan of treatment, viz., the employment of exercise, bitters, tonics, sulphureous and chalybeate waters. Where the stomach has suffered much, the phosphate of iron may be given with advantage.

Chronic inflammation of the uterus does not degenerate into cancer, as many suppose, and it rarely terminates in suppuration of the muscular tissue of the uterus. Cases of abscess of the walls of the unimpregnated uterus have been described by writers, but they are very seldom met with. Mr. Howship had a uterus in his possession, in the muscular coat of which, or in the cellular membrane between its layers, was an abscess which contained about an ounce of pus. The symptoms were not ascertained before death. This is the only example of abscess of the walls of the uterus from simple inflammation, that I have seen; those abscesses described by Dr. Hooper were connected with malignant disease of the organs. Where a collection of pus has taken place within the cavity of the uterus, there has also, in most cases, been present a malignant organic affection of the os and cervix uteri. The following case, related by Dr. John Clarke, illustrates this fact:—"On the 12th of January, 1812, I visited Mrs. A. B., about 65 years of age, who had ceased to menstruate many years. A few weeks before I saw her, she had informed Mr. Brande, who attended her, of her having a small sanguineous discharge from the pudenda. The discharge was not attended by any pain. After this, she had a discharge like fluor albus, and small, but which afterwards became of a brownish colour, offensive to the smell,

and greater in quantity. A very short time before I saw her, she had experienced a more considerable sanguineous discharge, but without any pain. I found, on examination per vaginam, the os uteri very rigid, and much harder than usual. The cervix was of the usual length, but harder to the touch. From the upper part of the cervix a tumour bulged out in all directions, so as to occupy nearly the whole space from the os pubis to the os sacrum. On the 31st January, she was suddenly seized with violent pain in the lower part of the abdomen, and a sensation as if something had suddenly given way there, and she was still in great pain. She could not pass her urine. She was now in a state of extreme weakness and faintness, like a person nearly expiring, having a small thread-like pulse, great paleness of the surface of the body, and coldness of the extremities. She died soon after this. On opening the abdomen, seven ounces of a most offensive purulent fluid were found in its cavity. The small intestines were inflamed. On raising the intestines, to expose the contents of the pelvis, a tumour appeared, in a gangrenous state, with an opening in the upper part of it, through which, on the slightest pressure, a quantity of offensive pus oozed, similar to that which was found in the cavity of the abdomen; the bag containing it appeared to be in contact with the quantity which still remained in it, probably about five ounces. This matter being removed, the bag was discovered to be the uterus in a distended state. Both its external and internal surface were of a dark colour, exhibiting nearly the appearance of a mortified part. On the internal surface there was an appearance like half-coagulated lymph; but there was no trace of any cyst; so that the fluid was contained in the cavity of the uterus itself. The internal surface of the uterus had a honeycomb-like appearance. The orifice, between the cavity and cervix, was closely contracted, so as not to have allowed the contents of the uterus to be discharged through it."

Inflammation of the Follicles of the Os Uteri.—Granular inflammation of the os uteri is the term employed by Mad. Boivin to designate this disease, which she states to be little understood, and only to be detected by using the speculum. The os uteri is swollen, red, ecchymosed, morbidly sensible when touched, and disposed to bleed. There is often present a leucorrhœal discharge

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from the vagina, and a state of excitement bordering upon nymphomania. In some cases, the affection has been misunderstood, from the absence of local symptoms, or because it has been accompanied with more severe lesions. The granulations, when hard, are usually very small, like grains of sand, or the seeds of the poppy; if they are larger, their softness prevents them from being discovered, except by a very experienced practitioner. These granulations are found in a subacute or chronic state; in the former, they are seen on the lips of the os uteri, sometimes in small numbers, like peas, firm and white; more frequently, in great numbers, like grains of millet-seed, also white, and soft, and vesicular, without roots. It is from these interstices that the blood flows which escapes into the vagina when they are touched, or when the bowels are evacuated. In the chronic state, the enlarged follicles or granulations are hard, small, and white, and rest on soft, red, miliary elevations, in one case like varicose veins. The causes of this affection are not the same in all cases; they are often obscure, like the causes of all uterine diseases. In some cases, the affection seems to have been produced by syphilis, or some cutaneous disease, or by the presence of a fibrous tumour in the uterus. In the examination of dead bodies, I have repeatedly seen the appearances described by Mad. Boivin; and I agree with her in thinking that they depend on an enlargement of the mucous follicles of the os uteri. I have seen numbers of these bodies much enlarged, both in the vagina and os uteri, when individuals had died from chronic disease, unconnected with any morbid state of the uterus.

Emollients and local blood-letting are the remedies recommended by Mad. Boivin in the subacute stage of the disease. The treatment must be stimulating in the chronic stage; and afterwards, in the greater number of cases, derivatives must be had recourse to: the greatest advantages have resulted from them, in many cases. Where the disease is syphilitic, mercury must be employed.

These observations—on inflammation of the unimpregnated uterus, and of the follicles of the os uteri—were published in the Cyclopædia of Practical Medicine, in 1835. The following year, a thesis was published by Dr. A.

Balbirnie, entitled, "The Speculum applied to the Diagnostic and Treatment of the Organic Diseases of the Womb." "The object of the author," he said, "is to excite and recall the attention of the profession in Great Britain, to the diseases of the womb, which had not obtained the place in medical research their immense importance demands." "The immense accessions made within the last few years in France to our knowledge of uterine diseases, rendered it a duty called for on the part of one who had been in this field of investigation, from which many of his professional brethren at home are shut out, to reap its fruits, and to reproduce them in this embodied form—a faithful representation of the existing state of science, as regards this interesting and almost novel branch of medicine. To these diseases I have devoted," he adds, "a special attention, during a great part of nearly two years' study in the hospitals of Paris. I have not scrupled to apply to every source for information; and I have perused almost all that antecedent authors had written on the subject, from the Oracle of Cos downwards. By the kindness of MM. Ricord, Lisfranc, and Emery, I have had, in the extensive hospitals to which they are attached, weekly—almost daily—opportunities of seeing and examining for myself an immense number of cases."

Dr. Balbirnie thus concludes "A Brief Historical Sketch of the Pathology of the Diseases of the Womb:"—"We have now come down to our own epoch, and ought to speak of our own contemporaries; but the task is invidious, and we tread very delicate ground. We may briefly remark, that the English, the Germans, and Italians have made little or no contributions to the pathology of the diseases in question."

The fruits reaped in the syphilitic wards of the hospitals of Paris, with the aid of the speculum, reproduced in Dr. Balbirnie's thesis, are stated by him to be the following:—1. That the true seat, nature, and causes of obstinate gonorrhœas were first brought to light by it. 2. That chancres of the vagina, and on the neck of the uterus, were never dreamt of till the speculum first demonstrated their existence. 3. That leucorrhœa, "the uterine catarrh, or fleurs blanches of the French," "so fertile a field for quackery," "a disease more felt in its consequences by the men than by

the women who actually carry it," the pathological anatomy "of this scourge of society," has been discovered by the speculum. "What is the pathological anatomy of the disease?" inquires Dr. Balbirnie. To this he furnishes the following answer :—"The local morbid lesions which the speculum has discovered, as keeping up the obstinate and annoying mucous discharges, disguised under the above names, are *erosions*, and *ulcerations*, and *engorgements* of the neck of the uterus, in an infinite majority of cases. When these lesions are wanting, it is an inflammatory catarrhal state of the mucous membrane of the womb, and notably of the follicles situated in the neck."

The next immense discovery in uterine pathology, made by the aid of the speculum, is thus announced :—"*Prolapsus uteri* is one of the most frequent results of this pathological condition of the neck of the womb now indicated. By the continuance of the catarrhal discharge and the inflammatory state of the tissues, this organ becomes engorged and enlarged in bulk, and descends in virtue of the mere law of gravity. Pessaries, so generally recommended in these cases by accoucheurs, are positively injurious, and only aggravate this disease, by augmenting the irritation which keeps it up."

Engorgement, and chronic inflammation of the neck of the womb, are further announced by Dr. Balbirnie to be the most frequent causes of the opposite states—menorrhagia, amenorrhœa and dysmenorrhœa, sterility, and in a word, of all the six hundred ills of which Democritus affirmed the uterus to be the cause. The syphilitic wards of the hospitals of Paris have since been visited by others equally ignorant of the anatomy, physiology, and pathology of the uterus; and the fruits there reaped have been reproduced in this country in a variety of forms. Nearly half the women in Great Britain, married and unmarried, rich and poor, virtuous and vicious, have been declared by some recent writers to be afflicted with the most disgusting diseases—*engorgements*, *indurations*, *inflammations*, *ulcerations*, *erosions* of the os and cervix uteri, which can only be discovered with the speculum and cured with caustic.

To correct these errors, misrepresentations, and abuses, I presented the following communication to the Royal Medical and Chirurgical Society, in 1850, and which has been published in the Transactions :—

On the Use of the Speculum in the Diagnosis and Treatment of Uterine Diseases.

The speculum matricis is said by Ætius to have been invented in the days of the Emperor Domitian; but it must have been known to the Romans at an earlier period. In 1818 a bronze instrument, consisting of three branches, with two handles and a screw in the centre, was dug out of the ruins of Pompeii, and has been preserved in the Museum at Naples, and of which there is a description and delineation in Vulpes's work, entitled "Illustrazione di Tutti gli Strumenti Chirurgici," Napoli, 1847. This instrument is called *speculum magnum matricis;* and there can be no doubt that it was intended to dilate the vagina and bring the os uteri into view. It is a complicated machine, but probably one of the most safe and perfect trivalve speculums that has since been invented.

Paulus Ægineta described an instrument which he called διοπτερα, composed of two branches and a screw handle, which was employed for the purpose of dilating the vagina. Avicenna is stated to have described, under the title Vertigo, two sorts of specula with three branches, which were opened by means of a screw handle. Spachius has given four delineations of the uterine specula of Ambrose Parè, which had three branches and were expanded by means of a screw. These instruments are figured and described in chapter xii., which is entitled "De Verrucarum Cervicis Uteri Curatione." The following passage contains an account of the diseases to which it was considered applicable:—"Quæ in uteri cervice succrescant verrucæ, siquidem minime malignæ sint, filo constringendæ erunt aut exsecandæ. Quæ altius in utero delitescent, speculo matricis immisso, oculis et digitis venient subjiciendæ." Spachius has likewise given a representation of the vertigo of Albucasis; and it is probable that the instrument,—being described along with others which were employed for the purpose of extracting the fœtus when dead, in difficult labours,—was not used as a speculum uteri, but dilator of the vagina. That the speculum matricis of Joannes Ruffius, also figured by Spachius, was a midwifery instrument employed in difficult labours is certain, from the following passage at p. 179:—

"Apertorium inquam, unctum et compressum obstetrix

leniter per collum matricis ad portam interiorem dirigat: quo sufficienter facto, utraque manu apertorium infra comprimat donec quantum sufficit os matricis diduxerit. Vel si placet altero instrumento speculo inquam matricis, eodem modo utatur, uti de apertorio modo dictu est. In hoc autem vertebram toties circumvolvi oportet donec sufficere propter dilatationem intellexeris. Eo autem modo diducto matricis, orificio, obstetrix manibus infantem leniter apprehendat, et si possibile est cum secundis educat."

M. Recamier, of Paris, states that in 1801 he began to treat ulcers of the uterus and vagina with topical applications, like those of the throat. By means of a slender tin tube, five inches long, he applied to the ulcerated surfaces charpie steeped in mel rosarum, and certain vegetable syrups, with or without the collyrium of Lanfranc, the laudanum of Rousseau, and the extract of opium. "I owed to these dressings," said M. Recamier, "the amelioration of all the ulcers of the uterus and vagina to which they were applied; the prolongation of the lives of several women afflicted with uterine and vaginal cancers; and, finally, the cure of divers obstinate ulcerations which were not cancerous." How the application of such simple substances as honey of roses and syrup of carrots could have produced such striking effects, it is difficult to imagine.

In the year 1816 a case of cancer uteri occurred, which led M. Recamier to enlarge the diameter of his conical tube, that the morbid parts might be rendered more visible, and cauterization employed without compromising the surrounding structures. He called this tube the speculum uteri, which he says has now passed into general practice, to perfect the diagnosis of ulcers of the uterus and rectum, which is indispensable in all cases where dressings require to be applied to the os uteri, and where vesico-vaginal and recto-vaginal fistulæ exist. At that time it was an opinion entertained by some French pathologists, that cancer of the uterus is a local disease, produced by or in some way connected with inflammation, and that the tissue of the uterus was almost always healthy, two or three lines beyond the part affected; that there was an analogy between *noli me tangere* of the skin and cancerous ulceration of the uterus; and that this latter disease might be arrested by escharotics applied over the whole extent of the ulcerated surface. The unsoundness of these views was demonstrated by the

result of the first case in which it was tried, the malignant disease having returned again and again, and at last having proved fatal, though the fungoid tumour of the os uteri had been cut away by Baron Dupuytren in the first stage of the disease, and the entire os and cervix uteri, and a great part of the body of the uterus had been destroyed, not by cancerous ulceration, but by twenty-seven cauterizations made with the acid nitrate of mercury.

From 1816 to 1829, M. Recamier employed escharotics in many cases of cancer uteri, by means of the speculum. In several of these, he said, the disease had never returned; but he admitted that in all, where the cervix was affected with cancer, the disease had never failed to reappear and prove fatal, whatever care was taken to carry the caustic beyond the diseased part. Although the total inefficacy of this treatment was soon satisfactorily proved, it continued, nevertheless, to be extensively employed in Paris, and not only was arsenical paste, nitrate of silver, acid nitrate of mercury, potassa fusa, creosote, muriate of gold, and compression, had recourse to, but even irons of a red and white heat were applied to the parts, which destroyed their vitality and made them slough; yet, incredible as it may appear, the sensations produced by the actual cautery were reported by the patients to have been rather pleasant than painful.

The cruel practice of extirpating with the knife, the whole or portions of the cancerous, or rather supposed cancerous uterus, now began to prevail, and became, both in Paris and London, the source of great popularity to some individuals; and most flattering reports of the results were published. In the Memoir "On Amputation of the Neck of the Uterus," presented by M. Lisfranc to the Institute of France, in 1834, the author stated, that of 99 operations for cancer of the uterus, 84 had been successful. The statements made in this Memoir are now universally disbelieved, and no man possessed of sound pathological knowledge would at the present time propose to extirpate the whole, or any portion of a cancerous uterus. In the hands of M. Recamier and M. Lisfranc, the speculum led only to useless cauterizations and operations.

The instrument soon assumed a great variety of forms, and came to be extensively employed in the investigation of venereal diseases, in the prisons, hospitals, and dispensaries

of Paris. "Inflammation of the mucous membrane of the vagina, and os and cervix uteri," "engorgements," "abrasions," "erosions," "superficial ulcerations," "syphilitic chancres," "fleshy pimples," "vegetations," "granulations in groups," "mucous tubercles," "crowds of red papillæ," "projecting spots of varying size," and numerous other morbid appearances, very vaguely defined, were reported to have been discovered by the aid of the speculum, which otherwise must have escaped detection.*

The speculum then became an instrument of police, and the sanatory laws, not only of Paris, but of Berlin, Hamburgh, Munich, Stuttgardt, and other continental cities, were regulated to a great extent by the information thus supposed to have been obtained. The prostitutes of the various districts of Paris were then, as now, compelled by the police to assemble at stated periods in the mornings, at the hospitals and dispensaries appointed by the government, to be examined with the speculum. One by one, in succession, they took their places upon their backs, with their knees drawn up and separated, on a kind of bed or table, minutely described by M. Parent Duchatelet, in his work "On Prostitution in Paris," had the speculum introduced into the vagina, and the parts publicly explored by the medical officer of the institution, before students and strangers from foreign countries, some of whom took up the notion, that uterine pathology could only be learned by witnessing such exhibitions, and hurried home to announce to their unenlightened professional brethren, that they were the "Apostles of the Speculum"—"that their fate was linked to the speculum"—and that "with the speculum they would stand or fall."† According to the observations made on these occasions, the women, thus publicly exposed to shame, were either permitted to return to their vicious habits without control, or be consigned to the wards of syphilitic hospitals, which M. Ricord says they looked upon as prisons, and to escape from which they practised every species of deceit. Some of the most eminent surgeons of France and Germany conducted the public examinations of prostitutes, with the speculum, and endeavoured to perform the difficult task of separating the clean from the unclean.

* Mémoire, &c. par M. T. Ricord, 1833.

† See Dr. Balbirnie's Thesis. London, 1836.

In the communication which I have now the honour of presenting to the Royal Medical and Chirurgical Society, I propose to state concisely the results of my observations during the last twenty-three years on the use of the speculum in the diagnosis and treatment of uterine diseases, believing that at the present time it is equally important to the medical profession and to society at large, that the legitimate use and real value of the speculum, in practice, should be accurately defined and made known.

In the first great class of organic uterine diseases, which comprehends fibrous, fibro-cystic, glandular, and all other tumours which are not malignant, I have derived little or no aid from the speculum in their diagnosis or treatment. When fibrous and other tumours are formed under the peritoneum, or between the muscular fibres, or under the lining membrane, and distend the cavity, their existence can only be determined by a careful examination of the hypogastrium, and of the interior of the pelvis, through the vagina and rectum. The uterus is usually felt large, hard, irregular, and the cervix shortened. Where these tumours have passed partially or completely through the os uteri, their size, density, the length and thickness of their roots, and the relation these bear to the os and cervix uteri, can only be determined by the touch. I have never detected a small polypus within the os uteri, or hanging through it, which I had failed to detect with the finger. In cases of this description I have, however, repeatedly employed the speculum, to ascertain the colour of the polypus, and the degree of vascularity of the investing membrane, which, without ocular examination, could not have been determined. The knowledge thus acquired was of no use in the treatment. In a case of fibro-cystic polypus of the uterus, which occurred at St. George's Hospital upwards of eight years ago, under the care of Mr. Cutler, the speculum was introduced, and we saw clearly the small cysts under the vascular covering membrane. The speculum was withdrawn before the operation for the removal had commenced. In a case of small glandular polypus, in a sterile married lady, which I saw with Mr. Painter, the speculum was employed, and it made us acquainted with the colour, and more perfectly with the nature and the diminutive size, of the disease. The polypus was removed with the forceps after the speculum had been withdrawn. Very recently, I saw a sterile

married lady, with Dr. Meryon, who had a small polypus hanging through the os uteri. In that case, the speculum had been employed before the patient came to London, and for that reason alone I had recourse to it. The tumour presented the appearance of a large bean, was of a bright red colour, like vascular tumours of the meatus urinarius, and bled freely when touched, though the surface was not ulcerated. The length and thickness of the root, on which the speculum threw no light, had previously been ascertained with the finger. The forceps was passed through the tube, and the tumour removed; but it is now my conviction that the peduncle would have been more effectually destroyed had the forceps been passed up along the fore and middle fingers of the left hand, in the usual manner. More recently, with Mr. Henry Charles Johnson, I removed a small polypus hanging through the os uteri, with the forceps, in a most satisfactory manner, without the speculum altogether. In all large uterine polypi it is obvious that the speculum can be of no use, and that it would not enable us in any case to decide whether a tumour in the vagina was a polypus or an inverted uterus, a small portion only of the lining membrane of the uterus, in either case, being all that could possibly be presented to the eye. A case of large globular tumour in the vagina, now under the care of Mr. Cathrow, strikingly illustrates the truth of what has now been stated respecting the use of the speculum in the diagnosis of inverted uterus and fibrous tumours.

In all the varieties of malignant disease of the uterus, scirrhus, fungoid cancer, and corroding or phagedenic ulceration, the speculum has given me no assistance whatever in their diagnosis and treatment, either in the early or in the advanced stages. I have never, in a single instance, failed to determine by the sense of touch when cancer of the uterus had commenced; but I have repeatedly, after the most careful examination, both with and without the speculum, suspected that it would be developed, when the result proved that my fears were groundless. I am fully satisfied that the speculum does not enable us to decide earlier than the finger, that cancer has commenced; and if it did so, as some maintain, and enable us to make applications to the os uteri, which could not be made without, not the slightest advantage would be gained in

practice. When cancer of the uterus has advanced to ulceration, the speculum is not only useless, but positively injurious, and ought not to be used. In the year 1827, when I first became acquainted with the speculum, and saw it frequently employed in a great public institution, a patient with ulcerated carcinoma speedily died from hemorrhage after the introduction of the bivalve speculum.

In cases of ulcerated cancer of the uterus, the best French writers have interdicted its use; "L'état de la matrice elle même," observes M. Teallier, "interdit quelquefois l'usage du speculum: les ulcérations saignantes, et profondes du col, son énorme développement, les fongosités qui s'élevent de sa surface empêchent et rendent même inutile ce moyen d'exploration." M. Pauly gives the same opinion, and relates a case in which the speculum produced extensive laceration of the vagina, and death in two hours.

Several cases of ulcerated carcinoma have come under my observation, in which the speculum, and ignorance of uterine pathology, appeared to have led to the commission of the most grievous mistakes. In one of these, even in the last stage, the speculum and caustic had been employed daily, for months, and hopes held out of recovery, when the patient had only a very short time to live. In another case, which I saw with Mr. York, where the os and cervix uteri and a portion of the vagina were all extensively disorganized by cancerous ulceration, the speculum and caustic were used, at first daily, and then twice a week for months, by the physician under whose care she came at last, without the slightest benefit. I have seen other cases analogous to these, and several others have been related to me which I had not seen.

From the age of maturity to the middle period of life, the uterus is rarely,—seldom at least, comparatively with advanced age,—affected with organic disease of any kind. Amenorrhœa, hysteria, dysmenorrhœa, menorrhagia, leucorrhœa, and various nervous affections, local and constitutional, are those from which females chiefly suffer before the age of twenty-five or thirty. An examination of the physical condition of the uterus in unmarried women, either with or without the speculum, I have always refused to make, even when requested to do so, unless pain, severe and almost constant, in the region of the uterus existed, leucorrhœa, or hemorrhage, which did not yield to treatment, and where

the symptoms did not make me strongly suspect the presence of some displacement or organic disease. In unmarried women, whatever their rank or condition in life may be, the integrity of their structure should not be destroyed with the speculum, nor their modesty wounded by an examination of any kind, without a necessity for such a proceeding being clearly shown. Even in married women who are barren, or who have had children, it is unjustifiable, on the grounds of propriety and morality, to institute an examination of any sort, unless the symptoms warrant the supposition that the uterus is displaced, or is in a morbid condition, the nature of which cannot be determined by the symptoms alone. Numerous cases of leucorrhœa in young unmarried females, where rational, constitutional, and local treatment is adopted, perfectly recover where no examination is made.

In cases of obstinate leucorrhœa, I have often employed the speculum in married women, after I had failed to detect the existence of disease by the ordinary mode of examination. In some of these cases there has been seen an unusual degree of redness of the os uteri, sometimes affecting the whole, and at other times limited to the inner margin, with or without swelling. The white viscid discharge has been seen issuing from the os uteri. I have never seen ulceration of the orifice of the uterus in such a case, and the condition of the interior of the cervix I have never been able to demonstrate, either with the bivalve or any other speculum: nor do I believe that, in the ordinary condition of the os uteri, it is possible to see the inner surface of the cervix to any great extent by any means. Where the orifice is unusually open, the lips may be separated sometimes to a small extent, but never, as far as my observation goes, to show more than an extremely small part of the interior of the cervix. In some cases of chronic leucorrhœa, with redness and swelling of the os uteri, I have known the speculum and caustic employed at short intervals, for many months, without the slightest benefit; but the leucorrhœa has ceased, as the general health has been restored by constitutional and topical treatment. In a case of sterility with obstinate leucorrhœa, which has very recently occurred, the injection into the cavity of the uterus of a weak solution of sulphate of zinc caused the most sudden and excruciating pain, and collapse of the nervous system, which had nearly proved fatal.

Sometimes one or both lips of the os uteri are in the condition which is usually called hypertrophy, and which has no relation to cancer. One lip perfectly smooth, and not unusually hard and irregular, as in cancer, protrudes beyond the other to the extent of half an inch, or three quarters, or more. I have known this state mistaken for polypus, seized with the forceps, dragged down to the orifice of the vagina, and removed with the knife or scissors. At other times both the lips are swollen, nodulated, and fissured, and the mucous membrane covering them intensely red, with an appearance of superficial excoriations or granulations, which are elevated above the surrounding surface. These apparent granulations are usually considered and treated as ulcers of the os and cervix uteri; but they do not present the appearances which ulcers present on the surface of the body, or in the mucous membranes lining the viscera, and they are not identical with the granulations which fill up healthy ulcers. They present the appearances often observed on the tonsils, and which are said to be ulcers, but which are not. This granular state of the os uteri, in which the diseased mucous membrane is raised above the level of the surrounding surface, and not depressed, like ulcerations in all other parts of the body, is not dissimilar to granular disease of the mucous membrane of the eyelids, the most aggravated cases of which are well known to be produced by the abuse of escharotic applications. These morbid states of the os uteri most frequently indicate the existence of some disease of the nabothean glands, penniform rugæ, lining membrane or walls of the uterus, or of the general health, which lies far beyond the reach of the speculum and caustic. The state of the orifice of the urethra not unfrequently indicates the existence of disease of the prostate gland, or of the urethra itself, near the bladder. Such is the case with the os uteri, and its red, swollen, hypertrophied, granular state often indicates morbid conditions of the constitution of the glands, mucous membrane, and walls of the uterus, on the nature, diagnosis, and treatment of which, little or no information is derived from the use of the speculum. In these cases I have known leeches, scarifications, caustic, and the speculum employed, upon a great scale, and sometimes, I admit, (if the reports of patients are always to be trusted to,) with apparent temporary relief. Gently rubbing the os uteri with lunar caustic, through the speculum, a few

times, at long intervals, has appeared to effect all the good which such local treatment can accomplish. It is impossible that any disease of the os uteri, or any other part of the body, can require, twice or thrice a week for six or nine months, the alternate application of leeches, and caustic through the speculum, in the manner which has recently been recommended and practised; and it is my conviction, that rational constitutional treatment, and injections, sedative and astringent, will in these morbid conditions of the os uteri succeed ultimately in producing more successful results than escharotics.

In some of these cases, instead of adopting the course which I have now recommended for the removal of these diseased states of the uterus, potassa fusa has been run into the cervix, and twisted about in all directions, which has produced sloughing and complete disorganization of the parts. In one case, which I saw in a young married lady, this had been done repeatedly, and the patient had nearly perished from peritonitis and the sloughing which followed. I saw this lady some months after, with her general health deeply injured, the lips of the os uteri partially gone, and the parts cicatrized and contracted. I sought in vain for an explanation of the grounds of such practice, and recommended greater caution in the use of potassa fusa: but the advice was thrown away. Twice since, the same experiment has been repeated by the same individual, and with the same results. One of the most learned fellows of this Society has communicated to me the history of a case, which came under his observation, in which sloughing followed the application of potassa fusa to the os uteri. The cervix uteri presented the appearance of a hard, pale, shining cicatrix. A narrow chink only was to be seen, into which a small bougie could enter. The orifice was greatly contracted, if not absolutely closed. The eminent pathologist who has communicated to me the history of this case, has justly observed, "That if potassa fusa be introduced into the os and cervix uteri, and turned firmly round, or be applied severely, as has lately been recommended, there must be a partial death and destruction of the part, and a state of actual mortification or gangrene induced; and this injury nature can only repair by sloughing, ulceration, cicatrization, and contraction, if not a complete closure of the cervix uteri."

An English physician, eminent in science, after visiting an hospital in Paris, a few days ago, wrote as follows to a friend in London:—"I have seen some very wonderful things, which I will recount to you.—A large speculum being passed up to the neck of the uterus, red hot irons are inserted into the neck, right into the os, which is also cauterized on its surface, and as soon as it is done, the creatures get up and walk away, and never seem to feel it at all. To-day, M—— found an os wider open than it should be, and so, to satisfy his curiosity, he poked an immense long pair of forceps almost three inches into the cavity of the uterus:—yet more, some days ago I saw him pass his stick of lunar caustic into the os, a little way into the neck, then break it off and leave it there." If such practices as these here described were only employed in Paris, from whence all the pretended recent improvements in uterine pathology and therapeutics have issued, I should not now have considered it necessary to denounce them to the Royal Medical and Chirurgical Society.

In the year 1832, my colleagues at the St. Marylebone Infirmary, Dr. Hope, Dr. Sims, Mr. Stafford, and Mr. Perry, late Secretary to this Society, at my request desired that the uteri of all the women who died in the wards should be carefully examined, and that they should be preserved for my inspection, when any morbid appearance was observed. "From 1017 post mortem examinations of females of all ages, made by Dr. Boyd, (after excluding those of children and others, in which special mention is not made of the uterus,) there were found 708 where either the state or weight of the uterus was noted. In 13 of these, there was congestion or inflammation, which had no specific character, and in some the inflammation was limited to the fundus, and could not have been detected unless the uterus had been removed or cut open. In at least 3 there was enlargement and induration, which did not appear to have any specific character, and in 2 there was extreme wasting: 24 were puerperal cases: 13, dropsy of the ovaries or fallopian tubes: in 31, fibrous or bony tumours: and in 21, cancer." "My impression is," adds Dr. Boyd, in the same report, "that ulceration of the neck or the mouth of the womb is an exceeding rare disease, else I must have observed it. Having cut up and weighed many hundreds, it could have scarcely escaped my notice."

Dr. Allen, the present resident medical officer at the St. Marylebone Infirmary, has held the office about twelve years, and he states to me, that he has actually examined, or been present at the examination, of the bodies of more than 1000 adult females, and "of these he does not believe that he ever saw more than 20 examples of ulceration of the os uteri of any kind, scrofulous or venereal, excluding cases of ulcerated cancer of the uterus, which were known to exist before death." Dr. Allen further states, that he has "observed in some cases a portion of the mucous membrane of one lip slightly abraded: this he has seen occasionally, but not often."

Mr. Prescott Hewett (a great part of whose professional education was received in Paris, and who for some years followed the practice of the several professors who were in the habit of exhibiting to their pupils all the appearances which the os uteri presented through the speculum) was six years Curator of the Museum of St. George's Hospital, and conducted all the post mortem examinations. He states, that during that time he could not have examined fewer than 600 uteri, "and very seldom, if ever, did he meet with anything which could be called ulceration of the os and cervix uteri, independent of scrofula and cancer."

Mr. George Pollock held the same office for three years, during which time he examined the bodies of more than 300 women, and in every case the uterus was cut open and examined. In 4, uteri ulceration was observed, but 3 of these were scrofulous patients, and scrofulous ulceration existed in other organs. In the 4th case the ulceration must have been cancerous, as it involved the vagina extensively, as well as the os uteri. Mr. Hewett and Mr. Pollock did not, therefore, observe a single example of ulceration of the os and cervix in the 900 uteri they examined, which confirms the accuracy of the opinion given by Dr. Boyd, that "ulceration of the neck or mouth of the womb is a very rare disease." Mr. Gray succeeded Mr. Pollock at St. George's Hospital, and he examined 180 uteri. Distinct ulceration of the os and cervix was only observed by him in three uteri, and the nature of the ulceration in those three cases was not determined with certainty. Mr. Gray states to me further, that redness, slight abrasions, and granulations were sometimes, but not frequently observed.

Neither in the living nor in the dead body have I ever seen ulceration of the os and cervix uteri, except of a specific character, and especially scrofulous and cancerous; but I have met with a very considerable number of cases, in which it had been assumed by others to exist during life, after deliberate and repeated examination by them with the speculum, where I ascertained that ulceration did not exist in the os and cervix uteri, nor disease of any kind. This mistake has happened not once, and to one individual, but in a number of cases, and to several practitioners, who avow that they are "in the daily and almost hourly use of the speculum."

Two years ago, I saw a young unmarried lady, suffering from hysteria. She had been examined with the speculum by a practitioner previously in attendance, and was declared to have an engorgement of the uterus, and ulceration of the cervix. The speculum and caustic, twice a week, for several months, were required, it was said, to complete the *cure*. At the request of the ordinary medical attendant of the family, I examined the os uteri both with and without the speculum, and he did the same most carefully, but no trace of ulceration or disease of any kind could be detected in the parts. We recommended that the patient should leave her couch, to which she had been doomed, and by the use of valerian, and other appropriate remedies, with exercise and sea-air, she speedily and most completely recovered, without the speculum and caustic.

On the 3rd of October, 1849, I was consulted by a lady, aged 20, who had enjoyed good health before her marriage. Soon after this, pregnancy took place, and for ten weeks, according to her own report, she was extremely ill, had constant sickness, pain in the region of the uterus and in the legs, swimming in the head, inability to walk; the whole nervous system was greatly disordered. Miscarriage took place in May, 1848, about the tenth week, with much hemorrhage. I was requested by the patient's mother to examine the uterus, and to state whether it was in a sound or diseased condition. I did so by the touch, and ascertained that it was small, moveable, and neither displaced nor diseased, but very tender on pressure about the cervix. I was then requested to examine carefully with the speculum, and state whether or not ulceration existed in the mouth and neck of the womb, and whether one of the

ovaria was not diseased. I did so, but could see nothing like an ulcer in these parts. I was then informed that she had been examined by another physician, with the speculum, the day before, and that he had declared, in the most positive manner, that ulceration existed, which would render it necessary for the patient to remain several months in London, to have caustic frequently applied. I recommended her to return home immediately, to avoid the speculum and caustic, and trust her recovery to sea-air, carriage exercise, sedatives, and mild tonics. For some months the pains in the uterine region, and inability to walk, continued, but in the progress of time, all the symptoms wholly disappeared, without any other treatment being adopted; pregnancy again took place; she went to the full period, was safely delivered, suckled her child, and is now in the enjoyment of excellent health.

On the 22nd of February, 1850, at the request of Dr. Page, Physician to St. George's Hospital, I saw a married lady, aged 32, who had suffered severely from hysteria, both before and after her marriage. She was the mother of several healthy children, the youngest being two years of age. The general health was good; the catamenia were regular; there was no leucorrhœa nor sign of uterine disease. This lady was, however, made to believe by a friend, who had herself been treated with the speculum and caustic, during some months, that there was something wrong about her womb, and that she must, therefore, consult the practitioner referred to in the last case. The lady did so, and was immediately informed that she was labouring under inflammation and ulceration of the cervix, and that it would be necessary to come to London for six months at least, be confined to her couch, and have caustic frequently applied through the speculum. I examined the os and cervix uteri of this patient, both with the finger and the eye, but I could discover no trace of inflammation, ulceration, excoriation, granulation, or disease of any kind whatever. Never in the whole course of my experience had I seen or felt the os and cervix uteri in a more healthy condition.

I will not fatigue the Society by relating the histories of many additional cases which have come under my observation, in which it had been previously affirmed, after deliberate examination with the speculum, that ulceration of the

os and cervix uteri existed, where there was actually no ulceration nor disease of any kind.

Dr. Copland has communicated to me the following history of a remarkable case, in which the speculum was used, in my opinion, contrary to every scientific principle, and with fatal results:—"A lady aged 50," says Dr. Copland, "had been several years afflicted with jaundice, and in the latter period of those years became paraplegic. The paraplegia was to a certain extent removed, so that she was able to drive out in her carriage. She had consulted several physicians before she came to me, and I had seen her repeatedly during the last few years. She had heard that a physician had cured the wife of a distinguished person of some very serious disease of the womb. When this was related to her, and that it was done in consequence of his employing a new method of examination, and that, by having recourse to this, he had not only cured the lady referred to, but was also better able than any other physician in London to find out the source of all diseases occurring in females, she went and consulted him, and at the same time informed him that she was under my care. This lady begged me to meet this practitioner in consultation, which I did; when he informed me what this new method of examination was. He stated, that from the previous conversation he had had with the patient, he believed that all her illness arose from disease of the uterus, and he wished to demonstrate this with the speculum. To this I answered, that there could be no disease of the uterus or its appendages, because the uterine functions had been performed regularly up to the age of 49 years, and that she had never complained of leucorrhœa, or of any uneasiness about the uterus. However, he succeeded in recommending, with the concurrence of this lady's married sister, who had accompanied her from the country, that an examination with the speculum should be made. I said it appeared to me wholly unnecessary, but I would leave the patient to her own discretion; the examination was commenced, and I remained some time, but was shocked with the proceedings, for the hymen was unbroken, and the doors were all obliged to be closed, to prevent the people in the house from hearing her screams, and being alarmed. The examination went on, and after having stopped the greater part of an hour, during which

it continued and was not completed, I left. About seven or eight days after this, I was informed that the paraplegic symptoms, which had previously been much mitigated, had become exasperated, and had extended so as to produce general palsy, and ultimately delirium and coma. She died in eight days after the examination with the speculum, and I requested an examination of the body to be made. This was done in the presence of Dr. King, two surgeons from Woolwich, and myself. The operator with the speculum was also requested to attend, but he did not appear. The spine was opened, and as high as the first and second dorsal vertebra, lymph was effused between the membranes, but it was not recent, and was partially converted into a gelatinous adipose substance. But above this, and up as high as the base of the brain, there were indications of recent inflammation, with a copious effusion of coagulated lymph observed. The uterus and all its appendages were perfectly healthy; the os, cervix, and every part of the uterus was in a sound state, and the vagina was also perfectly healthy, except at its orifice, which presented appearances of recent violence. The hymen was completely torn."

These are all the observations which I shall now offer on the use of the speculum in the diagnosis and treatment of uterine diseases.

On the Nervous Structures, and Diseases of the Uterus.

I have demonstrated that the human uterus possesses a great system of ganglia and nerves, connected with the sympathetic and spinal cord, which enlarges with the coats, blood-vessels, and absorbents during pregnancy, and which returns, after parturition, to its original condition before conception takes place. It is chiefly by the influence of these ganglia and nerves that the uterus performs the varied functions of menstruation, conception, and parturition, and it is solely by their means that the whole fabric of the nervous system sympathises with the different morbid affections of the uterus. If these ganglia and nerves could not be demonstrated, its physiology and pathology would be completely inexplicable. I have likewise demonstrated that the blood-vessels, and the muscular

structure of the auricles and ventricles of the heart, are endowed, like the uterus, with numerous ganglia and plexuses of nerves; that the nervous structures of the heart enlarge with the natural growth of the heart, before birth, during childhood and youth, until the heart has attained its full size in the adult; that the ganglia and nerves of the heart enlarge like those of the gravid uterus, when the walls of the ventricles are affected with hypertrophy; and that the ganglia and nerves which supply the left ventricle in the natural state, are more than double the size of the ganglia and nerves distributed to the right side of the heart. I have demonstrated that every artery distributed throughout the walls of the uterus and heart, and every muscular fasciculus of these organs, is supplied with nerves upon which ganglia are formed.

In amenorrhœa, chlorosis, dysmenorrhœa, menorrhagia, hysteria, hysteralgia, sterility, all the functional disorders of the unimpregnated uterus, and in many of the diseases of the gravid uterus, the slightest reflection on the symptoms would lead us to conclude that these are nervous diseases. The local and constitutional phenomena of these diseases would be inexplicable, if we did not know that the uterus has an extensive system of ganglia and nerves, great nervous centres, connected with the brain and spinal cord. The treatment of these diseases cannot, without this knowledge, be conducted upon sound physiological and pathological principles.

Disorders of the Uterine Functions.

Case I.—August 23, 1832. Mrs. D——, aged 34. Had suffered for several years from severe headache, for the relief of which leeches, blisters, setons, &c., had been employed. She had been delivered six months before, and appeared exhausted by nursing her child. For several days she had complained of pain in the back part of the head, and the muscles of the neck and extremities had been affected with spasms, which I considered hysterical: the pupils were slightly dilated: pulse 100, full and strong: tongue loaded. Believing that the symptoms did not arise from congestion of the brain, but from an opposite condition, leeches were not applied to the temples; but they were

bathed with cold vinegar and water, and the headache and spasms subsided on the exhibition of a draught, with thirty drops of tincture of henbane, and camphor mixture. Purgatives were afterwards employed.

Case II.—November 23, 1832.—Mrs. P——, aged 37. Married in early life, and barren. It was reported that she had miscarried thrice; but the history of the case by Dr. Burder rendered it probable that she had never been pregnant. Five years ago she began to suffer from pain in the back, and weakness, discharge from the vagina, and pain and difficulty in passing the urine. A small tumour was detected near the orifice of the vagina, and removed by an operation. Continued well for some time; but the pain and discharge returned in the course of some months, for which she was cupped and had leeches applied. During the last year has suffered much from pain in the back, great weight within the pelvis, and sensation of bearing down, and shooting pain in the right groin, and throbbing: discharge of various coloured fluids—sometimes like pus, at other times like water. She suffers much at the monthly periods, and coagula are sometimes passed with the catamenia: occasional sickness, loss of flesh and strength: is exceedingly weak and nervous. The uterus hangs low down in the vagina; the lips of the orifice are smooth; the body of the uterus somewhat enlarged. There was no organic disease of the uterus discovered, and the symptoms gradually disappeared.

Case III.—March 22, 1833. Mrs. B——, aged 19. Married, but never pregnant. Had suffered severely from hysteria. Four months ago, exposed to cold during menstruation; the catamenia have appeared only once since. Now complains of headache, sickness in the morning, loss of appetite, and fixed pains, increased by pressure, in the right side of the abdomen, between the umbilicus and anterior superior spinous process; pulse quick: tongue loaded: thirst: bowels extremely irregular: feet swell towards night: chronic congestion or inflammation of the right uterine appendages was supposed to exist in this case. Twelve leeches were applied; fomentations, and poultices, and calomel, James's powder, and extract of poppy were exhibited, and afterwards, purgatives and diaphoretics, warm hip-baths and pediluvia. Recovered.

Case IV.—August 21, 1833. Mrs. N——, aged 30.

Has been married twelve years, and has had no child. She has suffered at intervals, for several years, from some affection of the kidneys and bladder; the catamenia are regular, but accompanied with great pain, and in the intervals there is copious leucorrhœa: the fluid discharged is like the white of egg. She is subject to attacks of faintness, and is obviously very hysterical. Two years ago she consulted Sir C. Clarke, who examined the uterus, and declared that it was perfectly healthy. I repeated the examination, and could discover no disease of the uterus.

Case V.—September 7, 1833. Sarah C——, aged 22. Had long been in delicate health, had suffered much from nervous headache, dysmenorrhœa, and profuse leucorrhœa in the intervals. Looks pale and dejected, and complains of pain in the back and in the left side of the abdomen, increased by pressure, between the umbilicus and ilium, extending down the thigh. There is no hardness or swelling in this situation. The pain comes on in paroxysms. No blood passed with the urine, and no evidence of disease in the kidney.

Case VI.—October 9, 1833. Sarah Mills, aged 20. Has never menstruated. Every month she has violent pains in the head and bowels. The headache sometimes lasts for seven days, and then entirely ceases. Her person is small and imperfectly developed. Seen with Mr. Balderson.

Case VII.—October 22, 1833. Mrs. F——, aged 30. Had a child twelve years ago. Since then has menstruated regularly every month, till five months ago, when it was accompanied with great pain; corpulent habit of body: abdomen larger in the evening than in the morning. Supposes that she became pregnant about Christmas, though the catamenia have never ceased. In the intervals has forcing down pains: mammæ enlarged: umbilicus slightly protrudes. Movements of a child supposed to be first felt about the beginning of July. The uterus was not enlarged, and in the unimpregnated state.

Case VIII.—December 11, 1833. At the request of Dr. Burder I saw Mrs. H——, aged 20, who had been married eighteen months, without having become pregnant. The catamenia were regular, and without pain. There was profuse leucorrhœa, with great irritation of the vagina and parts around the orifice, and tenderness of the hypogastrium, and various hysterical symptoms. The os and cervix uteri

were healthy. A great variety of local and constitutional remedies were employed in this case, without the slightest benefit; and the sterility has continued, with hysteria, and strong tendency to mania.

Case IX.—On the 1st of January, 1834, I saw Mrs. T——, aged 30, who had been married five years, and was sterile. Menstruation was regular, but painful. There was some leucorrhœa, but I could detect no disease in the uterus.

Case X.—August 20, 1834. Mrs. H——, aged 28. Married eight years, never pregnant. Four years ago had an affection of the spine, and ever since has suffered severely from indigestion and pain in the epigastrium. Catamenia regular, but scanty. No organic disease of any kind detected in the uterus.

Case XI.—October 9, 1834. Mrs. ——, aged 30. Married fourteen years; second husband; two children soon after her first marriage—none since her second. The abdomen is large, and she feels at times a fluttering sensation, like the movements of a child: menstruation irregular. At Christmas, passed three months without any appearance; since then has been regular: sickness in the morning: appetite bad: œdema of the feet and ankles in the evening: has difficulty at times in retaining the urine. She has consulted an eminent accoucheur, who has expressed a doubt about her pregnancy. Three months ago she was examined with the stethoscope, by another practitioner in midwifery: declared to be pregnant, and requested to provide her nurse. The labour did not take place at the expected time; and, on making an examination, I found the uterus in the unimpregnated state.

Case XII.—Sir A. Cooper requested me, on the 3rd November, 1834, to see a lady, aged 42, who had been married twenty years and was barren. She had spent ten years in India, and had suffered severely from dysmenorrhœa and leucorrhœa. Since her return from India, ten years before, there was great irritation in the course of the urethra, and in all the parts around the ostium vaginæ, and frequent attacks of pain in the hypogastric region and thighs. The os and cervix were healthy, and no organic disease could be detected in the body of the uterus.

Case XIII.—June 23, 1835. I saw a lady, aged 34, who had spent fourteen years in India, who had a child about a year after her marriage, and then became sterile. From

the great pain which was experienced when the placenta was removed artificially, and which continued long after, it was supposed that some injury had been inflicted upon the uterus by the hand of the practitioner. Her constitution had been injured by remittent fever and other tropical diseases. I could detect no disease in the uterus or its appendages to account for the barrenness. This lady died some years after, from phthisis.

Case XIV.—On the 15th October, 1835, Dr. James Johnson requested me to communicate my opinion respecting the following case, the history of which had been sent to him by a correspondent from the country a few days before. "Mrs. S——, aged 28. Married. Two months since, began to suffer from a numbness of the lower extremities, as high as a line drawn between the ilia; walks with a dread of falling: pain in the lower part of the sacrum, increased on pressure: lumbago: abdomen slightly tympanitic: evacuates the bowels and bladder freely: catamenia regular, but painful: leucorrhœa from the internal surface of the uterus: great debility: pain of frontal region not relieved by pressure: dyspnœa and palpitation on the most trifling exertion: appetite bad: pain of epigastric region, but no symptom of gastritis: feet œdematous: prurigo for three years. Has been married seven years—no family. The lumbago attributed to a fall sustained before marriage, and has been constant and severe. The dysmenorrhœa and leucorrhœa followed immediately after marriage,—so frequently the cause of hysterics. Within the last twelve months, has been frequently bled, placed in hot baths, leeched, blistered, and had two issues inserted, to which treatment I attribute the dyspnœa, palpitation, &c.;—the pain and discharge from the uterus were so severe as to warrant the treatment. Injections into the uterus have been used; mercury, when tried, has always produced diarrhœa. For the numbness no treatment has yet been pursued, with the exception of blisters on each side of the whole length of the spine, which, on consultation, were applied, but attended with no relief. She is at present on a generous diet, and using the compound mixture of iron. Perhaps it is necessary to say, that she is not hysterical,—at least, so far as I can judge. Can the numbness have arisen from debility, the conjoined result of the treatment and uterine disease?"

Case XV.—January 5, 1836. Anne Jones, aged 16. The catamenia had not appeared. Has suffered severely during two years from giddiness and headache, cough, dyspnœa, and palpitation of the heart: pulse quick: tongue loaded: bowels confined. Leeches behind the ears, and cathartics, relieved the symptoms.

Case XVI.—January 6, 1836. Mary B——, aged 34. Six weeks ago, was suddenly attacked with pain in the left side of the hypogastrium, sickness, and fever. The symptoms were relieved by venesection and leeches. Great weakness remained, and after menstruation, in Christmas-week, a considerable yellow-coloured discharge took place from the vagina. The discharge has nearly ceased: no pain in passing the urine: has great pain in the back, and now complains of soreness and swelling all round the hypogastrium: tongue white: pulse 100: bowels open. Had profuse leucorrhœa before this illness commenced. Uterus low down in the vagina: the lips of the orifice and cervix swollen, and more tender to the touch than natural. The symptoms gradually subsided by the occasional use of the tepid hip-bath, rest, and mild purgatives.

Case XVII.—On the 22nd January, 1836, I saw a young woman in St. George's Hospital, under the care of Dr. Chambers, who had suffered more than a year from leucorrhœa, irregular and painful menstruation, and general bad health. Six weeks before, the legs and feet were swollen, and the face puffy. The whole of the preceding summer she had suffered from pain over the abdomen, and especially in the region of the liver. After she came into the hospital, the right mamma and arm had become the seat of pain, and afterwards the feet and ankles, and it left the abdomen, which was tumid from hysterical distension; pulse 80: tongue loaded: bowels confined. The symptoms gradually disappeared under appropriate treatment.

Case XVIII.—January, 26, 1836. Mary L——, aged 18. Has never menstruated. November twelvemonth, began to suffer from pain in the back and hypogastrium, and great dyspnœa, followed by sallowness of complexion. During the succeeding month she took cathartics, with the pilula ferri composita at bed-time, and occasionally employed the tepid hip-bath, with much benefit.

Case XIX.—On the 29th January, 1836, I saw a lady, aged 22, who had returned from India a few days before,

where she had been married, and resided three years. Before leaving England the catamenia were regular, and her health was tolerably good, though not robust. On one occasion, she had been suddenly seized with such a degree of stupor that she fell to the ground, but soon recovered her consciousness, and was quite well when she embarked for Calcutta. On the voyage, she had several attacks of a similar character. After her marriage, the catamenia immediately disappeared, the abdomen became swollen, and she had all the symptoms of pregnancy during eight months. Before this period, the catamenia had returned irregularly, and her health was so much impaired that she left India for one of the islands of the Archipelago. This had little effect, and it became necessary to return home. During the voyage, which lasted four months, she expectorated a considerable quantity of blood, and had difficulty of breathing. This pectoral affection gradually disappeared after her arrival in London, where leeches were applied to the sternum, and other remedies employed. On inquiring further into the history of the case, it appeared that violent hysterical fits had repeatedly occurred, which had greatly alarmed her family and medical attendants in India. Cathartics were extensively employed after she came under my care, and with decided benefit. On the 4th February, Sir C. Clarke saw this patient, with me, examined the uterine organs, and discovered that the hymen was entire. He prescribed as follows:—℞ acid muriat., acid nitric, aa. gtt. iv.; infus. aurant. ℥i.; syrup, ℥i.: to be taken thrice daily; and every night the following pills:—℞ hydr. pilul., gr. ii.; pulv. alo., gr. iii.; extr. colo. co., gr. iv. ft. pilulæ, ii. On the 23rd February, the chest was entirely relieved, the tongue clean, and menstruation had taken place regularly two days before. During the previous two years and a half, she had also suffered from pain and swelling of the knee-joints, and had been unable to walk. This patient was restored to perfect health, and has since had a large family of children.

Case XX.—February 13, 1836. Henrietta P——, aged 22. Has menstruated only twice; the first time when she was 19, and the last time a year ago. The feet and ankles are swollen and painful: pulse quick: tongue furred: bowels long very confined. She complains of giddiness, sense of suffocation in the throat, dyspnœa, pain about the

region of the stomach and chest. In this case there was no organic disease discovered, and the symptoms gradually disappeared under the steady use of active cathartics, tepid hip-baths, and proper diet, air, and exercise. This patient was seen by a medical practitioner on the 6th January, who prescribed as follows:—℞ alo. socotr., ʒi.; extr. colo. co., gr. xii.; iodinii, gr. vi.; mucil. acc., q. s. ft. pilulæ xxiv. On the 12th January, she was directed to take a table-spoonful thrice daily of the following mixture:—℞ confect. aromat., ʒiii.; tinct. aurant., ʒvi.; syrup zingib., ʒii.; tæ. opii, m. xxx.; aquæ carui, ℥v. On the 3rd February, she had commenced taking the following pills:—℞ iodin., gr. ix.; pulv. capsi., gr. xx.; pilul. hydr., gr. xx.; extr. rhei., gr. xx.; extr. gent., gr. xii.; mucilag. acac., gr. ii., ft. massa in pilulas xxiv. divid.

Case XXI.—February 29, 1836. Mrs. B——m, aged 53. Married in early life, and has never been pregnant. The cause of the sterility was not ascertained. She had suffered long from rheumatic gout and palpitation of the heart, and agonizing pains, at times spreading over the whole left side of the chest. Her history led to the belief that she had suffered from hysteria.

Case XXII.—March 8, 1836. Lucy B——, aged 38. Menstruation long extremely irregular; had vomited a large quantity of blood after suffering from attacks of fainting, and pain about the chest. The pulse was ninety, and the air entered every part of the lungs freely; no difficulty of respiration. Acetate of lead and opium had been prescribed.

Case XXIII.—March 11, 1836. Mrs. B——r, aged 42. Married seventeen years, but has been sterile. Enjoyed good health till two years ago, and then began to suffer from headache, and rheumatic pains in the limbs,—not in the joints. Digestive organs disordered; menstruation irregular. No organic disease was discovered in the uterine organs.

Case XXIV.—March 22, 1836. Mrs. W——, aged 22. Married two years, and never pregnant. Never menstruated regularly; but during the last seven months has seen nothing, and says she has had no symptoms of pregnancy. There was swelling of the lower extremities. The veins of the lower extremities were distended; there were dark areolæ around the nipples, and the glands were

enlarged; yet the abdomen was not enlarged, and there was no positive evidence of the existence of pregnancy. When an attempt was made to ascertain, by an internal examination, the state of the uterus, she went into a state of violent hysteria, which prevented a full inquiry being made.

Case XXV.—April 20, 1836. Mrs. D——m, aged 37. Married fifteen years, and never pregnant. Menstruation perfectly regular, and without pain. During the whole period of fifteen years, no symptoms had been experienced to lead to a suspicion that organic disease existed about the uterine organs, or functional disorder of any kind, except the sterility. For six months before I saw this patient, she had begun to suffer from fulness about the head, headache, giddiness, heavy sleep, uncomfortable dreams, and a feeling as if the hands were larger than natural, and deprived partially of power. Leeches, purgatives, and low diet, soon removed these symptoms.

Case XXVI.—On the 5th May, 1836, I was called to see a young woman, who resided in the Edgeware-road, who had been attacked, three or four days before, with severe peritonitis, immediately after exposure to cold during menstruation. The inflammation almost immediately supervened on the suppression of the discharge. She had been twice bled from the arm; leeches had been applied, and warm fomentations and poultices, and calomel and opium freely exhibited. The abdomen was still tense and painful on pressure, but the inflammation subsided slowly, and she was left in a very weakened state.

Case XXVII.—On the 23rd May, 1836, I saw an unmarried lady, from Wales, who had been afflicted with epilepsy for twenty-five years. The first fit took place in a cold bath, into which she had plunged after being heated by exertion. She was then about fourteen, and had not menstruated. Then a long interval of eighteen months passed away before another fit occurred; gradually the intervals had become shorter. Menstruation commenced at 16, and continued perfectly regular. At the monthly periods, it has been observed that the epileptic fits are more severe, and in greater number, than at other times, and that she is left after them in a more exhausted state. This patient had been under the care of Dr. Baillie, who had recommended leeches and blisters to the head and nape of

the neck, and vegetable diet. Under this treatment she had become much worse.

Case XXVIII.—On the 1st June, 1836, I was requested to see, in consultation, Mrs. B——, aged 40. She had miscarried several times, without any apparent cause. During two years, she had been subject to profuse leucorrhœa, with attacks of severe pain, represented by her medical attendant to be in the neck of the uterus. Leeches, warm injections, tepid baths, mercury, henbane, camphor, and many other remedies, had been tried without much effect; tonics had done harm. Connected with this painful condition of the cervix uteri, it was stated that a distressing state of uterine nervous excitement often existed. Blisters had likewise been applied, and belladonna plasters, iron, and sea bathing, and full diet. It was suspected that the symptoms were produced by incipient cancerous disease of the uterus. There was no displacement, and the soft smooth state of the lips of the os uteri induced me to form the opinion that cancer did not exist. Cooling saline purgatives and Plummer's pills were recommended, with tepid hip-baths, low diet, and the careful regulation of the mind. All French and German novels were rigorously interdicted. On the 30th of December, 1838, I again saw this patient, and there was nothing like carcinomatous disease about the parts. She still complained of pain, referred to the neck of the uterus; but her general health was greatly improved. The mind of her medical attendant was influenced by the representations then made, that *engorgements*, *indurations*, *inflammations*, *ulcerations*, and *erosions* of the os and cervix uteri were common, and that they could not be discovered without the speculum. It was determined, therefore, that this patient should be examined with the speculum, to see if ulceration existed. Along the edge of the anterior lip several enlarged ovula nabothi were distinctly seen, and a plug of white viscid matter hanging into the vagina through the os uteri. There was no trace of inflammation or ulceration perceived. I am unable to give the subsequent history of this case, and the treatment which was adopted.

Case XXIX.—August 9, 1836. Mrs. G——, aged 46. Married seven years, and never pregnant. Always in delicate health. Till November last she menstruated regularly, and since only twice, and in sparing quantity.

From November till March, had constant sickness in the morning. At Christmas, perceived the abdomen to be enlarged; it has been enlarging ever since, and she has suffered all the time from pain low down in the back, and sense of bearing down; no discharge from the vagina: the feet and legs have swelled at night: no pain in passing water: movements felt within the abdomen like those of an infant, and particularly strong during the last three months. All the necessary arrangements had been made for the reception of the child, but there was no pregnancy. I examined the uterus, and found it small and unimpregnated. There was tenderness in the region of the liver, and flatulent distension of the bowels. I recommended a course of blue pill and cathartics.

Case XXX.—September 18, 1836. Caroline C——, aged 24. Her mother stated that menstruation had never taken place but once, till it was forced by an instrument, which had been recommended and furnished to her by her medical attendant. From the description, it was probably some pessary, which was introduced into the vagina three or four times a day before the expected periods. Since the use of the instrument, she was said to have menstruated regularly, but with pain, and sense of bearing down. It was also stated that she had suffered from pain in the chest, and that at different menstrual periods she had expectorated blood of a dark colour, sometimes copiously, at other times only once or twice a day, in small quantity. Pulse eighty: tongue very loaded. In the history of a case I have already related, I have omitted to mention that menstruation, after being long absent, speedily followed the ordinary internal examination; but this is not stated for the purpose of recommending this or any pessary in the treatment of amenorrhœa.

Case XXXI.—October 18, 1836. Mary W——, aged 30. States that she began to menstruate at the age of 17, thirteen years ago, and that the discharge was suddenly arrested by exposure to cold, and getting her feet wet. The catamenia have never again reappeared. At the monthly periods she has had pain in the back, and abdomen, and limbs, and dyspnœa, and fits of hysteria, occasionally, but not in a severe form. At intervals of three and six months, has had attacks of profuse epistaxis, preceded by headache. Her general health does not

appear to be much impaired. No organic disease. She had long been under the care of several judicious practitioners, and a great variety of remedies had been employed to restore the catamenia, without effect.

Case XXXII.—October 23, 1836. Fanny W——, aged 20. Has suffered for a considerable period from dyspnœa, on exertion, violent palpitation of the heart, and fits of hysteria, with extreme depression of spirits. No cough. No organic disease in the heart or lungs. The palpitation of the heart sometimes wholly disappears. The catamenia are represented to have been regular, till last Christmas, when she was exposed to intense cold, and then passed a menstrual period. After this the symptoms commenced, and have continued, though the catamenia have returned, but irregularly and scantily.

Case XXXIII.—October 25, 1836. Mary ——, aged 21, residing in Golden-square. Began to menstruate at 17. Was unwell twice, and then saw nothing for twelve months. The catamenia then returned, and continued regular till six months ago, when they entirely ceased. Now complains of pains at the bottom of the stomach, and swelling, headache, tightness across the chest, palpitation, and puffiness of the feet and ankles at night. Pulse rapid: feverish: spirits extremely depressed.

Case XXXIV.—November 11, 1836. St. Marylebone Infirmary. Blanche P——, aged 70. Married at the age of 30, and never pregnant. After raising a heavy weight, the uterus began to descend, several years ago, and during the last two years has been completely prolapsed. The vagina is extensively ulcerated, but the uterus is in a healthy state. The reduction of the uterus was easily effected, and it was retained in its situation by a sponge pessary and a T bandage.

Case XXXV.—February 14, 1837. Hannah H——, aged 33. Had enjoyed good health till a few months before, when a fire broke out in the house where she resided. Suppression of the catamenia immediately took place, and this was followed by headache, and fulness as if it would burst, timidity, and lowness of spirits, and fear of being left alone, and sense of weakness along the spine, and numbness of the lower extremities. Months elapsed before these symptoms disappeared.

Case XXXVI.—March 8, 1837. Mrs. B——, aged 22.

Married three years, and never pregnant. She had enjoyed excellent health in the country during early life, but for three years had suffered from irregular attacks of menorrhagia, with leucorrhœa in the intervals, almost constant pain about the sacrum, extending along the spine, headache, palpitation of the heart, and many other symptoms of hysteria. The uterus was in the natural situation, and in the most healthy condition, as far as could be ascertained. Frequent and excessive excitement of the uterine nervous system was apparently the cause of all her complaints. During the summer and autumn, both the local and constitutional symptoms were much relieved by the soothing treatment pursued, but the sterility continued.

Case XXXVII.—March 22, 1837. Mary S——, aged 29. Menstruated first at the age of 15, and went on regularly till three years ago, when it suddenly disappeared, after exposure to cold and damp. Since then, has suffered most severely from headache, and pain in the back and pit of the stomach, at the monthly periods. Profuse leucorrhœa during the last two months. By the use of the pilul. alo. c. myrrha, and warm hip-baths, the catamenia returned, and the symptoms disappeared.

Case XXXVIII.—On the 8th April, 1837, I saw an unmarried lady, aged 21, who had been some time under the care of Dr. Hope. She had first menstruated at the age of seventeen, but then there had only been a slight appearance. Every month afterwards she had suffered great pain during three days, and only a slight discharge had taken place. During twelve months her health had been extremely delicate, and she had suffered much from dyspnœa on exertion, and palpitation of the heart. She had been bled from the arm, and leeches applied to the side, and the warm hip-bath used frequently, with some relief. Emmenagogues, and cathartics, and anodynes were afterwards employed, but the dyspnœa and palpitation of the heart continued. Being informed that Dr. Hope suspected that the os uteri was contracted, and that this was the cause of the indisposition, I made an internal examination, and found the os and cervix small but pervious. Whether organic disease of the heart existed in this case was uncertain.

Case XXXIX.—April 30, 1837. Sarah M——, aged 20. Began to menstruate at 18, and was regular for a year and

a half. During the last six months the discharge has been scanty and irregular. She has suffered much from pain in the epigastrium, and irritability of stomach and bowels; tongue red: papillæ large: appetite gone. Large red patches of an eruption have appeared over the legs, which are very painful. The warm bath, with Dover's powder, rhubarb, and chalk, and mercury were employed; and after a time, with the help of country air, the constitution improved, and menstruation returned.

Case XL.—May 3, 1837. Miss G——, aged 22. Came to London a month before, from Inverness-shire, in a weak, nervous state, having been long confined to the horizontal position, day and night, on the supposition that she had a disease of the spine. The catamenia have long been extremely irregular, and she has had profuse leucorrhœa. She has often suffered from great oppression of breathing, and palpitation of the heart, and pain in the sacrum, and all round the lower part of the abdomen, with swelling. The pain she experiences is similar to that from which she suffers at the monthly periods. She often suffers from pain in the right mamma, and the urine is passed with pain and difficulty; tongue white: great, urgent thirst: bowels open from medicine. This patient had been seen by an eminent physician, who had prescribed the following remedies:—

℞ Extr. alo. aquos..... gr. xxiv.
Pilul. hydr., extr. hyoscy., a a gr. xij.

Fiat massula in pilulas xij. dividend. Seq. alterative aperient pills, one at bed-time.

℞ Nitrat. potass..... ℥ iv.
Potass. supertartrat. ..... ℥ j.
Sacchar. alb. ..... ℥ j.

A teaspoonful.

℞ Extr. alo. aquos purific. ..... gr. xxxvj.
Pulv. rhei..... gr. xxv.
Extr. rhei q. s. ut fiat massula in pilulas xxiv. dividend.
Pilul. gall. comp..... ℥ ij.

Divide in pilulas xxiv.

It was suspected that some disease of the uterus existed; but no organic disease or displacement could be detected.

The subsequent history of the patient proved that she was suffering from hysteria.

Case XLI.—May 12, 1837. Jane M——, aged 18. Began to menstruate twelve months ago; at first irregularly, and then it ceased altogether, and nothing has been seen for eight months. The abdomen has been gradually distending for the last six or seven months, and is now soft and tympanitic; the legs swell in the evening; the quantity of urine is small, and it is passed with pain and difficulty. On several occasions the catheter has been required. Suspicions of pregnancy had been entertained, but they were groundless; and all the symptoms were hysterical.

Case XLII.—On the 24th of May, 1837, I was consulted by a lady 29 years of age, who had been married seven years, and was barren. She had suffered much from dysmenorrhœa, leucorrhœa, pains in the hypogastrium, irritation of the bladder, and other symptoms of hysteria. Dover's powder, camphor, warm hip-baths, and various other remedies had been employed without any benefit. I examined the uterus carefully, and could detect no organic disease in any part of it, to account for the sterility. During ten months I employed a great variety of means to check the leucorrhœa and improve the general health, but unsuccessfully. A small bougie being passed with some difficulty through the os and cervix, I resolved to try the effect of dilatation; but before doing this, requested Sir C. Clarke to see the patient and sanction the practice. On the 12th he saw the patient, and recommended its adoption. He informed me on that occasion that, twenty-five years before, he had observed that some women menstruated with difficulty, from inflammation of the lining membrane of the womb. That in others there was no evidence of the existence of inflammation about the uterus, but that the orifice was so small and contracted, that the menstrual fluid could not escape readily from, nor the seminal fluid enter, the cavity of the uterus. A lady of high rank had been married several years without being pregnant; the orifice was dilated with a male catheter, very slightly curved. Soon after this, pregnancy took place; but she miscarried at the end of the fourth month. A second pregnancy followed, and she went to the full period, and was safely delivered of a son, who inherited a peerage. Sir Charles informed me, that other similar cases had also come under his observation.

In two cases in which dilatation was employed, he stated that inflammation followed. There was a passage, he informed me, in the works of Celsus, which appeared to prove that the Romans knew that a contracted state of the os uteri was a cause of sterility, and that they used an iron instrument to dilate the part. At the time, I looked into the works of Amliore Parè, and found that he was of opinion that women might become barren "through an obstruction in the passage of the uterus, or through straitness or narrowness of the neck of the womb, arising either from a defect of the formative faculty, or else afterwards by some mischance; as by an abscess, scirrhus, warts, chap, or by an ulcer, which, being cicatrized, doth make the way more narrow." I was inclined to think that these statements referred to the vagina, and not to the os and cervix uteri.

To return to the report of the case which was the subject of our consultation on the 12th of March, 1838, and which led to the above remarks, it may be sufficient to state, that at first some difficulty was experienced in passing small-sized bougies through the os and cervix uteri, but that in a few weeks the largest-sized bougies could be passed without difficulty. After each introduction of the instrument it was observed that the patient became highly nervous, could not sleep at night, had frightful dreams, and complained that there was a dark cloud hanging over her spirits. The dilatation having been thoroughly effected, I recommended her to retire into the country, and trust for a time entirely to nature. The advice was not agreeable; and she immediately consulted Dr. B., who, I was informed, not only employed mechanical dilatation to a greater extent, but introduced cutting instruments within the orifice and the cervix. Violent mania speedily followed, and her reason has never been perfectly restored. The sterility remains. A similar case of mania has been reported to me, which occurred in Scotland, after the employment of the hysterotome, or some similar weapon.

CASE XLIII.—June 24, 1837. Mrs. P——, aged 24. Was supposed to have had a miscarriage five years ago, three months after her marriage, in Philadelphia. Great debility ensued, and she was in a state of bad health during fifteen months. She was seen by a number of practitioners, and a great variety of remedies were prescribed. At last it was suggested that there might be spinal irritation; there was

said to be tenderness over six dorsal vertebræ. Cupping-glasses were applied to them, and the tartrate of antimony, with benefit. The tenderness left the spine and then went into the abdomen; and she was sent to drink the waters at a mineral spring in Virginia. She did not seem, whilst there, to derive any particular benefit from the free use of the waters, and had a severe attack again of the spinal neuralgic affection. Then croton oil was freely applied over the spine, with the happiest effect. Upon her return to Philadelphia her health became excellent; but she was still barren. Her general health continued good till she came to London, or the neighbourhood, since which time the tenderness of the spine and abdomen have returned, with great irregularity of the digestive and uterine functions. Conception had never again taken place, and profuse leucorrhœa had existed ever since the miscarriage. Menstruation has been painful, accompanied with a sense of bearing down; and it is said that there has been prolapsus uteri. A pessary has been introduced, from which, at first, she derived great benefit; but it was soon obliged to be withdrawn, from the irritation it produced of the os uteri. A number of utero-abdominal bandages were then employed to support, it was said, the broad ligaments; but the relief from these was not decided. She now complains of great superficial tenderness in the situation of the dorsal vertebræ, and in the left side of the abdomen, almost constant irritation about the bladder, numbness in the thighs, and is depressed and desponding. I made a careful examination of the uterus, and found the os and cervix perfectly healthy, and the body not enlarged. There was neither prolapsus, retroversion, nor anteversion, nor any other species of version, that ever had been imagined or described. The os and cervix uteri being so open, that a good sized bougie readily passed, it was obvious that the sterility and hysteria did not arise from contraction of the parts, and mechanical dilatation was not proposed. Mineral waters, and a great variety of other remedies, especially steel and myrrh, were had recourse to, with the effect of partially relieving the nervous symptoms; but the sterility was not removed.

Case XLII.—June 11, 1837. Mrs. M——, aged 32. Married nine years, and is barren. The catamenia are regular, but accompanied with pain. For some time she has suffered from hysteria, and from severe pain in the

lower part of the spine, and in the vagina, with leucorrhœa. Has had cupping-glasses and blisters repeatedly applied over the sacrum, without the slightest benefit. I found the os uteri unusually small and pointed, and the aperture very narrow. The cervix uteri was exquisitely painful on pressure. August 27, 1838.—Symptoms not relieved by the treatment. Mechanical dilatation of the os and cervix uteri with bougies was recommended to this patient, but she would not consent to the treatment.

Case XLIII.—December 12, 1837. Mrs. W——, aged 22. Married five years, and sterile. Since her marriage, has always suffered from dysmenorrhœa, for which she has repeatedly been cupped, and had blisters applied over the sacrum, used hot baths, and taken a quantity of steel, without any benefit. She has also taken tincture of cantharides, on account of a yellow discharge from the vagina, which she says made her ten times worse. The orifice of the vagina is contracted, and surrounded with painful excrescences. The uterus in its natural situation, and healthy.

Case XLIV.—March 6, 1838. Mary S——, aged 17, residing in the Burlington Arcade. First menstruated two years ago. Had passed six months without any appearance; the last time, six weeks ago, and scarcely any discharge. For twelve months has had a sallow, pallid complexion, and has suffered from pain in the lower part of the abdomen, with flatulence and constipation. Has lost strength so much, that she is scarcely able to rise in the morning. Lips bloodless: tongue white, and marked with the teeth. Active cathartics were employed in this case, and then, equal parts of the pilul. al. comp. and pilul. ferr. comp. were given, and afterwards, the decoct. alo. comp., and the mist. ferri comp. Warm hip-baths were also frequently used, and she was removed into the country. On the 20th April, her health was greatly improved, and she began to menstruate regularly, without pain.

Case XLV.—March 15, 1838. Mrs. G——, aged 28. Married two years, and never pregnant. Menstruates with pain, and is not regular as to time. Suffers from pain along the edge of the short ribs on the right side, in the region of the liver and right mamma. Sense of choaking about the throat, and sense of gnawing within her, and

had suffered from hysterical attacks before she was married. No leucorrhœa, but great irritation about the anus and external parts. Tongue loaded: appetite bad: bowels confined. No organic disease of the uterine organs was discovered in this case.

Case XLVI.—On the 9th May, 1838, I saw a lady, aged 37, from Guernsey, who had been married eight years, and had no children. She suffered from pain in the back, and uterine irritation. I could detect no organic disease about the uterus, to account for the sterility.

Case XLVII.—In the summer of 1838, with Sir Charles Clarke, I saw a young lady who had long been nervous and hysterical, who was dangerously ill, from what we were disposed to consider as inflammation and enlargement of one of the ovaria. She had been married some years, and had never been pregnant. The symptoms subsided very slowly, and she was long in being restored to health. She has been married a second time, and continues barren. There was no organic disease of the uterus in this case, that could be discovered.

Case XLVIII.—On the 28th of August, 1838, I saw a patient in St. George's Hospital, 42 years of age, who had been married fifteen years, and was barren. She had suffered from leucorrhœa for a long period, and great pain about the vagina. She was admitted into the hospital, in consequence of being affected with rheumatism. I found, on making an internal examination, that the os uteri was extremely small, not larger than a pea, and unusually flat, and the aperture scarcely perceptible; the body of the uterus was likewise very small. The vagina was unusually contracted, and tender near the orifice.

Case XLIX.—On the 9th of February, 1839, I was requested to see a lady in the country, who was 32 years of age. Had been married several years, and was sterile. She had suffered through life from hysteria, and at times her intellect seemed somewhat impaired. There was great tenderness of the whole hypogastrium. Sometimes the abdomen was distended like a drum, and frequently there was incessant desire to evacuate the bladder. There was violent headache at the monthly periods, and increased irritability of bladder. It was supposed she had diseased kidneys, and a great variety of narcotics, tonics, and other medicines, had been employed, without much benefit. The

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uterus was healthy. There was a small moveable encysted tumour on the left side of the vagina.

Case L.—On the 17th June, 1839, I saw a lady, aged 44, who was married at 21, and had never been pregnant. The catamenia appeared at twelve, and had been extremely irregular through life. As a child, she had been treated harshly and made extremely unhappy. She had suffered severely from headache, especially in the back part, and nape of the neck—sometimes confined to a spot—with flushing of the face, and throbbing of the arteries; disturbed sleep, sense of choking in the throat, and a feeling as if the blood were boiling in the left arm. The greatest benefit was derived from regular exercise in the country, light diet, and saline cathartics, and a few leeches occasionally behind the ears. I was not permitted in this case to ascertain the condition of the uterine system.

Case LI.—On the 11th September, 1839, I saw Mrs. C——, aged 38, who became sterile after giving birth to one child, sixteen years before. Through the whole of life she had suffered severely from dysmenorrhœa, and was supposed by her medical attendant, when I saw her, to be labouring under stricture of the sigmoid flexure of the colon. There was no stricture of the intestines, and no disease of the uterus, that I could discover.

Case LII.—On the 24th of September, 1839, I was requested to see a lady, aged 25 years, who had been married nearly three years, and had never been pregnant. Soon after marriage the catamenia became scanty and irregular, and accompanied with pain over the sacrum. The lower extremities, without any loss of sensation, became so weak that she could neither stand nor walk, and it was believed that she was labouring under some serious affection of the spine, for which issues, and the recumbent position, were considered absolutely necessary. It was stated, that for four months the uterus had been unusually low in the vagina, and tender; that there was occasional leucorrhœa, and that there was likewise tenderness about the bladder and orifice of the urethra. Leeches to the vagina had often been applied, with slight relief of these symptoms. She was stated to be very excitable, to have walked in her sleep when young, but never to have been hysterical. When suffering most, it was however observed that a great quantity of limpid urine was voided. On the

25th, I found her lying upon her back on the sofa, unable to move, with a large open issue at the right side of the spine. The uterus was not enlarged, and the cervix and orifice in a perfectly healthy state—the latter more contracted than natural, as in some sterile women. Vagina much dilated. Passed the catheter, and could discover nothing unusual about the urethra or bladder. The impression made upon my mind, after carefully and repeatedly examining the symptoms, was that there was no disease of the spinal cord, and that the affection of the lower extremities was hysterical, originating in irritation of the uterine ganglia and nerves. I recommended her to allow the issue to heal, to make trial of exercise and tonic remedies for a short time, and carefully to mark their effects. A week had scarcely elapsed before she was much better; the power of the lower extremities had increased, but unequivocal symptoms of hysteria had manifested themselves. On the 14th of March, it was obvious that there was no spinal disease whatever, but that she was suffering from hysteria, for which the appropriate remedies were employed. In this case, artificial dilatation of the os and cervix uteri was employed, though it was not much wanted; but, though the affection of the lower extremities has been entirely removed, and the general health restored, the sterility remains.

Case LIII.—On the 27th of September, 1839, I saw a lady, aged 37, who had been married two years and three months, and was sterile, like her sister. This patient suffered from severe attacks of nervous headache, and, so far as I could discover, was not hysterical, though her sister was so in a high degree. The catamenia were irregular.

Case LIV.—On the 29th of September, 1839, with Dr. Merriman, I saw a lady, about 37, who had given birth to three children at the full period, in rapid succession. An abortion then took place, without any obvious cause, which was followed by a singular train of nervous symptoms, by dysmenorrhœa, and the expulsion from the uterus every month of a membrane, which resembled in a striking manner the uterine decidua, or decidua vera. One surface, the inner, was smooth, and presented numerous small orifices; the outer surface was rough, with soft tufts, and showed a reticulated texture, but no openings like those on the inner surface. I was informed that this had taken

place regularly during thirty months; and there were several large bottles exhibited, which were filled with these membranes. On the 4th of October, a membrane was expelled, without pain, and I had an opportunity of examining it in the recent state. The outer surface, which had been in contact with the uterus, was rough, and covered with a thin layer of coagulated blood; the inner surface was smooth, with deep depressions and openings, like the inner surface of the decidua vera; but this membrane, though presenting a similar appearance, was essentially different, as it was not an organized membrane. How this disordered state of menstruation originated was not explained; the uterus was not enlarged, and I could detect no tumour within the pelvis, connected with the uterus, as several practitioners who had seen the patient in the country had represented. There was an unusual projection of the lumbar vertebræ, and tenderness; but whether this had recently taken place, or had commenced in early life, was not certain; indeed, the memory and intellectual faculties of this lady appeared to be much impaired, and it was obvious no rational plan of treatment would be adopted or persevered in for any length of time; and how this case has since proceeded I have not been able to ascertain.

Case LV.—On the 1st January, 1840, I was consulted by a lady, aged 25, who had been married five years, and was sterile. Soon after marriage, the catamenia became scanty and irregular, and she suffered much from sickness in the morning, sense of bearing down, and pain in the lower part of the spine and sacrum, extending down the left thigh: no leucorrhœa. She had occasional fainting fits, with a sensation of a ball in the throat, and other symptoms of hysteria. In earlier life, she had regular hysterical fits. During the previous three years, cohabitation had been accompanied with much pain. I examined the uterine organs, and could discover no displacement or organic disease in them of any kind; there was no obstruction in the os and cervix uteri. During three years, this lady had taken medicine of every description, in large quantities: steel, aloes, myrrh, mineral waters, &c., without the slighest benefit, and had used all sorts of bathing.

Case LVI.—On the 30th of March, 1840, I saw a French lady, aged 30, who had been married in very early life, and

soon after had two living, and one dead child. Ten years had elapsed, and pregnancy never again took place, though she had been twice married. Some time before I saw her, she had been examined with the speculum in Paris. Great numbers of leeches were applied to the os uteri, and afterwards caustic; but without the slightest benefit. The catamenia were regular; there was no leucorrhœa; but she had almost constant pain, and sense of weight, in the region of the uterus. The uterus was larger than natural, its orifice was irregular, redder, harder, and more tender than usual. There was no abrasion or ulceration of the membrane covering the lips of the os uteri. I did not attempt to reduce the hardness and morbid sensibility of the orifice by repeating the leeches and caustic. Quiet, mild alteratives, saline cathartics, with soothing injections, were prescribed, with decided relief of all the symptoms.

Case LVII.—March 31, 1840. A lady, aged 33, who began to menstruate at fourteen, and who had always been regular, and enjoyed good health till three months before, then was seized with sickness and faintness, pain in the back, and swelling of the abdomen. There was no leucorrhœa. She had been married sixteen years, and had no child. These symptoms were supposed to depend upon pregnancy; but the abdomen everywhere resounded on percussion, and the os uteri was small, hard, round, and flat, and the body of the organ was not enlarged, nor diseased.

Case LVIII.—April 10, 1840. Mrs. S——, aged 32. Married two years, and never pregnant. Enlargement of the right side of the hypogastrium began nine months ago, which was preceded by pain across the loins; no sickness at stomach: has not menstruated since July, and was not perfectly regular before. She had consulted a practitioner, and received the assurance that pregnancy existed. I found the abdomen distended, and tympanitic; no change in the mammæ. A violent fit of hysteria occurred during the examination which it was necessary to make, and by which it was ascertained that the uterus was in the unimpregnated state, in the natural situation, and free from organic disease.

Case LIX.—On the 11th April, 1840, I saw a lady, aged 40, who had been married five years, and was sterile. The catamenia had never been regular. She had suffered

severely from hysteria, and at times had been in a condition almost maniacal. Creosote and opium, which had been prescribed, increased the evil, and no good was done by any kind of treatment. Whether any organic disease of the uterus or its appendages existed in this patient, an opportunity was never afforded of determining. The sterility, and all the other symptoms, have continued to the present time, 25th August, 1852.

Case LX.—September 21, 1840. Mrs. D——, aged 30. Married five years, and barren. Suffered from dysmenorrhœa and hysteria during fifteen years, and the symptoms becoming gradually more severe. Now complains much of the back, by lying upon it, and pain in the region of the uterus, extending along the nerves of the thighs, with a constant desire to evacuate the bladder. At each monthly period is confined to her bed or couch for three days; coagula of blood are then passed, with flakes like membranes, and the pain is so severe, that she is forced to take laudanum. The hysterical attacks always occur after the monthly periods, when there is great tenderness, increased by pressure, along the edge of the false ribs of the right side. Sometimes there is great tenderness of the whole hypogastrium, and the entire surface of the body; hands and feet often cold: palpitation of the heart: occasional cough: the os uteri smooth, small, and contracted, and nearer the symphysis pubis than usual: cervix uteri not swollen, but exquisitely tender, especially behind: no hardness: no enlargement of the body of the uterus: vagina unusually dilated, but not tender. Steel, tonics, and warm bathing had been employed largely in this case, without much effect. A liniment, consisting of acet. cantharid. ʒii., and ʒss. of tinct. opii, was rubbed over the sacrum, but without marked benefit. A mild mercurial course, with Marienbad mineral waters, had been tried. Sedative injections thrown into the vagina, and an ointment, consisting of ʒi. of extr. belladonna to ʒi. ung. cetac., had been applied directly to the os uteri; but all in vain. The barrenness seemed incurable, from whatever cause it originated. I recommended a course of active cathartics, light diet, and useful mental and bodily exertion.

Case LXI.—March 29, 1842. Mrs. R——, aged 28. Sterile four years. The catamenia were regular, and unaccompanied with pain, before her marriage; but ever since,

they have been very profuse, accompanied with pain in the back, increased by exertion, with copious leucorrhœa in the intervals. She is extremely nervous, and often suffers from a sense of suffocation, and a ball in the throat or on the sides of the neck, and at times has had decided fits of hysteria, apparently induced by uterine excitement. Digestive organs deranged. The vagina was ascertained to be unusually dilated, the uterus hanging low down, its orifice smooth, tender, and a little open. The body of the uterus not enlarged, but the entire organ exquisitely tender on pressure. In 1851, the hysterical symptoms had subsided, but the sterility remained.

Case LXII.—June 21, 1842. Mrs. F——, aged 33. Married eight years, and never pregnant. Began to menstruate at eleven, and has suffered much at the monthly periods, and at various times, from hysteria. When young, the catamenia were profuse, but for some years have been becoming less and less frequent, and more and more scanty: once only, in the course of the last year. Has long had profuse leucorrhœa. Has suffered from a certain degree of stupor, about the monthly periods, when she ought to be unwell, with sickness at stomach. Suffers much from indigestion, pain in the back and loins, shooting down the limbs. For a time, lost the use of one of the lower extremities. She has taken a great variety of medicines, without any benefit. No displacement or organic disease in the uterine organs could be detected in this case.

Case LXIII.—July 16, 1842. Mrs. W——, middle age. Five years married, and barren. Resided in India. General health good. Has suffered from dysmenorrhœa and leucorrhœa. The uterus was very small, but apparently healthy. Os uteri contracted, so that some difficulty was experienced in passing a small bougie. Dilatation was recommended. Various strange modes of treatment were afterwards, I was informed, had recourse to, but the barrenness has not been removed.

Case LXIV.—On the 19th July, 1842, I saw, in consultation, a lady from the country, aged 26, who had been married seven years, and was barren. She had never enjoyed good health, and had suffered from repeated attacks of inflammation about the chest and abdomen. During four years she had suffered much from pain in the region of the uterus, and the catamenia had been irregular, and in the

intervals there had been leucorrhœa. About four months before I saw her, retention of urine suddenly took place, with other symptoms of hysteria. The catheter was passed twice daily, for a month, and then suddenly the power of expelling it returned, and again was lost after a time. No disease could be detected in the uterus. Periodical attacks of sickness in the morning occurred, with vomiting of small quantities of dark-coloured blood. Great pain was sometimes experienced in the lower part of the spine, though there was no disease of the spine; and sometimes the whole surface of the body was tender; and occasionally there were violent fits of spasm threatening suffocation. Her husband died, and she has married again, but the sterility has continued.

Case LXV.—On the 30th of March, 1843, I saw a lady, aged 26, who had been under the care of one of the most distinguished practitioners in the west of Scotland. The history of the case was communicated in the following letter, dated March 20th:—"This note will be handed to you by Mrs. ——, who resides in this neighbourhood. She accompanies her husband to London, and as she has been subject to menorrhagia for several years, I have requested her to take the benefit of your advice. I have been frequently consulted by Mrs. —— since her marriage, about two years and a half ago. In several years previous, her menstruation was at times irregular, profuse, and contained coagulated blood, and since she came under my care, these attacks have been more severe. The loss of blood, fluid and coagulated, is much greater, and the effects are more perceptible, in an increasing loss of flesh and strength. The discharge is sometimes watery, brownish-coloured, and fœtid; and in the intervals she is generally afflicted with profuse leucorrhœa. The disease appears to be constitutional, and has more the character of passive than active hemorrhage. In September last, Mrs. —— had a very severe attack of inflammation of the uterus, which seemed to extend along the left broad ligament, and became diffused over the peritoneum, on that side of the pelvis and abdomen. She has also been frequently annoyed with an irritable, relaxed state of bowels, and with dyspeptic derangements. I have tried every variety of local and constitutional treatment, but with only temporary advantage. Long ago, I stated to her husband the absolute necessity there was that she

should submit to an examination with the finger, and, if necessary, with the speculum. She is a very nervous and excitable person, and, from a feeling of false delicacy, she would not submit to the proposal. I am afraid, from the severity and obstinacy of the symptoms, that there exists some organic affection. This, however, you will be enabled to ascertain; and she has now made up her mind to submit to any examination by a stranger. I shall be glad to have your opinion, and hope you may be successful in the treatment you may suggest."

I made a very careful examination, and found the orifice of the uterus small, the lips perfectly smooth, and protruding very slightly into the vagina. The cervix and body of the uterus were not only small, but actually diminutive, and not in the slightest degree painful on pressure. Cold, astringent injections, cold hip-baths, and sea-bathing were employed, and a course of Tonbridge chalybeate water, and various preparations of iron, and ergot of rye. I had no doubt that in this case the ovaria did not properly perform their functions; but the treatment was not successful, and in a letter, 10th August, 1850, from the eminent physician above referred to, now Professor of Medicine in the University of Glasgow, the result was communicated to me:—

"The uterine symptoms under which Mrs. —— suffered, when you saw her in 1843, gradually subsided, and her menstruation ceased to be so profuse and exhausting as it had previously been. Soon after this, however, symptoms of tubercular phthisis manifested themselves, large cavities formed in both lungs, and she died in June, 1844.

"I am glad to observe that you have been lately directing the attention of the profession to the *abuse of the speculum*. I hope your authority and great experience will tend to check the evil, which prevails in this part of the kingdom to a woful extent, of employing the speculum even in the most trifling cases,—a practice neither calculated to elevate the profession, nor improve the morals of the patients subjected to it."

In the course of the last ten years, numerous cases of disordered uterine functions have come under my observation, written histories of which have been preserved. The insertion of these would increase inconveniently the size of this volume.

THIRD REPORT.

ON FIBROUS TUMOURS, AND POLYPI OF THE UTERUS; WITH THE HISTORIES OF FIFTY CASES.

THE fibrous tumour, or fleshy tubercle of the uterus, as it was termed by Dr. William Hunter, is sometimes met with not larger than a pea; in other cases, it grows as large as a walnut; and occasionally is equal in size to a cricket-ball, or even the gravid uterus in the ninth month. It is generally of a globular form, or kidney-shaped; and when cut into, presents a laminated or radiated semi-cartilaginous structure, the fibres being often disposed in a concentric manner. At other times this tumour has a granular appearance, or seems to consist of a congeries of smaller tumours, each having a thin capsule of cellular membrane. Most frequently, it has a yellowish-white colour; but several specimens of the disease have been of an ash-grey colour, or approaching to a dark slate. When large, the tumour is often unequal on its surface, being lobulated or divided by deep fissures; and arteries and veins of considerable magnitude can be traced into its substance. Cavities containing a bloody or dark-coloured gelatinous fluid are sometimes formed in the central part of the tumour, probably by a process of softening which its substance undergoes. In a specimen of large fibrous tumour imbedded in the walls of the uterus, which was removed from the body of a woman who died in the St. Marylebone Infirmary, there is a considerable cavity, which contains a coagulum of blood.

In other cases, the tumour does not manifest a disposition to become softer as it enlarges; but its density gradually increases until the whole, or the greater part, of the mass has become cartilaginous, or like intervertebral substance, with-

out vessels containing red blood; or calcareous depositions are gradually formed in the substance of the tumour, until it is either partially or completely converted into a concretion composed of carbonate and phosphate of lime. Most frequently the calcareous depositions are first formed in the central and most dense parts of the tumours, but this is not invariably the case; and in a few rare instances the deposit has taken place around the circumference of the tumour, and has inclosed it as the shell incloses the kernel of the nut. If injection be thrown into the vessels of the uterus, it does not penetrate the substance of the tumour when in this dense state. Fibro-calcareous tumours of the uterus are generally soft and porous, like pumice-stone; but instances have occurred in which they were so hard that they admitted of being polished like ivory or marble. Two specimens of this description are in the Museum of St. Thomas's Hospital. Portions of these tumours were analyzed by Dr. Bostock ten years ago, and were found to consist chiefly of phosphate of lime.

Andral, on the authority of Brugnatelli, states that carbonate and phosphate of lime, with animal matter, enter into the composition of these bodies. Breschet states that one of the uterine calculi examined by Brugnatelli was a shapeless mass, with a white unequal surface; it emitted a peculiar odour, and was insipid, and insoluble in water. Being broken with a hammer, the surprise was extreme when a portion of the tibia of a chicken was discovered in the centre. The whole white mass forming the calculus was phosphate of lime. The second calculus, when divided into two equal parts, presented on the surface a great number of crystals of ammoniaco-magnesian phosphate; the centre was composed of phosphate of lime. There are several circumstances mentioned in the account of these concretions which might lead us to suspect that they were urinary and not uterine calculi which Brugnatelli analyzed.

Case I.—The body of a woman advanced in years was examined by my colleague, Dr. Hope, at the St. Marylebone Infirmary, on the 17th of August, 1832. The uterus was larger and much harder than natural, and, under the peritoneal coat of its fundus, were several small fibrous tumours with calcareous deposits. On dividing the parietes, a soft, yellowish-coloured calcareous tumour, the size of a goose's egg, was

found situated under the lining membrane, at the posterior part of the tumour, and distending it like an ovum at the end of the second month of gestation. There are portions of this tumour in which the fibrous structure still remains distinct. The parietes of the fundus and body are thinner than natural; the os and cervix uteri are healthy, but the latter is greatly elongated. The existence of an organic disease of the uterus was not ascertained before death.

Case II.—Mr. H. C. Johnson showed me a large fibro-calcareous tumour imbedded in the walls of the fundus uteri, which he had removed from the body of an aged woman who died in St. George's Hospital, in whom, during life, the existence of an organic affection of the uterus had not been suspected. Towards the circumference of the tumour, the fibrous structure was distinct; but the central part consisted of hard, yellow-coloured concretions of carbonate and phosphate of lime. The parietes of the uterus surrounding the tumour were hypertrophied.

Case III.—In Mr. Howship's collection, there is a uterus which weighs several pounds, from the presence of dense fibro-calcareous tumours in its parietes. One of these, which hangs by a slender peduncle from the fundus uteri, is only partially converted into calcareous matter; the remaining portion exhibits the usual compact structure of the fibrous tumour of the uterus. Mr. Howship presented a portion of one of these concretions to Dr. Bostock, for analysis. When sawn across, the tumour appeared harder than bone, and might have been polished like ivory.

Case IV.—On the 21st of January, 1834, a woman, aged 64, died of apoplexy in the St. Marylebone Infirmary. Mr. Blenkins examined the body. The fundus, body, and cervix uteri were all reduced to a very small size. Adhering to the fundus, and covered only by peritoneum, were two large fibrous tumours. In the most dense portions of one of these were several yellow-coloured calcareous deposits. Arteries and veins of considerable magnitude were seen ramifying under the peritoneum of the large tumour; but there was no appearance of a blood-vessel in the central part.

In the cases which I have now related of calcareous tumours of the uterus, they were accompanied with little or no pain, and the existence of the disease was not ascertained before death. In the following example of calcareous concre-

tion, malignant ulceration of the body of the uterus was also present; and the patient sunk after long-protracted suffering.

Case V.—In the month of September, 1832, I was requested by Sir Gilbert Blane to see Mrs. B——, aged 62, who for many years had suffered from constant sense of weight and uneasiness in the back, loins, and hypogastrium, with almost constant purulent and sanguineous discharge from the vagina. She had been married for many years, but had never become pregnant; and from the age of 48, when she ceased to menstruate, she had suffered several severe attacks of uterine hemorrhage. On examination, the hollow of the sacrum was found occupied by a large hard tumour, connected with the posterior part of the uterus. The os uteri had undergone little change; but the peculiar fœtor of the discharge, and the constitutional symptoms, led me to suspect the existence of a malignant disease of the body of the uterus. In the course of a few months, after suffering excruciating pain in the region of the uterus, difficulty in passing the urine, with a profuse discharge of thin offensive fluid from the vagina, several portions of small, irregular-shaped concretions escaped from the vagina, with a temporary relief of the most distressing symptoms. During the remainder of 1832, Mrs. B—— continued to suffer severely from the same symptoms; and she uniformly experienced relief after a calcareous concretion had passed from the vagina, which happened four or five times during that period. In the month of November, 1833, a few days after travelling a distance of eighty miles from the country, she was attacked with rigor, vomiting, exquisite tenderness over the lower part of the abdomen, and other symptoms of peritonitis, and died in forty-eight hours. I inspected the body the following day with Dr. Webster. The usual effects of severe peritonitis were seen on laying open the abdomen. The fundus and body of the uterus were extensively disorganized by malignant ulceration; to the posterior part of the body of the uterus was adherent a large fibro-calcareous tumour, which filled up the hollow of the sacrum and displaced the rectum. The ulceration had extended through the parietes of the uterus to the tumour.

One of the concretions which had been passed during life was analyzed by Dr. Turner, and found to consist entirely of carbonate of lime and animal matter. Dr.

Bostock analyzed another concretion passed by the same patient at a later period, and a portion of the tumour removed with the uterus after death. An interesting account of these, and other specimens of uterine calculi, has been laid before the Medical and Chirurgical Society by this distinguished chemist, and printed in the Transactions.

A case of malignant ulceration of the uterus, with a calcareous tumour, in some respects analagous to the preceding case, has been recorded by M. Louis, in the second volume of the "Memoirs of the Royal Academy of Surgery." With the symptoms and consequences produced by these concretions of the uterus, M. Louis was well acquainted; but it does not appear, from any observation contained in his memoir, that he possessed a knowledge of the manner in which these bodies are formed; and the state of chemical science at the time did not enable him to know their composition. The term, calculous concretion of the uterus, employed by M. Louis, proves that he knew them to be different from bone.

Schenkius has collected together, from the works of Hippocrates, Vallesius, Salius, Marcellus, Donatus, &c., the histories of many wonderful cases of stones discharged from the uterus during life, or found after death.

Michel Morus gives the history of a woman, upwards of 40 years of age, who died of a pleurisy, and had suffered for a long time severe pains of the hypogastrium, for which all remedies had failed to procure relief. On examination, a hardness was felt in the uterus. There escaped from the vagina an acrid discharge, like the washings of putrid flesh; thirty-two stones were found in the uterus, the smallest of which was the size of an almond. Different folds of the uterus retained them, and some of them were in the fallopian tubes. He believed these concretions to be of the same nature as bezoards; and he affirms, that he saved the lives of several persons by their use. The stones found by Michel Morus in the fallopian tubes and folds of the uterus were probably phlebolites, or vein-stones, and not fibro-calcareous concretions of the uterus.

With the origin of calcareous concretions of the uterus, pathologists do not appear to have become acquainted till a comparatively recent period. Walter has given representations of these bodies in his "Annotationes Academicæ,"

published in 1786; and he states that calculi and polypi are sometimes simultaneously present in the uterus and vagina. It does not appear, however, from this observation, that he was aware of the intimate relation which exists between them; and from an examination of some of the preparations in the Hunterian Museum at Glasgow, I am disposed to believe that Dr. William Hunter was acquainted with the different situations which fibrous tumours occupy in the uterus, and with the various changes which they undergo in the progress of their development.

From an examination of a single specimen of the disease, Dr. Baillie was led to suspect, in 1787, that calcareous concretions of the uterus commence as fibrous tumours. "In the cavity of the uterus," he observes, "a bony mass is sometimes found. When this is the case, I suspect that the hard fleshy tubercle within the cavity of the uterus—such as I have already described—has been converted into bone. This, at least, had taken place in the only instance which I have known of the disease, for a great part of the tubercle still remained unchanged; and I think it very probable that such a change most frequently happens where the bony tumours are found."

Dr. Baillie refers to Lieutaud for proof of the fact that stones have been found in the cavity of the uterus. "These are described by authors," he adds, "as varying in their appearance; some being of a dark, others of a light colour. They are silent about their nature; and I can say nothing of it from my own knowledge, as it has never occurred to me to see an instance of this disease. Such concretions are probably formed from matter thrown out by the small arteries which open on the internal surface of the uterus, and are in some degree analogous to the concretions formed in some glands of the body."

Bayle, Bichat, Roux, Andral, and other writers on the pathology of the uterus, have been fully aware of the fact, that fibrous tumours occasionally become calcareous, or, as they have inaccurately been termed, bony. Whether all the concretions reported to have been found in the cavity of the uterus, and imbedded in its walls, are formed by deposits in the substance of fibrous tumours, and whether the substance of the uterus itself is ever converted into bone, as several authors affirm to have been the case, it is impossible, in the present imperfect state of our knowledge,

satisfactorily to determine. One of the most recent writers on pathology, Dr. Craigie, observes, that "the history of the mode of development of this deposition is not exactly known; and that it is not quite certain whether the ossification originates invariably in the mucous corion. This, indeed, appears to have taken place in the instance mentioned by Walter, and in such cases of uterine ossification as that recorded by Dr. Caldwell."

Breschet believes that calcareous concretions of the uterus may come from the fallopian tubes, and that these canals are sometimes obstructed by calculi.

Bayle has described the fibrous tumour of the uterus as fleshy at its commencement, and of a red colour, like muscular fibre; then as becoming cartilaginous; and, in the last stage, osseous. This may be the case with a few examples of the disease; but I am disposed to think that it is not generally so, and that the greater number of these tumours never exhibit a muscular or fleshy appearance at any period of their existence, but have a fibrous structure, equally distinct, when not larger than a pea, and when exceeding in magnitude the head of the human adult.

Sometimes we find only one tumour present in the walls of the uterus; at other times several are met with, of different sizes; and not unfrequently they are combined with cysts and tumours of the ovaria. They have no disposition to ulcerate, nor to assume a malignant character, though they are not unfrequently observed in individuals who have cancerous affections of the uterus, bladder, mammæ, liver, and other organs. They have never been observed before the age of puberty; and M. Bayle affirms, that they are most frequently met with in the bodies of those women in whom the physical signs of virginity are present; and that in twenty out of a hundred women, taken indiscriminately after the middle period of life, the fibrous tumour is found imbedded in the walls of the uterus. Of twenty uteri examined by Portal, thirteen contained fibrous tumour; and Dupuytren affirms, that there are few women of a certain age who are without tumours of this description about the uterus. From the observation I have made, it seems probable that M. Bayle's estimate is correct.

Fibrous tumours are developed either in the cellular

membrane, under the peritoneal coat of the uterus, or between the layers of its muscular or middle coat, or immediately between its middle and mucous coats. When situated between the peritoneum and muscular coat, they give rise to no irritation, hemorrhage, or derangement, either in the uterine functions or general health, and their existence even can only be guessed at during life. But when they attain a large size, and occupy a great part of the abdominal cavity, they produce all the injurious consequences of enlarged ovaria, from which, indeed, during life, they are distinguished with difficulty, and death takes place usually from interrupted circulation, and long-continued pressure on the bladder and contiguous viscera. Retroversion of the uterus, and retention of urine, have taken place in the latter stages of the disease.

When situated under the peritoneum of the uterus, fibrous tumours do not prevent impregnation, because they do not interrupt the communication between the vagina and ovaria; but when adherent to the posterior part of the body or neck of the uterus, they sometimes produce fatal consequences both to the mother and child, by impeding the progress of the child through the pelvis. M. Chaussier presented to the School of Medicine the uterus of a woman who died in labour at the Maternité, in which there was a fibro-cartilaginous tumour, as large as the fist, imbedded in the walls of the neck of the uterus. This tumour had formed such an obstacle to labour, that the head of the child was crushed to pieces in its passage through the pelvis. In the Museum of the London University there is a fibrous tumour as large, and nearly as hard, as a cricket-ball, which was removed from the body of a woman who had died undelivered. The tumour was situated under the peritoneum, at the posterior and inferior part of the tumour.

Dr. Merriman has cited a case from Van Doeveren, where the expulsion of the child was prevented by the presence of a large polypus of the vagina. He twisted its pedicle, and tore away the tumour with his hands, after which a dead child was expelled. Dr. Merriman also related the history of another case, in which a fibrous tumour, of considerable size, was connected with the os uteri of a pregnant woman. A ligature was applied around the peduncle, and in a few days the tumour fell off. The general health of the patient

improved after the operation: she went to the full time, but the child was still-born.

Dr. Gooch relates a case which occurred in the practice of Mr. Borrett, of Yarmouth, in 1799, and terminated fatally soon after delivery. At the commencement of labour a tumour was discovered in the vagina. After the rupture of the membranes, as the child did not advance, it was delivered by turning, and was born alive. The placenta was expelled spontaneously; but some hours after, a soft round tumour was found pressing on the os externum: violent expulsive pains continued for many hours; and twenty-four hours after delivery, a large fleshy tumour, like an inverted uterus, had been forced out of the vagina. She continued to suffer during the whole of the day, and died in the evening. The body was examined the following day. The uterus was contracted, but its mouth was dragged down as low as the external orifice by a tumour, which grew from it by a broad base. It was attached to the posterior part of the mouth of the womb, and some way up the neck was of a livid colour, and weighed three pounds fifteen ounces. The patient had borne her last child before easily and naturally, but some time before her present pregnancy she looked as large as if seven months with child.

M. Deneux relates the history of a case of fibrous tumour of the uterus expelled into the vagina after an abortion at the fourth month. The lady, aged 30, after her second child, observed the abdomen larger than natural; menstruation became irregular, and she had occasional attacks of menorrhagia. She again became pregnant, and miscarried at the fourth month. The after-birth was expelled with difficulty, and the uterus remained larger than usual. Fever followed, with pain of abdomen. After some days, a soft, fleshy body was perceived at the vulva, which was supposed to be the placenta. The febrile symptoms continued, and this body, which was discovered to be a fibro-cartilaginous tumour, was removed by a ligature applied around its neck; but the patient died. On examining the tumour, which was the size of the fist, its form was found to be irregular, and it was composed of two distinct parts: 1st, an exterior portion, in a putrid, gangrenous state; 2nd, a central portion, white, fibrous, lamellar, presenting an appearance of little cells, and hard and resisting when cut with the knife.

Uterine and abdominal inflammation followed. The tumour had sprung from the inner part of the anterior wall of the uterus. The ligature had been applied to the proper tissue of the uterus. A smooth cavity was found in the anterior wall of the uterus, which was lined with a fine membrane, a portion of which was inclosed in the ligature.

One of the most remarkable cases of expulsion of a fibrous tumour from the uterus, observed by M. Cruveilhier, occurred in a young woman who was attacked, nineteen days after a difficult labour, with pains exactly like those of labour, and which led him to believe that superfœtation had happened. After suffering so severely, for three days, that her life was despaired of, the patient passed three flattened bodies, of considerable consistence, which were readily recognized to be fibrous tumours of the uterus.

When fibrous tumours are formed between the muscular strata of the uterus, and they attain a large size, its fundus, body, and orifice usually become hypertrophied, as during pregnancy, and greatly altered in shape. If situated midway between the peritoneal and mucous membranes, they press equally in all directions, as they slowly enlarge, and cause the uterus to project both on the external and internal surfaces. When a thin layer of muscular fibres is interposed between the tumour and peritoneum, the projection is observed only on the corresponding peritoneal surface of the uterus, and the cavity of the organ remains unchanged.

When fibrous tumours are imbedded in the proper tissue of the uterus, women are frequently barren, or if they become pregnant, abortion takes place, in consequence of the uterus being incapable of undergoing the necessary development in the latter months of gestation. When the ovum is not prematurely expelled, death may take place in such cases from uterine hemorrhage soon after delivery. M. Chaussier saw a woman die from flooding, soon after giving birth to a full-grown child, and there was a large fibrous tumour in the posterior wall of the uterus. This tumour was not situated so as to present an obstacle to the passage of the child through the pelvis, but soon after delivery it was perceived that the uterus had not the power of contraction. Profuse hemorrhage took place from that part of the uterus in which the tumour was lodged, the flow of blood could not be arrested, and the patient died.

CASE VI.—A woman, aged 42, was delivered by embryotomy of a still-born hydrocephalic child. The liquor amnii amounted to sixteen pints. Profuse uterine hemorrhage followed the extraction of the placenta, and on the third day after delivery, death took place from inflammation of the peritoneal and muscular coats of the uterus. I examined the body, and found a hard fibrous tumour, the size of a hen's egg, imbedded in the muscular coat, where the placenta had adhered to the uterus.

Dr. Outrepont delivered a woman, who died soon after from uterine hemorrhage. Three fibro-cartilaginous tumours were found, on dissection, in the body of the uterus, the largest of which measured ten inches in the long diameter, and five in the other: they had prevented the development of the fundus uteri in the last months of pregnancy, and the child had only room in the uterus by the excessive dilatation and extreme thinning of the cervix uteri.

A woman, 40 years of age, was delivered of twins, and died, in three days, of uterine inflammation. The body was examined by Dr. Chowne, and a large fibrous tumour, inclosed in a shell of calcareous matter, was found imbedded in the posterior wall of the uterus.

There are no symptoms by which we can positively determine, during life, the presence of fibrous tumours situated between the muscular strata of the uterus; they may, however, be suspected to exist in those individuals who, being advanced beyond the middle period of life, suffer habitually from leucorrhœal discharge, who menstruate profusely, and have frequent attacks of menorrhagia, with sense of weight, and irritation in the region of the uterus and adjacent organs. No alteration of structure can be discovered in the cervical portion of the uterus; but when an examination is made, the uterus is felt larger and heavier than natural. The os uteri is neither irregular, indurated, nor painful on pressure, as it is found to be when affected with malignant disease.

But the fibrous tumour is sometimes developed between the mucous or lining membrane of the uterus and the muscular coat, and, as it enlarges, it gradually distends the cavity like an ovum, and pushes before it, through the orifice, that portion of the lining membrane by which it is covered, in a manner somewhat analogous to what takes

place in hernia, when the peritoneum is pressed forward, by the intestines, through the inguinal and crural canals. By the constant and powerful action of the uterus, the tumour is gradually forced into the vagina, where, after the lapse of a longer or shorter period, it undergoes various changes of structure in its covering membrane, peduncle, and central portion. The mucous covering of the tumour sometimes presents no sensible alteration, but more frequently it becomes highly vascular, thickened, and inflamed, or it ulcerates, or sloughs, and thus gives rise to a fœtid, sanious discharge from the vagina, and to all the other symptoms of malignant disease. In a few rare instances, the tumour has formed adhesions with the vagina.

M. Dupuytren was of opinion, that uterine polypi, if abandoned to themselves, ultimately become disorganized by cancer. "So long," he observes, "as they have a red or white discharge, there is no fœtor, and they are throughout of equal density: if the speculum be introduced, a smooth rose-coloured body is observed; but if there be a sanious discharge, there is then great fœtor, and when examined, we find soft fungous tumour extending over a surface which bears a relation to the period which has elapsed since the supervention of the symptoms in question. It is also at this time that the constitution begins to suffer in a severe degree, that the skin becomes of a pale yellow, that fever sets in, that emaciation advances, and that the appetite and sleep are lost. There appears to be a decided coincidence," continues M. Dupuytren, "between the appearance of gangrene, as marked by the fœtid sanious discharge, and the commencement of the cancerous degeneration. This change takes place, first, in the inferior part of the tumour, which is exposed to the contact of the air; the pedicle is the part last affected." The accuracy of these statements respecting the cancerous degeneration of uterine polypi has not been confirmed by the following, or any other examples of the disease which have come under my observation.

Case VII.—A woman, 44 years of age, died in the Saint Marylebone Infirmary, with the usual symptoms of malignant disease of the os uteri; she suffered much for many months before death, from pain in the hypogastrium, and had a profuse sanguineous and purulent discharge from the vagina. She had a sallow complexion, and was much

emaciated. I am indebted to my friend and colleague, Dr. Sims, for the history of the case, and the preparation of the parts.

Under the peritoneum of the fundus uteri was a fibrous tumour with a narrow neck, the size of a large walnut. From the inner surface of the fundus uteri there hung, by a soft slender root, a tumour of a pyriform shape, the greater part of which had passed through the os uteri and filled the upper part of the vagina. The tumour was covered by a thick membrane, continued from the lining membrane of the uterus. The membrane covering the stalk was perfectly smooth, but that portion which covered the most depending part of the tumour was soft, and partially destroyed by ulceration and sloughing. The central part of the tumour had a dense fibro-cartilaginous structure. Another fibrous tumour, an inch in diameter, was imbedded in the muscular tissue of the uterus, near the root of the tumour, filling the vagina, which it strongly compressed. When the uterus was laid open, its cavity contained coagulated blood.

In the following interesting case, for the details of which I am indebted to my colleague, Mr. Perry, the fibrous tumour was covered by a capsule, which consisted not only of the lining membrane of the uterus, but of a layer of muscular tissue. The body was examined after death by Dr. Sims and Mr. Hutchinson, and when they laid open the tumour from the root to the apex, they were both convinced that the substance of the uterus was continued into the tumour, and formed its peduncle. The preparation of the uterus, with the tumour attached to its cervix, was presented to me by Mr. Perry, the day after the examination of the body took place (and is now in my collection at St. George's Hospital).

Case VIII.—A woman, 47 years of age, supposed to be labouring under ascites, and much exhausted by hemorrhage from the uterus, was brought into the St. Marylebone Infirmary on the 26th November, 1833. A few days after her admission, it was ascertained by Dr. Sims and Mr. Perry, under whose care she was placed, that there was a globular-shaped tumour, larger than the fœtal head at the end of the ninth month, hanging out of the vagina. The tumour resembled at first a prolapsed uterus, but when the finger was passed into the vagina, it was found to be con-

nected with the anterior lip of the os uteri by a short root of considerable thickness. The surface of the tumour was of a dark livid colour, and had a sloughing, gangrenous appearance in different parts. The woman was so enfeebled in body and mind that she could not communicate a distinct account of her complaints; and the precise period when the tumour appeared externally could not be ascertained.

She stated that she had suffered for several years from profuse discharges of blood from the vagina, and that at different times a tumour had protruded, which she had always succeeded in returning within the parts by pressure. Dr. Sims and Mr. Perry being of opinion that the removal of the tumour by the ligature afforded her the only chance of relief, Mr. Perry immediately performed the operation with the double canula. She suffered little pain after the ligature was tightened. Twenty-five minims of laudanum were given, and she appeared to be going on well till the evening, when she began to sink, and died in less than twenty-four hours from the time when the ligature was applied.

Dissection.—A large cyst, containing several pints of fluid, was found adhering to the left ovarium. There were several small cysts in the right ovarium. The uterus and vagina were healthy. To the anterior part of the cervix a large hard tumour, flattened on the anterior and posterior surface, was found attached by a thick, short peduncle, in which was a slight depression from the ligature. The tumour was invested by a membrane, which was continued from the lining membrane of the uterus. A yellowish-coloured exudation of lymph, which readily peeled off in flakes, partially coated the surface of the tumour; and, when pressure was made, blood oozed out from numerous small openings. The root of the tumour was half-an-inch in length, and one inch in diameter, extremely dense, and of a red, fleshy appearance, like the muscular coat of the gravid uterus. Numerous large blood-vessels, resembling the sinuses of the gravid uterus, filled with coagula, were seen in the peduncle, and in a considerable part of the substance of the tumour. The tumour, when first laid open, had a dark livid colour, like venous blood. Its structure was not uniform. In the most depending part of the tumour was a mass which had the appearance of a common fibrous tumour of the uterus. The root, and a great portion of the tumour

surrounding this firm nodule, had a different structure; they resembled the muscular coat of the uterus, and, to all appearance, were formed by a continuation of this tissue. Numerous large vessels, resembling the sinuses of the gravid uterus, also traversed this portion of the tumour, as well as its root.

In the thirteenth Fasciculus of M. Cruveilhier's Pathological Anatomy, there is a representation of a uterus, in the anterior wall of which has been developed a fibrous tumour, whose capsule is formed of the lining membrane and a layer of muscular tissue. The cavity of the organ was completely distended by the tumour, which was traversed by large veins, some of which were filled with coagulated blood. In different parts of the tumour there were also small cavities, filled with serum, and several great uterine sinuses opened upon its surface at the apex, from which the blood had flowed, which destroyed the patient. "Cette tumeur," observes M. Cruveilhier, "était ramollie: les petites masses dont l'agglomeration constitue les tumeurs fibreuses étaient disjointes, et la sérosité remplissait leurs intervalles. La mollesse de la tumeur rendait son enucleation difficile; cependant, on saisissait aisément la ligne de démarcation qui séparait le tissu uterin du tissu de la tumeur." "On conçoit," he further remarks, "que la distension de l'espèce de coque qui recouvre le corps fibreuse proëminent dans la cavité uterine doive amener quelquefois l'inflammation, l'usure de cette coque, et l'expulsion définitive de la tumeur. Il existe un assez grand nombre d'examples de ces expulsions spontanées, qui sont toujours accompagnées d'accidents très-graves." "Les efforts d'expulsion peuvent avoir pour resultat le déchirement de la couche qui recouvre les tumeurs; et si de gros vaisseaux se trouvent compris dans l'épaisseur de cette couche, une hemorrhagie mortelle peut en être la suite. Ces hemorrhagies peuvent se renouveler aussi souvent que se font les efforts d'expulsion, efforts qui, comme toutes les fonctions uterines, sont soumises à la loi de périodicité." p. 18.

Boivin and Dugès also entertain the opinion that uterine polypi are sometimes covered with fleshy fibres, which are continuous with the muscular coat of the uterus:—"Le Docteur Breschet assure qu'il a toujours vu les polypes revêtus d'une membrane mince unié, luisante; dans d'autres cas, bien distincte, charnu, et d'autant plus mince qu'on

se rapprochait davantage du pedicule, si la tumeur était volumineuse; d'autant, plus épaisse, si la grosseur était médiocre, mais toujours, évidemment, continué avec les fibres charnus de l'organe même dans lequel le polype a pris naissance; elle était bien manifestement due à la couche intérieure de ces fibres, répoussée en dedans et entraînée à la surface d'un corps fibreux, dont le siège primitif avait été l'épaisseur même des parois du viscère."

In the following remarkable case, for the history of which I am indebted to Dr. Merriman, and Mr. Cocke, of Cleveland-street, the capsule formed of the lining membrane, and a layer of muscular tissue of the uterus which covered the fibrous tumour, had entirely disappeared, not only at the apex, but in the middle of the tumour on one side.

Case IX.—On the 18th November, 1833, Mr. Cocke was called to a patient about the middle period of life, who was in labour with her fifth child. There was considerable flooding, and he could feel a spongy mass adhering to the posterior part of the cervix of the uterus, which he suspected to be placenta. No part of the child could be felt. After waiting for some time, as the discharge of blood continued, and the uterine contractions, though powerful, had little effect in advancing the child, Mr. Cocke passed his hand into the uterus, and, immediately coming in contact with the arm of the infant, he brought down the lower extremities into the vagina, and delivered the child. Considerable difficulty was experienced in extracting the head. The placenta was soon expelled, and the quantity of blood subsequently discharged was moderate. The pains continued severe throughout the night, and the following morning a tumour as large as a child's head was felt within the uterus, adhering to the posterior and inferior part. Dr. Merriman, on being consulted, was satisfied that the pains were produced by the presence of a large tumour within the substance of the uterus. She died three days after delivery, and the body was inspected by Mr. Cocke.

Seven months after, I had an opportunity of examining the tumour, which I found imbedded in the walls of the uterus, at the posterior and inferior part, projecting into the cavity, and almost completely filling it up. The root and body of the tumour were covered by the lining membrane and a stratum of muscular fibres of the uterus. At the most depending part there was a circular opening in the

capsule, about an inch and a half in diameter, with thin smooth edges, through which aperture a portion of the fibrous tumour projected. On the right side, two considerable openings had likewise been formed in the capsule of the tumour. The peduncle of the tumour consisted of the natural muscular tissue of the uterus. Large veins were visible not only in the root, but in the expansion of the muscular fibres over the body of the tumour.

When a fibrous tumour is formed between the muscular strata, and consequently is covered both by the lining membrane of the uterus and a layer of muscular fibres, the peduncle is proportionably thick and short. A longer continuance of uterine action is also required to force a tumour formed in this situation into the vagina, and the patient not unfrequently dies, from irritation and loss of blood, before it has been expelled from the cavity of the uterus. The dissections which I have made, induce me to believe that it is not on the situation or primitive state of the polypus, as Herbiniaux and Dupuytren have supposed, that the consistence and form of the peduncle depend, but on the quantity of muscular fibres carried before the tumour; and that in those cases where the root of a uterine polypus is thick and short, it will be found to be composed not only of mucous membrane, but of muscular coat of the uterus. This account of the formation of uterine polypi will satisfactorily explain why it is unnecessary, as many have supposed, to pass the ligature for the removal of polypi close to the uterus; and it also explains a circumstance pointed out by Clement and Puzos, that the root of the polypus which remains, never grows again after the general mass of the tumour has been removed.

Fibrous tumours are found attached either to the fundus, body, cervix, or os uteri. Inversion of the unimpregnated uterus is sometimes produced, when a large fibrous tumour is developed in the walls of the fundus, and passes through the orifice in the vagina. A case occurred to Dr. William Hunter, in which the patient died, by including a portion of the inverted uterus in the ligature.

Dr. Denman saw a young lady who had suffered long from frequent uterine hemorrhages, together with most violent pains, recurring in the manner of those of labour. High up in the vagina he discovered a polypus, round which a ligature was with difficulty passed. When he

began to tighten the ligature, she complained of very severe pain, and presently vomited. It was immediately slackened; but on every future attempt to draw it tighter, the same symptoms were instantly produced. After many trials, he was obliged to desist, leaving the ligature loose round the polypus, merely to keep up in the mind of the patient some hope of benefit. The health of this patient was very bad when Dr. Denman first saw her; and in about six weeks from the time of the operation she died. Leave being given to open the body, the uterus was found inverted, and the ligature to have passed over the inverted part, which occasioned all the symptoms before mentioned. This polypus, Dr. Denman observes, could not have weighed more than an ounce, and had a very short (if it could be said to have any) stem; so that the uterus could not in this case have been inverted mechanically, but by its own vehement action, excited to expel the polypus, which, like any other extraneous and offending body, was a perpetual cause of irritation.

In the Museum of the London University there is a specimen of inverted unimpregnated uterus. A large fibrous tumour, with a thick neck, is seen hanging from its fundus. Mr. Alexander Shaw has informed me that this was removed from the body of a woman who lay a long time in the Cancer Ward of the Middlesex Hospital. She was a woman who had borne several children; and the opinion of those who saw her was, that her uterus had been inverted after delivery.

It occasionally happens, when a fibrous tumour is large, and formed under the lining membrane of the cervix of the uterus, that it is suddenly expelled from the vagina by vomiting, or any violent effort, and produces appearances, externally, which strikingly resemble those observed in cases of chronic inversion of the uterus. The membrane which covers the inverted uterus and the fibrous tumour being the same, and liable to similar changes of structure, without an acquaintance with the previous history of the patient, and a close examination of the symptoms, the diseases might readily be confounded.

Though the facts which have now been stated clearly demonstrate that the greater number of uterine polypi are fibrous tumours, which have been formed under the lining membrane and a stratum of muscular tissue, we are not

entitled to conclude, as some have done, that these are the only tumours which make their way from the cavity of the uterus into the vagina, and which are not of a malignant nature. There is a tumour of the fundus or body of the uterus which grows occasionally from its mucous membrane, or is formed by a morbid change of the mucous membrane itself, which does not acquire a large size, but which seems to be analogous to the common polypous tumour which is formed in the cavities of the nose. It has a broad base and flattened form, and in some cases is largely supplied with blood-vessels. Only two specimens have been observed by me.

There is still another tumour formed under the lining membrane of the uterus, whose structure is peculiar, and differs from any of the preceding. It consists of a congeries of small vesicles or cysts, filled with a clear or yellowish-coloured ropy fluid, which cysts are imbedded in a soft fibrous substance formed under the lining membrane of the uterus. Five examples of this disease have come under my observation, and in all the tumour was situated under the lining membrane of the fundus, which was very thin and highly vascular. Two of these tumours were adherent to the uterus by a broad base. One resembled a dried fig; the other was larger than a hen's egg, and distended the cavity of the uterus, the parietes of which were healthy.

Boivin and Dugès have probably described the same disease under the term "cellular excrescence of the uterus." "In a considerable number of cases," they observe, "this variety of polypus sprung from the os tincæ; and one whose presence had not been indicated during life, had the shape and size of the kernel of a plum-stone; it was soft, of a red-brown colour, streaked with small vessels, and readily separated from the surface, to which it adhered by a slender peduncle. In the same body were observed three similar tumours, one of which was attached to the fundus, the others to the cervix. The exterior of these tumours was continuous with the tissue of the uterus, which tissue formed their covering membrane. Internally, this polypus was also continuous with the substance of the uterus, and was only an extension of this substance in a more cellular and filamentous form." p. 269.

A fourth variety of tumour of the uterus, to which the term polypus has also been applied by writers, is produced

by a morbid enlargement of the glandulæ or ovula nabothi. One of these bodies is sometimes converted into a cyst as large as a walnut, or even a hen's egg, and hangs by a slender peduncle from the cervix or lips of the os uteri. It is smooth and vascular, and contains, in some instances, a curdy matter, or yellow-coloured viscid fluid. The tumour produces great irritation, and gives rise to copious sanguineous and mucous discharges from the vagina. In a uterus presented to me by the late Mr. John Wood, there are several enlarged glands hanging from the cervix by long, slender, and flattened stems. One of these glands, the size of a walnut, was tense and smooth, and when cut open was found to contain a yellow curdy matter. I have since met with several other examples of this affection. The appearances in these cases are represented in the accompanying drawings. Though unacquainted with the nature of the glandular tumour of the os uteri, Herbiniaux has given a description of the appearances it most frequently presents. "There is another species of polypus," he observes, "extremely soft, of which M. Levret has not made mention: it is a little excrescence of the same form as the preceding, but which is always very small; it arises from a segment of the orifice of the uterus, and either remains within the orifice, or hangs a few lines out of it. Often it is not larger than a pea; sometimes it is the size of the finger; but its stem is usually very large, considering the small size of the tumour."

Portal states that excrescences analogous to those in the nose and in the mammæ sometimes arise from great congestions of the follicles and lacunæ of the cervix uteri.

Dr. Gooch has also described polypous tumours of the os and cervix uteri originating in an enlargement of the mucous glands and follicles of the cervix uteri; but he appears to have been unacquainted with the differences which exist between the structure of the glandular and fibrous polypus of the uterus. "A polypus is sometimes so small," he remarks at p. 287, "that it seems incredible it should occasion the frequent hemorrhages which attend it. Yet the hemorrhage ceases on the removal of the polypus. I have felt them as small as a filbert without its shell, growing to the neck or lips of the uterus. They were so small that, on being touched, they slipped into the orifice of the uterus,

and there remained concealed till the finger was withdrawn and the patient stood up, when they dropped again into the vagina. I saw an elderly woman with a polypus of this size; the day was fixed for its removal, but before it arrived she was using a lotion with a long Newler syringe: it fell away."

Andral and Boivin have described the same disease in the following passages, though the latter appears to have confounded it with the fibrous tumour of the uterus:—"Au lieu de ces corps fibreux," says M. Andral, "on rencontre quelquefois dans l'épaisseur des parois de la matrice des kystes séreux, de grandeur variable, dont il sera fort difficile d'assigner l'origine. Ces kystes s'observent surtout vers le col de l'organe. Il est des cas où ce col est rempli d'une infinité de ces kystes, qui sont tout très-petits, d'égale diamètre, et implanté par centaine dans le tissu du col. Quelques uns font une légère saillie du dessous de la muqueuse."—"Dans l'épaisseur du museau de tanche," observes M. Boivin, "nous avons trouvé en grand nombre de petits corps blancs, durs comme de cartilage, adhérant intimement au tissu environnant, et moins gros qu'une lentille; tandisque sur divers autres points de la matrice, on en voit égaler le volume d'un œuf, celui du poing, et même celui de la tête d'un homme."

The foregoing observations prove that there are at least four different varieties of tumours of the uterus, none of which are malignant in their nature, to which the term polypus has been applied: 1st, the fibrous; 2ndly, the follicular or glandular; 3rdly, the cystic or vesicular; and 4thly, the mucous tumour of the uterus. To these ought, perhaps, to be added that variety of tumour of the uterus which consists of erectile tissue, or of cells and dilated arteries and veins.

Before the middle of the eighteenth century, few facts of any importance had been ascertained respecting the origin and structure of polypus of the uterus. The older writers included under the term polypus all the different tumours of the uterus which have now been described, the greater number of the organic affections of the os and cervix uteri of a malignant nature, and also fleshy moles or ova in a diseased condition. The confusion and obscurity in which the pathology of uterine polypi have been so long involved, may chiefly be attributed to the circumstance, that few opportu-

nities have been enjoyed of investigating their structure before it has been destroyed by inflammation, or sloughing produced by natural or artificial causes.

With respect to the treatment of the various tumours which have now been described, I have few observations to offer. Iodine, mercury, and all other remedies, have little effect either in arresting their growth or promoting their absorption. Women who have fibrous tumours formed in the walls of the uterus should avoid mechanical pressure of the hypogastrium, violent bodily exertion, and every other cause which may excite inflammation or a determination of blood to the organs within the pelvis. Where congestion has taken place, it should be removed by local blood-letting, mild cathartics, and anodynes. Profuse uterine hemorrhage should be controlled by rest in the recumbent posture, cold applications to the hypogastrium, and the internal use of the acetate of lead.

When any of these tumours pass through the os uteri into the vagina, they may be removed by the ligature or the knife. If the root is soft and slender, the tumour may easily be twisted off by the forceps. In the course of the last twenty years, Dupuytren states that he has removed 200 uterine polypi by excisions. Hemorrhage has only occurred twice in all the cases, and in both instances it was permanently arrested by the tampon. In eight or ten cases, after the application of the ligature, death took place from the absorption of pus into the system.

Where the root of the tumour is large and vascular, I am of opinion that a ligature should previously be passed around it, at as great a distance from the os uteri as is compatible with the removal of the disease.

These observations on the pathology of fibro-calcareous tumours and polypi of the uterus were published in volume xix. of the Medico-Chirurgical Transactions. The following supplement to this paper appeared in volume xxxiii. :—

In a paper published in volume xix. of the Medico-Chirurgical Transactions, I have stated that when "large, the fibrous tumour of the uterus is often unequal on its surface, being lobulated, or divided by deep fissures and arteries, and veins of considerable magnitude can be traced into its substance." Before the publication of this paper, it had been observed by Sir Charles Clarke, that "if

coloured injection be thrown into the vessels of the uterus, so as to make the substance of the uterus quite red, none of it passes to the tumour of fleshy tubercle. In the collection of Mr. Abernethy, surgeon to St. Bartholomew's Hospital, there is a very good preparation, showing this fact." Very recently, an author who is said to have carefully investigated the structure of fibrous tumours of the uterus, states that "the veins, although closely collected around the growth, do not appear to enter it." And another still more recent writer asserts, that "no veins are observed in the structure of these tumours; they only appear to be collected on their surface where they are large and varicose."

In the museum of St. George's Hospital there are various specimens of fibrous tumours of the uterus, in which both the arteries and veins have been injected. From these it is seen that, when the arteries reach the tumour, they do not at once plunge into its substance, but pass into the fissures or grooves on the outer surface of the membrane forming the sheath; and as the arteries run along these fissures between the lobes, small branches are given off to the surrounding parts. Veins of very considerable size are seen passing from the central parts of these tumours to their surface, in a winding manner, and gradually enlarging till they terminate in the uterine veins. In these preparations, the veins of fibrous tumours have been filled with injection, thrown into branches ramifying throughout the substance of the tumours, and also from trunks of the uterine veins. I have repeatedly met with coagula of blood, which extended from the uterine veins into the veins of fibrous tumours, by which the continuity of these vessels could be demonstrated, and the course of the circulation of the blood through such tumours clearly determined.

In the same paper, I have likewise observed that "cavities containing a bloody or dark-coloured gelatinous fluid are sometimes formed in the central part of the tumour, probably by a process of softening which its substance undergoes." At St. George's Hospital, a few years ago, Mr. Prescott Hewitt showed to me a specimen of this tumour, weighing fifty-four pounds, in the central parts of which there were several large cavities filled with viscid fluid, which had led to the supposition, during the

life of the patient from whose body it had been removed, that the tumour was ovarian; and, indeed, after death it was sent to London as a specimen of disease of the ovary, and the mistake was only discovered when a careful examination of the ovaria was made, and they were both found in a healthy condition. More than twenty years ago, I saw a tumour nearly similar in size and structure, which had been removed during life, by an extensive incision through the abdominal parietes, on the supposition that it was an ovarian cyst. The operation of tapping has been performed in a few cases of the same disease; but in none of these did the fluid in the cavities of fibrous tumours result from inflammation and suppuration.

It has been stated by several recent writers that fibrous tumours of the uterus inflame and suppurate; but until the occurrence of the following remarkable case of abscess in the centre of a fibrous tumour imbedded in the walls of the uterus, I had never seen an example of this morbid alteration of structure, nor met with any pathologist who had witnessed the phenomenon. If the fact has ever before been observed, I am not aware that it has been distinctly demonstrated, or its importance pointed out in the diagnosis and treatment of the disease.

Case X.—Mrs. S——, aged 40 years. Married, but never pregnant. Came under my care in 1843, when I inferred, from the enlarged and hard state of the body of the uterus, shortening of the cervix, attacks of menorrhagia, and other symptoms, that one or more fibrous tumours existed in the walls of the organ. From that period till the close of 1849 I had frequent opportunities of seeing this patient, and of ascertaining, by examination, that the uterus had not increased much in size during the six years that I had watched the progress of the disease.

About the middle of March, 1850, Mrs. S—— was induced to consult another practitioner. She has stated that six round masses, called balls, were prescribed by him for her, one of which she was directed to introduce into the vagina every night at bed-time. After four of these balls had been used, so much tenderness of the parts supervened that their further use was discontinued. The pain having increased, the same practitioner was requested to visit the patient; and at this interview, according to the report of the patient's sister, he passed an instrument within the

parts. At the time this operation was performed, little or no pain was felt; but soon after, acute suffering was experienced in the region of the uterus, and incessant vomiting, with fever, succeeded. The symptoms having assumed an alarming character, I was requested to see Mrs. S—— on the 15th of April. The pain and vomiting partially ceased, after the application of leeches, and other remedies; but the inflammation of the uterus was not arrested, and death took place on the morning of the 18th. The day after, the body was examined by Mr. Wharton Jones and myself. The uterus was about the size of a cricket-ball, and hard. The ovaria and fallopian tubes, on both sides, and the uterus and rectum, adhered together by old false membranes. Having removed the uterus from the body, an incision was made through the anterior wall, when there flowed out a quantity of greenish-yellow fœtid pus. This matter had escaped from an irregular cavity in the centre of a fibrous tumour, which still contained a portion of purulent fluid. The whole lining membrane of the uterus was red and inflamed, and near the cervix appeared softened and disorganized. The anterior lip of the os uteri was of a peculiarly livid colour. The sac of the peritoneum presented no trace of recent inflammation. The cavity in the fibrous tumour from which the pus had escaped, is seen in the preparation of the parts, which are preserved in the museum of St. George's Hospital.

At the meeting of the Royal Medical and Chirurgical Society, when the history of the preceding case was read, I expressed my strong conviction, from the livid condition of the os uteri, and inflamed state of the lining membrane, and the abscess in the centre of a fibrous tumour, that some mechanical injury had been inflicted upon the parts. In reality, the patient's sister, a woman of the most strict veracity, assured me that she saw Dr. S—— take out of his pocket a bent wire, with a wooden handle, and introduce it within the parts; that no pain was produced when the operation was performed, but it was soon after followed by acute pain in the womb, severe fever, and incessant vomiting. Knowing that Dr. S—— was in the habit of using, in the diagnosis of uterine diseases, the bent metallic probe, or blunt wire, sold in the shops under the name of "Simpson's Sound," I could come to no other conclusion than that this was the weapon employed on this occasion,

and that inflammation was the result, as I had witnessed in other cases, when this instrument had been passed within the uterus. I wrote to Dr. S——, requesting to know in what condition he found the uterus of Mrs. S—— when she came under his care, and what treatment he had adopted. He replied that he had seen the patient twice; that his attention was directed, on each occasion, rather to diagnosis than treatment. He regretted that he "took no notes of the case," which appeared to him somewhat obscure. From a statement afterwards published by him, it appeared that the "balls," or suppositories, introduced into the vaginal passage at night, were composed of mild mercurial ointment, and that an exploring needle was passed into the most dependent part of the tumour, about midway between the os uteri and bladder, and that, on withdrawing the grooved needle, it was found to contain a small quantity of pus. No further treatment was adopted. If this statement be correct, the grooved needle must have first perforated the anterior wall of the vagina, then passed on, between the neck of the uterus and bladder, to the body of the organ where the tumour was situated, afterwards traversed the anterior wall of the uterus, and, lastly, made its way across the portion of fibrous tumour interposed, which is there about three-quarters of an inch thick, and nearly as hard as cartilage. I afterwards regretted having interposed in this case to prevent a coroner's inquest from being held. In the First Report, reference is made to a case similar to the preceding, in which the exploratory weapon employed to reach the tumour was driven through the posterior wall of the vagina, or neck of the uterus.

Case XI.—On the 21st of December, 1829, a middle-aged woman was admitted into the Middlesex Hospital, in an exhausted and almost insensible state, with a large globular-shaped tumour hanging by a thick neck out of the vagina, between the thighs. Three pints of urine were accumulated in the bladder. The surface of the tumour was partially covered with coagulated blood, and it was extremely painful when touched. It was at first supposed to be the uterus inverted, and attempts were made, without effect, to reduce it. Afterwards, from a depression in the lower part of the tumour, like the os uteri, it was supposed to be a case of prolapsus uteri, and

leeches and fomentations were applied to facilitate its reduction within the pelvis. Abdominal inflammation ensued, and she died on the 31st of December. It was reported that the patient was a married woman, but had been separated some years from her husband: and that she had led an irregular life, and had been subject to prolapsus uteri. It was not ascertained whether she had ever been pregnant, and there was a suspicion of some violence having been inflicted upon her three nights before. The body was examined on the 1st of January, 1830. The tumour, which still hung externally, was found to be a large polypus, attached by a thick root to the anterior part of the cervix uteri. The surface of the tumour was covered by a smooth membrane, reflected over it from the mucous membrane of the uterus, with which it was continuous. The uterus was dragged low down into the vagina, but its structure was healthy. The ovaria were enlarged, and partially destroyed by inflammation. I was anxious to cut open the body and root of the polypus, to examine their structure, and determine whether any difference existed between the globular part and the peduncle, and endeavour to solve the question put to me at St. Petersburgh by Sir James Wylie, "What is the reason why the roots of uterine polypi which have been removed never grow again?" This, however, Dr. H. Ley would not consent to have done, believing that the preparation would be injured by an incision through the root and body of the polypus.

After his death, it passed into the possession of Dr. Bull, and recently it has been transferred to other hands; and the polypus remains in the same unexplored condition in which it was more than twenty years ago, when I first put up the preparation in alcohol. Had the disease been recognised, and the root of the polypus divided with a ligature or a knife, the life of this woman might have been preserved. Three years after this, the structure both of the roots and bodies of uteri polypi was completely demonstrated.

The following is a report of all the cases of polypus of the uterus which have come under my observation since November, 1833, and of which written histories have been preserved, and which may contribute to illustrate still more fully the pathology, diagnosis, and treatment of the disease.

Case XII.—On the 4th December, 1833, Mr. Perry sent

to me a polypus of the uterus which he had removed by excision from the os uteri of a patient in the St. Marylebone Infirmary. Its shape and size resembled the human ovum at the end of the second month. It was covered by a membrane of a deep red colour, which was thin in some parts, and in others thick and soft. When cut into, the tumour had a fibrous appearance, was of a bluish colour, and at one part of it there was deposited a solid coagulum of blood.

Case XIII.—On the 31st July, 1834, Mr. Balderson requested me to see a patient aged 35, unmarried, who had suffered upwards of two years from attacks of menorrhagia and habitual leucorrhœa, with great irritation of the uterus. We found a red, soft, irregular-shaped, flattened tumour, the size of a large fig, hanging out of the vagina by a long slender peduncle, which was attached to the posterior part of the cervix uteri. A distinct pulsation was felt in the root of the tumour, the surface of which was covered with a fine membrane, under which were seen ramifying numerous large veins. The tumour was not unlike a portion of placenta on the uterine surface, and resembled that represented in plate xvii. fig. 2, of Dugès and Boivin's work, and which they have named "*polype en battant de cloche.*" In this case no difficulty could have been experienced in drawing the tumour wholly out of the vagina, and dividing its root with the scalpel or a pair of scissors. Before doing this, to prevent hemorrhage, a strong silk ligature was passed twice firmly around the root with the double canula. No hemorrhage followed; and in three days the ligature fell off, the patient recovered in the most favourable manner, and all the symptoms immediately disappeared. Numerous orifices of blood-vessels were seen in the root of the tumour after its division, from which blood escaped freely on pressing the tumour. The polypus, when laid open, presented the appearance of the corpus cavernosum. I was disposed to think that this tumour originated in a peculiar morbid state of the penniform rugæ; but it was impossible to be certain of the fact.

Case XIV.—At the beginning of April, 1836, I saw a lady, under the care of Dr. Duffin, who had a fibrous polypus, the size of a large pear, with a thick root encircled by the os uteri. Little difficulty was experienced in applying a ligature with the double canula; and the tumour came away five days after in a state of slight decomposition. On

the 26th, there were symptoms of inflammation about the left uterine appendages, and tenderness along the crural vessels on the same side. The whole left lower extremity became swollen, as in cases of crural phlebitis in the puerperal state; and the disease, after running the usual course in a mild form, terminated favourably.

Case XV.—On the 10th of June, 1836, I saw a case of fibro-cystic polypus of the uterus, in St. George's Hospital, under the care of Dr. Seymour. The patient was 22 years of age, and unmarried. She had a pale, sallow complexion; had long suffered from dyspepsia, pain in the lower part of the spine, and a constant sanguineous discharge from the vagina. A tumour, the size of a hen's egg, was felt growing from the left side of the orifice of the uterus, the lips of which were smooth and healthy. Mr. Cutler introduced the speculum uteri into the vagina; and I saw the surface of the tumour covered with a fine vascular membrane, through which there could very plainly be perceived a number of vesicles or cysts, filled with a clear fluid. On the 16th, Mr. Cutler applied a ligature with the double canula around the root of the tumour, which was soft and slender, and drew the tumour down through the external parts without much force, and with a pair of curved scissors easily divided the root. No hemorrhage, or unpleasant consequences of any kind, followed the operation; and I believe the disease was not reproduced in any form. In all probability, the ligature in this case would have divided the root of the tumour in two or three days, before any constitutional effect could have taken place from the decomposition of the mass, and the absorption into the system of putrid matter.

Case XVI.—On the 19th of November, 1836, I saw a patient, aged 46, in St. George's Hospital, the mother of two children, under the care of Mr. Cæsar Hawkins. She had suffered from excessive menorrhagia for a considerable period. A tumour, firm, hard, and smooth, was felt hanging by a thick root through the os uteri in the vagina. The peduncle was completely encircled by the os uteri. An examination of the tumour was made with the speculum, when I saw the surface covered with a fine smooth membrane, in which no vessels were visible. Although the membrane was not ulcerated in any part, a profuse discharge of blood took place from the vagina after the use of the speculum, which threw no light whatever on the nature of

the disease or the treatment required. Mr. Hawkins endeavoured to bring down the tumour out of the vagina with a pair of forceps, with sharp hooks at the extremity of each blade; but the instrument tore the tumour, though used in the most cautious manner, and by no efforts could it be brought down sufficiently low to reach the root so as to divide it safely with the knife or scissors, the root of the tumour being very thick and short. The attempt to draw the tumour out of the vagina, and divide its neck, having failed, Mr. Hawkins without difficulty applied a ligature around the root with a double canula. Two days after the application of the ligature, the patient was free from pain, fever, and all other unfavourable symptoms. The ligature was frequently tightened, and everything was done to render the success of the operation complete. On the 27th, the ligature and the tumour came away; but the patient subsequently died from extensive peritonitis. A large portion of a fibrous tumour was found after death adhering to the uterus. The ligature had obviously divided the tumour, which had only partially escaped through the os uteri, into two parts: one part had been removed by the ligature, and the remainder was left adhering to the lower part of the uterus. It is extremely probable that the result would not have been different in this case had the ligature been applied before any attempt had been made to drag down the tumour out of the vagina and divide its root. It was obvious, from the examination of the uterus after death, that by none of the means now employed could this polypus have been wholly and safely removed.

Case XVII.—On the 1st August, 1837, I saw a woman, aged 50, in Providence-court, Grosvenor-square, with polypus and prolapsus uteri. She had been delivered of one child twenty-six years before, and afterwards was barren. She had ceased to menstruate seven years. When she did, the discharge was profuse. She complained of swelling of the legs, feet and knees, and abdomen, and difficulty in passing the urine. The uterus was completely prolapsed, and a small smooth polypus was seen growing from the cervix. There were no blood-vessels visible upon its most depending part, but there were some upon its peduncle. The polypus was easily removed, and the prolapsus reduced.

Case XVIII.—July 3, 1838. Mrs. S——, aged 38. At Christmas last, supposed she was five months preg-

nant; had previously been repeatedly delivered at the full period. A few days before I saw her, with Dr. Walker, she had been seized with uterine hemorrhage, and pains like those of labour. Before this time she had suffered from nausea and pain of the abdomen, accompanied with great debility. On making an examination, we found the whole vagina filled with a smooth pyriform tumour, about the size of a large hen's egg, the root of which was completely surrounded by the os uteri, which was in a healthy condition. The finger could be passed some distance within the os uteri, so as to feel the peduncle of the polypus all round, and which was very thick. There was reason to believe that the tumour was growing from the fundus uteri. I applied a strong ligature, with the double canula, and it was firmly tightened, twice daily, and, in a few days, the ligature and polypus, in a decomposed state, came away, and the patient recovered completely.

Case XIX.—On the 14th September, 1839, I was requested to see a lady, nearly 70 years of age, who was suffering from uterine hemorrhage, in a very slight degree. "On examination, I find a polypus," said her medical attendant; "she is anxious for its immediate removal." Eight years before, I was informed that a small polypus had been removed from the uterus of this patient, by ligature, that another polypus, at the same time, was detected, but that the attempt made to remove it was unsuccessful. Four years after, the uterus was examined, and no polypus could be felt. I found the uterus so low down, that the orifice was close to the ostium vaginæ. The anterior lip of the os uteri was elongated, and projecting beyond the posterior lip, from an inch to an inch and a half. As the symptoms were not urgent, I recommended delay, stating that it was not a polypus which was felt in the vagina, but the anterior lip of the orifice preternaturally lengthened. In a few days another practitioner was consulted, who seized the projecting lip with a pair of forceps, drew it through the orifice of the vagina, and cut it across with a pair of scissors. No unfavourable symptoms followed this operation, but the coloured discharge continued.

Case XX.—At the St. Marylebone Infirmary, on the 9th of September, 1840, I saw a woman, aged 50, who had long suffered from repeated attacks of profuse uterine hemorrhage, a constant discharge in the intervals, and a

sense of bearing down, as if the head of a child were in the pelvis. On examination I found a polypus of great size in the vagina, covered with a smooth membrane. The tumour was so large that it was impossible to feel the os uteri; and this was the first case I had seen in which the root of the polypus could not be reached, or any part of the orifice of the uterus. An attempt was made to apply a ligature around this polypus, with the common double canula, but the instrument was not sufficiently long to carry the ligature beyond the body of the polypus. Having completely failed in this attempt, with a pair of forceps having sharp hooks, I then endeavoured to drag the polypus out of the vagina, in the manner recommended by the French and some English surgeons, and cut its root across with a knife or scissors. This effort was not more successful, and was also abandoned, in consequence of a profuse hemorrhage having taken place, from the portions of the tumour deeply lacerated by the forceps. It was obvious that no force employed in this manner would be sufficient to bring the root of the polypus within reach of a cutting instrument. After several trials, I succeeded with the bent rod in passing a strong whip-cord around the polypus, but at what distance from the os uteri it was not possible to determine. As the tightening of the ligature gave no pain, it was inferred that no part of the uterus was included within it. On the 11th, the discharge was profuse and fœtid, the pulse rapid, but there was no sickness of stomach, or tenderness of the abdomen. The ligature had been repeatedly drawn through the canula with great force, but an inch had not been gained. On the 17th, the root of the polypus was divided, and the ligature and canula came away. The polypus, in a half putrid state, was afterwards, with some difficulty, drawn out of the vagina with a sharp hook and a pair of lithotomy forceps. The discharge gradually ceased, and I saw this patient, some years after, in a state of robust health.

Case XXI.—At the end of February, 1841, a woman, 47 years of age, was admitted into St. George's Hospital, with a polypus in the vagina, the size of a large orange, growing from the anterior part of the cervix and os uteri, by a peduncle of considerable thickness. A ligature was applied with difficulty around its root, with the double canula. On the 2nd of March, the discharge was extremely

fœtid, the pulse was rapid, the breathing laborious, and there was urgent sickness. The ligature on being tightened broke, and a fresh ligature was applied by the house surgeon. Death took place in this case, with the ligature still around the root of the polypus. The following is Mr. George Pollock's account of the post mortem appearances. "Peritonitis: uterus not enlarged: its internal surface, which was much inflamed, was of a dark colour, and emitted a very fœtid odour. The mucous membrane of both fallopian tubes was of the same appearance. The mouth of the left one was wide open, and its fimbriated extremity was of a dark-greenish colour. The ovary on this side presented several cysts in its structure. The right ovary was enlarged, and presented in its structure several small abscesses; one of them was situated immediately beneath the peritoneal covering, and this membrane, it appeared, was broken through, in the removal of the uterus from its attachments. The body of the uterus did not present any evident trace of inflammation, neither could any matter be detected in the veins of the uterus, nor in the veins immediately surrounding it. A polypus, to which a ligature had been applied, was situated just within the mouth and neck of the uterus, and was attached to its anterior wall, on the left side. The membrane covering the polypus presented a sloughy condition, and in several places large shreds were partially detached, and floating about. The mucous membrane surrounding the pedicle of this polypus presented a large and deep ulceration. The body of the uterus presented a small fibrous tumour, of the size of a large nut, and situated nearer the mucous than the serous surface." The appearances of the polypus and uterus have been represented in *fig.* 5, *Plate* 8, in the coloured illustrations of uterine diseases, from original drawings by Mr. Perry. The part of the root between the ligature and uterus was partially removed by ulceration. This is the only case in which I have had an opportunity of ascertaining the manner in which this part of the root of a polypus is removed by nature after a ligature had been applied, and completely interrupted the circulation of blood in the tumour.

Case XXII.—I was requested by Dr. Scott, about the middle of March, 1841, to see a lady, 70 years of age, who had ceased to menstruate for many years, but who for

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some time had been suffering from uneasiness about the sacrum, neck of the bladder, and thighs, and coloured discharge from the uterus. Dr. Scott had ascertained that there were two small polypi hanging through the os uteri. The vagina was extremely contracted, and the os uteri high up. I laid hold of the largest polypus, which was a fibro-cellular tumour, with the forceps, and easily twisted it off. The root of the smaller one was so firm that it was destroyed with great difficulty. No hemorrhage followed, nor any other unfavourable symptoms.

Case XXIII.—On April 27, 1841, Dr. Scott requested me to see a lady, aged 50, who had polypus and prolapsus uteri. The os uteri was near the ostium vaginæ, and we saw a small, smooth polypus, with a thick neck, growing from the inner surface of the anterior lip. Dr. Scott applied a ligature around its root, and on the second day cut off the tumour, and the patient recovered.

Case XXIV.—August 31, 1841. E. F——, aged 49. Married twenty-five years, and only one child. Had suffered during two years from irregular sanguineous discharges from the vagina, with pain in the region of the uterus. The feet and ankles were swollen; there was sickness of stomach, general debility, and distension of the abdomen. A polypus the size of a small pear, with a smooth slender neck, encircled by the os uteri, was felt in the vagina, and in a condition most favourable for the application of a ligature with the double canula. This was done on the 3rd September by Mr. Keate; and in a few days the polypus and ligature came away, and the patient soon left the hospital, restored to health.

Case XXV.—On the 16th of March, 1842, I was requested to see a lady, aged 60, who had been married for many years, and had never been pregnant. She had long suffered from profuse discharges of blood from the vagina, with pain about the sacrum. It was supposed by her medical attendant that she was suffering from prolapsus uteri. I found, on examination, that there was a large fibrous polypus, in a half-decomposed condition, hanging out of the vagina. There was extreme fœtor from the discharge, and all the parts around were inflamed and excoriated. On the 16th, I applied a strong ligature around its root, and cut away the sloughing mass. No hemorrhage followed. On the 17th, there was a severe rigor.

On the 18th, the pulse was rapid, tongue furred, and there was an uncomfortable drowsiness or stupor. On the 21st, the ligature had come away, the offensive discharge had nearly ceased, and there was every prospect of a rapid recovery. In a few days, sore throat, with inflammation of the uvula and tonsils came on, with aphthous affection of the whole inner surface of the mouth. The symptoms gradually assumed a more formidable character, and she died ten days after, with constant vomiting, and other symptoms which are believed to indicate that some poison has entered the system.

Case XXVI.—On the 16th April, 1842, Mr. Cathrow requested me to see a lady, aged 50, who had been married many years, and was sterile. She had suffered long from pain in the back, and hemorrhage, between the monthly periods. Mr. Cathrow suspected from the symptoms that they arose from a polypus of the uterus, and on making an examination, had determined the fact. It was not larger than a walnut, soft and smooth, with a slender peduncle, surrounded by the os uteri, which was thick and hard. On the 19th, I passed up two fingers of the left hand to the polypus, and, sliding the forceps along the groove formed by these, seized and tore it away. A portion of the root was left behind, and to remove this, it was necessary to re-introduce the forceps, and some difficulty was experienced in getting the root perfectly extirpated.

Case XXVII.—On the 29th May, 1842, Mr. William Jones requested me to see a lady, aged 42, the mother of several children, who had for some considerable time been suffering from irregular, sanguineous, and serous discharges from the uterus, with uneasiness within the pelvis, and great nervous disturbance. A practitioner, under whose care she had been for some months, supposed she was pregnant, and that a miscarriage was about to take place. To promote this, ergot of rye and emetics had been administered. The symptoms led Mr. Jones and myself to suspect that there was a polypus in the vagina; but we were not permitted to make an examination. On the 22nd of June an examination was made, and a polypus detected, the size of a small pear, with a slender neck. The ligature was easily applied with the double canula; in a few days, the polypus came away, and the patient recovered most satisfactorily.

Case XXVIII.—Mrs. F——, aged 28.—1843. Since August twelvemonth has suffered from repeated discharges of blood from the uterus. The complexion is peculiarly dusky. An examination having recently been made, it was discovered that there was a large polypus in the vagina. It was the size of a large pear, softer in some parts than in others, and covered with a smooth membrane. The os uteri was felt around its root, at the fore part, but not behind. The ligature was applied without any difficulty; it was tightened twice daily. A good deal of fœtid purulent discharge took place; and the ligature and polypus soon came away. Recovery perfect. A fibrous tumour formed the central mass of this polypus.

Case XXIX.—On the 1st of May, 1843, Mr. Cocke requested me to see Mrs. C——, who had been safely delivered, two weeks before, of her second child. During pregnancy, the abdomen on the left side was unusually large and painful. A week after her confinement, she began to experience pains like those of labour, without any hemorrhage. This morning Mr. Cocke made an examination, and found a great mass, somewhat like the placenta, not only filling the vagina, but hanging out of the external parts. He removed as much of this mass as filled a small wash-hand basin. I examined this carefully, and had no doubt that it was a vascular fibrous tumour; the veins, filled with coagula, were distinctly seen ramifying throughout the torn up portions of the mass. The whole upper part of the vagina was filled with an irregular ragged mass, the root of which adhered to the os uteri. No hemorrhage followed, and she gradually regained her health. About the end of May, 1847, she was delivered of her third child. Some weeks after, I was called to see her, and felt within the cavity of the uterus, and partially dilating the cervix, a large soft tumour. I recommended that no attempt should be made to remove this tumour with a ligature, or any other means, until it had passed through the os uteri into the vagina. This advice was not followed, and the patient died some time after; but whether from the operation, by Dr. B——, or disease, I could never learn with certainty.

Case XXX.—In September, 1843, I was requested to see a lady, aged 25, who had been delivered some months before, without any circumstance having occurred during

the labour to give rise to a suspicion that the uterus had been inverted. More or less uneasiness had been subsequently experienced, with constant discharge of blood from the vagina. Before I saw the patient, it had been ascertained by Dr. M—— that there was a pyriform tumour in the upper part of the vagina, surrounded by the os uteri. The tumour was smooth and insensible, and had all the characters of polypus. We had no suspicion, when the ligature was applied around the root of this tumour, that it was the uterus inverted. The patient complained of no pain whatever when the ligature was firmly tightened—a circumstance which has always appeared unaccountable to me. The second day after this, the tumour was beginning to slough, and the patient was restless and in pain when the ligature was drawn tighter. On the following day, the vitality of the tumour appeared to be completely destroyed; the discharge was in the highest degree offensive, and the patient so ill, that we determined to draw out the tumour from the vagina, with the ligature, and cut it off. This gave little pain; but it was soon followed by the most alarming symptoms—rapid, feeble pulse, great pain of abdomen, coldness of the extremities, and sinking.

Case XXXI.—On the 17th November, 1845, I was requested to see a lady, aged 56, who had been attacked five weeks before, with violent uterine hemorrhage. An examination having been made by her medical attendant, it was ascertained that there was a large polypus in the vagina, with a very thick and short root. I found a fibrous polypus, hard, smooth, covered with a fine membrane, not very vascular, the size of a large apple; the root thick; on the fore part, and all around the right side, the os uteri felt adhering to it. There was no difficulty in passing the finger between the root of the tumour and inner surface of the cervix uteri, and all round the left side; but on the right side, and in front, the os uteri adhered to the tumour. It could be felt passing into its substance; and a ligature could not be applied around the root of this tumour without including this portion of the os uteri. I did not consider it justifiable to apply a ligature around the tumour, knowing that a portion of the os uteri would be inclosed within it, and caused to slough. It was proposed to control the hemorrhage, and to see whether the tumour would not

descend, so as to allow a ligature to be safely applied. The tumour did descend, but not sufficiently to allow of its being removed. The hemorrhage ceased; and this patient continued to enjoy tolerable health till 1848, when she died suddenly. Hemorrhage from the uterus preceded her dissolution. Had the hemorrhage continued in this case, an attempt would have been made to extirpate the tumour; but the probability is, it would not have been successful.

Case XXXII.—On the 30th September, 1845, Mr. Hills, of Richmond, requested me to see, with him and Dr. Grant, a lady 45 years of age, who had been suffering for some time with excessive tenderness of the abdomen and disease of the uterus. Dr. Grant had that morning made an examination, and found "a large tumour filling up the os uteri, which was much dilated." The fundus uteri was felt above the brim of the pelvis. On repeating the examination, I found the os uteri sound, the neck obliterated, and a solid, elastic tumour, nearly as large as a cricket-ball, distending the cavity. The surface of this tumour was more rough and irregular than the surfaces of uterine polypi usually are; but I was disposed to think that the disease was not cancerous. For several years this patient had suffered severely from sense of bearing down, and pain during menstruation, for the relief of which she had too often employed morphine. There had been long a profuse watery discharge from the vagina, tinged with blood; there had been little hemorrhage; there was no swelling in the feet or ankles; and the constitution, though suffering, had not been deeply injured. The tumour was not in a condition to justify any attempt being made to remove it. It was resolved, in consulation, to palliate the symptoms as far as possible, and to wait till the tumour had descended, and the bulky part of it at least had passed through the os uteri. It was not considered justifiable to seize this tumour with forceps and drag it through the os uteri and vagina, and invert the uterus, that the root might be brought into view and divided with the knife. Occasionally the tumour was examined, and its gradual descent was distinctly perceived. After the lapse of many months, the greater part of the tumour had passed through the os uteri, and the root, surrounded by the orifice, was ascertained to be thick, short, and remarkably dense. On the 27th June, 1846, it was considered proper to attempt

to surround the root with a strong ligature; and I succeeded in doing this with some difficulty, in consequence of the entire root being within the os uteri. Every day the ligature was tightened twice with great force, and it soon began to show signs of decomposition; but nine days passed away, and the division of the root of the tumour had not been effected. The discharge being profuse and most offensive, I laid hold of the putrid mass in the vagina, drew it forward, and cut its root across. No hemorrhage followed—all the symptoms disappeared; but the patient began to suffer from violent neuralgic pains on the left side of the pelvis, and in the left lower extremity, for which large doses of morphine were required. This led to the habitual use of narcotics, which soon deeply injured the health and shortened her life.

Case XXXIII.—On the 9th of July, 1846, with Mr. Price, at Stamford-hill, I tied with a strong silk ligature the root of a polypus of the uterus, which was hanging low in the vagina, and the appearance of which bore a striking resemblance to the polypus described in Case XIII. The patient was unmarried, about the middle period of life, and had suffered repeatedly from attacks of uterine hemorrhage. With a pair of forceps Mr. Price drew the tumour as far as possible out of the vagina; and I divided the root with the scissors, after the application of a ligature. When cut into, this polypus presented the appearance of a tube lined with a smooth membrane. The ligature came away in a few days, and the patient recovered perfectly.

Case XXXIV.—On the 27th of March, 1848, Mr. Jones requested me to see a lady, from whom he had removed a small polypus of the uterus. For a considerable time the sanguineous and serous discharges and uncomfortable feelings about the uterus had disappeared. Having returned, I was requested to see the case with him. The finger readily detected a small soft polypus protruding between the lips of the os uteri. Through the speculum we saw a small red vascular tumour, like the common vascular tumour of the meatus urinarius, which was readily seized with the forceps and twisted off.

Case XXXV.—Mrs. R——, aged 40. October 2, 1848. Has had one premature labour and several miscarriages; the last took place five weeks ago, without any external cause. Since that time there has been more or less a san-

guineous discharge from the uterus, without pain: no sensation of bearing down: no enlargement of the abdomen. I found the uterus slightly enlarged, the orifice open, so as to admit the points of two fingers, the margin smooth, thin, soft: no tendency to cancerous disease. Immediately within the orifice a tumour was felt, the size of the smallest apple, hard, not perfectly equal, several knobs projecting from it. The finger could be passed around this within the os and cervix uteri, to which it did not adhere: the root could not be felt. This tumour was covered with a membrane. It was recommended to make no attempt to remove this tumour until it had passed through the os uteri, and then a ligature to be applied. I heard nothing further of this patient till February, 1850, when I was informed that the symptoms had gradually disappeared, that the health was restored, and that the tumour had receded within the uterus, and finally disappeared.

Case XXXVI.—January 12, 1849. Miss B——, aged 45. Has been afflicted with headache, indigestion, and leucorrhœa for many years, pain in the lower part of the abdomen, and sense of bearing down: catamenia regular, but painful. No suspicion was entertained by her medical attendant that any organic disease of the uterus existed. There was found, on examination, in the upper part of the vagina, a soft polypus, with an unequal surface and narrow neck, surrounded by the os uteri. On the 24th of January a ligature was readily passed around the root of the polypus, and it came away on the 26th. About a year after this, the symptoms returned, and another polypus was found in the upper part of the vagina, which was at once twisted off by the root with the forceps.

Case XXXVII.—March 8, 1849. Mrs. W——. Middle-aged, married, and sterile. Catamenia always regular; but she has suffered from leucorrhœa in the intervals, with a feeling of great fulness about the pelvis, pains in the sacrum, and a dead sensation of sinking about the chest. The nervous system a good deal deranged. There is a small polypus hanging through the os uteri into the vagina. This was readily laid hold of with the forceps and twisted off. The symptoms were relieved to a certain extent only, and the sterility has continued.

Case XXXVIII.—On the 1st of April, 1849, Dr. Moore requested me to see a lady, in consulation with him, 47

years of age, and the mother of fifteen children. She had suffered long and severely from irregular discharges of blood from the uterus; but Dr. Moore had not been in attendance till a few days before, when he insisted on being allowed to ascertain the condition of the uterus, and discovered that there was a large polypus in the vagina. A strong silk ligature was applied, by means of the double canula, around the root of the tumour, which was neither very thick nor short. On the 6th of April the ligature broke and came away without the polypus, which was in a flaccid and putrid state. In the evening, the polypus was drawn through the ostium vaginæ with the fingers, and on being slightly twisted the root gave way. On the 7th of April, without any hemorrhage or cause to account for the unfavourable change, difficulty of breathing and sudden sinking took place, and she died in a few hours.

Case XXXIX.—July 27, 1849. Mrs. L——, aged 35. Has suffered for some time from indigestion, palpitation of the heart, and general debility, without any obvious cause. The catamenia had been irregular for a considerable period, and twice a great discharge of blood had taken place from the uterus, with severe dragging pain about the sacrum. There was a red vascular polypus, the size of a common hazel-nut, seen hanging through the os uteri by a slender neck. The lips of the os uteri were not ulcerated. The information gained by the use of the speculum in this case was, that the polypus was red and vascular.

Case XL.—August 25, 1849. Mrs. C——, aged 38. Five children, the youngest four years old. Has undergone great fatigue from sickness in her family. A year ago was quite well. Ever since, there has been more or less red-coloured discharge, with violent pain in the right shoulder and in the right hip, and sense of weight in the region of the uterus, dyspnœa, and palpitation of the heart. There is a polypus of moderate size, with a slender neck, hanging through the os uteri, in the most favourable state for the ligature. On the 28th the operation was performed with great ease; and on the 1st of September I received a letter from her medical attendant in the country, to say that the polypus, about the size of a large pigeon's egg, had come away, and that the patient was going on very well.

Case XLI.—June 28, 1850. Mrs. C——, aged 48. Has been indisposed for three years, and has had, occa-

sionally, hemorrhage from the uterus, pain, and bearing down. Was seen by Dr. B——, who stated that there was a thickening of the right side of the uterus, which he compared to an apple cut in two, and which he thought in time might require to be removed. During the last two years, another experienced physician, Dr. L——, has seen this patient occasionally, and he has made an unsuccessful attempt, with the double canula, to apply a ligature around the root of the large tumour in the vagina. This tumour now occupies the whole of the upper part of the vagina; the root is extremely thick, and, except on the right side, is surrounded by the os uteri. With the speculum I saw a portion of the membrane covering the tumour near its apex, which had an ash-grey colour, and was in a sloughing state. There was a granulating ulcer visible at the margin of this slough. The membrane covering the remainder of the most depending part of the tumour was red and smooth. On the 30th I made an attempt to include within a strong ligature the root of this tumour, but did not succeed, in consequence of a part of the os and cervix uteri adhering closely to the root of the tumour—a circumstance which had escaped my observation before proceeding to the operation. On the 28th July, it was obvious that the patient would soon sink, from the irritation and discharge, if the tumour could not be removed. With the bent rod I succeeded in passing a strong whip-cord around the tumour, but experienced great difficulty in doing so, in consequence of there being no proper peduncle on the right side. Great care was taken to avoid including any part of the os uteri. On the 29th the discharge had ceased, and the patient was in a satisfactory condition. During the succeeding nine or ten days the ligature was twice every day forcibly tightened. The tumour became absolutely gangrenous, yet the ligature had not divided its root. I laid hold of the sloughing, putrid mass with a pair of forceps, dragged it out of the vagina, and with a bistoury divided its root. No bleeding took place, though the tumour was very vascular, and for a time there was every prospect that the patient would recover. The weather being extremely sultry, diarrhœa took place, with aphthæ in the mouth, and in spite of all our efforts to save her life, she gradually sunk.

Case XLII.—With Mr. Randolph and Mr. Lavies, I

had seen, in Westminster, before this, a case in some respects similar. The tumour in the vagina was as large as a child's head, and the os uteri could not be reached with the finger. I included, by means of the bent rod, in a strong ligature, the greater part of this tumour, when, in a black putrid state, it was drawn out of the vagina and divided. A profuse and dangerous hemorrhage immediately took place, the second ligature applied having slipped off, though immediately before strongly tightened. Sponge and lint were introduced into the vagina, and firmly kept in it, and by this, and other means employed, the bleeding ceased. The patient recovered perfectly; but in the course of the following year it was found that the vagina was again filled up with an enormous tumour, a portion of which adhered to the vagina. Whether this second tumour was removed or not, I am uncertain, but the case ultimately terminated unfavourably.

Case XLIII.—About five years ago I saw a case of large polypus of the uterus, with Mr. Street, at Norwood, and to him I am indebted for the following faithful report. "Mrs. B——was much blanched, from having had frequent hemorrhage from the uterus, with constant pain and dragging sensations in the loins and hips. She has been recently married a second time; her first marriage was followed by the birth of two children, at intervals of two years; she was about 30 years of age. On examination, I found the vagina filled with a large fibrous tumour, the root of which I could not reach, but the edges of the os uteri were traceable round the mass, as it protruded from that organ. Dr. Lee was requested to tie the polypus, and after considerable labour and perseverance he was enabled to pass a strong ligature round the mass, as high up as it could be reached, and in the course of ten days a large putrid mass was brought away; the passage, however, at the upper part, was still filled with the remainder of the tumour, the ligature having detached only half the mass. After a time, the remainder might perhaps have been successfully removed by the ligature, but the patient was attacked with shivering, followed by urgent and continued vomiting, great pain in the head, on the left side, I think, which continued for some days. Coma then supervened, and she gradually sunk. The post mortem examination proved the existence of a large mass

still existing in the vagina, extending into the uterus, and attached to the side by a broad root. I do not recollect exactly to what part of the organ it was attached. The brain contained fluid between its membranes and in the ventricles. On the left hemisphere, at the anterior part, a large softened mass presented itself, like a deposit of yellow lymph, surrounded with matter, and the surrounding structure of the cerebrum much congested with blood."

Case XLIV.—On the 16th August, 1850, I passed a ligature around the root of a polypus of the uterus, of considerable size, in Westminster, with Dr. Cross. The shortness of the peduncle rendered the operation difficult, but it was completely successful.

Case XLV.—On the 26th September, 1850, at St. George's Hospital, I saw through the speculum a large polypus in the vagina, in a state of ulceration. The granulations were distinct, and there was a quantity of pus flowing from the parts. The symptoms of polypus in this patient had only been recently observed. The case was under the care of Mr. Cæsar Hawkins, and I believe the tumour was successfully removed by the ligature.

Case XLVI.—On the 30th September, 1850, I was requested to see a patient in St. James's-street, middle-aged, who had suffered during two years from menorrhagia and attacks of uterine hemorrhage. She was reduced to a state of the greatest feebleness. I found a tumour in the vagina, the size of a small pear, the root of which, thick and firm, was continuous with the anterior lip of the os uteri. The os uteri did not encircle the peduncle; the anterior lip formed, in fact, the root of the tumour. I sent the patient into St. George's Hospital, where, after repeated examinations and consultations of the surgeons, it was determined by Mr. Cutler to inclose the peduncle of the polypus within a strong ligature, which was readily done by him. The root of the polypus was sooner divided with the ligature than we expected; the tumour came away in a sloughy, broken up condition, and the patient soon left the hospital, restored to perfect health, and has since continued quite well. The ligature was six days around the root. The constitution of this patient was so much impaired by the disease, that it appeared doubtful whether the operation was justi-

fiable. In the following case the strength of the patient was so greatly reduced, that she died soon after the removal of the polypus.

Case XLVII.—Last autumn I was requested to see a lady, beyond the middle period of life, who had long been labouring under the most common symptoms of cancerous ulceration of the uterus, and was believed by her medical attendant to be dying of cancer. I found the os and cervix uteri nearly in a healthy condition, encircling the root of a polypus, in a sloughing, disorganized state. I applied a ligature, without difficulty, around the root of the polypus, and it came away in the course of a few days. The patient, however, continued to get weaker, and died.

Case XLVIII.—July 2, 1839. Mrs. M——, aged 49. Has had six children, the last born fourteen years ago. Has had profuse discharges of blood from the vagina, at intervals, which has greatly weakened her. She has suffered much from pain in the sacrum, sense of weight and bearing down about the anus, and frequent desire to pass the urine; at other times, a yellow discharge from the vagina. Had come into St. George's Hospital the previous Wednesday, and was under the care of Mr. Cæsar Hawkins. There was a polypus in the vagina, the size of a large orange. Through the speculum we saw its surface covered with a red membrane, like the mucous membrane of the mouth. There was an ulceration of this membrane to a considerable extent, on the right side. The root of the tumour was short and thick, and was attached to the anterior part of the os uteri. 10th July.—The patient left the hospital, and returned to her home in Lambeth. With Dr. B. Brown, I went and tied the polypus with the double canula, which was passed up along the anterior part of the tumour. The ligature was easily applied; no pain or fever followed, but a dark, fœtid discharge. On the evening of the 12th, in tightening the ligature, it came away with the polypus. On cutting into the polypus, it was found to be a fibrous tumour full of blood-vessels. In the centre of the tumour there was a cavity filled with coagulated blood; this was lined by a smooth membrane. The recovery of the patient was most satisfactory.

Case XLIX.—In 1850, Mr. Cathrow requested me to see a patient, beyond the middle period of life, who had

a tumour of large size in the vagina. It had a smooth surface, and the density was uniform throughout. The anterior lip of the os uteri could with difficulty be felt; but the length and thickness of the root of the tumour could not be accurately ascertained. There was some suspicion that it was an inverted uterus; but, after the most careful examination of the history of the patient, who was unmarried, we satisfied ourselves that it was a large polypus, and not an inverted uterus. As the symptoms were not urgent, it was resolved to observe the disease for some time longer, before attempting to remove it. On the 31st July, 1851, I again saw the patient, with Mr. Cathrow. The tumour had increased in size; but, as there were no symptoms threatening life, it was determined still further to postpone the attempt to apply a ligature around the root, or a portion of the tumour. In the spring of 1852, the tumour had increased, and the symptoms had become so urgent that it was necessary to interfere. I sent her into St. George's Hospital. Mr. Tatum passed a strong ligature around a large portion of the tumour, which in time came away. After this, it was found that the upper part of the vagina was still filled up with a portion of the tumour which could not be included within the ligature. Mr. Tatum applied a ligature around the root of this mass, which in no great time came away; and I afterwards saw the patient recovering in the most satisfactory manner. There was no disease of the os uteri left.

Case L.—On the 12th July, 1852, Mrs. ——, about 30 years of age, was delivered of a premature child. A year before, I was requested to see Mrs. ——, in consequence of there being an enormous vascular tumour, not only filling the vagina, but protruding through the orifice. Mr. H. C. Johnson saw her with me, and passed a strong double silk ligature, with a needle, through the root of the part which was external. The ligature was tied, and in a few days the sloughing mass was cut off, and seen to be full of large blood-vessels. About a month afterwards, the tumour in the vagina having again increased, with the bent rod I carried a ligature as high up as possible over it. When in a sloughing state, and before the ligature had divided the root, I dragged the mass out of the vagina, and cut it away. To check the bleeding which took place from the divided root, I was obliged to apply a red-hot iron.

Complete recovery followed; pregnancy took place, and a rapid delivery: and it does not now appear that any organic disease exists in the uterus.

History of Uterine Polypi.

Before the middle of the eighteenth century, it has been already stated that few facts of any importance had been ascertained respecting the origin and structure of polypus of the uterus. The following is a summary of all the historical information which I have been able to collect upon this subject:—

In 1696, Saviard examined the body of a woman who died of uterine hemorrhage in the Hôtel Dieu. He found a fleshy mass, as large as the heart of an ox, adhering to the fundus uteri, and filling its cavity. This tumour, which had a slender neck or root, was covered with a membrane, which appeared to be an expansion of the internal membrane of the uterus. Four branches of arteries and veins were distributed to the tumour. The arteries were small, but the veins were as large as the crural veins; and when the tumour was laid open, a considerable cavity was found in its centre, extending from the apex to the base. The lower end of the tumour had a contused and gangrenous appearance; and Saviard believed that the hemorrhage which had destroyed the patient, proceeded from the veins.

A woman died at Orleans, in the year 1746, who had a tumour hanging from the vagina, which was supposed to be cancerous. M. Levret examined this tumour after death, and found it similar in structure to the tumour described by Saviard. It contained arteries and veins, and was covered on the outer surface by an expansion of the membrane which lines the inner surface of the uterus; a great number of varicose veins were observed on its surface. On laying open the tumour, no other cavities were perceived, except those of some blood-vessels, the largest of which did not exceed the fourth of a line in diameter. In colour and consistence the tumour resembled cow's udder boiled. M. Levret divides all polypi peculiar to females into those which arise from the uterus, and those which grow from the walls of the vagina. He subdivides uterine polypi into three species, according as they are attached

to the fundus, the cervix, or the margin of the os uteri. He considered hemorrhage an invariable symptom, after the tumour has passed the orifice of the uterus. He observed that Nature had the power, in some cases, to rid herself of the disease, by detaching and expelling the tumour; and he attributed this result to the orifice of the uterus binding and strangling it, like a ligature applied round its neck. When polypi are attached to the os uteri, it sometimes happens, he observes, that the body of the polypus which is in the vagina is not everywhere isolated and surrounded by the os uteri. The finger cannot be carried completely round the tumour, and the point where the resistance is met with is situated a little higher than the remaining portion of the circumference of the orifice of the uterus. He was aware that prolapsus and inversion of the uterus were liable to be confounded with polypus; and suspected that in several of the cases, in which the uterus was said to have been amputated, a large polypous tumour had only been removed. The diagnosis and the treatment of uterine polypi were both much improved by Levret; but he did not contribute any fact to elucidate their anatomical structure which had not been previously pointed out by Saviard.

The treatise of Herbiniaux contains a much more complete account of the symptoms, diagnosis, and treatment of polypus of the uterus, than is to be found in Levret's work; and the distinction is accurately drawn by him between the malignant excrescences of the os uteri, and those tumours which have no tendency to become cancerous. He has also described, with greater minuteness, the varieties of form which uterine polypi assume. He says, they are not all of a pyriform shape; some are round, others flat, smooth, rugose, or in bumps; and the same variety is seen in their roots, some being long and slender, some thick and short. The difficulty of distinguishing polypus uteri from inversion and prolapsus of the organ, and certain organic affections to which it is liable, is illustrated in a striking manner by Herbiniaux's cases; and he has pointed out the importance of the maxim of Levret:—"De ne jamais traiter les femmes, ni les filles affligées d'hémorrhagies habituelles, sans les faire visiter, surtout si ces hémorrhagies sont accompagnées d'écoulemens putrides ou sereux, n'importe de quelle couleur." Walter had a most

imperfect knowledge of the structure and origin of uterine polypi. They are produced, he says in his "Annotationes Academicæ," 1786, by an irritation in the orifices of the vessels, which are distributed to some point of the surface of a mucous membrane. "Polypi uteri tunc semper nascentur, si in extremitatibus vasculorum membranæ internæ uteri, per aliquod ibi habitans irritamentum, succus quidam luxurians secernitur coagulabilis, qui in dies singulos magis tenax evadit, et spissus tandem que in veram telam cellulosam commutatur. Hac progenita nunc tela cellulosa, quam firmissime vascula illa conjungens cum illis arctissime cohœret. Vasa membranæ internæ uteri eodem modo elongantur quo vasa pleuræ et peritonei, quæ interdum ita prologantur, et cum vasis exhalantibus pulmonum et viscerum abdominalium sese conjungunt. Tali modo uteri polypi vasa accipiant nutrientia, quorum ope de die in diem magis magisque adcrescunt ita ut tela cellulosa qualis fungus appareat et prograndem nonnunquam adipiscetur magnitudinem." This hypothetical irritation of the orifices of the vessels of the mucous membrane appears to have furnished Walter with an explanation of all the phenomena, perfectly satisfactory to his mind.

Dr. Baillie was the first pathologist who had a precise knowledge of the fact, that fibrous tumours of the uterus have no relation to cancerous diseases. He was also the first who discovered that the most common kind of polypus is hard, and consists of a substance divided by thick membranous septa, like the fleshy tubercle of the uterus. "When cut into," he says in his "Morbid Anatomy," 1828, that "it shows precisely the same structure as the tubercle of the uterus, just described; so that a person looking on a section of the one and the other, out of the body, could not distinguish between them. This sort of polypus varies very much in its size, some not being larger than a walnut, and others being larger than a child's head. It adheres by a narrow portion or neck, which varies a great deal in its size, and in its proportion to the body of the polypus. The largest polypus I ever saw was suspended by a neck hardly thicker than the thumb; and I have seen a polypus less than the fist, adhering by a neck fully as thick as the wrist." The place of adhesion also differs considerably: it is most commonly at the fundus uteri, but it may take place in any other part; and I have seen

a small polypus adhering just on the inner lip of the os uteri. When a polypus is of any considerable size, there is generally one only; but I have occasionally seen, on the inside of the uterus, two or three small polypi, and in some instances several polypi have been known to grow from the uterus in succession. Another sort of polypus forms in the uterus, which consists of an irregular bloody substance, with a number of tattered processes hanging from it. This, when cut into, exhibits two different appearances of structure; the one appearance is that of a spongy mass, consisting of laminæ, with small interstitial cavies between them; the other is that of a very loose texture, consisting of large irregular cavities. This latter variety of tumour of the uterus, described by Dr. Baillie, which he calls "another sort of polypus," was probably a cancerous mass, growing from the fundus uteri.

In 1802, M. Bayle published a Memoir on fibrous tumours of the uterus, in which he pointed out their structure, situation, and symptoms more accurately than had previously been done, and clearly distinguished them from malignant or cancerous tumours of the uterus. He was perfectly acquainted with the fact, that the fibrous polypus and fibrous tumour of the uterus are the same disease.

In 1809, Bichat and Roux published an essay on the organization of uterine polypi and their surgical treatment. "Until the present time," they observe, "all practitioners have confounded, under a common denomination, many affections essentially distinct. The word polypus has served to designate the various excrescences of the pituitary membrane, and the pediculated tumours which are developed in the interior of the uterus or of the vagina. Further, all have not distinguished among these latter the true polypi from the fungosities of the mucous membrane. Though Levret has crowned himself with lasting glory in devising means for the application of ligatures around polypi, yet he has left everything to desire as to the results of his observations from the examination of dead bodies, and of the anatomical details which he might have collected from women who had perished by the disease. Those who followed him are to be reproached with like indifference, in not availing themselves of opportunities which they must have enjoyed to interrogate Nature, and supply the deficiencies of our information respecting the pathology of

polypus of the uterus." They compare the structure of fibrous tumours of the uterus to intervertebral cartilage in old men; and to prove the fibrous structure of polypi, they adduce the fact, that they frequently become cartilaginous. "Whatever be the external disposition which these tumours present, of which we now treat," they observe, "they have all a similar organization. We cannot, however, irrevocably pronounce, that there cannot be formed in the walls of the uterus tumours, or rather diseased productions, differing from those of which we here speak. Perhaps further observation may make this known to us; but at least, at the present time, the great number of specimens procured from dead bodies enable authors to establish a perfect identity in the nature of all uterine polypi."

In 1821, Sir C. Clarke defined a polypus of the uterus to be "an insensible tumour attached to the internal part of the viscus by a small neck, forming a disease of a very important character." Its insensibility, he says, distinguishes it from inverted uterus, and the regularity of its surface from cauliflower excrescence of the os uteri. Sir Charles Clarke has offered no remark on the structure or origin of uterine polypi. "A polypus does not appear to be regularly organized, like a natural part of the body. It most probably arises in this way:—a blood-vessel is ruptured; the blood from it coagulates, and into this various vessels shoot; and then, as living matter, it may grow by power of its own." This is understood to have been the opinion entertained by Dr. John Clarke respecting the origin of uterine polypi. Dr. Cusach distinguishes uterine polypi into soft and hard. In a case of soft polypus, he states, that it was exquisitely sensible to the touch,—a circumstance which he says had previously been pointed out by Dr. Johnson, in the Dublin Hospital Reports, who shows the fallacy of founding a diagnosis between polypus and inversion of the uterus upon the tenderness of the uterus in the case of inversion. "The most frequent kind of polypus is of a firm, semicartilaginous structure," according to Dr. Burns, "and is covered with a production of the inner membrane of the womb; and, indeed, it seems to proceed chiefly from a morbid change of that membrane, and usually subsequent enlargement of the diseased portion: for the substance of the uterus is not necessarily affected." Dr. Gooch defines a polypus of the uterus, when discovered,

to be a tumour in the vagina, attached to some part of the uterus. "It is round, smooth, firm, and insensible." "The internal structure of polypus, in most cases, exactly resembles the internal structure of the large, white tubercle of the uterus, commonly called the fleshy tubercle." "They are the same disease, differing only in the seat and mode of their attachment, and consequently in the symptoms they produce." "On cutting into them, we see a hard, white substance, intersected by numerous partitions. This, however, is not always its structure; it is sometimes of a much softer and looser consistence, and sometimes has considerable cavities." Dr. Hooper observes, that "uterine polypi are organized, fleshy, fungous substances, found attached to the surface of the cavity of the uterus, or that of its cervix, or the surface of the vagina." "Some of them," he says, "are a subcartilaginous, hard, elastic substance, of a dirty brownish colour, which presents, when cut through, an appearance that approaches very much to that of the subcartilaginous or fibrous tumour. In this, which often acquires a great size, there are several small, irregular cavities filled with a serous fluid. There is another polypus which, when cut, presents a smooth, compact surface, and a more obviously gristly structure. It also has cavities, but not cords, which the former has." "Other polypi" he describes as "having a different structure, being soft, spongy, very little elastic, the cut surface smooth and vascular, and its colour fleshy." Dr. Hooper likewise includes under the term polypus, hematoid cephalomatous tumours of the uterus, which are cancerous diseases.

"When polypi of the uterus," observes M. Dupuytren, "are divided immediately after their excision, they present a dead white appearance; they resemble extremely interstitial substance, being eminently fibrous; but they also contain another tissue, I mean cellular membrane, generally, however, more dense than elsewhere; sometimes these two are in about equal proportions, but occasionally one preponderates over the other, and it is on this preponderance that the subsequent changes depend. If the fibrous element abounds, the polypus does not degenerate; or if at length it does so, it passes into an ossific state. If, again, the cellular tissue abounds most, the polypus degenerates into carcinoma."

Dr. Ashwell, the latest writer of authority on the sub-

ject, has given the following definition of polypus of the uterus:—"A tumour of varying consistency, but commonly firm, and in the majority of instances insensible; usually, but not invariably, of bulbous form, and smooth, and growing by a stalk of greater or less size from the mucous lining of the uterus, or the structure beneath, its chief symptom being hemorrhage: in some few examples a discharge of pus, and very rarely of serum only. It commences in the cavity of the womb, in the channel of the cervix, or from the os. It may be either fibrous, vesicular, or cellular, occasionally malignant, and it rarely ulcerates. It is covered by mucous membrane, and sometimes by an adventitious coat, the product of inflammation. There is little pain; menstruation is generally excessive, and conception may occur."

Respecting the treatment of fibrous tumours and polypi of the uterus, the following are all the observations that I have to offer, and which appear warranted by the histories of the cases contained in this Report:—

The fibrous and other non-malignant tumours of the uterus, which have now been described, are living, organized structures; and it is difficult, or impossible, to comprehend how such tumours can be either partially or completely removed by any internal remedies. Iodine, mercury, and liquor potassæ, have been found by experience to have little or no effect in arresting their growth, or causing their absorption. The congestion and inflammation to which they are liable from various causes, especially mental excitement and bodily exertion, may be subdued by blood-letting, local and general, and other antiphlogistic means; but I have seen no case where a fibrous tumour, formed under the peritoneum, or in the walls of the uterus, has disappeared or undergone any considerable reduction of volume from the medical treatment adopted. By the occasional application of leeches to the groins, and rest in the recumbent position, I have witnessed several cases of large fibrous tumours of the uterus, which had pressed upon the bladder and rectum, and occasioned great distress and danger, cease after a time to grow, and produce any irritation within the pelvis. No attempt should be made by art to remove these tumours, while they remain within the cavity of the uterus. Hemorrhage, though sometimes profuse, seldom endangers life

in such cases, or justifies the practice which has sometimes been had recourse to, of making incisions through the os and cervix uteri, dragging the tumour with forceps into the vagina, inverting the uterus, and dividing the peduncle with the knife or scissors.

When polypi have passed through the os uteri into the vagina, there are two modes by which their removal may be safely effected. They may at once be seized with a pair of forceps, of proper length and construction, and twisted off by the roots. This mode is by far the best where the polypi are small and soft, and consist of enlarged nabothean glands or elongated penniform rugæ. The forceps should be guided by the fore and middle fingers of the left hand to the polypus, which should be completely grasped without touching any part of the os uteri. In this manner I have removed a considerable number of small uterine polypi successfully, where the ligature could not have been applied. In some cases, small polypi, which were only felt with the finger within the os uteri, and had occasioned great irritation and hemorrhage, have been removed readily and safely with the forceps in this manner. If the fingers of the practitioner are inexperienced, and he has more confidence in the sense of sight than of touch, let him use the speculum.

Where the polypus is of moderate size, like a pear, the best plan of treatment is to apply a ligature around its root with a double canula, and to tighten the ligature strongly twice every day, until the neck of the tumour is divided. When the tumour becomes putrid, and several days elapse before it comes away with the ligature, the tumour should be seized with a pair of forceps, drawn out of the vagina, and the peduncle should be divided with the knife or scissors. By proceeding in this manner, the danger of hemorrhage, and of putrid matter being absorbed into the system, will both be obviated, and likewise the risk of wounding the tumour with the forceps, before the ligature is applied, and a dangerous hemorrhage is produced. Where the polypus is very large, it is sometimes impossible to reach the os uteri with the finger, and positively determine that it surrounds the neck of the tumour. The history of the case, and the character of the tumour, may notwithstanding be such as to establish the diagnosis and warrant the application of a ligature. In several cases of this de-

scription it has been impossible to apply a ligature with the double canula, over the body of the polypus; but I have readily succeeded with the bent rod of Dr. William Hunter. Where the root of a uterine polypus is thick and short, whether its body be of large or small dimensions, no attempt should be made to seize it with the forceps and draw it down, till the os uteri can be seen at the entrance of the vagina, and the root divided. This mode of removing uterine polypi is sometimes wholly impracticable; it is always so where the polypus is large, and the root very thick and short; and when successful, possesses no advantage whatever over the usual plan of treatment with the ligature, which has been so long generally adopted in this country.

FOURTH REPORT.

ON THE SYMPTOMS, MORBID ALTERATIONS OF STRUCTURE, AND TREATMENT OF THE CANCEROUS DISEASES OF THE UTERUS; WITH CLINICAL REPORTS OF ONE HUNDRED CASES.

On Cancerous Diseases of the Uterus.

SCIRRHUS, carcinoma, hematoma, cephaloma, fungus hematodes, cauliflower excrescences of the os uteri, excrescences vivaces, corroding or phagedenic ulcer of the os and cervix uteri, are some of the terms which have been employed by different authors to designate the varieties of malignant or cancerous diseases of the uterus. That there is no essential difference between these affections is proved by the fact, that the morbid alterations of structure by which they are characterized are sometimes found blended together in the same uterus; and they have all this common tendency, that they invariably proceed, after a longer or shorter period, to destroy the different textures of the uterus and the adjacent viscera.

When the os uteri is affected with that form of malignant disease termed the carcinoma, it generally becomes thick, hard, irregular, and the lips are everted, and painful on pressure. One or both lips of the os uteri become projecting, or they are changed into hard irregular knobs or tumours, which frequently bleed when touched. In the greater number of cases of malignant disease, the os and cervix uteri are the parts first affected; but the opinion is incorrect that the cervix uteri is invariably first attacked, and that the disease commences in the glands of the part. In some cases the lining membrane of the fundus or body of the uterus is

extensively disorganized by malignant disease before any change has taken place in the lower portion of the uterus. The cavity of the uterus may be distended with a large, hard, carcinomatous tumour adhering to the fundus, or with a soft fungous mass growing from the lining membrane of the body of the uterus, while the os and cervix have undergone no sensible alteration of structure. The preparations in our collection illustrate these facts in a striking manner, and they demonstrate also, that it is not in the glandular structure of the os and cervix uteri that carcinoma generally commences. Dr. Montgomery observes, that "the disease, instead of first showing itself in the cervix or os uteri, very frequently commences in the appendages of the uterus, involving the surrounding tissues, or in the upper part of the organ, and thence spreading downwards, manifests itself last in the cervix. Breschet and Ferrus have likewise stated, that they have observed cases of extensive malignant disease of the uterus, in which the os and cervix were the last to become disorganized. It also follows from these facts, that we cannot, in all cases of cancer of the uterus, detect the disease by an examination per vaginam, nor does it admit of relief by excision of the os and cervix uteri.

In carcinoma of the uterus, ulceration of the os and cervix takes place as the disease advances, and all the textures of the part are completely destroyed. The fundus and body of the uterus, which are often much enlarged, also lose the natural appearance, become hard like cartilage, and intersected by a dull white, or pale yellow-coloured fibrous or cellular tissue. In other cases, when cut, the uterus resembles a slice of raw or boiled pork; this has been called the lardaceous degeneration of the organ; when it presents; as it sometimes does when cut, the appearance of firm jelly, it forms the matière colloide of the French pathologists. In other cases, as the softening and ulceration proceed, the appearance termed hematoma, fungus hematodes, or encephaloid cancer, is observed to take place. The diseased mass has a soft consistence like brain, a spongy texture, a lobulated irregular form, and bloody appearance. When cut into, it resembles coagulated blood, with an admixture of albumen, and a soft pulpy substance, which adheres to the knife. Some parts are vascular and fibrous, but the lighter parts are more firm and fleshy.

In other specimens of malignant disease of the uterus, brain-like masses as large as an orange are formed around it; and in these, a substance like milk or cream is occasionally found. In various parts of the diseased mass, or around it, portions of a dark-brown or black colour, constituting melanosis, are occasionally observed.

As the disease proceeds to a fatal termination, irregular-shaped fungous growths, of harder or softer consistence, and sometimes as large as a moderate-sized apple, and which bleed profusely when touched, spring from the ulcerated surface and fill up the vagina. Occasionally these malignant fungous growths seem to be produced before ulceration has taken place; and as they increase, they sometimes fall off by sloughing or ulceration, and are speedily reproduced, or leave a deep excavated ulcer, with hard irregular edges. Copious fœtid discharges of thin serum, pus, and blood, take place from the vagina. The fœtor is so great in some individuals, that we recognize the existence of malignant disease of the uterus before examining per vaginam.

There is a variety of malignant disease of the uterus, which some have considered as essentially different from the preceding, but which is a mere modification of the varieties already described. It has been called the phagedenic, or corroding ulcer of the os uteri. Sometimes the ulcer, which is of a deep violet colour, is quite superficial, without much thickening, induration, or enlargement of the part. The ulcer begins like any other malignant ulcer on the surface of the body, and it gradually proceeds until the greater portion of the cervix has been destroyed or removed by ulcerative absorption, and openings are formed into the bladder and rectum. The portion of uterus which remains after death is sometimes not much altered in appearance; more frequently, however, it becomes softened in texture, and assumes a yellow or reddish-brown colour. Soft fungous excrescences of a cauliflower shape also sometimes grow from the ulcer, and undergo changes similar to those observed in other varieties of malignant diseases of the uterus. It is now, I believe, admitted by all pathologists, that the cauliflower excrescences of the os uteri, as it was termed by Dr. J. Clarke, and the excrescences vivaces of Levret and Herbiniaux are merely varieties of malignant disease of the uterus, and

have nothing in their structure resembling the vascular structure of the placenta, as many have supposed.

But frequently the ravages of these destructive diseases are not confined to the mucous and muscular coats of the uterus; the peritoneal coat is affected, and great changes are produced in all the contiguous viscera. When the cancerous ulceration reaches the peritoneum, inflammation of this membrane is excited, and the patient perishes from an attack of acute peritonitis. This is one of the most common terminations of the disease, and the appearances after death do not differ from those observed in cases of fatal puerperal peritonitis. Death also sometimes takes place by perforation of the peritoneal coat of the uterus, as in cancer of the stomach, and other hollow viscera. A case occurred several years ago to Mr. Jones, of Carlisle-street, in which the peritoneum of the fundus uteri had been perforated by gangrene. Destructive peritonitis was the consequence. In a case which we saw with Mr. Prout, the cancerous ulceration of the peritoneum of the fundus uteri had been closed by a portion of ilium becoming united to it by lymph. The malignant affection did not then cease to extend, but it perforated the ilium, and for many months before death the fæces did not pass along the colon, but into the vagina, through the opening in the ilium.

The uterus, when affected with malignant disease, frequently becomes fixed to the surrounding parts in the pelvis, and hangs low down near the outlet. The vagina most frequently becomes easily involved in the disease; its coats become indurated and contracted, and affected with malignant ulceration. When the finger is introduced, it passes into a hard contracted ring in the vagina, beyond which there is often a great ulcerated excavation, communicating with the cavities of the bladder and rectum. From the thickening and induration of the coats of the rectum, constipation is often experienced to a distressing degree. Important changes are likewise produced in the coats of the bladder, which are often perforated, and the urine passing by the opening, the urethra becomes impervious. The cancerous thickening of the coats of the bladder closes the openings of the uterus, and complete suppression of urine sometimes takes place. The ureters frequently become distended to a great degree, so as to resemble a piece of intestine, and the structure of the kidneys is greatly changed.

In one case, which I examined after death, there was a large soft fungous tumour in the posterior part of the bladder, the disease having extended from the neck of the uterus to the bladder. Around this fungous growth, the mucous membrane of the bladder was raised into white, hard, irregular knobs. The iliac and lumbar glands become hard, or of a cheesy consistence, or large and soft, like brain or lard. The surrounding blood-vessels and nerves are involved in the cancerous disease, and not unfrequently the iliac and femoral veins become inflamed, and all the phenomena of puerperal crural phlebitis, or phlegmasia dolens, are produced. Malignant diseases of the uterus seldom commence till after the middle period of life, but there are exceptions to this observation; and Breschet and Ferrus relate a case of cancer uteri which proved fatal at the age of twenty-two. The author saw a woman twenty-eight years of age, who had the os and cervix uteri destroyed by malignant ulceration, and an opening established between the bladder and vagina. He saw a fatal case of carcinomatous ulceration of the os and cervix uteri, in a woman aged twenty-four, who was under the care of Mr. Stodart, of Golden-square. Though most frequently observed about the period when menstruation ceases, cancerous disease may occur at the most advanced old age, as well as in early life. I have observed it in one individual above eighty. "It is stated," in the Dict. des Sciences Medicales, tom. iii. p. 387, "to be nearly as frequent as cancer of the mammæ, and to be about one-half less frequent from thirty to forty, and from fifty to sixty, than from forty to fifty. It appears to occur with nearly equal frequency in chaste women and in those of an opposite character,—in those who have had children, and in those who have never been pregnant."

The duration of malignant affections of the uterus varies in different cases; their progress is accelerated by violence. Some women die from a superficial ulceration of the os uteri, while others survive for a considerable time the destruction of the greater part of the organ. The disease may run its course in a few months, or the sufferings of the patient may be protracted for several years. They have in some cases made great progress before they have been suspected to exist. "In women who live temperately," observes Dr. C. Clarke, "the disease may continue for a long time without producing many symptoms, if any judg-

ment can be formed from the cases of patients who apply for medical aid on account of symptoms under which they have not long laboured. On examination, there is often found in such women a considerable alteration in the structure of the parts, which most probably could not have happened in a short time. The examinations made from time to time, of patients labouring under this disease, who will consent to follow a proper regimen, frequently prove the very trifling change which will take place in the complaint, even in the course of many years."

In women who still menstruate, cancer uteri is usually announced by some irregularity of the menstrual discharge. The secretion becomes more copious, returns at shorter intervals, and continues longer than usual. In those who have ceased to menstruate, there is sometimes a profuse discharge of blood from the vagina, or there is an oozing of blood from the uterus, which continues for several days, and then ceases, but re-appears at longer or shorter intervals, and in so regular a manner as to lead the patient to believe that it is a recurrence of menstruation. At other times, the discharge of blood takes place at irregular intervals, after any unusual mental or bodily exertion. In most cases, from the very commencement of the attack there is pain more or less acute,—sometimes of a burning or lancinating kind, experienced in the uterus, back, inside of the thighs and groins, with serous, mucous, puriform, or sanguineous discharge from the vagina. One of the first symptoms of the disease is pain experienced during intercourse, followed by a slight sanious discharge. As the disease advances, the sense of burning or lancinating pain in the uterus increases, great irritation is experienced in the rectum and bladder and external parts, the mammæ not unfrequently become hard and painful, and there is constant nausea or vomiting.

Soon or later the symptoms appear to which the term cancerous cachexia has been applied, and of which Bayle and Cayol have given the following description:—"The colour is pale and yellow; emaciation makes rapid progress; certain bluish patches are observed in the face; the flesh is soft, the tone and energy of all the organs are diminished, and the principal functions are seriously disturbed. Constipation or excessive diarrhœa takes place, with febrile attacks. The pains of the sacrum, loins, and haunches,

become excruciating, so that the patient cannot stand up without fainting. Some perish at this period from hemorrhage or peritonitis; others, of fever or convulsions. If life is not cut short by some of these accidents, a general puffiness or true œdema of the inferior extremities takes place, the discharge becomes putrid, and coagula of blood, with a fœtid putrilage flow from the parts. The urine and fæces pass out from the vagina, mixed with the ichorous suppuration of the ulcer, which extends its ravages to the bladder and rectum and all the surrounding parts. In this deplorable state, gangrenous eschars take place on the sacrum and genitals, which accelerate the fate of the patient. Aphthæ at last occur in the mouth."

This is not, however, the invariable course of the disease; for cases have come under my observation, where with little local or general disturbance there has existed extensive malignant disease of the uterus. A fatal case of true carcinomatous ulceration of the os and cervix uteri, with great induration, recently came under the notice of the writer, in which there was copious, fœtid, puriform, and bloody discharges from the vagina; yet the patient made no complaint of uneasiness in the region of the uterus, and continued to take food to a short period before death. Dr. Montgomery has also related cases where the sufferings of the patient were inconsiderable, even after the disease had made great progress in disorganizing the uterus. In most cases there is a peculiar lurid or sallow hue of the face observed very early in the disease; but in others, there is little or no perceptible change in the countenance; and death takes place before there is any considerable degree of emaciation.

There are various diseases which are distinguished with difficulty from cancer uteri. Fibrous tumours which have passed through the os uteri, when their surface ulcerates and sloughs, give rise to the same fœtid, purulent, and bloody discharges from the vagina which are observed in malignant diseases of the uterus. It is only by a careful examination of the tumour and os uteri that the diagnosis can be accurately drawn. Fœtid leucorrhœa, the unnatural lengthening of the neck of the os uteri in some women, its subsequent swelling, and chronic inflammation of the os uteri, may all be mistaken for malignant disease of the uterus; and it is only by a careful examination per vaginam,

by time, and watching the effects of remedies, as Bayle and Cayol have observed, that we can arrive at the knowledge of the true nature of the complaint. Scrofulous and venereal ulcerations of the os uteri are also distinguished with difficulty from the cancerous.

Cancer of the uterus is often an hereditary disease. It is not produced by inflammation; but inflammation is often excited in its progress, and when produced hastens the fatal termination. Mechanical injury has been enumerated among the causes of malignant disease of the uterus; but I have never met with a case where it could be distinctly referred to violence of any kind.

Treatment of malignant Diseases of the Uterus.—There are no means by which we can prevent or remove these diseases. They do not depend upon common inflammation, but on a specific action of the parts, which proceeds invariably, sooner or later, to the destruction of the patient. Considerable relief may be procured against those attacks of plethora and inflammation which occur in the progress of carcinomatous degenerations of the uterus; and perhaps the progress of the disease may sometimes be rendered more slow by certain modes of treatment. To remove plethora, leeches should be applied to the vulva or anus; or blood in sufficient quantity should be drawn from the loins or sacrum by cupping-glasses. If there should be acute pain, with inflammatory symptoms, about the pelvis, venesection should be performed. Great relief for a time followed a profuse hemorrhage of the uterus in a case of malignant fungus of the orifice, produced by an unsuccessful attempt to inclose the growth in a ligature. Spontaneous hemorrhages, though they tend to weaken the patient, often produce temporary relief; and it is better to allow the blood to flow till a decided effect is produced upon the pulse. The application of leeches to the os uteri by a speculum has also, according to some writers, been had recourse to with decided benefit. To alleviate the agonizing sufferings of those afflicted with these diseases, narcotics must be employed; and the most important of these are opium, conium, belladonna, &c., which should be administered in doses proportioned to the severity of the sufferings of the patient. One of the best modes of employing the opium is in the form of suppository, or starch and laudanum glyster, or laudanum in warm milk: the dose of opium must be gradually increased. Frictions

and embrocations should also be employed, and a belladonna plaster laid over the sacrum. In some cases morphia procures rest when all other remedies fail. But there are cases in which every narcotic fails to procure relief for the sufferings of the unhappy patient. When hemorrhage occurs we must suspend the use of the opiates, and have recourse to mucilaginous and astringent remedies. To allay the irritability of the stomach, hydrocyanic acid has been recommended. An injection of the chloride of soda is often of great use in relieving the fœtor of the discharge. The tepid hip-bath, and warm injections of decoction of poppy, should also be employed.

No permanent benefit can be expected to result from the application of a ligature around the root of a malignant fungus of the os uteri. From what has been stated in the course of these observations, it must appear unnecessary to pass a sentence of condemnation upon the practice of removing the uterus, either wholly or partially, when affected with malignant disease. The operation appears to me equally cruel and unscientific.

These observations on the nature, symptoms, and treatment of malignant or cancerous diseases of the uterus were published in the fourth volume of the Cyclopædia of Practical Medicine, in 1835. Five years after, the following cases and dissections, with coloured drawings, were published by me in a separate form, to illustrate the symptoms and morbid changes of structure, produced by the malignant diseases of the uterus.

When the uterus is affected with a malignant disease, its coats lose their natural appearance, and are gradually converted into morbid structures, which ulcerate, and destroy the surrounding organs. The orifice and neck of the uterus are the parts in which the changes of structure are usually first observed; and they commence most frequently in the mucous and muscular tissues. These affections present themselves either in the form of fungoid medullary tumours, or of carcinoma, or ulceration of the different textures of the uterus, without induration or any other previous change of structure. The manner in which the fungoid and scirrhous varieties of malignant disease commence in the uterus was evident from the appearances observed in the first five following dissections:—

Case I.—On the 4th of November, 1839, Mr. Charles Johnson presented to me the uterus and appendages of a woman about 50 years of age, who had died in St. George's Hospital from some chronic disease unconnected with the uterus. The ovaria and tubes on both sides adhered together, and to the uterus. The whole cervix and orifice of the uterus was of a dull white colour, and so hard that it could not be divided without a strong, sharp scalpel. On the edge of the anterior lip of the os uteri there was situated a small vascular tumour, like a flattened pea, with a broad base. It was soft, of a deep red colour, and appeared to consist wholly of arteries and veins. I distinctly saw the mucous membrane, in the form of a thin, smooth pellicle, passing over the surface of the tumour. The mucous membrane of the vagina, close to the root of the tumour, was full of blood-vessels; near the cervix uteri, on the left side, there was situated a tumour the size of a large walnut, which had all the characters of a true medullary tumour. The glands of the orifice and neck of the uterus were healthy. This dissection showed that there exists a close relation between the different forms of malignant disease of the uterus, if they are not identically the same. The cervix uteri was in the state of scirrhus or crude cancer; in its vicinity was a true cerebriform tumour; and from the anterior lip of the orifice there hung a small, vascular, fungoid growth, of a malignant nature. There had been no pain experienced in the affected part.

Case II.—A woman, advanced in years, and one of whose mammæ had been removed for cancer some time before, died in St. George's Hospital on the 18th of June, 1839. On examining the body after death, Mr. Cæsar Hawkins found the brain and spinal chord affected with malignant disease. The peritoneum was covered with cancerous tubercles, and the small intestines adhered to the posterior and superior part of the uterus, and to the ovaria and fallopian tubes, by long bands of false membrane. A great number of small tubercles covered the peritoneum on the posterior surface of the uterus. The ovaria were large, and in a hard, scirrhous state. Two small, vascular, fungoid tumours were seen growing from or beneath the lining membrane of the cavity of the uterus. These tumours appeared to consist of a thickening and increased vascularity of the mucous membrane itself, and the cellular tissue under

it. The mucous membrane around these tumours was covered with dilated veins.

Case III.—On the 22nd September, 1839, I opened the body of a woman, aged 45, who had died in the Strand Union Workhouse, under the care of Mr. Jones, of Carlisle-street. Her right mamma had been amputated at the Middlesex Hospital some time before. The integuments around the cicatrix became studded, a few months after, with hard tumours, and the glands of the axilla became enlarged. For a considerable period before her death, she had suffered the most excruciating pain within the abdomen, which was neither tense nor swollen. Hard scirrhous tumours were found in different parts of the lungs and pericardium. The whole peritoneal sac was covered with small cancerous tubercles. The peritoneum, or the posterior and superior parts of the uterus, and the peritoneal coats of the fallopian tubes and ovaria, were covered with tubercles. The muscular and mucous coats of the uterus were healthy. This may be regarded as a case of cancer commencing in the peritoneal tissue of the uterus. The abdominal glands were hard and enlarged.

Case IV.—At St. George's Hospital, on the 22nd April, 1839, I inspected the uterus of a woman, aged 46, who had died of some affection of the brain, with fever. The uterus was not enlarged; the mucous membrane covering the anterior lip of the orifice had a dark-red mottled appearance, and the muscular coat beneath this was hard, and of a dull white colour. The mucous membrane of the posterior lip was partially destroyed by ulceration. The edge of the ulcer was perfectly distinct. The ulcerated part was of a yellowish colour, and hard and irregular. The muscular coat of the posterior lip had a dull white, fibrous appearance, and was nearly as hard as cartilage; it had all the characters of true scirrhus. This was the first stage of cancer of the orifice of the uterus. It is probable the muscular coat was first affected, and that, in consequence of this change of structure, the mucous membrane became ulcerated. The glands of the orifice and neck of the uterus were not affected.

Case V.—On the 4th March, 1839, Dr. B. Brown presented to me the uterus of a woman, aged 42, who had died of an encephaloid tumour of the lungs, on the right side, in St. George's Hospital. There was a small fibrous

tumour imbedded in the walls of the fundus uteri. The neck of the uterus was like a piece of cartilage. At the uterine orifice of the cervix there was a small hard tubercle, with an irregular surface, raising and involving the mucous membrane of the part. The mucous membrane, cellular tissue, and muscular coat, to a small depth, appeared all changed in structure. The muscular coat of the neck of the uterus was hard, and of a bluish-yellow colour. This change had extended only midway between the mucous coat and peritoneum, behind. There was no appearance of vascularity or inflammation in the indurated part. There can exist little doubt that this was a case of incipient carcinoma, and that the disease had commenced about the same time in the mucous, muscular, and cellular tissues.

Case VI.—A married lady, 27 years of age. Became affected with leucorrhœa in the autumn of 1836. She had no pain in the region of the uterus, and appeared to be in good general health. After continuing several months, the discharge almost entirely disappeared, while she was employing cubebs and astringent injections. It returned, however, more profusely, had a thin, watery appearance, and it was occasionally tinged with blood. Still there was no uneasiness about the uterus, and her appetite for food, and strength, continued unimpaired. In February, 1838, a profuse hemorrhage took place from the uterus, which was followed by great paleness of the countenance, and general debility. The flow of blood from the uterus was considerable during the succeeding two months. On the 15th May, 1838, Mr. Gellatly requested me to ascertain the condition of the uterus; and, on making an examination, the whole vagina was found to be filled up with a large, irregular, fungous tumour, which grew from the entire circumference of the orifice. The anterior portion of the mass was harder than the posterior, was lobulated, and covered with a thin smooth membrane. There were several irregular deep depressions in the posterior part of the tumour, and the whole resembled, in a striking manner, the head of a middle-sized cauliflower, attached by the stalk to the orifice of the uterus. It was almost, if not completely, insensible. The vagina seemed to be in a healthy state. Before the end of May, repeated attacks of hemorrhage, with signs of evident sinking, took

place; and, at the commencement of June, it was determined, in consultation with Dr. Blundell, as the only means of palliating the symptoms, to pass a ligature round the root of the tumour. This I did without producing pain or loss of blood; and in three days the ligature, with a large portion of the tumour, in a putrid state, came away. The hemorrhage never returned; but in a few days a thin serous fluid, slightly coloured with blood, began to escape from the vagina, and it continued to flow in great quantity, without interruption, till a few days before her death, which took place on the 20th of October. Considerable œdema of the lower extremities existed for some weeks before death, and the upper part of the vagina was occupied by the root of the tumour, in a ragged and ulcerated state.

On inspecting the body, we found the lower part of the vena cava, and the whole of the left common iliac vein, distended with a firm coagulum of fibrine. The peritoneum of the fundus, and body of the uterus, was studded with hard tubercles, which had all the characters of true carcinoma. The rectum and omentum adhered to these tubercles by false membranes, which were crowded with blood-vessels. The glands along the course of the vena cava were enlarged; some were hard, and of a dull colour, and others were partially changed into a substance like lard or brain. The body and fundus uteri were not enlarged, but a portion of the former was of a much harder consistence than natural.

In this case, the fungoid tumour, or cauliflower excrescence of the orifice of the uterus, grew from a cervix affected with true carcinoma. The hemorrhage was restrained by the ligature, though the progress of the disease was not arrested by the removal of the fungoid tumour. In another case, of a similar nature, a profuse discharge of blood followed the attempt to apply a ligature around the root of the tumour. The sufferings of the patient were greatly relieved by the hemorrhage; but she died a few months after, from cancerous ulceration of the cervix. In no case of fungoid tumour of the os uteri, which I have seen, has any permanent good resulted from the employment of the ligature.

The symptoms and changes of structure, produced by the malignant diseases of the uterus, the varied forms

which they assume in their progress, their intimate connexion with one another, the period of life when they most frequently commence, and the manner in which they may be distinguished from the other organic diseases of the uterus, are illustrated by the histories of the subjoined cases.

Case VII.—On the 22nd March, 1839, Mr. Webster, of Connaught-terrace, requested me to see a lady, 56 years of age, who had begun, five months before, to have profuse discharges of blood from the uterus. She had ceased to menstruate ten years, and had previously enjoyed good health. The hemorrhage had recurred at short intervals, and she was much exhausted with the loss of blood. The countenance was sallow, and there was nausea and sickness at stomach; there was not the slightest uneasiness within the pelvis. Mr. Webster had ascertained, by an internal examination, that there was a tumour in the vagina, the size of a large pear, growing from the anterior lip of the os uteri by a peduncle of no great thickness. I found the surface of this tumour irregular, with several considerable depressions. Its density was not uniform, in some parts being firm and hard, and in others soft, like a portion of the placenta. A thin, smooth membrane, continuous with the mucous membrane of the os uteri, invested the tumour. On the left side of the vagina, where the mucous membrane was in contact with the tumour, we could distinctly feel a small, hard, irregular tubercle, which we considered to be cancerous; she would not consent to have the tumour removed with the ligature. The symptoms have continued, and there can now, in October, 1839, be little doubt that this is an example of a truly malignant fungoid tumour of the os uteri, and that the vagina is affected with scirrhus.

Case VIII.—On the 12th September, 1829, I inspected the body of Mrs. ——, aged 46, who resided at 25, Charles-street, Lisson-grove. For several years she had suffered from disease of the uterus. About six months before her death, the pain accompanying it was severe, but not constant; and she had repeated attacks of profuse uterine hemorrhage, and a constant fœtid discharge. A few days before her death, when I first saw her, at the request of Mr. Arnott, I found a large malignant fungus in the vagina, growing by a broad base from the whole circumference of the os uteri. Mr. Arnott proposed extirpation

of the fungus; but as the os uteri was obviously involved in the disease, the attempt was not made. Death took place from extensive peritoneal inflammation. On opening the abdomen, two quarts of sero-purulent fluid were found in the cavity, and the uterus and intestines were covered with lymph. A soft, yellowish-coloured, tattered, fungous mass, was seen growing from the lips of the os uteri into the upper part of the vagina. The lips and neck of the uterus were converted into a substance like lard. A great part of the body of the uterus, though but little enlarged, was of a dull yellow colour, and cut like cartilage.

Case IX.—In December, 1838, a woman, aged 40, was admitted into St. George's Hospital with a large, hard, irregular fungoid tumour, which filled the whole of the upper part of the vagina, and grew from nearly the whole circumference of the os uteri. It had been considered, before her admission into the hospital, as an example of common fibrous polypus of the uterus, and its removal by a ligature had been proposed and attempted. She soon returned home to her residence in Duke's-court, Drury-lane, where I continued occasionally to see her, with Mr. Harvey, of Great Queen-street, till the beginning of March, 1839, when she died, completely exhausted with the pain, discharge, and sympathetic irritation. We examined the body on the 10th of March. The fundus and body of the uterus were not enlarged, but near the cervix the coats were indurated. The orifice and cervix were destroyed by ulceration. The upper part of the vagina, and lower part of the uterus, presented a large ulcerated cavity, of an ash-grey colour, from the walls of which there hung a mass of shreddy, tattered, sloughy substance. At a distance from the ulcerated cavity, the mucous membrane of the vagina, near the orifice, had several patches of superficial ulceration. The mucous membrane of the posterior part of the bladder was vascular, and there was a small hard fungoid tumour at the part where the ulceration of the uterus had reached the bladder. The rectum, and a portion of small intestine, which was very vascular, adhered to the back part of the neck of the uterus. On the left side of the neck of the uterus there was a hard cartilaginous mass, about the size of a goose's egg. On cutting into this, there appeared a cavity filled with medullary matter. When a stream of water was allowed to fall upon this, a

great part of it was washed away, and what remained resembled a portion of placenta. The inner membrane of one of the large veins, entering the hypogastric near this tumour, had undergone a similar change, or was coated with a soft matter, like brain. The membrane itself was of a yellow colour, rough, and softened at one point. A coagulum of blood plugged up a portion of the vessel.

Case X.—On the 14th August, 1838, Dr. Duffin requested me to see Mrs. ——, aged 46, a widow, and the mother of several children, who had been attacked, eight or nine months before, with hemorrhage from the uterus. This had returned at irregular intervals, without pain, and without affecting her general health considerably. At other times, there was a brown-coloured, offensive discharge. When I first saw her, she complained of sickness of stomach, and loss of appetite and strength, of great soreness about the back, groins, and thighs, and sense of bearing down within the pelvis. Tongue white: left foot and ankle swollen. A surgeon, who had attended her from Christmas to August, did not appear to have suspected the existence of any alteration of structure, and had never proposed to ascertain, by any internal examination, the condition of the uterus. I found a long, hard, irregular-shaped, fungous tumour, growing from the posterior lip of the os uteri by a thick neck, and had no doubt that it was of a malignant nature. I thought the removal of it with a ligature could do no injury to the uterus, or render her situation more unfavourable. On the 23rd August, Dr. Duffin applied a ligature around its root; but, on tightening it, the tumour readily gave way, and the ligature slipped off. No further attempt was made to remove the disease, and she died on the 19th April, 1839, with almost constant vomiting, profuse fœtid discharge, and great sense of oppression about the region of the heart. Before death, the tumour had been almost completely destroyed by softening and ulceration. On examining the body after death, we found both sacs of the pleura containing serum, and the surface of the heart and inner surface of the pericardium coated with lymph. Portions of the ilium were attached to the back part of the uterus. The upper part of the uterus was traversed by white, hard bands. A dark-coloured fungous mass occupied the situation of the os and cervix uteri, and filled the upper

part of the vagina. The coats of the bladder, behind, were thick and hard, and both ureters were dilated.

Case XI.—On the 2nd November, 1836, a female, aged 23 years, died of malignant ulceration of the uterus, in St. George's Hospital, under the care of Mr. Babington. I examined the body, and found the upper part of the vagina and orifice of the uterus destroyed. What remained of the neck of the uterus had a soft medullary appearance. The rectum adhered strongly to the back part of the uterus, but was not perforated. The duration of the disease was not ascertained. Another patient, 28 years of age, died in the hospital soon after. The fundus and body of the uterus were in a hard state, the os and cervix gone, and the upper part of the vagina destroyed by ulceration. About the middle of the vagina the coats formed a hard ring, where the ulceration abruptly terminated. The mucous membrane was here little affected, but the outer coat was thickened. The bladder was perforated.

Case XII.—On the 21st March, 1839, Mr. Robert Brown, Kensington, requested me to see a lady, about the middle period of life, who had begun to menstruate irregularly in June, 1838, after great fatigue and mental anxiety. After passing an unusual period without the appearance of the catamenia, a great discharge of blood took place. This was not followed by leucorrhœa. There had been no pain experienced about the uterus when I was first consulted. I found the orifice unusually open, the posterior lip thin and ulcerated, and the cervix hard and enlarged. 16th June.—Occasional returns of hemorrhage, and, in the intervals, a copious fœtid yellowish or reddish discharge. The upper part of the vagina was now filled with fungous masses, into which the orifice and neck of the uterus had been converted. 28th September.—She suffers more pain in the uterus: there is still a profuse discharge, the fœtor of which is now perceptible in the apartment: countenance pale and sallow: little sickness at stomach: appetite good: strength improved: pulse 100. The symptoms had undergone no change three months after.

Case XIII.—In December, 1839, Dr. Macleod requested me to see a patient, aged 40, who was under his care, in St. George's Hospital, and who had been afflicted with a profuse discharge of blood from the uterus several months be-

fore, without any preceding pain or uneasiness in the region of the uterus. I found the orifice and neck of the uterus, forming a large, irregular, fungoid mass, in a state of ulceration. After the occurrence of uterine hemorrhage, fœtid discharge, slight, dull pain in the back, sickness at stomach, and sallowness of complexion followed.

Case XIV.—A private patient of Dr. Hugh Ley's, after suffering intense pain for many months in the uterus, with fœtid, serous, and bloody discharge, died on the 20th June, 1829, with the usual symptoms of low typhus fever. The whole uterus was enlarged, and the muscular coat of the body and fundus was in a hard, scirrhous state. The anterior lip of the os uteri was destroyed by ulceration; and from the inner surface of the posterior lip, there was seen projecting a soft, irregular fungus in a state of ulceration. On the left side of the neck of the uterus, the cellular membrane and fat, in which the blood-vessels were imbedded, had been converted into a hard, bluish-coloured substance, which resembled true scirrhus. All the branches of the hypogastric and spermatic veins were distended with coagula of the fibrine of the blood.

Case XV.—At St. Bartholomew's Hospital, with Mr. Lawrence, on the 23rd December, 1829, I examined the uterus of a woman, aged 40, who had malignant ulceration of the cervix, and in whom phlegmasia dolens had occurred in the left inferior extremity. The orifice and cervix uteri were both completely destroyed by ulceration, the body and fundus having undergone little alteration of structure. The uterine branches of the left hypogastric vein and artery were surrounded by a semi-cartilaginous mass, the size of a hen's egg, which appeared to contain numerous large veins and cells, which were filled with a soft, white, curdy matter, like thick pus. The trunk of the hypogastric vein was reduced in size, its coats thickened, and the interior lined with false membranes of a dense structure. Exteriorly, this vein had a ligamentous appearance. The common iliac was also reduced in diameter, and lined with a brownish-coloured false membrane. The external iliac was less contracted than the common iliac, but its coats were also thickened, and lined with a black-coloured adventitious membrane, within which was a soft, reddish-brown-coloured pultaceous matter. The femoral vein and the saphena

major were thickened, lined with false membranes, and plugged up with firm coagula of blood.

Case XVI.—At Bayswater, with Mr. Girdwood and Mr. Prout, I examined the body of a woman, about 40 years of age, who had died of cancer uteri. The orifice and neck of the uterus had been completely removed by ulceration. The body and fundus were not enlarged, and were little, if at all, changed in structure. The peritoneum covering the intestines was inflamed. On the left side of the situation of the cervix uteri, there was a large mass, of a hard, semi-cartilaginous consistence. When cut into, numerous veins, presenting the appearance of a honey-comb, filled with a thick, white, purulent fluid, were seen. In this cancerous mass all the branches of the internal iliac vein were imbedded. Pus flowed from the hypogastric into the common iliac vein, when this substance was pressed. The external iliac vein was reduced to a small, impervious cord. The femoral and saphena veins, to the ham, were lined with false membranes, and plugged up with coagula of blood. The veins of the right leg were healthy. The left inferior extremity was larger than the right, and the cellular membrane contained serum. The affection of the uterus was of several years' duration, and had produced intense suffering. The swelling of the left inferior extremity occurred five weeks before death.

Case XVII.—On the 1st December, 1830, with Dr. Hugh Ley, I examined the body of Mrs. ——, aged 46, who resided at 49, Bell-street, Paddington. For upwards of two years she had suffered great pain in the uterus, sacrum, loins, and thighs, and there had been a copious discharge from the vagina, of a serous, purulent, and sanguineous fluid. Her complexion was sallow, and there were frequent attacks of sickness and vomiting. For some time before death, great pain had been experienced when the contents of the rectum or bladder were passing. It was ascertained by examination, at an early period, that there was a great irregular fungoid mass growing from the orifice of the uterus. In the month of October, 1830, a swelling took place in the calf of the right leg and ankle, which pitted on pressure. The integuments were hot, but not discoloured. On examining the upper part of the thigh, the femoral vein was felt hard, and it was painful

on pressure, and there was also great tenderness in the course of the external iliac vein. The swelling of the limb continued three weeks, and then gradually disappeared. A month after, the left lower extremity became similarly affected, but in a much slighter degree. In both, the swelling had entirely disappeared before death, which took place on the 13th December, 1830. Two days after, I inspected the body, and found the fundus uteri natural, but the greater part of the body of the uterus had been converted into a thick mass, of a caseous consistence. All traces of the natural structure, and the orifice and cervix, had disappeared, and they had been changed into a large, soft substance, like lard. Some portions of this mass were as soft as brain. The right common internal and external iliac and femoral veins were all impervious, their coats thickened, and filled up with firm coagula of blood. The lower part of the vena cava was lined with a false membrane, which adhered to the inner surface of the vessel. A number of large indurated glands surrounded the lower part of the vena cava, right, common, external, and internal iliac veins. In the centre of some of these glands there was a soft substance like lard, or brain, or thick cream. A communication had been established between the bladder and vagina. Around the opening in the bladder there was a soft, spongy, fungous growth, and the whole mucous membrane of the bladder was remarkably vascular.

Case XVIII.—On the 25th March, 1829, at the Middlesex Hospital, I saw Mrs. Taylor, aged 30, who resided at 15, William-street, Regent's Park. She had a large fungus of a malignant nature, growing from the os uteri and filling up the vagina. She had little uneasiness about the uterus. The discharges of blood from the uterus were frequent and profuse. When the case terminated I did not learn.

Case XIX.—A lady 52 years of age, after suffering for some months from general debility and loss of appetite, without any local pain about the uterus, was suddenly seized with a profuse discharge of blood from the vagina. This entirely ceased in a short time, but was followed by a thin fœtid discharge. The complexion became sallow, the strength further declined, and slight occasional pains were experienced about the sacrum, groins, and posterior surface of the thighs. Nausea, vomiting, and fever had also been experienced at different times. In December, 1839, I was

requested by Dr. Gairdner, of Bolton-street, to see this patient, and found a great malignant fungoid tumour growing from the whole orifice of the uterus, and filling up the superior part of the vagina. A portion of the tumour was covered with a smooth membrane, and it had deep depressions on its surface, into which I felt the membrane passing down. It was much harder in some parts than in others, and a portion of it had been destroyed by ulceration. This case proceeded rapidly to a fatal termination.

Case XX.—On the 30th April, 1830, I examined, with Mr. Prout, the body of a woman advanced in years, who had died with the usual symptoms of stricture of the rectum. The fundus uteri was hard and irregular, though but little enlarged. Its peritoneal coat had contracted adhesions with the left ovarium, which was greatly enlarged, and presented the appearances usually observed in malignant diseases of the ovary. In the centre of some of the irregular masses in the ovary there was a soft lardaceous or cheesy matter. The internal membrane and muscular coats of the uterus, at the fundus, were also converted into a soft matter like cheese, which was partially washed away with a stream of water. On the left side of the uterus, at one point, the peritoneal coat alone remained, and this had become firmly united to the ovarium. The orifice and neck of the uterus were perfectly healthy.

Case XXI.—On the 29th December, 1836, Dr. Scott, of Mortlake, sent me the uterus of an unmarried lady, about 45 years of age, who had sunk after repeated attacks of profuse uterine hemorrhage. For three years great quantities of blood had at different times been lost, and her strength was quite exhausted. Dr. Scott suspected, before the uterus was opened, that extensive ulceration existed within the cavity. The size of the uterus was nearly equal to the gravid uterus in the fourth month, and its walls had a soft elastic feel. There was no disease whatever in the orifice and neck of the uterus. I introduced a pipe into the right hypogastric vein, and the water which was thrown into it with the syringe flowed in a full stream from the orifice of the uterus. From this circumstance, it was evident that the veins opened into the cavity, and that an injection thrown into the uterine

vessels would escape. To prevent this, I filled the cavity of the uterus completely, with cotton, and then filled the uterine arteries with a vermilion, and the veins with a blue injection. An incision was then made through the coats of the uterus, from the fundus to the orifice, on the fore part, and the cavity was exposed, which could readily have contained a large orange. The mucous membrane, and about one half of the muscular coat of the body and fundus uteri, had completely disappeared; and from the thin layer of muscular tissue which remained, there hung down a number of irregular, soft processes, an inch or more in length, and of a yellow colour, like common adipose matter. The openings of large veins filled with injection, were seen over the whole inner surface of the uterus. In the anterior wall of the uterus there was a fibrous tumour, the arteries of which were filled with injection. The preparation is in the Museum of St. George's Hospital, where there are six fibrous tumours of the uterus, with the blood-vessels injected, and the manner in which the circulation of the blood is carried on in these tumours is seen.

Case XXII.—A lady, aged 60, under the care of Mr. Jones, Carlisle-street, became affected with leucorrhœal discharge in 1829: it was sometimes streaked with blood: slight uneasiness was experienced in the situation of the uterus. The discharge increased, became purulent, highly fœtid, and occasionally bloody. For some weeks before death, which took place at the end of March, 1831, it was reported that upwards of two quarts of thin fluid were discharged every day from the vagina. On examination, the finger passed into a deep, ragged, and ulcerated excavation. Symptoms of peritoneal inflammation took place a few days before she expired. The surface of the liver, omentum, and great and small intestines, were partially covered with lymph, and a great quantity of turbid fluid was found in the peritoneal sac. The appearances in the cavity of the abdomen were precisely similar to those usually observed in cases of fatal puerperal peritonitis. The fundus uteri adhered, but not firmly, to the colon by lymph. In removing the intestine, we saw an opening, with black sloughing edges, in the peritoneum of the fundus uteri, through which the finger passed readily into the cavity of the uterus. The uterus itself was considerably enlarged, and its walls were

softer than natural. The peritoneum, on the back part of the uterus, was studded with spots as black as ink. The orifice and neck of the uterus were lost, and the vagina and lower part of the uterus were found converted into a substance resembling lard in colour and consistence.

Case XXIII.—On the 23rd of June, 1838, Mr. French, surgeon to the St. James's Infirmary, sent me the uterus of a woman, 60 years of age, who had died of malignant disease of the parts. The duration of the disease and symptoms were not ascertained. The orifice and neck of the uterus, and upper parts of the vagina, were destroyed by ulceration, and the bladder perforated. Where the ulceration of the vagina stopped, the coats formed a hard cartilaginous ring. The fundus and body of the uterus were not enlarged; but the muscular coat was harder than natural. The lining membrane of the cavity of the uterus was crowded with dilated blood-vessels; and it was covered with numerous small cancerous tubercles. One of these, the size of a pea, was seen hanging from the mucous membrane. At the posterior part of the neck of the uterus, the ulceration had reached the peritoneal coat, and to this the extremities of the fallopian tubes adhered by false membranes. The peritoneum of the tubes was highly vascular, and their canals distended with a fluid like pus. Both ovaria were enlarged with cysts of no great size, which contained a transparent fluid.

Case XXIV.—On the 31st of March, 1838, Mary Peaton, aged 32, complained of great pain over the whole hypogastrium, in the loins and thighs, of difficulty in passing the urine, and yellow discharge from the vagina. She was a widow, and had not menstruated for several months. Her complaints had commenced six or eight months before, with a profuse discharge of blood from the uterus. On examination, it was ascertained that extensive induration and ulceration of the upper part of the vagina and os uteri existed. Sickness and vomiting afterwards took place, with constant fœtid discharge. On the 7th of May, two quarts of blood were suddenly discharged from the uterus, and the urine afterwards flowed involuntarily. The pain, sickness, discharge, and other symptoms, continued till the 23rd, when a half-decomposed, ragged, flocculent mass, of a greenish-grey colour, was expelled from the vagina. On the 28th, uterine hemorrhage returned, and she died sud-

denly. The ulceration had nearly reached the peritoneal covering of the fundus and body of the uterus, to the back part of which the intestines and omentum were closely adhering. What remained of the muscular coat of the uterus was in a scirrhous state; the coats of the bladder were extensively destroyed by ulceration; and the right ureter and kidney were dilated.

Case XXV.—A woman, above 50 years of age, who had long suffered from pain in the uterus, and a sanguineous discharge from the vagina, died on the 24th January, 1829. On opening the abdomen, the uterus within the pelvis appeared to be more than three times the natural size. The right ovarium was also enlarged, and contained a fluid. Both fallopian tubes adhered closely to the peritoneum, covering the posterior surface of the uterus. The left corpus fimbriatum was in a state of scirrhus, with softened points. When the uterus had been removed and laid open, the orifice, cervix, and a great part of the lining membrane of the body, were found in a state of ulceration. The lips of the orifice were thin, irregular, and everted, but not wholly destroyed. An opening existed between the anterior part of the cervix uteri and the cavity of the bladder; and a red, soft, fungoid mass was seen growing from the circumference of the opening in the coats of the bladder. The right ureter, throughout its whole course, was much dilated, and its coats near the bladder as hard as cartilage. The substance of the kidney had disappeared.

Case XXVI.—On the 25th of March, 1830, I examined the body of a woman, near 50 years of age, who had died of malignant disease of the uterus, of two years' duration. A month before her death, a tense, painful, colourless swelling of the left lower extremity took place, which had all the characters of crural phlebitis. There was great tenderness in the course of the femoral vessels. The orifice and neck of the uterus were almost completely removed by ulceration, and also a considerable portion of the vagina; and between the ulcerated excavation and the rectum a large opening was formed. The peritoneum of the rectum around this firmly adhered to the uterus. The branches and trunk of the left hypogastric, left common and external iliac, and femoral veins to the middle of the thigh, were contracted, and lined with false membranes, and partially distended with coagula of blood. The vena cava was also

filled with a soft coagulum, as high as the entrance of the venæ cavæ hepaticæ. This clot at the upper part did not adhere to the lining membrane of the vessel, and seemed to consist entirely of blood. Lower down it consisted of firm layers of lymph, in the centre of which was a fluid like pus. This coagulum extended downward into the right common iliac vein. The branches and trunk of the right internal iliac were in the same condition as the left; but the inflammation had terminated abruptly at the entrance of the internal into the common iliac vein. The preparation of the uterus and veins is in the Museum of St. George's Hospital. The fundus and body of the uterus are quite healthy, and appear as if the orifice and cervix had been excised.

Case XXVII.—A woman, aged 52, was admitted into St. George's Hospital, under the care of Dr. Macleod, on the 13th February, 1839, with malignant disease of the uterus. She had ceased to menstruate at 49. Eight months before her admission, she began to suffer from leucorrhœa, and sense of bearing-down pain about the uterus, and had occasionally discharges of blood. About Christmas, the left lower extremity began to swell, and gradually enlarged till it became nearly twice as large as the other. It has since diminished in volume; it now everywhere pits on pressure, is not discoloured, and not hotter than the other. There is considerable tenderness along the inner surface of the thigh, in the course of the femoral vein. The superficial veins on the outer surface of the thigh are dilated. The pain now experienced about the uterus is trifling. The anterior lip of the os uteri was hard, irregular, and everted; the posterior, thick, hard, bulging out, but not ulcerated. The mucous membrane felt as if stretched over it. Before this patient left the hospital, the discharge had become fœtid, and there was reason to believe that softening and ulceration had taken place within the cervix.

Case XXVIII.—In the following case, the irritation of the bladder was for some time the leading symptom of disease of the uterus, and caused a suspicion that there might be calculus of the bladder. Anne West, aged 46. Admitted into St. George's Hospital on the 9th May, 1838, complaining of sharp lancinating pain in the loins, abdomen, and down the thighs, and difficult micturition. There was headache, and the ankles were swollen: urine acid.

21st.—Has been sounded, and no calculus detected. The pain continues. On the 9th of June, I first saw the patient, and ascertained that she had miscarried five years before; that menstruation had ceased for two years; and that ever since there had been a slight pale discharge from the vagina, which had at times a fœtid odour. For several months there had been sharp cutting pains experienced about the abdomen. The os uteri and anterior wall of the vagina were hard and irregular, and at one point ulceration had commenced. The finger was stained with pus and blood after the examination.

Case XXIX.—Anne Simmonds, aged 55, began to menstruate at seventeen, and ceased at forty-five. Married, and has had six children. Five years ago, she began to suffer from pain in the abdomen, and sickness at stomach, loss of strength, faintness, languor, and palpitation of the heart. Two years ago, a coloured discharge took place from the vagina, which led her to suppose that she was again about to menstruate. This continued for a short period, and was succeeded by a white discharge, which had a peculiarly offensive odour. At times, this has almost entirely ceased. She now suffers constantly from a sense of burning and shooting pain in the uterus, and pain in the groins. The urine passes involuntarily, which adds greatly to her sufferings. Occasionally, the contents of the rectum pass by the vagina. The external parts are swollen and tender. On examination, I found a hard contracted ring in the vagina, about half way from the orifice. Above this, the finger passed into a hard, irregular, and ulcerated excavation, which communicated both with the bladder and rectum. The orifice and neck of the uterus were gone.

Case XXX.—On the 28th of August, 1835, Mr. Saunders requested me to see Mrs. B——, aged 55, who had suffered for fourteen months from occasional attacks of uterine hemorrhage, and a white discharge from the vagina, with pain in the sacrum and hypogastrium. For two months it had been necessary to draw off the urine with the catheter. I found the vagina and the os uteri forming a large, irregular, ulcerated cavity, with hard walls, which bled profusely when touched. The anterior wall of the vagina was most affected, and the urethra to the orifice was in a state of scirrhus. In this case, blood had been repeatedly taken from the sacrum by cupping-glasses, and

from the groins and os uteri by leeches, but without any good effect. The tepid hip-bath, emollient injections, and the internal use of anodynes, gave the greatest relief; but the disease went on, and proved fatal in a few months.

Case XXXI.—On the 2nd of March, 1829, Dr. Elliotson showed me the uterus and ovaria of a female, aged 28, who had died in St. Thomas's Hospital. She was unmarried; and there was no derangement of the functions of the uterus, except that she menstruated every fourteen days instead of every month. She died from peritonitis, apparently produced by a morbid condition of the ovaria, fallopian tubes, and uterus. Both tubes were greatly enlarged, their muscular coats of a gristly hardness, and their canals, which were unusually capacious, contained a dark-coloured purulent fluid. The fimbriated extremities, which were large, hard, and ragged, and their surface ulcerated, adhered to the ovaria by false membranes; portions of lymph, recently effused, were also present. Both ovaries were enlarged, and contained small cysts, filled with a dark-coloured fluid. The coats of the uterus at its fundus were softened, and yellowish points here and there were visible in the muscular tissue. The mucous membrane of the uterus around the entrance of the tubes had also a peculiar yellow colour and soft consistence. I regarded this as a case of malignant disease of the fallopian tubes, extending to the uterus.

Case XXXII.—In the month of November, 1838, Elizabeth Goddard, aged 46, married, was admitted into St. George's Hospital, under the care of Mr. Keate. Two years before, she had begun to suffer from pain in the right inguinal region, and attacks of hemorrhage from the uterus. Large hard masses of coagulated blood had been expelled at different times from the vagina. Occasionally, the discharge from the vagina resembled that of common leucorrhœa. For two months she had been unable to retain the urine. There had been no sickness at stomach. The vagina and uterus were found extensively destroyed by ulceration, and the bladder perforated. The ulcerated cavity had thick and hard irregular walls. The time of her death was not ascertained.

Case XXXIII.—On the 28th November, 1838, I was requested to see a woman, aged 40, who had been attacked two years before with constant discharge from the vagina,

and occasional hemorrhage. She had also, during the whole of this time, suffered from sickness of stomach, and pain in the back, loins, and thighs. She reported that, during the greater part of the time she had been indisposed, she was a patient of a public institution, but that no proposal had ever been made to ascertain the precise state of the uterus. I found the orifice of the uterus and upper part of the vagina hard, irregular, and ulcerated.

Case XXXIV.—October, 1838. Mrs. Hill, aged 40, residing at 24, Castle-lane, Pimlico, married, and the mother of a large family, began six months ago to have discharges of blood from the uterus, at irregular intervals, with severe pains about the uterus, like those of lingering labour. The discharge is now a thin mucus, and has an offensive odour. No pain in passing the urine; but she suffers much when the bowels are relieved. Appetite for food lost, and the strength reduced: general tenderness of the abdomen. I made an examination, and found the upper part of the vagina converted into a hard cartilaginous ring. Beyond this was an ulcerated cavity, with large irregular walls. This patient was under the care of Mr. Ince, Lower Grosvenor-place, who informed me that her father had died of cancer. At the beginning of January, 1839, she was admitted into St. George's Hospital, under the care of Dr. Chambers. During the three weeks she remained in the hospital, the pain of the uterus, which had before been constant and intense, became less severe by the liberal use of morphine. The discharge was extremely offensive; and a few days before she returned home, the fæces began to escape from the vagina. She died about the end of January; and the body was examined by Messrs. Ince, Meates, and Graham, and the uterus presented to me. They found extensive peritonitis. The fundus and body of the uterus were slightly enlarged, but their coats were healthy: the orifice, and a portion of the neck of the uterus, and upper part of the vagina, destroyed by ulceration. The upper part of the cervix, which remained, presented a soft, black, flocculent appearance, as if in a state of gangrene. Between this soft matter, of a deep black colour, and the part of the uterus which was healthy, a yellow, thin layer of softened muscular tissue was inter-

posed. About five inches from the anus, an opening with a smooth border, without hardness, had been formed between the intestine and the great ulcerated excavation. The mucous membrane of the vagina to the orifice was removed by ulceration.

Case XXXV.—On the 26th September, 1839, I was requested to see a lady, aged 46, who had suffered from leucorrhœa for two years, without pain about the uterus or derangement of the general health. Being exposed to cold during menstruation, in the spring of 1839, she was immediately after attacked with pains in the uterus, and had never afterwards been free from uneasiness; there had been also a thin red-coloured discharge. For four months the symptoms were supposed by her medical attendants to arise merely from irritable uterus, and the condition of the organ was not ascertained. I found the orifice and neck of the uterus indurated, irregular, and partially destroyed by malignant ulceration. A quantity of bloody fluid came away with the finger. Although the nature of the affection was not recognised in this case at its commencement, the treatment adopted was not unsuitable to the actual disease.

Case XXXVI.—Mrs. Hinckley, aged between 40 and 50, residing at 18, Sherrard-street, died on the 20th October, 1828, of malignant ulceration of the uterus. The disease had commenced two years before, with burning and lancinating pain within the pelvis, and a thin coloured discharge from the vagina, and sickness at stomach. The orifice and neck of the uterus were entirely destroyed, and the bladder perforated. The right ureter was greatly distended through its whole course, but near the kidney it formed a sac, which contained more than half a pint of urine. The greater part of the kidney had disappeared. I could perceive no change from the healthy structure of the fundus and body of the uterus, which the ulceration had not reached; except some thickening and induration of the coats of the bladder around the entrance of the right ureter, there was no appearance of scirrhus in any part around the uterus.

This and the remaining cases may be regarded as examples of the corroding or phagedenic ulcer of the uterus, which does not differ essentially, in its nature, from the

other varieties of malignant disease. It usually commences about the same period of life, produces similar symptoms, and, in its progress to a fatal termination, destroys the coats of the uterus, bladder, and rectum.

Case XXXVII.—At the St. Marylebone Infirmary, on the 4th March, 1832, I was present at the examination of the body of a patient, aged 46, who had died of malignant ulceration of the os uteri and vagina. The disease had run its course in about two years, and the principal symptoms observed were, sallowness of the complexion, sickness of the stomach, almost constant severe pain in the region of the uterus, and a fœtid, serous, purulent, and sanguineous discharge from the vagina. The orifice and cervix uteri were entirely destroyed. There was no enlargement of that portion of the body of the uterus which remained, but the muscular coat was hard, like cartilage, and of a bluish-yellow colour. The upper part of the vagina was likewise extensively ulcerated, particularly the posterior wall, and an opening formed through the coats of the rectum. Where the ulceration of the vagina terminated, there was a hard and thick border. The coats of the posterior part of the bladder were also thickened, and the mucous membrane inflamed.

Case XXXVIII.—On the 29th October, 1829, I examined, with Mr. Prout, the body of Mrs. Sibert, about 46 years of age, who resided at No. 18, Henry-street, Hampstead-road. She had suffered much for three months before, with burning pain in the uterus, but no serious disease was suspected to exist till a month before her death. She then consulted Dr. Hugh Ley, at the Middlesex Hospital, who ascertained that ulceration of the os uteri and upper part of the vagina had taken place. Her sufferings before death were of the most frightful nature, and the largest doses of anodynes gave no relief. On examining the body after death, the anterior wall of the upper part of the vagina was found completely destroyed, and also the back part of the bladder. The lower part of the vagina was inflamed and coated with lymph. The lips of the os uteri had disappeared by ulceration, but the neck of the uterus was not in an indurated state, nor was there any appearance of scirrhus in any of the parts around the uterus. The ulcerated edge of the vagina had a red, gangrenous appearance.

Case XXXIX.—On the 29th November, 1828, with Mr. Prout, I examined the body of Mrs. Prentice, aged 56, who had died of cancerous ulceration of the uterus and vagina. For three years she had suffered almost constantly from pain within the pelvis, and during the last five months of her life there had been a copious fœtid discharge of a fluid sometimes like pus, at other times like bloody serum. A short time before death the urine and fæces escaped from the vagina. The orifice and neck of the uterus had been entirely destroyed by ulceration, but the body and fundus were not enlarged, and had undergone no sensible change of structure. The bladder and rectum were perforated, and a considerable part of the vagina was likewise destroyed by ulceration. The coats of the vagina, where the ulceration terminated, were thickened and indurated, and the canal contracted.

Case XL.—On the 24th March, 1830, with Mr. Prout, I examined the uterus of a woman, aged 59, who had died, after severe and protracted sufferings, with the usual symptoms of malignant ulceration of the uterus. The finger passed through a hard, contracted ring in the vagina, into a great ulcerated excavation above, and for several months before her death feculent matter had escaped by the vagina. The orifice, cervix, and nearly the whole body of the uterus, had been destroyed by ulceration. The ulceration had extended internally to the peritoneum of the fundus uteri, which it had perforated, and also the ilium, which had adhered at this point by false membranes. An opening had also been formed into the posterior part of the bladder. The coats of the vagina near the orifice were thick and hard, and contracted at their upper part: they were destroyed by ulceration. On both sides of the situation of the lower part of the uterus were masses of scirrhus, in which the trunk and branches of the hypogastric veins were imbedded. These vessels were lined with dark-coloured false membranes, and they contained a fluid like pus. In this case, the corroding or phagedenic ulcer of the uterus was combined with carcinoma.

From these cases it will be seen that the fungoid tumour of the uterus, or cauliflower excrescence, scirrhus, carcinoma, and corroding ulcer, are merely different forms of

the same malignant disease; that the morbid changes may commence in the mucous and muscular coats of the fundus and body of the uterus, though they are observed to begin most frequently in the orifice and cervix. It may be inferred, also, from these histories, that inflammation of the uterus does not give rise to cancer in any form, and that the progress of the disease to a fatal termination is never arrested by those remedies which subdue inflammation. Three of the individuals whose cases have been related were under 30 years of age; three between 30 and 40; sixteen from 40 to 50; and fourteen from 50 to 60. In ten cases there was either no pain whatever experienced in the uterus, or it was only a slight dull pain or sense of uneasiness within the pelvis. In the remaining cases, the pain experienced was acute and lancinating, and extended to the sacrum, groins, and thighs, and other parts around the pelvis. Hemorrhage from the uterus, fœtid discharge of serum, mucus, and pus, mixed with blood from the vagina, and sickness at stomach, were the symptoms almost invariably present after ulceration had taken place. The hemorrhage from the uterus was most profuse, and the pains slightest in the fungoid form of the disease.

In the treatment of these cases, when the pain was severe, relief was occasionally obtained by leeches applied to the anus, hypogastrium, and groins, and cupping-glasses to the sacrum. In no case was great benefit derived from the application of leeches to the os uteri. The frequent injection of tepid water into the vagina, decoction of poppies, solutions of opium, conium, lead, zinc, nitrate of silver, and chloride of soda, often diminished the fœtor of the discharge, and soothed the sufferings of the patients. The tepid hip-bath often afforded great relief; and the pain was frequently mitigated by friction with camphorated liniment and laudanum over the loins, lower part of the spine and sacrum, and the whole region of the uterus. The belladonna plaster over the sacrum was only useful in a few cases, and for a short period. Excruciating pain was often diminished by an enema of laudanum and a little warm milk, or a solution of starch. Solid opium, the liquor opii sedativus, the preparations of morphine, and the extract of hyoscyamus, were the most useful internal remedies.

Neither the removal of the whole uterus by a surgica.

operation, nor the destruction of its orifice with caustic or other means, was considered justifiable in any case.

The following is an abstract of all the cases of cancerous disease of the uterus which have since come under my observation, and of which written histories have been preserved:—

Case XLI.—April 3, 1840. Mrs. R——, aged 35: married. A fungoid, cancerous mass growing from nearly the whole os uteri. In May, it was ascertained that pregnancy existed. Delivery took place spontaneously, 14th July. The pain, discharge, and other symptoms of cancer, almost entirely disappeared for several months. They returned, and proved fatal on the 1st of January, 1841.

Case XLII.—April 13, 1840. Mrs. ——, aged 38: two children. Dull pain in the region of the uterus during twelve months: a discharge of sanguineous or watery fluid six months: nausea: flatulence: loss of appetite and strength: os uteri hard, irregular; ulcerated at the back part; bleeding when touched. The disease gradually extended to the vagina and surrounding parts, and proved fatal four months after, with great suffering. This patient stated to me, when I first saw her, that she had been some months under the care of an experienced accoucheur, who, after making repeated examinations, had assured her that she was not afflicted with any serious disease, and that she would certainly recover.

Case XLIII.—April 13, 1840. Mrs. B——, aged 60: mother of a large family. Pain in the back and loins: sickness: emaciation: sallow complexion: occasional profuse discharges of bloody and serous fluid: vagina hard, irregular, ulcerated: os and cervix uteri completely disorganized. The disease had commenced a year before, and it proved fatal about six months after.

Case XLIV.—May 1, 1840. Mrs. A——, aged 41. Twenty-four hours in labour, at the full period, under the care of Dr. Cross. Os uteri hard, irregular, ulcerated. Symptoms of cancer had commenced two years before, and the pain and discharge increased after conception. The labour was completed with great difficulty by craniotomy. Died on the 4th May. Neck of the uterus lacerated; it presented the appearance of a dark-coloured, disorganized mass.

Case XLV.—June 15, 1840. Mrs. S——, aged 47. Much suffering in the region of the uterus and rectum: general health impaired: occasional fœtid discharge, for which injections of various kinds have been used: os uteri irregular: cervix hard. Leeches had been applied to the anus without relief.

Case XLVI.—September 15, 1841. Mrs. B——, aged 46. One child twenty-two years before. Has been ill sixteen months. A discharge, sometimes watery, at other times thick and bloody: sickness of stomach: pain in the lower part of the back, extending down the thighs and legs: strength impaired: emaciation: os uteri and upper part of vagina hard and ulcerated.

Case XLVII.—October, 1841. Mrs. ——, aged 60, sister of Dr. Colin Mackenzie, Physician to St. Thomas's Hospital. Catamenia ceased at 45. Three months ago seized with pain in the uterus. Irritation at the neck of the bladder: general failure of strength: no emaciation, except about the abdomen: os uteri hard, irregular; lips everted: vagina involved: slight bloody discharge, not offensive. Partial relief obtained from tepid hip-bath, tepid injections, leeches to the groins, and internally, anodynes. The disease ran its course slowly.

Case XLVIII.—July 31, 1842. Lætitia Woodgate, aged 31, died in St. George's Hospital. Carcinomatous ulceration of uterus, vagina, and rectum: the cervix uteri and upper part of vagina completely destroyed: peritoneum between vagina and rectum nearly perforated—a layer of lymph here effused—a small opening into the bladder: body of the uterus apparently healthy. Duration of the disease uncertain.

Case XLIX.—March 3, 1843. Mrs. L——, aged 40. I saw this patient once. Abortion had taken place eight months before. Excruciating pain in the back and within the pelvis: hemorrhage: fœtid discharge: loss of strength followed, and the disease terminated fatally a few months after.

Case L.—July 31, 1843. Mrs. P——, aged 56. One child. Pains in the sacrum, loins, and thighs: discharge profuse—fœtid, watery, bloody, and sometimes purulent: sickness: loss of appetite: emaciation: extensive induration and ulceration of the upper part of the vagina and

uterus: great and protracted suffering, and but little relief from anodynes and all other remedies.

Case LI.—February, 1844. Mrs. ——, aged 45. Extensive scirrhous ulceration of os and cervix uteri and vagina: hemorrhages, and profuse fœtid discharge. A short time after I saw this patient, she was visited by Dr. D——, at the request of a lady of distinguished rank, a patroness of the speculum, caustic, and every variety of uterine quackery practised at Edinburgh. Dr. D—— reported to his employer, that in this case there was no disease whatever present; that I had given an erroneous opinion, and committed one of the fallacies of the faculty; and that the patient would speedily be restored by the liberal use of steel; but the ordinary medical attendant, Mr. Woolmer, was soon recalled in consequence of the symptoms being suddenly aggravated by the mode of treatment; and the patient died soon after, as we had predicted.

Case LII.—February, 1844. Mrs. ——, aged 45, sister of a medical practitioner in Lambeth. Os and cervix uteri and vagina affected extensively with scirrhous ulceration. Intense suffering was experienced in every stage of the disease, and all the remedies employed were of no avail.

Case LIII.—April, 1844. Mrs. B——, aged 54. Symptoms of cancer uteri commenced eight months ago. Hemorrhage: purulent discharge from the vagina, with a very nervous condition, almost hysterical: a great fungoid, cancerous tumour growing from the os uteri: vagina hard and ulcerated. This case went on rapidly to a fatal termination.

Case LIV.—September 7, 1844. Mrs. I——, aged 47: ten children. Six months ago seized with uterine hemorrhage, without pain. A copious discharge, like the lochia, has continued almost constantly ever since: now a little pain in the back and lower part of the abdomen. A great mass of fungoid, cancerous disease growing from the os and cervix uteri: swelling of the feet and ankles nearly every day. During the last month caustic has been applied through the speculum, with aggravation of all the symptoms. Losing ground, becoming weaker, and died soon after.

Case LV.—October 3, 1844. Mrs. S——, from Clifton, aged 33: four children. Emaciation: no sickness: pulse 120: sallow complexion: almost constant pain about the sacrum and left groin: irritation of the bladder: feel-

ing of bearing down: os uteri and cervix large and hard: an irregular fungoid tumour growing from the whole orifice, which bleeds when touched: fœtid discharge. The disease has reached the upper and back part of the vagina: it commenced about nineteen months ago. Her grandmother died of cancer of the uterus. The first symptoms in this case were pain about the sacrum, and hemorrhage; at first supposed to have been pregnant, and to have miscarried. Of late, constant draining of thin, bloody, fœtid fluid. The disease proved fatal in a few months.

Case LVI.—November, 1844. Mrs. L——, aged 34. Married eighteen years: eleven children. Complains of pain in the right groin, and right side of the hypogastrium: occasional uterine hemorrhage: leucorrhœa in the intervals: os uteri unusually projecting, especially the anterior lip: cervix behind thick, hard, and irregular: body of uterus also enlarged; no ulceration. I had a strong suspicion of the existence of cancerous disease in this case, but did not learn the result.

Case LVII.—April 2, 1845. Mrs. H.——, aged 47. A great fungoid, cancerous mass, filling the upper part of the vagina, and growing from the whole os and cervix uteri, which were completely involved in the disease. A practitioner under whose care she had frequently been, applied caustic to the diseased part through the speculum, without any good effect. From the symptoms, I inferred that the disease had commenced the previous year.

Case LVIII.—April 3, 1845. Mrs. C——, aged 46. Sense of bearing-down pain nearly two years, followed soon after by a pale, slimy, and fœtid discharge. Catamenia were regular two years ago. Little pieces like flesh are reported to have at different times come away, and sometimes coagula of blood. Pain in the left side of the hypogastrium. Now a pale, offensive fluid constantly running from the vagina, which soaks five or six napkins daily. Tawny complexion: loss of strength: right leg swollen: anterior part of uterus greatly enlarged: os and cervix uteri extensively disorganized with cancer.

Case LIX.—May 2, 1845. Mrs. ——, aged 53. Catamenia had ceased three years. In October, and again about Christmas, a coloured discharge took place from the vagina: little pain about the hypogastrium at first, but this has been gradually increasing. Os and cervix uteri, and a part of

vagina, affected with ulcerated carcinoma. I saw this case with Dr. Hull; and the disease proceeded in the usual manner.

Case LX.—July 1, 1845. Mrs. H——, aged 60. Great discharge from the vagina in October last. Loss of appetite and strength: alum injections: mineral acids: discharge ceased for a time: returned in January, without uterine pains. June.—Great discharge of transparent fluid: pain of the loins and sacrum: irritation of the rectum: burning pain on right side of uterus, extending down the thigh; not constant, but coming on towards the evening. Extensive cancerous induration and ulceration of the uterus and vagina. Her husband died ten years before, with cancer of the face.

Case LXI.—October 20, 1845. Mrs. S——, aged 34. A profuse watery discharge since Christmas: before that time in excellent health. Nine months ago she states that she consulted a practitioner, who cut away, with a knife, portions of a tumour growing from the uterus, which he said was a cauliflower excrescence. In September there was great hemorrhage: the operation was repeated without benefit. Oxymuriate of potash and liquor potassæ prescribed, and mattica leaves. I found the vagina filled with a great fungoid, cancerous tumour, the os and cervix uteri involved in the disease. There was profuse watery and bloody discharge: so feeble that she could not walk.

Case LXII.—November 1, 1845. Mrs. H——, aged 37: several children. Six months ago, great leucorrhœa, and during the last three months it has become excessively profuse. A month ago a great quantity of coagulated blood escaped: pain about the uterus and bladder: constant sense of weariness, as if she had taken a long walk: aching about the thighs and legs: fœtid discharge: sallow complexion: emaciation: appetite good: extensive induration and ulceration of the os and cervix uteri: a hard, irregular, gaping, and bleeding os uteri. She consulted, soon after, Dr. B——, who, after examining with the speculum, held out confident hopes of her recovery. The speculum and caustic were employed upwards of fifty times, at short intervals, and this went on till a short time before her death. To the last, Dr. B—— held out flattering hopes of her recovery.

Case LXIII.—December 8, 1845. Mrs. M——, aged 35, under the care of Mr. Porter. Uterine hemorrhage in

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the eighth month of pregnancy; placenta at first supposed to be presenting. A large, soft, fungoid, cancerous tumour found, on examination, in the vagina, growing from the entire circumference of the os uteri, and the cervix in an indurated, scirrhous state: the operation of turning impossible, and she died undelivered on the 14th. The propriety of performing the Cæsarean section considered in consultation with Dr. Merriman: os and cervix uteri seen, after death, extensively disorganized with fungoid cancer.

Case LXIV.—December, 1845. Mrs. R——, aged 43. A sister of this lady had died from cancer of the mamma. She is now herself suffering from malignant disease of the uterus, in an advanced stage. A third sister, aged 33, is reported to be afflicted with the usual symptoms of cancer of the uterus.

Case LXV.—January 7, 1846. Mrs. L——, aged 42: seen in consultation with Mr. Pollock, Kensington. The disease in this case had commenced six months before, with pain in the region of the uterus, and thin, slightly discoloured discharge. The pain has become great and almost constant, and the discharge fœtid: cervix uteri hard, knobbed; orifice irregular and ulcerated. Anodynes: occasional leeching: hip-baths. Died on the 22nd May, 1846.

Case LXVI.—August 14, 1846. Mrs. C——, aged 56: several children. Catamenia had ceased several years: leucorrhœa twelve months, occasionally mixed with a thick matter like pus: no suspicion of cancerous or any organic disease of the uterus till a few days before my first visit, when an examination was made by Mr. Marshall, of Greek-street, and the os uteri found thickened, indurated, irregular, and ulcerated. The disease went on very slowly, and did not terminate for many months.

Case LXVII.—March 9, 1846. Mrs. ——, aged 32: near Fulham: two children. An abortion three years ago: almost constant discharge during the last six weeks: now pains in the lower part of the back, extending down the thighs: palpitation of heart. sense of sinking. Her mother had died of cancer of the uterus, at the age of 46. The os uteri hard and irregular, and the posterior lip ulcerated. May 6th.—Coagula of blood have escaped: pain much aggravated. June 10th.—Profuse hemorrhage: ulceration has extended to the vagina. July.—The disease has made still further progress: leeches, tepid hip-baths, sarsaparilla, and

other remedies tried in this case, without retarding the progress of the affection. Dr. H. Davies saw this patient with me.

Case LXVIII.—December 31, 1846. Mrs. L——, aged 49. A widow eight years. Catamenia have ceased two years; great pain in the back, hips, and down the thighs, during three months: sickness at stomach: debility: watery discharge: swelling of the feet and ankles: extensive induration and ulceration of the uterus and vagina. Caustic through the speculum had often been applied by Dr. ——, with the most pernicious effects: hemorrhage and severe pain invariably followed. 12th January, 1847.—Great pain at night: discharge not fœtid: lived several months, in a most deplorable condition.

Case LXIX.—May, 1847. A lady, aged 51, from Hertfordshire: three children. Catamenia had ceased three years; a coloured discharge like the catamenia appeared fourteen months ago, which has continued: coagula of blood at times expelled: pain in the sacrum and thighs: sickness: debility: irritation of bladder: hemorrhoids: lips of os uteri partially destroyed: orifice wide open: fœtid discharge: glands of groin indurated: uterus immoveable in the pelvis.

Case LXX.—May 22, 1848. Mrs. N——, aged 50: no children. Seen in consultation with Mr. Tippett, Dartford. A small hard projection from the inner surface of the posterior lip of the os uteri: anterior lip thin, smooth, and soft; except this hardness in the posterior lip, and shooting pains, there was no symptom of cancer; seen through the speculum, both lips were red; a bloody fluid, flowing in small quantity from the os uteri; discharge, profuse and fœtid, afterwards took place, and she died of scirrhous ulceration in 1851.

Case LXXI.—June 10, 1848. Mrs. B——, aged 45. Considerable discharge from the uterus, and irritation about the bladder, for six months. Mr. Aston Key some time before had examined the uterus, and said he feared there was some serious disease going on. Now she describes the pain as racking and burning: difficulty in passing the urine: sickness: loss of strength: occasional hemorrhage, and almost constant fœtid discharge. Cancerous ulceration was present in an advanced stage.

Case LXXII.—June 20, 1848. Mrs. A——, aged 60: one child twenty years before. Catamenia have ceased ten

years. Three months ago, when in perfect health, a slight show took place: then leucorrhœa without pain: then a sensation as if the catamenia were about to reappear: pain has since been experienced in the back, and all round, with sense of bearing down: anterior lip of os uteri healthy: the posterior swollen and bulging out irregularly, and slightly ulcerated: discharge has a peculiar odour. In September, os uteri harder and more irregular: pain distressing: emaciation and great weakness: sores upon the back from lying, and perforation of bladder, before death, which took place on the 3rd September, 1850. Mr. Aston Key saw this patient with me, and had no doubt about the cancerous nature of the disease.

Case LXXIII.—August 9, 1848. Lady M——, aged 44. In good health eighteen months ago, when uterine hemorrhage occurred. Great lassitude and sickness at stomach: profuse fœtid discharge: os uteri hard, irregular, ulcerated, bleeding when touched. The constitutional and local symptoms became aggravated, and death took place with excruciating pains a few months after. Seen with Dr. Scott.

Case LXXIV.—May 5, 1849. Mrs. B——, aged 42. Seen in consultation with Mr. Smith, at Richmond. Twenty years married: one child. Symptoms of cancer uteri commenced in October last, but out of health eighteen months before. Now great pain in the uterus; hemorrhage: profuse fœtid and watery discharge: sickness in the morning, as if pregnancy existed: great general weakness, and some emaciation. About an inch and a half from the ostium vagina, the finger came in contact with a hard lobulated fungoid mass; the danger of exciting hemorrhage prevented the connexions of the root of the tumour, and the condition of the os and cervix uteri, being accurately determined. The disease went on speedily, to the ordinary termination.

Case LXXV.—May, 1849. Mrs. R——, aged 48. Mother of a large family. Once I saw her during labour with twins: ulcerated carcinoma of the vagina and lower part of uterus, in a very advanced stage. Profuse discharges had been partially checked by Dr. Ashwell, by astringents, whose patient she had long been, and who was fully aware of the irremediable nature of the disease. Dr. Simpson, from Edinburgh, saw the patient without Dr. Ashwell being present; inveighed against the treatment which had been adopted, and regretted that he had not been consulted earlier;

asserting that, had he seen the case earlier, he could have greatly benefited the patient. He urged her in the most strenuous manner to proceed to Edinburgh, to be under his care. The recommendation was followed; and she died suddenly from hemorrhage, soon after the journey. Drs. Blundell, Locock, and myself, had all seen this case, with Dr. Ashwell and Mr. Hill, and had no doubt about the nature of the disease.

Case LXXVI.—July 28, 1829. Mrs. S——, aged 50. Sterile through life. About the 29th of May, first began to complain of pain, especially in the left groin. The pain has gradually increased all round the pelvis and down the left thigh; three or four months before that time, had discharge—sometimes coloured, at other times not. She feels certain that the disease has been coming on during twelve months: she felt not well. Sallowness of complexion: emaciation. Her sufferings are now become excruciating. Mr. George Pollock, under whose care she now is, examined four weeks ago, and found the body of the uterus larger than natural; round the meatus urinarius, and within the vagina, there were several hard tubercles, and of a very suspicious character. I found the back part of the uterus the seat of the intense pain, bulging out as if a fibrous tumour had been deposited in the posterior wall of the uterus. The os and cervix being healthy, I expressed a hope that this enlargement behind was not cancer. The attacks of severe agonizing pain continued till the time of her death, when an encephaloid tumour was found in the posterior wall of the uterus. In a somewhat similar case, which I saw with Dr. Spurgin, nearly the same thing occurred.

Case LXXVII.—January 15, 1850. Mrs. W——, aged 33, with Dr. ——. Profuse watery discharge from the vagina during twelve months: a sort of gnawing pain in the back: the whole posterior part of the vagina, from the os uteri to the ostium vagina, has growing from it an irregular lobulated mass—a large cauliflower excrescence. Os uteri involved in this, and the whole vagina in a diseased condition. "Would it be possible to remove the disease by operation or caustic?" inquired the medical attendant.

Case LXXVIII.—June 20, 1850. Mrs. L——, aged 59. Sterile. Watery discharge from the vagina, and occasional discharges of blood, took place four years after the cessation of the catamenia. Repeated examinations were made, and

nothing discovered. At the end of three years a small vascular tumour, the size of a pea, was seen through the speculum, protruding through the os uteri; it increased, but not very rapidly. Dr. Ashwell, who saw the case with me, had no doubt that it was a malignant vascular fungus, and we both recommended leaving it alone. "Let sleeping dogs alone" was the advice I gave. This lady went to Edinburgh, but her husband would not allow her to follow the advice recommended by Dr. Simpson—the application of caustic potash. Afterwards, however, the fungoid growth was repeatedly destroyed by caustic by another practitioner, without the slightest benefit. The discharge became more profuse, and very offensive, with almost constant nausea, and sickness at stomach. The death took place on the 20th of June, 1850, in a state of stupor. The duration of the disease was about six years.

Case LXXIX.—About this time, or earlier, a case of pregnancy occurred, with cancer of the os and cervix uteri. Delivery was accomplished by the victis: death speedily followed. The history of the case has been recorded in my "Clinical Midwifery."

Case LXXX.—January 3, 1850. With Mr. Ince I saw a lady, aged 46, who had not ceased to menstruate a year before. She had enjoyed good health till twelve months before, when a habitual, profuse, watery, and occasionally sanguineous discharge took place from the vagina, without the slightest pain. The general health, before the occurrence of this symptom, had become impaired, without any obvious cause. Mr. Ince had ascertained, a few days before I saw the patient, that the vagina was filled up to the orifice with a soft doughy tumour, smooth on some parts of its surface, and ragged and irregular in others, the root of which grew from the whole circumference of the os uteri and upper part of the vagina. About the nature of the disease there could not be the slightest doubt. The preparation of the parts is now before me; and the os and cervix, and a part of the body of the uterus and upper part of the vagina, are all seen disorganized by fungoid cancer.

Case LXXXI.—August 30, 1850. Mrs. B——, aged 47. Long subject to leucorrhœa: during two years menstruation more frequent than usual: general debility. Since April, hardly ever free from coloured discharge, and has had more pain extending down the thighs: irritation of the bladder.

I found, on examination, that there was great hardness, irregularity, and ulceration of the whole lower part of the uterus—the lips and neck confounded together: a bloody, fœtid discharge. Examined with the speculum, at the request of her medical attendant, and saw a bloody, irregular, ulcerated surface. This patient lived in a state of great suffering, the disease having extended to the rectum, till the month of June, 1852.

Case LXXXII.—March 29, 1849. I saw an unmarried lady, aged 50, who had scirrhous ulceration of the vagina and os and cervix uteri. There was a profuse fœtid discharge. Violent attacks of periodical pain were experienced in this case. They usually came on at a certain time in the afternoon, and lasted several hours. I was informed the speculum and caustic had been freely employed in this case by Dr.——, without the slightest advantage. Vomiting, emaciation, and great debility ensued.

Case LXXXIII.—In November, 1849, I saw a lady, aged 70, who had extensive scirrhous ulceration of the uterus and vagina, with profuse fœtid discharge. She died comatose some time after; but throughout the whole course of the disease no complaint of pain had ever been made. I first saw this patient in 1848, when she was attacked with uterine hemorrhage, and suspected, from the hard, irregular state of the os uteri, that scirrhus had commenced.

Case LXXXIV.—On the 28th of April, 1851, I saw a patient, unmarried, aged 26, in St. George's Hospital, under the care of Dr. Bence Jones. The os and cervix uteri were extensively disorganized by scirrhous ulceration. There was profuse offensive discharge, and intense pain within the pelvis; retention of urine took place, with constant sickness, and vomiting of bilious matter. Death ensued in a few days. The disease in this case appeared to have run its course in seven months. The substance of the uterus was found greatly enlarged, and at the fundus much thickened; but at other, and especially in the lower parts and in the posterior wall, thinned, and infiltrated with soft, cancerous matter: os uteri affected with fœtid ulceration of a greenish-brown colour: vagina darkly congested, but not ulcerated: extremities of both fallopian tubes blocked up, and the tubes themselves distended, and containing a quantity of whitish fluid. Dr. Ogle made the post mortem examination.

Case LXXXV.—May 3, 1851, at St. George's, I saw a

patient, aged 43, under the care of Dr. Nairne, who eighteen months before, without any apparent cause, had been attacked with uterine hemorrhage. The hemorrhage soon ceased, and was followed by pain, with sense of bearing down. A serous discharge followed, with difficulty in voiding the urine: pulse 100: emaciation. I made an examination, and found a large, hard, cancerous mass filling the whole of the upper part of the vagina, and connected with the greater part of the os and cervix uteri.

Case LXXXVI.—In May, 1851, I saw Mrs. S——, aged 48, from Islington, in whom profuse uterine hemorrhage had taken place at Christmas. This was followed by pain in the back and region of the uterus. Fœtid discharge had subsequently taken place. There was extensive cancerous ulceration of the uterus and vagina.

Case LXXXVII.—In 1850, with Mr. Pollock, at Kensington, I saw a lady, about 50 years of age, with ulcerated carcinoma of the uterus and vagina. Profuse fœtid discharge, pain, and other concomitant symptoms were present. "Previous to her death there was a communication with the rectum and bladder, so that both were evacuated by the vagina. She died on the 29th of April, 1851."

Case LXXXVIII.—In 1850, I was consulted respecting a lady advanced in years, who had enjoyed excellent health during the greater part of life. A profuse serous discharge, with slight pain, took place. The uterus had previously been examined with the speculum, and a small fungoid tumour was seen protruding through the orifice. This was seized with a pair of forceps, and torn away, on the supposition that it was a simple polypus. The symptoms returned. An examination with the speculum was again instituted; another tumour, still larger, and more regular, was seen within the orifice, which was dilated with the forceps, and the tumour extracted. A succession of fungoid cancerous growths took place, ulceration followed, and cauterization was employed, contrary to my advice, without any good effect being produced. I had little doubt that, in this case, the fatal progress of the disease was accelerated by the treatment.

Case LXXXIX.—In 1850 and 1851, I saw a lady, aged 50, with ulcerated carcinoma of the uterus and vagina, of two years' duration. There was great pain, most profuse fœtid discharge, with nausea, sickness, emaciation,

loss of strength, and œdema of the lower extremities. This lady, both in Paris and in London, had been speculumized and cauterized upon a grand scale, and with the invariable effect of increasing the pain and discharge, and, apparently, without retarding the disease in the slightest degree.

Case XC. — In 1851, I saw a lady, aged 38, with Dr. Duffin, who had extensive scirrhus, and ulceration of the os uteri. The irregular, bleeding, ulcerated surface was seen distinctly through the speculum. The peculiar hardness and inequality of scirrhus was felt distinctly with the finger. Dr. Duffin had applied nitrate of silver, in powder, to this ulcerated os uteri, with effects which he considered to be beneficial. The disease has proceeded slowly, in the usual course, and will doubtless, in time, terminate in the ordinary manner.

Case XCI.—On the 2nd September, 1851, with Dr. Julius, I saw Mrs. A——, aged 28, who had suffered from leucorrhœa during two years. There had been constant, profuse, and offensive discharge since the month of May. Sometimes there had been flooding; at other times, the discharge had been yellow, and apparently purulent. There was great pain about the loins, and at the very bottom of the spine, thence extending across the hypogastrium. There was a cancerous fungoid mass filling the whole of the upper part of the vagina. The case terminated fatally, at Richmond, in about two months.

Case XCII.—November, 24, 1851, I saw Mrs. F——, aged 36, with Mr. Cridland. Nine months before, first began to have pain about the uterus, with loss of strength, and emaciation, and sanguineous discharge from the vagina. The pain now extends down the right side of the pelvis and hip into the rectum. Pain, and constant desire to pass the urine: sickness at stomach. I found a hard tumour situated in the back part of the cervix uteri. The pain, and other symptoms, led me to suspect that it was of a cancerous nature. On the 11th January, 1852, dreadful paroxysms of pain had been experienced in the left hip, and there was a great increase in the size of the tumour; the walls of the back part of the uterus were involved in it. The result unknown.

Case XCIII.—On the 1st December, 1851, with Mr. Rumbelow, I saw Mrs. B——, aged 46, who had a profuse

watery and bloody discharge from the vagina. The os uteri was healthy; but the neck was shortened, and the body greatly enlarged. The os uteri was sufficiently open to allow the finger to enter and come in contact with a soft mass within, which I suspected to be of a cancerous nature. From December, 1851, to the 14th April, 1852, the discharge had become still more profuse and offensive. The tumour had enlarged much; portions of it had come away, which had a cerebriform appearance: os uteri more widely dilated: great debility and emaciation.

Case XCIV.—March 1, 1852. Mrs. ——, aged 56; sterile. Had a discharge from the vagina during the preceding year, and was out of health. Went to Malvern, and was treated hydropathically during three or four months. The uterus was during this period examined with the speculum, and the information communicated to her, that there was ulceration of the os and cervix. The speculum and caustic were used for a time, combined with the packing with wet napkins. At Christmas, this lady came to London, and she was from that time till the 1st of March under the care of a practitioner, who employed the speculum and caustic sometimes thrice weekly, and prescribed the internal use of arsenic and iron. The symptoms present were chiefly pain and red discharge, and these were uniformly aggravated by each application of the nitrate of silver. I found extensive scirrhous disease of the os and cervix uteri and vagina. A soothing plan of treatment was adopted during the months of March, April, May, and June; and the symptoms were so much ameliorated, that it was difficult to persuade her, and her husband, that she would not eventually recover. At the beginning of July, the discharge became fœtid, but not profuse; and there was tenderness over the whole hypogastrium, and frequent sickness. Severe fits of cold shivering took place, like those of ague, followed by profuse perspiration. Violent pain followed; and, about the middle of August she was rapidly sinking.

Case XCV.—March 30, 1852, Mrs. M——, aged 43; sterile. In good health till Christmas; then sense of bearing down, and yellow discharge from the vagina; now violent pain, at times, in the hypogastrium, lower part of the back, shooting down the groins and thighs: occasional retention of urine: a cancerous fungoid tumour,

the size of a small pear, in the vagina, with an irregular surface, smooth in some parts, the root of which was thick, and grew from the whole os uteri.

Case XCVI.—January 30, 1852, Mrs. ——, aged 60. After the catamenia had ceased, irregular sanguineous discharges took place from the vagina, with slight pain in the hips and lower part of the sacrum, and sense of pressure on the bladder; hemorrhoids: occasional sickness with the pain: visible emaciation. Tincture of secale cornutum, and diluted sulphuric acid, had been prescribed by her medical attendant, and injections with sulphate of iron in rose water. Four years before, the uterus was examined, and stated to be enlarged. I found a rough irregular tumour growing by a thick neck from the posterior lip of the os uteri, which was harder than natural, and nodulated. The anterior lip was in a hard scirrhous state. There was no fœtor in the discharge. I saw this lady, in consultation with Dr. Elliott, of Camberwell, and Sir B. Brodie, and we were all of opinion that the disease was malignant, and that no good could possibly result from the removal by ligature of the tumour growing from the posterior lip of the os uteri. We had no doubt that, if the tumour were removed, it would grow again, or a cancerous ulcer be left. The bowels were directed to be kept regular with pills of extract of colocynth and henbane. Extract of conium, and powder of conium, were given in pills, to relieve pain; and decoction of sarsaparilla, with diluted sulphuric acid, twice daily. For a time, the discharge continued moderate; there was little pain and no sickness, and her health seemed to improve. The tumour did not increase; but there was distinct progress in the scirrhous disease of the anterior lip. On the 12th of May, it was reported that she had suffered much from lancinating pains in the uterus, preventing sleep at night, and little rest by day, with loss of appetite, from constant feeling of indigestion, attended with irritation of her skin. There had been considerable increase of sanguineous discharge. The pills having ceased to relieve her, an injection of poppy with the extract was employed, and an enema of starch with laudanum. The discharge still free from fœtor.

Case XCVII.—March 24, 1852, I saw a patient, aged 38, with Mr. Randolph. She had been married a considerable number of years, and was sterile. She had been ill

during fifteen months. Constant discharge, with peculiar fœtor: emaciation: there was little or no pain about the uterus. Mr. Randolph had made an examination, and found a fungoid cancerous tumour growing from the posterior lip of the os uteri, and filling up the back part of the vagina. The anterior lip was hard and ulcerated. A sensation was almost constantly experienced in the lower part of the abdomen, and within the pelvis, as if the catamenia were about to flow. They had been regular till fifteen months before.

Case XCVIII.—March 19, 1852, I saw a lady aged 32, with Dr. Power, who had been called to see her two months before. She was supposed to have recently miscarried. There had been a constant discharge for two years; but when Dr. Power first saw the case, coagula of blood were escaping. An examination was made by him with the speculum, and it was ascertained that extensive ulceration of the os uteri existed, with scirrhous hardness. The disease has since proceeded in the usual course.

Case XCIX.—February 23, 1852. Mrs. B——, aged 50. The vagina was filled with a cancerous fungoid mass, the root of which grew from the anterior wall of the vagina and os uteri. There was a profuse ichorous discharge, which in a slighter degree had existed for two years. There had been no pain, and the general health had long remained unimpaired. The speculum and caustic had been frequently employed soon after the commencement of the disease, without any benefit. To moderate the discharge, sponge, with gallic acid, had recently been employed with good effect. A large sloughing mass escaped from the vagina about the end of June, and it soon appeared that the bladder was perforated. Great distress from excoriation of the parts followed, with vomiting, and death occurred on the 9th July, 1852.

Case C.—On the 11th June, 1851, I was consulted by Lady ——, aged 36. The catamenia had been regular. She had never miscarried, and was the mother of three children. She had enjoyed good health till the Christmas of 1850, when menstruation became profuse, and in the intervals, especially during the night, a discharge, red or yellow-coloured, took place. A sense of fatigue, and sinking during exertion, had begun to be experienced.

I made an examination, and found the os uteri unusually open, the lips irregular and nodulated, and the cervix behind enlarged. The symptoms and condition of the os uteri led to a suspicion that malignant fungoid disease had commenced, and I recommended great quiet, soothing injections, and the avoiding of everything that could irritate the parts. My advice was not taken, and I have since been informed that the speculum and caustic were vigorously employed, and with the usual results.

P.S. Case CI.—June 21, 1852, Mr. Martin requested me to see a lady aged 50, who had recently returned from India. The catamenia had entirely ceased during two years; then hemorrhage and constant coloured discharge from the vagina took place, with slight pain about the uterus, and impaired health. The uterus was fixed in the pelvis, and the os and cervix uteri and vagina, extensively disorganized with scirrhous ulceration.

It may be inferred from these cases—

1. That cancer may commence in any part of the mucous, muscular, or peritoneal coats of the uterus, but most frequently in the os and cervix.

2. That the earliest symptoms of the disease, in a large proportion of cases, were discharges of sanguineous, serous, or white-coloured fluid from the vagina, with sense of uneasiness or pain, more or less acute, within and around the pelvis.

3. That cancerous disease of the uterus presents itself most frequently in the form of induration and ulceration of the os and cervix uteri, and vagina; or ulceration without induration; or in the form of fungoid tumours, usually called cauliflower excrescences, growing from one or both of the lips, being often associated with encephaloid or colloid masses, and true scirrhus of the remaining portions of the uterus and contiguous viscera.

4. That in no case could cancerous disease of the uterus be referred to inflammation, or any mechanical cause; and and that its fatal progress was never arrested by cauterizing the morbid structures through the speculum, nor by any other method of treatment.

FIFTH REPORT.

OBSERVATIONS ON THE PATHOLOGY OF THE VAGINA, ETC., WITH THE HISTORIES OF CASES.

THE mucous membrane of the vagina is liable to attacks of common and specific inflammation. When inflamed, it is red, swollen, and painful: and the patient experiences uneasiness in the part when the urine is voided, and when she moves. When the inflammation is severe, pus is secreted from the affected membrane, or abscesses are formed in the walls of the vagina. In other cases, its structure is rapidly disorganized by gangrene, sloughing, or ulceration, and fistulous communications are formed between it and the bladder and rectum. In several cases which have come under my observation, when there had been a white discharge like pus from the vagina during life, I found, on dissection, a thin, pale, false membrane coating the lips of the os uteri and a considerable portion of the upper part of the vagina. The mucous membrane under this layer of lymph was red, rough, and granular, and clusters of enlarged mucous follicles were perceptible.

The application of cold, mechanical violence, and specific poisons, appear to be the most common causes of inflammation of the vagina. Where the affection is of a mild form, it admits of relief from the occasional employment of the tepid hip-bath, fomentations, emollient and anodyne injections, mild cathartics, and low diet. After the acute symptoms have been removed, a solution of nitrate of silver, or some astringent injection thrown up the vagina, often produces beneficial effects. If the inflammation be intense,

warm cataplasms to the external parts, and local and general blood-letting, may be required in addition to the remedies now specified. When suppuration takes place in the parietes of the vagina, or in the surrounding cellular membrane, the matter should be early evacuated. If a contraction of the canal of the vagina, preventing sexual intercourse, follows sloughing and ulceration, it can generally be overcome by the use of metallic bougies. The dilatation should, however, in this, as in cases of natural contraction of the part, be very gradually performed, lest fatal peritoneal inflammation should be excited.

The vagina is also sometimes closed by the presence of an impervious hymen, or from a membrane stretching across the vagina at a greater or less distance from its orifice. No inconvenience results from imperforate vagina before the age of puberty, when the menstrual fluid, being unable to escape, accumulates and distends not only the cavity of the vagina, but in some cases the uterus and fallopian tubes. This distension produces pain in the loins and region of the uterus, difficulty in evacuating the bladder and rectum, and other signs of mechanical irritation of the parts within the pelvis: no discharge is observed at the expected time. The symptoms are aggravated at each monthly period; and if the disease is not recognized, and the membrane divided, the abdomen becomes swollen, and violent contractions of the uterus, like those experienced in labour, are set up. In some cases, the symptoms have been referred to pregnancy or chlorosis; and if an examination is not permitted, it will be difficult to discover the actual condition of the patient. When the nature of the disease is ascertained, the inconvenience is removed by making a crucial incision through the hymen.

Scrofulous, syphilitic, and cancerous ulcerations are met with in the mucous membrane and follicles of the vagina. In several individuals who have been cut off by tubercular phthisis, I have found numerous scrofulous ulcers in the vagina. In one case, the purulent discharge had not proceeded from the surface of the vagina, as was suspected before death, but from the lining membrane of the uterus, which was red, greatly thickened, and much softer than natural. Dr. Carswell has given a representation of scrofulous ulcers of the vagina; and he has informed me that it is not a disease of frequent occurrence. Dr. Hooper ob-

serves, that "this assumes the character of scrofula in other parts. The sides of the ulcerations are tumid; solid puriform depositions are found about them, between the membranes in the cellular structure; and there are, perhaps, fistulous communications with the urinary bladder, rectum, or psoas muscle." The different excrescences of the vagina which appear near its orifice, are supposed by M. Murat to have a syphilitic origin, whilst he considers those to be of a cancerous nature, which spring from the walls of its cavity. He admits this diagnosis to be extremely difficult, and, in many cases, impossible.

In the mucous membrane of the vagina there are orifices leading to simple or compound lacunæ and glands, which differ in size. In the natural state they are small, but become enlarged by disease. These lacunæ and glandular bodies are more numerous at the orifice, and at the inferior part of the vagina, than in the remainder of its surface. The milky discharge, in many cases of leucorrhœa, proceeds from these mucous follicles, when affected with inflammation of a chronic character. It has also been demonstrated that many tumours of the vagina, and probably the greater number of polypi, originate in a morbid enlargement of its mucous follicles.

Portal states, that the vagina is sometimes very narrow, and even obliterated; and then, not only intercourse cannot take place, but sometimes the flow of the menses is prevented. This may either be the effect of acute inflammation, or of such an increase of the volume of the glands of the vagina, that they may fill the cavity, as has been observed in some venereal and cancerous affections. Portal likewise observes, that the canal of the vagina may be narrowed, or even obstructed, by hydatids.

I saw a case with Mr. Lawrence, about a year ago, where there was a tumour at the orifice of the vagina, like a prolapsus vesicæ, and which had been treated as such by the introduction of a large pessary. A viscid, dark-coloured gelatinous fluid escaped from the opening, which I made into the most prominent part of the tumour with a lancet; the fluid never collected again, and the patient recovered in a short period. Mr. Lawrence pointed out to me the following description of an analogous case, which occurred to Mr. John Hunter:—"From an obliteration of the ducts of Cowper's glands, I have seen a very large tumour formed

at the entrance of the vagina. I once saw one very large, which had been mistaken for a rupture: both in this, and the former case, an opening should be made as nearly as possible to the former opening of the duct; this should be either a crucial incision, or a round opening made with caustic, which may serve in future for an artificial duct."

The following interesting case of this disease has been related by M. Pelletan. "Une femme agée de vingt-quatre ans, se presenta, en 1807 à l'Hôtel-Dieu, pour y être traitée d'une tumeur qui l'incommodait par sa saillie dans le vagin et dans le rectum, l'obligeait à marcher les cuisses écartées, et la genait dans des travaux habituels. La tumeur occupait la partie gauche et postérieure du vagin, et était couverte par sa membrane mucueuse; elle était ronde, et de la grosseur d'un œuf de poule. La toux semblait augmenter son volume, et la poussait vers l'orifice du vagin, où elle se présentait également quand la malade restait long-temps débout: alors on la répoussait aisément à l'intérieur, on la sentait aussi avec le doigt introduit dans le rectum. Cette tumeur était sans douleur: elle genait la sortie de l'urine et des matières stercorales. Plusieurs personnes pensaient que cette tumeur était une hernie: elles s'en laissaient imposer par la mollesse de son tissue et la facilité avec laquelle on la répoussait, sans, cependant,la faire disparaître. M. Pelletan en jugea autrement: il parvint à parcourir toute sa circonférence, et à l'amener à l'entrée du vagin, en portant deux doigts derrière elle: il fut convaincu par la qu'elle n'avait aucune continuité avec les parties circonvoisines. Il reconnut sa mollesse par une fluctuation: et sa mobilité, lui persuader que le fluide était renfermé dans une kyste recouvert du vagin, et entouré d'un tissu cellulaire assez lâche. Une incision de deux pouces de longueur, faite aux parois de cette tumeur, donna issue à un demi-verre d'une matière puriforme, blanche-verdatre, et la tumeur fut évacuée. L'écoulement fut assez abondant pendant quelques jours. Le pansement ne consista que dans des injections détersives dirigées dans le vagin. La malade fut parfaitement guérie vingt-jours après l'opération."

Sir Astley Cooper has described a similar case, in which the tumour originated in a morbid enlargement of a mucous follicle just before the meatus urinarius. Dr. Hemming states, that he examined the bodies of two women, in whom

he found tumours projecting into the vagina. In one there were two of these follicular tumours; in the other, there was a single one as large as an egg: on a minute examination of their internal structure, it was evident that they consisted of obstructed lacunæ, which had thereby become dilated into a cyst, and distended with a gelatinous fluid. Dr. Hemming infers, that the greater number of tumours which obstruct parturition are of this description. I have previously shown that fibrous tumours of the uterus, and ovarian cysts and tumours, often impede the progress of the fœtal head through the pelvis. Fibrous tumours, according to certain authors, are also sometimes developed in the walls of the vagina, and when they have attained a considerable size, clear the vulva. M. Baudier has given the description of a tumour ten pounds and a half in weight, which grew from the vagina.

M. Dupuytren relates two cases, in which fibrous tumours of enormous size were developed in the vagina. Varicose and aneurismal tumours sometimes form around the vagina, and give rise, when injured, to profuse hemorrhage. M. Murat observes, that "tumours of different kinds are met with in the vagina; some being fatty, others fibrous, or encysted; and not a few of a carcinomatous or malignant nature. I have found tumours in the vagina which contained pus, water, air, calculi, &c. Some of these tumours are developed in the thickness of the walls of the canal, or on its surface: others are in some degree foreign to it, though they come to project into the cavity." No case of fibrous tumour, or fibrous polypus of the vagina, has come under my observation, and the rarity of the disease, probably, depends on the absence of a muscular coat in this canal, similar to that in the uterus. Between the rectum and vagina, fibrous tumours, similar to those in the uterus, are sometimes formed. M. Pelletan has related two cases of this description, where an incision was made through the walls of the vagina, and the tumours, which were of large size, were removed with success.

The *Caruncule Myrtiformes* sometimes become inflamed from violence. At the orifice of the vagina, tubercles of a conical form, or of a deep brown, rose, or pale colour, are sometimes met with. Boivin and Dugès state, that these sometimes become excessively inflamed, and interrupt intercourse. The usual local means for subduing inflammation

should be employed. The carunculæ are also susceptible of becoming elongated and hypertrophied. M. Dubois has seen cases of this description, where they were mistaken for venereal excrescences. The *Clitoris* and *Nymphæ* are also liable to attacks of inflammation, from common and specific causes. They sometimes become much enlarged by hypertrophy and malignant disease, and require extirpation. In some cases, hypertrophy of the nymphæ seems to be produced by syphilis.

Diseases of the Urethra and Meatus Urinarius.

Around the orifice of the female urethra, several excretory ducts of mucous glands open, and within the urethra there are also ducts which lead to mucous follicles. Portal believed that some varieties of gonorrhœa and leucorrhœa depended upon inflammation, and an increased secretion from these glandular bodies. Some of the vascular excrescences connected with the female urethra, probably also originate in a morbid state of these bodies. The female urethra has certain longitudinal folds, which facilitate its dilatation, and render it much more extensible than the urethra of the male. Its shortness and dilatability in the female, render the introduction of foreign bodies into the bladder, and their removal, much more easy than in men. Large calculi have been extracted from the female bladder by gradual dilatation of the urethra, with sponge tents and other appropriate means.

Irritation of the female urethra is sometimes connected with disease of the kidneys; in other cases it is symptomatic of some affection about the neck of the bladder, or of calculi in that viscus. Mr. Howship has seen cases depending on the presence of uric acid calculi in the kidneys. Dr. Bateman states, that prurigo urethralis sometimes occurs in women, without any manifest cause, and is removable by the use of bougies. In hysteria, and other severe affections of the nervous system, the urethra and neck of the bladder are sometimes spasmodically contracted. The pressure of the head of the fœtus during labour may give rise to severe irritation and inflammation of the urethra; it can then be felt like a hard cord running along the upper part of the vagina, and is painful on pressure, or when the

urine flows. Local bleeding, anodynes, gentle cathartics, and tepid fomentations, are the remedies which afford the greatest relief in cases of irritation and inflammation of the lining membrane of the urethra.

In some cases of malformation of the parts, the orifice of the urethra opens into the vagina. In other cases, a communication is formed between the vagina and urethra by sloughing, from injurious pressure during parturition. The direction of the canal of the urethra is sometimes altered by displacements of the uterine organs, and by the pressure of ovarian tumours.

Stricture of the Female Urethra.

This is a rare disease. Dr. Cusack mentions a case where a contracted state of the urethra gave rise to all the symptoms of diseased bladder, which were relieved by the frequent introduction of the bougie. Sir B. Brodie has a preparation in his collection, of morbid parts where stricture of the female urethra existed; and the following is the account of the case:—"The patient was admitted into St. George's Hospital, labouring under an exceeding difficulty of making water. The urine was voided almost in drops, with much effort and straining. The internal orifice of the urethra was so much contracted that it could scarcely admit a small probe. It was, however, dilated by means of bougies, and the patient voided her urine in a moderate stream. Some time after, she was seized with an attack of fever, which proved to be dependent on inflammation of the peritoneum covering the liver, unconnected with the stricture; and of this she died. The stricture is quite at the extremity of the urethra, occupying about half an inch of the canal."

The Vascular Tumour, or Excrescence of the Meatus Urinarius.

A small florid vascular tumour, or excrescence, sometimes grows from the lining membrane of the female urethra, or from the edge of the meatus urinarius, which gives rise to severe irritation in the part. At first the tumour resembles a prolapsus of the inner membrane of the urethra, and it

may be returned wholly or partially within the canal. It soon, however, enlarges, becomes of a bright-red colour, extremely painful when irritated by any foreign body, or the passage of the urine, and bleeds when touched. The tumour often assumes a flattened oval form, with a thick, broad root, or it has a slender pedicle. Its sensibility is not increased in proportion to the increase of its size, though its scarlet hue becomes more and more vivid as it enlarges. It may attain the size of a horse-bean or cherry, when the movements of the body and the voiding of the urine occasion intolerable pain. It is seldom of a firm consistence, and the surface is sometimes smooth, and at other times irregular or granulated.

All the excrescences which grow from the female urethra have not the same florid red colour. I have recently seen a young married woman, with Sir Charles Forbes, who had two painful excrescences growing from the ostium vagina, on the left side, and another from the lower part of the margin of the urethra, and a portion of the mucous membrane of the urethra. They were smooth, were not of a florid colour, had thick bases, and were exquisitely painful when touched. The root of the tumour, which grew from the meatus urinarius, bled profusely after being removed with the scissors.

There is sometimes with this affection an increased secretion of mucus from the parts; but this does not take place in all cases, and the symptom is not characteristic of the affection.

Morgagni was the first who described this disease:—"In urethræ osculo," he observes, "corpusculum prominebat rubellum: quod ipsa secundum longitudinem incisa, nihil aliud esse vidi nisi intimam ejus tunicam, quæ cum supra a subjectis vasculis sanguine distentis tota nigricaret ima parte se exhorsum inverteus exstabat: quod et in alia a claudicatione scribam nemini vidisse. Utramque autem cum de urinæ difficultate agerem commemorasse, et pavoi illius vitii causam quosivisse." Sir C. Clarke was the first author who gave a full account of the symptoms and treatment of the affection.

Sir C. Clarke, Dubois, Cullerier, and Lachappelle have all seen many cases of this disease, both in single and married women, and in those who had never been affected with syphilis. Mr. Wardrop has informed me, that he saw a

case of vascular tumour of the meatus urinarius in a girl, previous to the age of puberty. The excrescence was removed with the scissors, but was soon reproduced. Morgagni saw it in a girl fifteen years of age. I have seen examples of this affection in two married ladies, who were under twenty-two years of age, and who were in consequence unable to cohabit with their husbands. I have likewise observed the disease in individuals beyond the age of sixty. A woman, aged sixty-two, was supposed to be afflicted with prolapsus uteri, and a pessary had been introduced into the vagina, and retained there for several months, which greatly aggravated all the symptoms. The patient had for a long period never enjoyed undisturbed sleep, and had become greatly emaciated from her sufferings. There was constant sense of pain in the urethra; and the incessant desire to pass the urine, with a sense of burning heat in the passage, prevented her from enjoying undisturbed sleep. She could not taste either warm food or drink, or swallow even a small quantity of any stimulating fluid, without experiencing great aggravation of all her symptoms. These were immediately relieved by excision of the tumour, and it never returned. In a case of vascular tumour of the urethra, which I saw with Dr. Burder, the symptoms were similar to those usually witnessed in cases of malignant disease of the uterus; and, without a careful inspection, the true nature of the affection could not have been detected.

The tumour should be seized with a pair of forceps, and drawn out, and its root divided by a pair of probe-pointed scissors. When the bleeding has ceased, the cut surface should be touched with nitrate of silver or potassa fusa. Like growths and excrescences from other mucous surfaces, this tumour is sometimes reproduced, and a second or third operation is required. Where the disease has been connected with a considerable portion of the mucous membrane of the urethra, bougies should be introduced, and retained in the urethra until the tumour has been destroyed. A case has been related by Dr. D. Davis, in which the whole lining membrane of the urethra was affected, and the disease was completely relieved by the use of bougies of gradually increasing size. Mad. Boivin has also related an instance of fungous tumour of the meatus urinarius, in which there was a painful sensation experienced after the passage of urine, and a sero-sanguineous discharge from

the vulva. The symptoms, as in Dr. Burder's case, led to the supposition that there was a malignant disease of the uterus. Mad. Boivin advised the patient to use an elastic catheter, three inches long, of a conical shape, the extremity of which was two lines in diameter, and the base eight lines. This part, which had several apertures, was fixed to a piece of sponge, two inches thick. This apparatus was retained in its situation by a T bandage. The presence of this sound in the urethra at first produced very acute pain. Every time the sound was withdrawn, it was covered with a cerate containing opium before being reintroduced. The pain became gradually more supportable, and in fifteen days the tumour had lost a part of its solidity, so that a larger sound could be introduced. The portion of the tumour which remained was removed by excision on the twenty-second day; and the sound, surrounded by a portion of agaric and sponge, was introduced, and the affection was relieved in fifteen days. It is difficult to discover why in this case the fungus, in the first instance, was not removed with the scissors, and afterwards treated with a common bougie.

It is requisite in all cases, after this operation has been performed, to recommend the patient to remain for a week or ten days in a state of rest, and to live on spare diet. This I do, from having observed death take place from obscure abdominal inflammation, twelve or fourteen days after the excision of a vascular tumour from the margin of the meatus urinarius. Indeed, after all operations upon the external uterine appendages, there is some danger of inflammation being excited in the peritoneum.

In some women, there is a thickening of the cellular membrane surrounding the urethra, with a varicose state of the vessels of the part. It is accompanied with a sense of dull pain, increased by pressure, in the situation of the urethra, and frequent desire to pass the urine, and difficulty in voiding it. If the finger be introduced into the vagina, and carried along the urethra, it is felt tender, hard, and swollen; and if the patient presses down, the swollen and vascular condition of the urethra becomes apparent.

In this affection, Sir C. Clarke recommends us first to unload the vessels by leeches, or by puncturing them with a lancet, and to do this repeatedly till the symptoms are relieved. Solutions of lead, or muriate of ammonia, or

sulphate of zinc, are afterwards to be applied to the parts. Pressure should afterwards be made by introducing a piece of wax candle, or a small roll of linen, which has previously been dipped in the lotion.

Diseases of the Labia.—The inner surface of the labia is liable to become excoriated and ulcerated. Phlegmonous inflammation of the labia, which is most frequently produced by mechanical violence, or the application of cold, is accompanied with pain, heat, swelling, and sometimes with pyrexia. Where it is not subdued by the early application of leeches, and other appropriate means, warm fomentations and poultices should be employed to promote suppuration. The labia are also sometimes affected with erysipelatous inflammation, which requires appropriate treatment.

Dr. Percival, Mr. Ward, and Mr. Kinderwood, have described a fatal disease of the labia pudendi, and other external parts, in children, which is preceded by pyrexia for several days. The patient then complains of pain in voiding the urine, and the genital organs are found to be swollen and inflamed. The inflammation is of a dark colour, and soon extends over the clitoris, nymphæ, and hymen. Ulceration succeeds, and the parts are progressively destroyed. M. Ollivier, of Angers, has traced an analogy between this affection in children, and gangrene of the mouth and cheeks.

Great enlargement of the labia is occasionally produced by blows and falls, and by extravasation of blood into their cellular substance during labour. One of them becomes suddenly distended with blood, either during the progress of labour, or soon after the birth of the child. It is generally confined to one labium, and in the practice of Dr. Dewees it has always occurred after the birth of the child.

The source of the hemorrhage in this affection has not been positively ascertained. Encysted and solid tumours are sometimes formed in the labia, and the labia are liable, like all the other external parts, to become affected with malignant induration and ulceration.

Warts and excrescences are often seen about the labia and orifice of the vagina. They are referrible to gonorrhœa or syphilis in many cases, and they are accompanied with much uneasiness and an offensive discharge. Their removal with the knife, scissors, or escharotics is often necessary.

Some women suffer severely from irritation of the labia

and mons veneris. Dr. Bateman states, "that prurigo pudendi muliebris is sometimes connected with ascarides in the rectum, and sometimes with leucorrhœa, but is most violent when it occurs soon after the cessation of the catamenia. The itching about the labia and os vaginæ is constant and almost intolerable, demanding, incessantly, the relief of friction and cooling applications, so as to compel the patient to shun society, and even sometimes to excite, at the same time, a certain degree of nymphomania." "This condition," Dr. Bateman adds, "is generally accompanied by some fullness and redness of the parts; sometimes by inflamed papillæ; and sometimes by aphthæ. Saturnine and saline lotions, lime-water, lime-water with calomel, vinegar, and oily liniments, prepared with soda or potass, are beneficial, especially in the milder cases: but the most active remedy is a solution of the oxymuriate of mercury in lime-water, in the proportion of two grains, or a little more, to the ounce. As in the cases before mentioned, however, the presence of rhagades, or excoriation, will require palliation before it can be employed."

In some cases of this affection the mucous membrane of the vulva and vagina is likewise inflamed, and there is a copious leucorrhœal discharge. Lorry has given a vivid description of the intolerable sufferings of women afflicted with this disease. It frequently indicates, as has already been stated, the existence of carcinomatous disease of the uterus, and this intolerable itching of the pudendum is sometimes the first and most distressing symptom of which women complain, who are labouring under malignant organic disease of the cervix uteri. The irritation of the parts being merely symptomatic, our attention should be chiefly directed to the affection of the uterus.

Prurigo of the pudendum is one of the most distressing symptoms experienced by some women during gestation; and most benefit is derived from the employment of blood-letting, and the administration of calomel and opium, with cathartics. Temporary relief is obtained by saturnine lotions, solution of the chlorurets of lime or soda, cold water, or ice and water to the parts. But the disease sometimes continues to harass the patient in spite of all the remedies we can employ, until she is delivered. The diet should be light, and in all cases of this description, the utmost attention should be paid to regular ablution of the parts. Wine and fermented liquors of all kinds should be disused, and

where there is leucorrhœal discharge, the tepid hip-bath and tepid lotion of Goulard, and decoction of poppies should be applied occasionally to the parts.

These observations on the diseases of the vagina, and parts connected with it, formed the conclusion of the article, Pathology of the Uterus and its Appendages, in the fourth volume of the "Cyclopædia of Practical Medicine," published in 1835.

Anatomical Structure of the Vagina.

The vagina consists of a mucous membrane and muscular coat, which are copiously supplied with arteries, veins, and ganglionic plexuses of nerves. The mucous membrane which lines the vagina is reflected over the lips of the os uteri, into the cervix and cavity, and is continued from thence along the fallopian tubes, to the corpora fimbriata. The outer or muscular coat of the vagina is a continuation of the muscular coat of the cervix uteri. This fact, that the muscular coat of the uterus is actually continuous with the muscular coat of the vagina, is clearly demonstrated by the series of preparations in the Museum of St. George's Hospital, of the unimpregnated and gravid uterus. From these it is likewise obvious that the coats of the vagina, during pregnancy and subsequent to parturition, undergo changes analogous to those of the uterus.

The ganglionic nervous structures of the vagina are also seen in these dissections to be inseparably connected with, and to form a part of the ganglionic nervous system of the uterus, bladder, and rectum. The uterus and its appendages are wholly supplied with nerves from the great sympathetic and sacral nerves. At the bifurcation of the aorta, the right and left cords of the great sympathetic unite upon the anterior part of the aorta, and form the aortic plexus. This plexus divides into the right and left hypogastric nerves, which soon subdivide into a number of branches to form the right or left hypogastric plexus. Each of these plexuses having the trunk of the hypogastric nerve continued through its centre, after giving off branches to the ureter, peritoneum, rectum, and trunks of the uterine blood-vessels, descends to the side of the cervix, and there terminates in a great ganglion, which from its situation and relations may be called the hypogastric ganglion, or utero-cervical ganglion.

This ganglion is situated by the side of the neck of the uterus, behind the ureter, where it is passing to the bladder. In the unimpregnated state it is usually of an irregular, triangular, or oblong shape, with several lobes or processes projecting from it, where the nerves enter, or are given off from it. In the long diameter it usually measures, (in the gravid uterus,) from half an inch, to three quarters of an inch, varying in dimensions with the size of the nerves with which it is connected. The hypogastric ganglion always consists of cineritious and white matter, like other ganglia, and gray and white nerves issue from it, which proceed to the rectum, bladder, uterus, and vagina. It is covered with the trunks of the vaginal and vesical arteries and veins, and the ganglion has an artery of considerable size, which enters it near the centre, and divides into branches which accompany the nerves given off from its inner surface and from its anterior and inferior borders. The hypogastric nerve, after separating into a plexus, enters its upper edge, and branches from the third and other sacral nerves its posterior border, and the whole of its outer surface. None of the branches of the sacral nerves pass over the ganglion to the bladder, though some of them enter its anterior edge, where the vesical nerves are given off.

From the inner and posterior surface of each hypogastric ganglion, numerous large nerves are given off, which go backwards to anastomose with the hemorrhoidal nerves, which accompany the arteries to the rectum, and pass with them between the muscular fasiculi of the organ. An extensive connection is thus established between the two hypogastric ganglia and the nerves of the rectum, and many large broad nerves pass off from the posterior and inferior part of these ganglia, to ramify on the sides of the vagina, and between the vagina and rectum.

From the inferior border of each hypogastric ganglion, several fasiculi of small nerves are sent off, which pass down on the sides of the vagina, and enter several large flat ganglia about midway between the os uteri and ostium vaginæ. From these vaginal ganglia, innumerable filaments of nerves, on which small ganglia are formed, extend downwards to the sphincter, where they are lost in a white dense membranous expansion, from which they cannot be separated without laceration. From this great web of

ganglia and nerves on the sides of the vagina, by which it is completely covered, numerous branches are sent to the sides of the bladder, which enter it around the ureter. All these nerves of the vagina are accompanied with arteries, and they often form complete rings of nerve around the trunks of the great veins.

From the anterior margin of each hypogastric ganglion, large white and gray nerves are sent off, some of which pass on the outside, and others on the inside of the ureter, and these branches meet in front of the ureter, in a ganglion, which may be termed the middle vesicle ganglion. There are other two ganglia formed on these nerves, one between the uterus and ureter, and the other between the ureter and vagina. These may be called the internal and external vesical ganglia. The ureter is thus enclosed within a great ring of nerve, which resembles the œsophageal ganglion in some of the invertebrata. The trunks of the uterine artery and vein are likewise encircled by a great collar of nervous matter, between which and the hypogastric ganglion, several large and some small branches pass.

The internal vesical ganglion, which usually has a flattened or bulbous shape, is formed entirely upon the nerves which pass from the hypogastric plexus and ganglion, and run between the uterus and ureter. It has an artery, which passes through its centre. It first gives off a large branch to the ring of nerve or ganglion which surrounds the uterine blood-vessels; it then sends branches to the anterior part of the cervix uteri, and afterwards a great number of small filaments to the muscular coat of the bladder behind, where it is in contact with the uterus. The internal vesical ganglion then sends forward a large branch, which terminates in the middle vesicle ganglion.

This ganglion sends off a great number of large nerves to the bladder. Some of these accompany the arteries, and can be seen ramifying with them upon the whole of the superior part of the organ, even to the fundus. Filaments of these nerves, scarcely visible to the naked eye, are seen ramifying upon the bundles of muscular fibres, occasionally forming loops, and enclosing them, or passing down between them to the strata of fibres below. Some of the smaller branches of the middle vesical ganglion do not accompany the arteries, but are distributed at once to the parts of the bladder around the ureter.

The external vesical ganglion is formed entirely upon the nerves which proceed from the hypogastric ganglion and pass on the outside of the ureter. This is a small thin ganglion, the branches of which are sent immediately into the muscular coat of the bladder. It usually sends down a large branch to anastomose with the nerves and ganglia situated on the side of the vagina.

From the inner surface of each hypogastric ganglion, numerous small white nerves pass to the uterus, some of which ramify on the muscular coat about the cervix, and others spread out under the peritoneum, to coalesce with the great ganglia and plexuses situated on the posterior and anterior surfaces of the organ. Large branches also go off from the inner surface of the hypogastric ganglion to the nerves surrounding the blood-vessels of the uterus, which they accompany in all their ramifications throughout its muscular coat. Other branches of nerves pass down from the ganglion between the vagina and bladder. Soon after conception the blood-vessels of the nervous ganglia and plexuses now described enlarge, and the ganglia and plexuses themselves expand with the uterus. The long diameter of the hypogastric ganglion, at the end of the ninth month measures about an inch and a half. This description of the ganglia and nerves of the uterus, bladder, vagina, and rectum, was published in the "Transactions of the Royal Society of London, in 1841 and 1842." The dissections in the Museum of St. George's Hospital are the vouchers for its accuracy.

Cases of Complete Closure of the Vagina from Original Malformation.

Case I.—M. Edmonds, aged 22, was admitted into St. George's Hospital on the 29th May, 1824, with imperforate vagina and retention of the catamenia; on the 3rd June an opening was made through a thick septum at the orifice of the vagina, and two or more pounds of menstrual fluid evacuated. On the 4th symptoms of peritonitis supervened, and she died in the evening. I was not present at the post mortem examination, but was informed that on opening the body, an immense quantity of dark mahogany-coloured fluid was found in the cavity of the peritoneum. The peritoneum itself was of this mahogany colour, and appearances of in-

flammation were distinct in various parts of it, where covering the intestines, &c. It was not clearly determined whether this fluid had been secreted by the vessels of the peritoneum or had escaped through some opening from the uterus. The uterus was not of the natural form, but resembled a hollow bag, and there was hardly any appearance of muscular substance in its structure. The walls of the vagina were reported to be much thickened.

On the 13th of June I saw the parts now described. The vagina and uterus together formed a long capacious bag. There was no appearance of os and cervix uteri, no line where it could be said the vagina terminated and the uterus commenced. The parietes of the bag were of a white fibrous structure, and very dense. The peritoneum covering it was of a blackish tint, and this could not be washed off. There could be little doubt that this closure of the vagina was the consequence of an original malformation. I received from Sir B. Brodie the following note relative to this case, the account of which is copied from my journal. 1824.

"14, *Savile Row, September* 13, 1852.

"My dear Sir,—I have filled up your notes with the name of the patient, from one of my old hospital books (of which I can find only about thirty-eight, some of them having been lost). I believe your account is substantially correct. But if I remember rightly, it was suspected at the time that some of the fluid collected in the uterus had escaped into the peritoneum through the fallopian tubes. I had seen one other case (anterior to 1824): the patient left the hospital soon after the operation, and I remember having gone to see her afterwards at Chelsea. I believe that she recovered. I may probably have some account of the case in my private notes, or in one of the hospital books, but I have at present no time to look for it. I send you an account of two cases of imperforate hymen, the other cases were certainly examples of imperforate vagina, not of imperforate hymen. Yours always truly,

"B. C. BRODIE."

A second note, relative to this case, which I received from Sir B. Brodie on the 14th September, contained the following important remarks on the treatment:—"My own belief is, that if anything, connected with the operation, contributed to aggravate the symptoms, it was the too great

anxiety to empty the uterus of its contents by pressure—a mode of proceeding to which there are the same objections in these cases as there are in those of large chronic abscesses. If you are publishing on the treatment of these cases, I think it would be well to give the profession some cautions on this subject. Some observations which I have made, in the last edition of my work on the Opening of Chronic Abscesses connected with Diseased Joints, are (I conceive) exactly applicable to the operation for relieving the uterus of these accumulations."

Case II.—In the month of May 1839, I was requested by Mr. Farquhar of Cadogan Place, to visit a female child of about 18 months old, who had been brought from Newfoundland to London, for surgical assistance. I was informed, that soon after birth a small tumour had been discovered in the situation of the orifice of the vagina, which had gradually increased in size, without however producing any actual inconvenience. On examination, I discovered a tumour in the situation which has been mentioned, of the size of an ordinary marble; convex on its surface and of a yellow colour, evidently in consequence of a yellow fluid being collected within it. The first impression which these appearances produced on my mind was, that they were the result of some malformation of the rectum, and that the tumour was formed by a portion of the bowel projecting as a sort of hernia through the opening of the vagina. A careful examination, however, of the rectum satisfied me that this impression was erroneous; and that the tumour could be nothing more than an imperforate hymen, made to project externally in consequence of a collection of fluid in the vagina above it. On puncturing the tumour with a needle, not less than half an ounce of yellow fluid escaped; the membrane which had been punctured lost its yellow colour, and the tumour disappeared. The fluid thus evacuated was examined by Dr. Prout, who found it to be "a sero-mucous fluid, containing a substance like adipocire." We recommended to the parents that they should allow the membrane of the hymen to be divided as soon as a collection of fluid above it had again begun to take place.

In the month of August following, I again saw the child with Mr. Farquhar, Dr. Blundell being in consultation with us. Dr. Blundell made a very careful examination of the

case: and agreed with us as to its nature, and the operation required for its relief.

At this time the tumour was much less prominent than it had been, when I was first consulted, so that it was evident, although some months had elapsed since the puncture was made, that the fluid collected in the vagina was much less in quantity than it had been formerly. The parents having consented to the measures proposed, I performed the operation by merely seizing the membrane in its central part with a double tenaculum, then pulling it downwards, and removing a considerable portion of it, nearly of a circular form, with a pair of curved scissors. Some fluid escaped similar in appearance to that which had escaped formerly, but less in quantity. The exact quantity however could not be ascertained, as there was a slight hemorrhage from the vessels of the incised membrane.

On examining the portion of the membrane which had been removed, I found it to be not more than half a line in thickness, the inner surface presenting the usual appearance of a mucous membrane.

No inconvenience followed the operation, and when I last heard of her the child continued well.

Case III.—On the 26th of May, 1839, I was requested to see a lady in consultation with Sir Charles Clarke, under the following circumstances. She was 28 years of age. We were informed that she had suffered no sort of inconvenience during childhood; but that when she had arrived at the age of puberty, although the other indications of puberty were present, she did not begin to menstruate. Soon afterwards there was a perceptible enlargement of the lower part of the abdomen. This gradually increased in size until the patient was fifteen years of age, when suddenly something seemed to burst in the vagina; and there was an immense discharge of menstrual fluid, the tumour in the vagina at the same time disappearing. From this time, during the period of menstruation, there had been always a slow oozing of menstrual fluid; and in the intervals a constant discharge of a yellow secretion. On examination, we discovered the hymen in its usual situation; but, instead of the usual appearance, it presented that of a perfect membrane, completely closing the orifice of the vagina, except that there was in it a minute aperture, barely large enough to admit a probe of the smallest size.

Sir Charles Clarke agreed with me in opinion, that it was necessary that the hymen should be freely divided; and accordingly the operation was performed, in the following manner:—

First, I introduced a very small probe, of a conical shape, that is, gradually becoming thicker towards the part held in the hand. This was introduced nearly three inches into the vagina, and dilated the opening so that it would admit a director, and then a narrow probe-pointed bistoury, with which I divided the hymen freely in different directions. The patient was at this time menstruating; and immediately on the membrane being divided a considerable gush of menstrual fluid took place, with a small admixture of blood, from the cut surface.

The finger being introduced through the wound, it was ascertained that the obstruction had been caused by the hymen alone, but that this membrane was more dense and fleshy than under ordinary circumstances. The vagina was considerably dilated, but appeared otherwise to be in a healthy state. The uterus was at the usual distance from the orifice of the vagina; free from disease; but the orifice of it was somewhat more patulous than under ordinary circumstances. Some lint was placed between the cut edges. No inconvenience followed the operation; and I have been lately informed that the patient continues well.

Cases IV. V. VI.—In a letter which I received from Mr. Cæsar Hawkins, on the 9th of September, 1852, he said, "I do not at present recollect more than three cases of retained menses, in which I have operated, all of which did well. I think I had a fourth; if so, it did well also. But it is not distinctly in my recollection; and searching would be laborious. I. One was obliteration after delivery, published in a Clinical Lecture, Med. Gazette, vol. iv. p. 457. II. The second was a young woman, who had been operated on a year before with relief, but the surgeon had allowed the parts to become united again. III. The case of deficient vagina you saw me operate on; but to save life I was obliged, two days after, to perforate for putrid fluid, and to let the part adhere again. A year after I again let out the collected fluid, and kept up a canal by a bougie up to the uterus, into which a director would pass. The patient was menstruating regularly two years after; but I cautioned her against marriage. I once was consulted by a lady, who

had no uterus whatever, and very little vagina, in whom two surgeons had attempted operations, as if for retained menses, which of course never formed, though her health was much affected by the ovarian action."

Case VII.—The following account of a case of imperforate vagina is copied from the Post Mortem Book of St. George's Hospital, for 1842-3:—

No. 201. Ellen Lucas, aged 20; died October 4. Mr. Keate. Abdomen distended: the vagina was of its ordinary dimensions and appearance inferiorly, but terminated in a cul de sac about an inch and a half from the external orifice, for the next half-inch the canal was completely obliterated, and above this was sufficiently distended to contain the head of a child. The lower part of the vagina contained a puriform secretion. It presented, at the part where it became a cul de sac, an artificial opening, which had been made by a trocar, passing into the dilated cavity above, and opening on its anterior wall. The dilated portion contained a quantity of black fluid. The walls of the vagina are here extremely thick, and presented the rugæ very prominently marked. Its internal surface was lined with a layer of greyish white substance, apparently lymph, and internal to this was another layer, not organized, of black matter, which could be peeled off from the structure below. In some of the veins surrounding this portion of the vagina, pus was discovered; and at its upper and back part, which in consequence of the dilatation approached very near the fold of the peritoneum, between the rectum and bladder, was a deposit of lymph, surrounded by increased vascularity of the cellular tissue: the uterus appeared healthy. A cyst, the size of a small walnut, was connected with each fallopian tube: the ovaries were apparently healthy. The peritoneal cavity contained a quantity of semipurulent fluid; and all the intestines situated within the pelvis were glued to each other by layers of lymph, which presented very little if any organization. Some of the small intestines were much injected with blood. The right pleura over its whole surface was similar.

Case VIII.—In the Museum Catalogue of St. George's Hospital, No. 24, there is the following account of a case of "imperforate vagina," operated upon by Mr. Tatum. Above the point of occlusion it was about two inches from the external opening. The vagina forms a large dilated pouch,

which was filled with an accumulation of vitiated menstrual fluid. The lining of the pouch may still be seen covered with some recently-effused lymph. The opening of the uterus is also much dilated. A bougie is passed through the perforation made by the trocar. The preparation of the parts has been preserved. The coats of the dilated vagina are greatly thickened, especially the muscular coat, which is distinctly seen to be a continuation of the muscular coat of the uterus, and presents the same appearance.

Cases of partial Closure of the Vagina.

Case IX.—On the 20th July, 1834, I saw a patient, aged 30, who had been married twelve months, and had not become pregnant; the contracted state of the vagina indeed rendered this impossible. There was a hard ring near the orifice, through which the point of the finger could not, by any degree of force, be passed. Mr. Jones, of Soho-square, saw this case, with me, and we resolved, instead of cutting open the contracted part, to dilate it slowly with bougies. Threatened attacks of peritonitis repeatedly occurred after the bougies were employed, and the complete dilatation of the part was not effected till the close of November. The sterility was not removed. The orifice and cervix uteri did not require to be dilated, as they were pervious.

Case X.—The history of the following case was written by the patient herself, and communicated to me in a letter from Italy. On June 4, 1849, the name of this lady was communicated to me by her husband. I saw her son, an only child, and learned that his mother had died in Italy, soon after a second confinement:—

"April, 1847.—Dr. Lee will perhaps remember that, in the month of September, 1843, a lady went two or three times to his house, with her husband, to ask advice and assistance in a distressing case of contraction. The parties had been married some months, and were desirous of having children, all hopes of which were out of the question, from the state of the wife, which prevented the intercourse of the husband. Dr. Lee introduced a small bougie, afterwards a somewhat larger one; and, as the lady, with her husband, were to leave England in a few days, he provided her with two metal bougies (one of them the

largest size of the kind made), with directions to be cautious in the use of them, and to persevere some weeks three hours every day.

"The lady now writes to inform Dr. Lee, that the object of her wishes is attained, and that she has lately become the mother of a rather remarkably large child; and that, not only with far less suffering than she could have anticipated under the circumstances, and at her age, which is 40, but even much less than most young women with a first child. She is desirous of expressing her sincere and heartfelt thanks to Dr. Lee for his great kindness and judicious advice, as well as to give him some account of the length of time that the bougies had to be employed before producing a right state of things, in the hope that it may prove in some degree interesting to him, and useful perhaps as an encouragement to others who may be similarly afflicted—to persevere with the remedies, however tardy the cure may be.

"During the first three weeks after parting from Dr. Lee, the lady used the smaller of the two bougies, and then was able to introduce the larger without much difficulty. So far all promised well; but week after week passed without making any further progress. Although the lady persevered three or four hours daily, as soon as the bougie was removed the parts seemed to contract, and to occasion precisely the same degree of difficulty each day as the preceding; and the larger bougie could never be introduced until way was made by the smaller one first. The use of the warm bath was not neglected, nor the use of oil, to mollify the parts; but month followed month, and no perceptible change for the better took place. There was an occasional soreness, with a slight show of blood on the bougie, however carefully used, during nine or ten months that this system was regularly continued. After this all soreness entirely ceased, and there was no necessity for using the smaller bougie to make way for the larger, as this could now pass with no great difficulty. The lady, however, after persevering some months more was aware that, though a step had been decidedly gained, the contraction immediately after removing the bougie was great, and that something more must be done. She therefore caused to be made, in polished wood, a considerably larger bougie, which, as there was

no soreness, could be used without pain, though requiring some management to introduce at first. This she continued the use of during a considerable time, the contraction becoming less rigid by very slow degrees. Meanwhile, her husband was in weak nervous health, and they went to drink some mineral waters in the north of Italy (during the summer of 1845), which had the most beneficial effect on the health of both of them. The result of all these measures has been at length, with the blessing of God, the birth of a fine large healthy child, which has made them more happy than can be expressed in words, and truly thankful to Dr. Lee for the kind and excellent advice he gave them.

"Dr. Lee, in parting from the lady, expressed a wish to hear how the remedies answered, which would have been sooner complied with had there been anything satisfactory to report. She trusts, however, that what she has now communicated will be satisfactory to him, as a testimony to his most judicious advice, and may possibly prove useful to him in his practice should any case of the kind be referred to him."

Case XI.—In the month of September, 1846, Mr. Woolmer, of Victoria-square, prevailed upon a young married lady to consult me. I was informed that she lived unhappily with her husband; and that a physician in London, whom she had seen, had recommended a separation and divorce on the ground that her husband was impotent. The husband had protested against the justice of this decision, and had appealed to Mr. Liston, under whose care he had been before he was married. A separation was however about to take place, when I saw the lady, and ascertained that the vagina, near the orifice, was so firmly contracted, that the point of the finger could not be introduced. An examination had twice taken place before, and it had been declared that the parts were in all respects natural, and that the fault did not lie with her. A small bougie was at first passed with difficulty, and occasioned pain and hemorrhage. In two months, the dilatation was completely effected, by bougies of different sizes; pregnancy took place, and she was in due time delivered of a son, at the full period, after a natural labour. She has since been twice delivered without difficulty. When the practitioner above referred to was made ac-

quainted, by the husband, with the result of this case, his reply was:—"I am much obliged by your note, and sincerely congratulate Mrs. ——, and yourself, on the birth of a son. Now that the matter is so happily terminated, I will not refer to it further than to observe that, in your note, you have stated my opinion too strongly. I did not state positively that there was an *incurable* defect on your part; I could not have done so, *as the organs were perfect*. But I did believe, both from your own statement, and Mrs. ——'s, that you were deficient in virile power; and I am still of opinion that there existed no other impediment on the part of Mrs. —— than what very often occurs, and which is removed without any unusual assistance. However that may be, I am very glad of the result, and beg to be very kindly remembered to Mrs. —— and her mother."

Case XII.—In 1848 I was consulted by a lady, who had been married some time, who was barren, and in whom the vagina did not properly perform its functions. In early life she had suffered severely from dysmenorrhœa, uterine irritation, and irregular hysteria. On examining the vagina, its canal, near the os uteri, was found to be almost completely closed by a thick septum. The smallest bougie could scarcely be passed through the opening in this septum. Great difficulty was experienced in this case, in effecting the dilatation of the contracted part, and a surgeon whose advice was taken, recommended that a cutting instrument should be employed. Entertaining a great dread of hysterotomes, and all such horrible implements, I determined to persevere cautiously and steadily with the bougies, for some time longer, and after several weeks had the satisfaction of finding that the largest-sized bougie entered without pain or much force. Conception took place, and this lady was easily and happily delivered by me, of a daughter, on the 1st of February, 1850.

Case XIII.—In September, 1848, a lady from Ireland, who had been recently married, had the vagina almost entirely closed by an imperforate hymen, of no great thickness. It was soon completely torn up with a large bougie which I introduced, and no bad effect followed the force employed. She soon became pregnant, and at the full period was easily and safely delivered, in Dublin.

Case XIV.—In 1849, I saw a lady, about the middle period of life, at Camden Town, who had been married several years, and was sterile. She had long suffered from disorder of the uterine functions, menorrhagia, and painful menstruation. The vagina, near the uterus, was so much contracted, that the smallest bougie could not be passed without exciting great pain. The dilatation was not effected without much difficulty and great perseverance, and, but for the fortunate result of Case XIII. recourse might have been had to some cutting instrument. In the course of time the canal was rendered completely pervious, but the sterility has continued.

Case XV.—On the 11th February, 1851, I saw a lady who had been married thirteen years, and during the whole of that time had been out of health, and was barren. She had suffered much from uterine irritation. "She has continual pain in the uterus," said her medical attendant, "increased by walking, and at the menstrual periods tenderness and swelling of the left iliac region; pain in the back, &c.; a highly disordered nervous system, and spasmodic breathing at night. She is very sensitive in her feelings, which has prevented an examination of the uterus; but she has consented to permit you to ascertain the condition of the uterus. One other cause of her refusul to have a consultation, has been, the dread of something malignant or incurable being found to exist, and on this ground, I should suggest, that you do not now tell her anything that might depress her. I need not go more into detail, as you will have an opportunity of learning all for yourself. I shall be glad to have your opinion and advice in the case." This lady had been under the care of several distinguished practical physicians,—Drs. Chambers, Bright, and Elliot,—but had derived no benefit from the treatment pursued. The indigestion, flatulence, spasmodic breathing, palpitation of the heart, and enlargement of the left iliac region, from which she suffered, were only aggravated by the various medicines she had taken at different times. I found the vagina so much contracted, near the orifice, that its functions could never have been performed. It was impossible to reach the os uteri. Dilatation with bougies was recommended, but not adopted, and the symptoms continued.

Case XVI.—On the 29th of September, 1852, at the

request of Mr. Wharton Jones, I saw a lady, aged 34, who had suffered several years from a distressing sensation, as if something were obstructing or actually protruding from the vagina. The catamenia were regular. The hemorrhoidal veins were much swollen. About two inches from the orifice there was a membrane stretching across the vagina, in which there was an aperture so small that it was impossible to reach the os uteri with the finger. By employing a little force, the point of the finger was introduced a sufficient distance to ascertain that the anterior wall of the vagina beyond was hard and irregular.

Case XVII.—During the summer of the present year, I saw, in consultation with Mr. Balderson, a young married lady, who had never menstruated, and whose vagina, if any existed, was absolutely closed, about two inches and a half from the orifice. The obstruction in this case has not yet been completely removed. The uterus is very small.

Prolapsus of the Vagina, Uterus, Rectum, and Bladder.

Case XVIII.—On the 13th July, 1823, I saw a patient at the Westminster General Dispensary, suffering from prolapsus of the vagina. The whole vagina was turned inside out, or inverted, and a part of it, near the os uteri, was in a state of ulceration. It was easily returned within the parts, and retained by a globular oblong pessary of boxwood. It had occurred before the last pregnancy, and returned after her delivery. An astringent injection was ordered to be thrown up, and the pessary to be taken out and cleaned from time to time. This is the first case of prolapsus vaginæ of which I have preserved a written history. It is added in my Journal, that "oak-bark decoction has lately been much praised as a remedy in prolapsus uteri. Along with the use of this three or four times in the day, it is recommended to wear in the intervals a piece of sponge, inserted in the dry state, as a pessary, and afterwards moistened with the warm decoction of oak-bark. I have little doubt that pessaries of dry sponge will be found to answer better in all cases of prolapsus than any other substance. Though moist, it will be sufficient to support the uterus, and to prevent its protrusion. It must accommodate itself to the parts much better than any solid

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body. Mr. Low has recommended sponge, chiefly as a means of applying decoc. querc.; but I feel convinced that it will answer well in ordinary cases of prolapsus. Dr. Denman recommended sponge soaked in red wine, to be used before introducing pessaries of wood, but did not employ sponge pessaries." I afterwards found that sponge was in common use as a pessary in the time of Puzos, who died in 1733. He states, that prolapsus of the posterior wall of the vagina is more frequently met with than of the anterior.

Case XIX.—On the 18th November, 1827, Mrs. Venn requested me to see a patient near the full period of pregnancy, whose vagina, in a red, swollen, and excoriated state, protruded through the orifice, and formed a large mass between the thighs. The distended bladder formed a considerable portion of this protrusion. At first I was led to suspect that a great part of the gravid uterus, or the entire organ, had passed through the outlet of the pelvis; but this was not the case: for, on examining the abdomen, the uterus, containing the fœtus, was felt in the natural situation. The patient was placed on the back, with the pelvis raised and the knees drawn up; and in this position not much difficulty was experienced in getting the whole mass returned within the pelvis, and kept there till labour came on, and was completed without any accident on the 6th of December. This patient had been married thirteen years; and she stated that the prolapsus had occurred before pregnancy, and always gave her most distress at the monthly periods. The protrusion had become worse after the birth of her two children; and on this occasion it had first occurred so as to produce much inconvenience about the fourth month of pregnancy.

Case XX.—On the 31st May, 1828, at the Westminster General Dispensary, I saw a young married woman, about the middle period of her third pregnancy, in whom the anterior wall of the vagina and urinary bladder protruded externally. She reported, that her first labour was of short duration; and that in the third month of her second pregnancy, a similar protrusion had taken place, and continued until a very short period before her confinement, when it disappeared. She stated, that the same protrusion had again taken place six weeks before she presented herself at the institution; that it was gradually increasing, and

that she had much pain and difficulty in evacuating the bladder. There was a copious leucorrhœal discharge. There was no sickness at stomach, nor dragging sensation about the umbilicus. The fundus uteri was felt occupying the brim of the pelvis. In the horizontal position, with the bladder empty, there was no difficulty in pressing back the prolapsed portion of the vagina. There were large varicose veins visible on the anterior wall of the vagina, which was also excoriated. The recumbent position, with proper attention to the functions of the bladder and rectum, a soft piece of sponge introduced into the vagina, and kept there with a T bandage, were the means employed successfully in this case. The labour took place on the 1st of August, when no inconvenience was produced by the prolapsus.

Case XXI.—A woman advanced in years, who had long suffered from irreducible prolapsus and protrusion of the vagina, died, and I was present at the post mortem examination. Before the abdominal parietes were cut open, and the cavity of the pelvis exposed, I expected to see only the fundus of the uterus within it, or the whole of the uterus entirely hid, and the greater part of the appendages, and the bladder, in contact with the rectum. It seemed very probable, also, from the long duration of the prolapsus, that adhesions would be found to exist between the uterus, its appendages, and the neighbouring parts, to account for the difficulty which had been encountered in restoring the vagina to its natural situation within the pelvis. The fundus uteri, and its appendages, contrary to my expectations, were in their natural situation, and entirely free from disease; the round and broad ligaments were neither stretched nor relaxed, though the vagina formed a great mass protruding between the thighs, the surface of which was hard and dry, like the skin. When the pelvic viscera had been dissected out, it was found that the cervix uteri was much elongated, and that the coats of the vagina were greatly thickened, resembling those of the uterus, and continuous with them. The fundus, and body of the uterus, with the appendages, had been kept in their natural situation in the pelvis by their connexions, while the os uteri had been drawn downward by the vagina to the outlet of the pelvis, and the cervix stretched and lengthened. The preparation of the parts is in the Museum

of St. George's Hospital; and it was from an examination of this, that I first became fully aware of the fact, that the coats of the vagina are a continuation of the coats of the uterus in a modified form. In the lengthened cervix of this uterus, the penniform rugæ and compound lacunæ are much more distinctly seen than in the ordinary condition of the part. The whole glandular apparatus of the cervix uteri is so much developed in this preparation, that it can be seen with the naked eye in the most distinct manner.

Case XXII.—4th July, 1828. Mrs. S——, aged 32; married eleven years; six children. In the seventh month of the last pregnancy, had dropsy of the amnion and prolapsus of the vagina; is now in the seventh month of pregnancy, and the vagina is protruding, and forming a mass the size of the fist; in the horizontal position, this goes up. The gravid uterus, greatly distended with fluid, is felt through the abdominal parietes. The os uteri, soft, spongy, and open, is at the usual distance from the ostium vaginæ. The protrusion consists of the anterior wall of the vagina and bladder. On the 7th July labour came on, and a dead fœtus, and an immense quantity of liquor, were expelled. The placenta was unusually large and soft, and the cavernous structure partially distended with coagula of blood. The fœtus was dropsical.

Case XXIII.—11th July, 1828, Mrs. H——, aged 18. Delivered four months ago, after a severe and protracted labour. A protrusion of something took place from the parts two months before her confinement. This has again reappeared, and the part protruding consists of the bladder and anterior wall of the vagina; the vagina is soft and relaxed, and there is a profuse leucorrhœal discharge.

Case XXIV.—13th April, 1833. Mrs. A——, aged 70, has had prolapsus of the vagina and uterus for many years. It has of late gradually increased, and is rendered more distressing by frequent cough. A sponge pessary and T bandage were the means employed to prevent the protrusion, and the horizontal position, when these were insufficient.

Case XXV.—19th November, 1833. Mrs. W——, aged 36; three children, the last eight years of age; catamenia regular; now complains of violent pain in the sacrum, at

the very lowest part; pain when the bowels are relieved, and the bladder emptied; sickness at stomach. Four years ago, immediately after violent exertion, there appeared a substance at the orifice of the vagina. Os uteri healthy, but low down. The anterior wall of the vagina, on coughing, appears at the anterior edge of the ostium vaginæ like a common-sized walnut, which is readily pushed back with the finger. An astringent injection, sponge pessary, a T bandage, and great attention to the functions of the bladder and rectum, were recommended.—4th January, 1834. Not at all relieved by the sponge pessary.

Case XXVI.—On the 31st December, 1833, I received the following note:—"Dear Lee, the bearer has a vaginal protrusion, apparently containing fluid. I cannot make out that it is hernial, and I really do not know what it is. Pray investigate the matter, and advise, if possible, something for the relief of the patient, to whom the complaint seems a source of great uneasiness. Yours very truly, Wm. Lawrence."—Mrs. L——, aged 39; has had two children; was delivered three years and a-half ago by an inexperienced young country surgeon, and suffered great pain. Catamenia regular since. During the last six months, something has protruded from the vagina, and she has suffered much from sickness at stomach, and sense of bearing down, forcing, and difficulty in passing the urine. She consulted a physician, who formed the opinion, that she was suffering from prolapsus of the bladder, and he introduced a box-wood pessary into the vagina, which increased the evil. Having been under the care of several practitioners, without deriving any benefit, she went into St. Bartholomew's Hospital, and had been a month in that institution when Mr. Lawrence requested me to see her, at 7, Union Place, Newington Causeway. On the 3rd January, 1834, after a careful examination with Mr. Jones, of Soho Square, I satisfied myself that it was not a case of prolapsus of the bladder as had been supposed by Dr. ——, but one of encysted tumour of the vagina. After drawing off the urine with the catheter, the fluid could still be felt in the tumour. I laid it open with a lancet, and a thick, dark, viscid fluid like treacle escaped. It was a cyst developed under the lining membrane of the vagina, which had been mistaken for prolapsus vesicæ.

Case XXVII.—May, 1834. Mrs. B——, aged 42. She states, that about twelve months ago, soon after her delivery, she had great relaxation of the bowels, and prolapsus ani, with frequent attacks of sickness and vomiting, and that a tumour appeared, which was supposed by her medical attendant to be hemorrhoidal, and leeches were applied. This tumour has been gradually enlarging, and protrudes every time the bowels are relieved, and requires to be pressed back. On introducing the finger into the anus, the fundus uteri, or what I believed to be such, was pressing upon the bowels and apparently fixed to it, and I had no doubt at the time, that it was the fundus uteri which protruded through the anus whenever the bowels were relieved. The os uteri was close to the symphysis pubis, the body low down, and the organ completely retroverted. I examined the parts where the tumour had protruded through the anus, and satisfied myself that it was the fundus uteri. In July I again examined the patient, and felt convinced that it was the fundus uteri which protruded through the bowel. The prone position did no good, nor any other kind of treatment. The horizontal position, and pressing back the protrusion whenever it occurred, and preventing its return by a pad from appearing externally, gave partial relief. All attempts to alter the position of the uterus were fruitless, and my conviction was, that the fundus uteri was firmly adherent to the intestine.

Case XXVIII.—6th January, 1835. Mrs. B——, aged 35; has had three children; the youngest is seventeen months old. Ever since the birth of the second, has suffered from a vaginal protrusion. During the whole of her last pregnancy this occasionally took place; she feels weak, has palpitation of the heart, and fits of sinking, cough, indigestion, and leucorrhœa. She consulted Dr. James Johnson yesterday morning, who referred her to me for examination. The prolapsed vagina and uterus were easily replaced; a piece of sponge, soaked in the decoction of oak bark, was directed to be introduced every morning, and withdrawn at night and carefully washed. The cough was alleviated by the tinct. camphor. composit.

Case XXIX.—3rd February, 1835. Mrs. G——, aged 61. Complains of excessive weakness, with frequent attacks of relaxation of the bowels. Has had children, and the perineum was much lacerated in her first labour. Twelve

years ago, was exposed to great fatigue while attending her husband, who died of diabetes. Soon after, prolapsus of the vagina took place, with profuse discharge. This, she says, was completely relieved by lying some months in bed. Various pessaries, ring, stem, and globular, employed without any benefit. The os uteri, with the inverted vagina, resembling cuticle, was hanging out between the thighs. The perineum was gone, and the sphincter so relaxed, that no pessary could be retained. The patient was recommended to return the protrusion within the parts whenever it appeared, and retain it by a proper bandage and soft pad, and to keep in the horizontal position when necessary.

Case XXX.—6th January, 1836. Mrs. B——, aged 26; has had two children, and a bad miscarriage; had a severe fever after her last confinement. Ever since, has suffered from pain in the back, and sense of bearing down of the uterus. Twice there has been a protrusion from the vagina. The uterus was about two inches from the orifice of the vagina, the coats of which were soft and relaxed. An injection of liquor aluminis co. was recommended, the application of cold water around the pelvis, and rigid attention to the functions of the intestines and bladder.

Case XXXI.—On the 30th July, 1836, Mr. French sent to me the uterine organs, bladder, and rectum of a patient, who had long suffered from irreducible prolapsus of the vagina and uterus, and who had died in the St. James's Infirmary. The pelvic viscera were in the condition in which they are usually found under such circumstances. The vagina was covered with deep irregular ulcerations, and the muscular coat was nearly of the same thickness as the walls of the uterus; the bladder was large, and distended with urine. The round ligaments were longer and larger than natural. The vagina has been preserved in the Museum of St. George's Hospital.

Case XXXII.—17th October, 1836. Mrs. A——, aged 33. Married three months, and several months before suffered from what she considered to be "a falling down of the womb." Since her marriage, the symptoms have become much aggravated, and the swelling protrudes more than ever. Sir Astley Cooper examined her this morning, and declared that she had a falling down of the womb; the uterus was low down, and the posterior wall of the vagina was protruding through the orifice, as large as a pear. The cata-

menia had not appeared for two months; and as there were symptoms of early pregnancy present, she was recommended to remain much in the recumbent position, carefully to regulate the functions of the bowels and bladder, and gently to press back, when necessary, the protruding wall of the vagina; she could not bear the pressure of sponge as a pessary. Three months after, she was still suffering much inconvenience from the displacement of the vagina.

Case XXXIII.—11th November, 1836. Mrs. P——, aged 70. Married forty years ago, but never had a child. After raising a heavy weight, the uterus began to descend, and during the last two years it has been hanging without the external parts. The everted vagina has the appearance of cuticle. The os uteri, without lips, is seen at the most projecting part of the protrusion. Around the orifice there were two superficial ulcers of some extent. A great quantity of ropy fluid escaped with the urine through the catheter. The uterus and vagina were readily reduced, and a piece of sponge introduced as a pessary and kept in its situation by a T bandage.—12th. The uterus has remained within the parts, and she is free from uneasiness. The sponge to be withdrawn occasionally and washed.

Case XXXIV.—4th January, 1837. I saw a patient respecting whom there is the following account in my journal. Has had prolapsus uteri for two or three years, and has worn a pessary. Consulted Dr. ——, who recommended an injection consisting of a quart of water to an ounce of alum; this brought on violent inflammation. The anterior lip of the os uteri is tumid and very painful, and also the vagina and external parts. Last week ten leeches were applied within the vagina, and she has been much better since. In this case the prolapsus depended upon the presence of an organic disease of the uterus, and no mechanical support could be of any use.

Case XXXV.—2nd March, 1837. Mrs. D——, aged 28. Has had two children; the youngest is seven years old. About six weeks after the birth of this last child, began to suffer from prolapsus uteri. It did not affect her health, but she had several severe misfortunes with her children. Her health is now bad. She has violent pain in the back; the uterus comes quite down. Complains of great pain about the right groin. Tongue loaded: appetite bad: pain in passing the urine: leucorrhœa. All sorts of instru-

ments have been tried, of different shapes, but she cannot bear them. A T bandage with a pad has prevented the vagina and uterus from appearing externally. If the uterus is allowed to pass externally, she has great trembling and agitation, and feels as if she would be choked.

Case XXXVI.—28th August, 1837. I saw an aged person, who had been delivered after a severe and protracted labour, of her first child, thirty-three years before. She had afterwards two children, and prolapsus uteri took place thirteen years subsequent to their birth. It was at first in a slight degree, and scarcely appeared externally. Her constitution becoming much enfeebled by cholera, the protrusion increased, and became very distressing. She has worn, with great comfort, for some time, a ring or circular pessary, of box-wood, which she has taken out at night, and, being carefully cleansed, she has introduced in the morning. An astringent injection has been used daily.

Case XXXVII.—On the 6th December, 1837, in St. George's Hospital, I saw a middle-aged woman, who had never been married, or had children, and who had been afflicted with prolapsus uteri for nine years. She stated, that up to five months before, it could be partially reduced, but since then it had become irreducible. The everted vagina, covered with a membrane-like cuticle, having the os uteri at the most depending point, hung out between the nates, and formed a huge mass. An extensive ulceration existed on the posterior part. I covered it with oil and ointment, and easily reduced it, by pressing the point of the fingers steadily against the os uteri. A soft sponge, covered with oil, was introduced into the vagina, a pad placed over this, and held in its situation by a T bandage.—12th December. The sponge has been withdrawn, and the prolapsus has not returned. She feels quite free from any unpleasant symptoms. The vagina and uterus had been prolapsed for nine years.

Case XXXVIII.—28th February, 1838. Mrs. C——, aged 60. Twenty-five years ago, had the perineum lacerated in her second labour. Six years ago, began to suffer from a sense of bearing down of the uterus. Had an attack of influenza, and soon after, a protrusion from the vagina took place. Has sickness when the uterus appears externally, and then cannot pass the urine without difficulty, and

sometimes not at all before the part has been pressed back. Leucorrhœa. Has worn a napkin and nothing else. Os uteri and everted vagina, ulcerated and hanging between the thighs; reduced without difficulty. A pad and T bandage first recommended, with the recumbent position, and strict attention to the state of the viscera. Afterwards a sponge pessary. But she did not seem disposed to take much trouble with it, and it seemed probable that it would be allowed to become irreducible, and hang out between her thighs till the end of life.

Case XXXIX.—On the 19th of October, 1839, Dr. Stodart removed from a patient, in Charles-street, Hampstead-road, a box-wood pessary, which had been introduced into the vagina, fourteen years before, during the whole of which it had never been taken out once to be cleaned. At first, Dr. Stodart attempted to take it out with a spoon, but this did not succeed, and after being broken to pieces with forceps, was taken away piecemeal, in a dreadful condition. Warm water was afterwards injected freely, and the patient recovered.

Case XL.—29th March, 1842. Mrs. R——, aged 28. Married four years, and barren. Has suffered much from leucorrhœa, pain in the lower part of the back and groins, and sense of bearing down about the uterus. Often has a sense of suffocation, from a ball in the neck, and other hysterical symptoms. Indigestion and constipation. There was no contraction of the os or cervix uteri, nor organic disease, but the vagina was widely dilated, soft, and relaxed, and the os uteri near the orifice of the vagina, and the fundus turned backward. No pessary could be endured in this case; but benefit was derived from strict attention to the digestive organs, astringents, externally and internally, and at bed-time, with a large soft vaginal caoutchouc bougie pressing up the uterus into its natural situation, and retaining it there for a short time.

Case XLI.—7th April, 1842. Mrs. B——, aged 33; has had two children, and several miscarriages. Has long suffered from prolapsus uteri, and since the birth of her last child, nine months, the protrusion has increased very much. General health good, but is weakened by suckling. The vagina was completely inverted and ulcerated. A sponge pessary and T bandage were tried, but did not answer.—1st December. Has employed Hull's utero-ab-

dominal supporter, which afforded relief for a time. Within the last fourteen days, in spite of the bandage, the vagina and uterus have become prolapsed, and there has been great discharge, and pain in passing the urine. A caoutchouc ring pessary was introduced.

Case XLII.—10th August, 1842. Mrs. P——, aged 37; married one year; never pregnant; had prolapsus of the uterus sixteen years before; since her marriage, the protrusion has greatly increased. Consulted Dr. ——, who introducted a box-wood globular pessary, which she wore for several years without being removed to be cleaned, and it was necessary to have it broken in pieces before it could be withdrawn; the discharge had become horribly offensive before this. Since then, the parts protrude when she walks across the room. There is great leucorrhœa: catamenia regular.

Case XLIII.—29th September, 1843. Mrs. T——, aged 68, the mother of a large family, and had long been under the care of Mr. Thomas, of Leicester-place. She had suffered from prolapsus uteri for twelve months. Could not pass the urine before the part protruding from the vagina was pressed back. At first the part was small; but it has been gradually increasing in size, and is accompanied with great pain and discharges of blood. I found the anterior wall of the vagina and bladder hanging out between the thighs, and ulcerated. The protrusion was reduced. Strict attention to the functions of the bladder and rectum, the recumbent position, and no pessary until the ulcerations were healed. The necessity of preventing the part protruding at any time, or being allowed to hang out between the thighs, exposed to the atmosphere, was urged.

Case XLIV.—3rd January, 1845. I saw a lady, aged 24, whose second child was three months old. She had begun to suffer uneasiness about the anterior part of the vagina, with discharge like gonorrhœa, in the latter months of the second pregnancy. After delivery it returned; and the symptoms have given rise to the supposition that there is a vaginal hernia. I found the symptoms to depend on a descent of the anterior wall of the vagina and bladder—what is called procedentia vesicæ. This was easily ascertained by passing the catheter into the bladder, the point of which entered the protruding part. Astringents, cold externally and internally, were used, and no

pessary; bladder to be kept empty, that there might be no effort made to strain. The patient recovered completely. On the 6th January, Dr. Duffin, who had devoted great attention to pessaries, and had invented one with a stem, informed me that he thought all pessaries useless in such cases; that the best thing that could be done was to stuff the vagina in the morning with lint, and take it out at night. I suggested that a silk handkerchief might answer the purpose, which could be removed, and washed as often as necessary, or a small, soft, cotton handkerchief. Dr. Duffin stated that one of his patients, Mrs. A——, who had procedentia vesicæ, had been successfully treated in this way.

Case XLV.—On the 30th of July, 1845, I saw a lady, aged 28, who had one child, three years old. She had suffered at times from hysteria and indigestion, and complained of violent pain in the lower part of the sacrum and right iliac region. Since the birth of her child she had suffered from prolapsus uteri, and had been kept nearly three years in the recumbent position. The catamenia were regular as to time and duration; but about the third day the fluid discharged was clear like water. In the intervals there was leucorrhœa. The late Dr. Ingleby, of Birmingham, had seen this patient, and had given it as his opinion that there was a fibrous tumour in the walls of the uterus. Another physician had seen her afterwards, and said he could discover no organic disease, and that he considered the symptoms to depend upon irritability of the uterus. There was slight prolapsus and retroversion. I felt the fundus uteri through the rectum; and it was my conviction, after a careful examination, that there was displacement of the uterus, and no organic disease. Another physician was consulted, and his opinion was, that "there had taken place a fibrous deposit in the posterior wall of the organ, in addition to the displacement above described."

Case XLVI.—On the 9th August, 1845, I saw a lady, who had been married six years, and was barren. The catamenia were regular, and in the intervals there was slight leucorrhœa. The os and cervix uteri were healthy and pervious, but there was slight prolapsus,—the orifice being directed upward, toward the symphysis pubis, and the fundus backward, to the rectum. The vagina was in the natural state. There was no cause which I could de-

tect in this patient to account for the sterility. On examining the husband, I found the urethra at the orifice impervious, and a small opening in the situation of the frenum, behind the glans. Sir B. Brodie examined the part at my request, but he did not consider this to be the cause of the barrenness; and recommended that no attempt should be made by an operation to close the orifice behind the glans, and open the urethra in the ordinary situation.

Case XLVII.—On the 23rd February, 1840, I saw the body of a woman examined after death, who had been under the care of Mr. Babington, in St. George's Hospital. The abdomen contained several pints of a fluid like thin blood, not dark coloured. At the angle between the uterus and rectum, thick layers of fibrine had been deposited upon the peritoneum, which had a very vascular appearance. It was not organized lymph. The upper part of the vagina, close to the orifice of the uterus, was completely closed by a cicatrix. The lining membrane of the lower part of the vagina was of a dark colour. The cicatrix was reported to have been the consequence of ulceration of the vagina, excited by wearing a pessary for a long period. The pessary had been removed five months before her death, during which period menstruation had not occurred, and her health had been bad. The urethra was healthy: bladder contracted: kidneys slightly diseased. There was also a great quantity of serum in the pericardium and pleura on both sides. A full and correct history of this patient could not be obtained. Two years before, she had been under the care of Mr. Cæsar Hawkins, for some affection of the kidneys.

Case XLVIII.—30th May, 1842. I saw, with Mr. Jay, a lady, aged 60, who had worn a ring caoutchouc pessary nine years, during the whole of which time it had never been once removed. The discharge from the vagina had been most offensive for a long period. The pessary had been introduced by Dr. Merriman, who had given proper instructions for its occasional removal, which had not been attended to. The patient had been for some time under the care of another practitioner, and had never mentioned to him that there had been a pessary in the vagina for years. The symptoms had led to a suspicion that cancer of the uterus existed. I had great difficulty, with the polypus forceps, in extracting the pessary, which was rough, and in a most

filthy, disgusting condition. The removal, she said, gave more pain, than bringing forth a child.

Warm fomentations, poultices, warm hip-baths, Dover's powder and calomel at bed-time, &c., were recommended, to prevent inflammation, and no mischief followed.

Case XLIX.—On the 8th October, 1839, I saw a lady, aged 52, who had been married in early life, and lost her husband eight years before. She had never been pregnant. About a year after marriage, she was attacked with some disease of a suspicious character in one of the mammæ, which was treated successfully, without an operation, by Mr. J. Pearson and Mr. Guthrie. She had spent a number of years in South Carolina, where her general health had been much impaired. Within a few years of the time I saw her, she had undergone an operation for fistula ani; the catamenia had ceased several years. I could discover no disease of the uterus, but the posterior wall of the vagina was pushed down by the rectum, and forced out of the external parts. A pouch seemed to have been formed by the anterior wall of the rectum and posterior wall of the vagina, and much of the inconvenience from which she was then suffering arose from this cause. A sponge pessary of proper size, and T bandage were recommended.

Case L.—1850. Some time ago, a lady came to London from Edinburgh, in a wretched state of health. She complained of constant and excruciating pain in the region of the uterus, and there was profuse and offensive discharge from the vagina. The patient stated that eight months before she had consulted an accoucheur, who told her that "she was labouring under retroversion of the uterus, and that all her bowels were out of place." Believing that her womb was turned completely topsy turvy, and that all her viscera were displaced, she consented to have an instrument introduced, which the accoucheur confidently assured her would restore every thing to its natural position, and would not prevent her from riding on horseback, or even undertaking a voyage to India. The introduction of the instrument, she said, caused violent pain, but it was not once removed during eight months, though she had been in a state of constant suffering, had profuse fœtid discharge, with sickness at stomach, and great constitutional disturbance. When an examination was made, the finger came in contact with a foreign body in the vagina, which

was removed with great difficulty and pain, in a black, half-rotten state. The vagina and uterus were found to be extensively ulcerated.

The following is a description and delineation of this extraordinary machine. It consists of a compressed oval ring, of German silver, in a black, corroded state, two inches and a half in length, the long diameter, and one inch and a quarter in the short diameter: the perpendicular length or breadth of this ring is half an inch. A blunt style or prong, two inches and a quarter long, about one-eighth of an inch in diameter, is fixed to the inner surface of the ring at one end, by a piece of metal of considerable thickness, which extends to the centre of the ring, and to this the prong is fixed by a hinge, and there is a spring which retains the prong in a perpendicular direction, but which by touching the spring, may be brought into nearly the same axis as the long diameter of the oval ring.

Several distinguished surgeons and accoucheurs have seen the machine above described, and have expressed various opinions respecting it. One thought from the black, corroded state of the metal, the mass being brittle, with scales separating from it, that it was some strange instrument used by the ancients, which had lain buried many centuries in Herculaneum or Pompeii, or had recently been dug out of the ruins of Nineveh. Another considered it some foreign invention for inducing criminal abortion, and he wished it to be designated "the infernal uterine machine." A third, from the hidden spring introduced into its construction, thought it was a man trap, contrived for the purpose of catching those who were disposed to trespass on their neighbours' premises. A fourth, a very distinguished surgeon, said it must have reference to the mouth, and he had no doubt that it was a gag, or instrument of torture. It did not occur to any one, that such a heavy ring or prong could ever have been introduced into the uterus and vagina for any lawful purpose.

Case LI.—A young woman, some time after her marriage, began to suffer much from pain in the back, and lower part of the abdomen, with leucorrhœa. She consulted a practitioner, who ordered lotions, which she used for five months without any benefit. She then consulted another practitioner, who examined her with the speculum,

and told her that she had inflammation and ulceration of the neck of the womb. Every week, for six months, the speculum was introduced, and caustic rubbed on the part said to be ulcerated. For a short time, she thought some benefit was derived from this treatment; but all the symptoms returned, and with still greater severity, though assured that the ulcer was completely cured. The patient went and consulted another practitioner, at a public institution (for her pecuniary resources were now exhausted), and was informed that her womb had never been ulcerated; that her disease had been wholly mistaken and maltreated, and that her real complaint was retroversion of the womb. She was placed in the horizontal position, and an instrument forced into the vagina, which produced most excruciating pain; her sufferings having become unbearable, at the end of a week the instrument was removed. A month after, it was re-introduced, and with like effects; but, though the pain produced by it was intense, she lay upon her back, and wore the instrument six weeks, when it was finally withdrawn, and she was too happy to escape with her life out of the hands of this cruel performer. The weapon employed on this occasion has been inspected by the most learned physician in London, and he thinks it ought to be designated "*the impaling uterine machine.*" It is decidedly a modification of the strange rusty ring and prong, described in the last case, about which such a variety of opinions have been expressed, and which have since been generally called the "*infernal uterine machine.*"

The *impaling uterine machine* consists of an external frame, to be laid over the symphysis pubis; 2, of a rod or prong for impaling the uterus; 3, of a vaginal or telescopic rod, which slides backward and forward, like a telescope, and is substituted for the oval ring and hidden spring in the infernal uterine machine. These machines are on sale at all the surgical-instrument makers' shops in Edinburgh and London.

Case LII.—On the 26th December, 1851, I was consulted by a lady about the middle period of life, who had been married eleven years, who had an abortion, with great hemorrhage, soon after, and several years ago a premature dead child, with retained placenta. It was the opinion of her medical attendant, that her husband's constitution had

been injured by syphilis, and that her health had suffered in consequence of this. She informed me, that during four years she had been suffering from painful menstruation, leucorrhœa, uneasiness about the region of the uterus, and great general debility. Three years before, she had consulted a practitioner, who made an examination with the speculum, and then told her that she had very bad ulceration of the womb. She continued eighteen months under his care, during three of which months the speculum and caustic were employed every five days. She then went to Ramsgate for two months, and on returning to London the treatment with the speculum and caustic was resumed; at first the caustic was employed every five days, and then at longer intervals. In the summer of 1850, warm bathing and mineral waters—Kissengen and Ems—were had recourse to, and in the autumn she was told that the ulceration of the womb was completely healed up, and that she was quite well. Her own feelings told her that she was much worse than before the speculation and cauterization had commenced. In the spring of 1851, when the symptoms had become much more distressing, she consulted the practitioner referred to at page 143, who employed the speculum with such fatal effects in Dr. Copland's paraplegic patient. The same treatment with the speculum and caustic was resumed once more by Dr. P——, and with the former result, an aggravation of all the symptoms. She was then told by him that she was suffering from retroversion of the uterus, and at the end of July the impaling uterine machine, described in the history of the last case, was introduced, which caused excruciating pain. After three weeks' torture it was removed, and a month after re-introduced, and the patient sent off to Scarborough, for the benefit of sea air, wearing the machine. After her arrival there, a dangerous attack of acute inflammation led to the immediate and final removal of the prong and all its appendages. I examined the os uteri with the speculum; it was smooth, red, slightly tumid, but neither abraded, granulated nor ulcerated. There was no cicatrix visible, which satisfied me that ulceration had never existed in this case, and I was satisfied that the uterus had never been retroverted. By the use of Plummer's pills, sarsaparilla, tepid vapour baths, pure air, and great quiet, this lady, in April, 1852, had been restored to better health than she had enjoyed for some years.

CASE LIII.—Since the occurrence of the preceding case, another has occurred, very similar, in which the impaling uterine machine was introduced by a practitioner, near Camden Town, and with grave results.

CASE LIV.—In 1848, I saw a lady aged 77, the mother of a family, who had long suffered from complete prolapsus of the vagina. There was no difficulty experienced in reducing the protrusion, but it returned immediately whenever an attempt was made to stand up and walk. The smallest globular box-wood pessary could not be introduced without violent vomiting being induced. Soft sponge pessaries were afterwards employed successfully, and I saw this lady October, 1852, in comparatively good health, the inconvenience from the prolapsus having been in a great degree obviated by the sponge pessary, which had always been withdrawn at night, and carefully washed and dried, another which had gone through the same process being ready for the morning.

CASE LV.—In August, 1852, I was called to see a lady advanced in life, who had long been afflicted with prolapsus vaginæ, but in a comparatively slight degree, till about fourteen days before, when stepping out of the carriage, she missed her foot and nearly fell to the ground. Suddenly a great protrusion took place from the vagina, and this had been allowed to remain hanging out between the thighs till I was requested to examine the state of the parts, which formed a great mass between the thighs in a state of intense inflammation and ulceration. The patient was in pain, had a rapid feeble pulse, and almost constant vomiting. It seemed probable she would not long survive. Having covered the inverted vagina with soft ointment, I proceeded cautiously with the fingers in reducing it, which was done with difficulty, and afterwards prevented the protrusion from taking place by introducing a soft silk handkerchief into the vagina, and placing a nurse by the side of the bed to support it. A large dose of liquor opii sedativus was administered, after which the vomiting and pain ceased. For some weeks she did not attempt to leave the recumbent position, the bowels and bladder were strictly attended to, and the protrusion prevented. On the 15th October, this patient was able to walk about, and in the enjoyment of good health. The irritability of the vagina prevented any kind of pessary being worn, but the vagina and uterus were preserved within the

pelvis by means of a strong broad india-rubber bandage round the body, to which a strap of calico was fixed which passed between the thighs. To this narrow slip of calico was fixed a pad of flannel covered with soft linen, which effectually prevented the parts from protruding, and enabled her to walk and exert herself as she had usually done.

Case LVI.—On the 2nd September, 1852, I was consulted by a patient aged 56, who stated that she had suffered from prolapsus uteri for twenty years, and that all sorts of pessaries and abdominal supporters had been tried without success. Since Christmas a great mass had been hanging out between the thighs day and night, there had been profuse discharge, incessant cough, and great general weakness, which was daily increasing. The vagina, completely inverted and extensively inflamed and ulcerated, was hanging out between the thighs. The parts were returned into their natural situation with the greatest possible ease, and it was recommended that they should not be allowed to protrude. From some cause not explained, it afterwards appeared that she had carefully concealed from her medical attendant the peculiar circumstances of her case. I did not see this patient again, but on the 7th of October was informed by him "that within two days after I had returned the tumour, fever set in attended with constipation, incessant sickness, violent and constant pain, rapid sinking, and within a fortnight from the time I saw her she died." The body was not examined, and the cause of death was not ascertained.

Case LVII.—On the 10th September, 1852, I saw a lady in consultation, advanced in years, who had long suffered from prolapsus of the vagina, uterus and bladder. They were hanging out between the thighs, with a large ulcer at the most depending part. It had been proposed by her medical attendant, a practitioner of extensive knowledge and experience, to perform in this case, while the patient was under the influence of chloroform, the operation first, I believe, recommended by Dr. Marshall Hall, of cutting out a portion of the mucous membrane of the vagina all round, and of uniting the parts by means of sutures. As the patient was advanced in years, had a short neck and large head, and had repeatedly suffered from threatened attacks of apoplexy and paralysis, I objected in this case decidedly to the use of chloroform, from the administration of which it is now

publicly known that more than thirty persons have met their death. Until the ulceration of the inverted vagina was healed, I did not consider it necessary to seal up the vagina. After mature consideration I shall not, if the ulceration were healed, recommend this patient to submit to so serious an operation, but trust to the recumbent position, and, if pessaries fail, to support the parts with a bandage similar to that used in Case LV.

Comparatively few cases of warts of the mucous membrane of the vagina, either in the unimpregnated or gravid states, have come under my observation, and these have generally been removed by careful ablution and the use of the yellow and black washes, solutions of bichloride and chloride of mercury in lime water, a drachm to a pint. It has rarely been necessary to have recourse to the knife or scissors, or such applications as pure nitric acid; or nitrate of arsenic as recommended, in the proportion of ʒss. of the white oxide of arsenic to ℥ss. of strong nitric acid; or to an arsenical ointment, consisting of ʒj. of the oxide of arsenic to ℥s. of lard. When the warts have been in large masses, they have been covered with equal parts of savine and ærugo æris, or rubbed with lunar caustic or sulphate of copper.

Many cases have come under my observation, in which fistulous communications existed between the vagina and bladder, and between the vagina rectum and perineum. Various methods of treatment have been employed in these cases, but invariably without any beneficial result. I saw a case in St. George's Hospital, in which there was a canal lined by a mucous membrane between the rectum and vagina, which was a source of great inconvenience to the patient; the sphincter ani was divided on each side, but without any advantage.

Illustrations of the Diseases of the Urethra, Nymphæ, and Labia.

Case LVIII.—4th February, 1828: Mrs. ——, aged 60. About two years ago began to suffer from great pain on voiding the urine, and frequent calls to pass it. Some months after these symptoms, she stated that she was examined by a practitioner, who declared that she was suffering from a disease of the uterus, and he introduced a pessary into the

vagina. This excited intolerable irritation, and a great aggravation of the complaint. For some months past she has suffered the greatest misery from this affection, and particularly at night, so as to be deprived of all sleep. When she swallows a little of the mildest ale, she says it flies immediately to the part, and produces the greatest agony. She has felt some relief by applying a poultice over the parts at bed-time. This patient had come from the country to consult a hospital surgeon, by whom she was referred to me, after he had failed to detect any uterine disease. I found, on examination with the eye, a florid red excrescence, about the size of a horse-bean, growing from the orifice of the urethra. It was exquisitely painful when touched, and bled profusely when irritated. When drawn out with the forceps, it was found connected by a broad basis with the whole of the membrane of the orifice of the urethra, and it seemed actually growing from within the orifice. There were also hemorrhoidal excrescences growing from the anus. There was no discharge of any kind proceeding from the vagina or external parts in this case. The symptoms all disappeared on the excision, with the forceps and scissors, of the tumour, which was so intimately connected with the urethra, that a small portion of it was removed with the excrescence. A good deal of blood was discharged. After the bleeding ceased, it was proposed to apply caustic potash to the part. The day after the operation, she felt greatly relieved; and she had passed a better night than she had done for a long period.

Case LIX.—10th April, 1829. A patient, aged 25, in the Middlesex Hospital, under the care of Dr. Watson, had been incessantly harassed with irritation about the urethra. She stated that she could not retain the urine more than two hours, and during the night she was deprived of all sleep, from the constant calls to void the urine, and that, after it had passed, there was an intolerable sense of heat about the parts. This complaint has existed for two years, and it occurred first a few months after her marriage. On examining it, with Dr. H. H. Ley, the orifice of the urethra was found to be surrounded with small, soft, loosely attached, smooth, fleshy bodies, of the natural colour of the parts, which were very sensible to pressure. These were seized with a pair of forceps, drawn out, and partially removed with a pair of curved scissors. There was little

blood lost. No caustic was applied. 12th. Since the removal of the morbid parts, she has experienced much less pain and irritation about the urethra, and has had less frequent calls to pass the urine. 23rd. The whole of the excrescences were not removed. The patient experienced relief for a short time, but is again as ill as before.

Case LX.—15th August, 1830. Mrs. H. ——, aged 59. Ceased to menstruate at forty-eight; had no complaint before that period. Twelve months ago began to suffer from aching pain about the pelvis, with frequent inclination to pass the urine. There has been a sanguineous and watery discharge from the vagina, with a disagreeable smell. Sometimes the external parts feel swollen. No sickness at stomach. Tongue white: thirst. Bowels regular. Has gradually been getting thinner and weaker. In the early period of life suffered severely from painful and profuse menstruation. Has had seven children. The age and symptoms led me to suppose, that in this patient there existed some organic uterine disease, but on examination, the uterus was found perfectly healthy. A large soft vascular excrescence was seen hanging from the orifice of the urethra by a narrow neck. On inquiry it was ascertained that she suffered chiefly after exertion; that there were frequent calls to pass the water in the night, and only a slight relief followed the discharge of it. All the symptoms speedily disappeared after the removal of the tumour by the forceps and scissors.

Case LXI.—On the 11th July, 1834, at the St. Marylebone Infirmary, I saw a woman, aged 43, who had been unable to retain her urine for two years, and was afterwards seized with retention. The catheter could not be introduced, from a hard white tumour, or growth, springing from the lower part of the urethra. The result of this case not known.

Case LXII.—December, 1834. Mrs. ——, aged 42. Married twenty years, and never pregnant. Since her return from India, ten years ago, has suffered from profuse and painful menstruation, followed by a sense of throbbing in the left side of the hypogastrium and left thigh; pains in the back and shoulders. There has been a thick yellow discharge from the vagina during the last six months: frequent attacks of sickness at stomach. Suffers from great irritation in the course of the urethra, and the external

parts. She had consulted Sir A. Cooper, by whom she had been referred to an eminent surgeon, who had examined the uterine organs, but discovered no disease. I made an examination, and found the os uteri smooth—there was no hardness nor irregularity—and the neck and body were in a healthy condition. The vagina also was sound. On examining externally a small florid tumour was seen growing from the meatus urinarius. I removed it with the forceps and scissors, and afterwards touched the part with caustic. All the symptoms were immediately relieved.

Case LXIII.—On the 7th January, 1836, Dr. James Johnson requested me to see a lady, who had been exposed to wet and cold during menstruation, in the month of October, 1833; and, three days after, had been seized with symptoms of abdominal inflammation, followed by irritation in the neck of the bladder and urethra. For several months before I saw her, there had been frequent desire to pass the urine, with great pain in the course and at the extremity of the urethra. For some time there had been, occasionally, a deposit of muco-purulent fluid observed in the urine. There had been no pain about the region of the kidneys, or sign of renal disease. I examined the uterine organs, and found them perfectly healthy. There was no tumour or disease of the urethra: and we came to the conclusion, that the mucous membrane of the bladder was in a morbid state. Sir Charles Clarke saw the patient, and inferred from the symptoms that the lining membrane of the bladder was inflamed. He recommended cupping on the loins, and the internal use of carbonate of soda in decoction of cinchona, with a little paregoric elixir and syrup. On the 12th, the urine was loaded with pus; the pulse 120, and extremely feeble; tongue foul, constant nausea. The urine, having a disagreeable odour, was passed eight times every twenty-four hours, and in small quantities. Pain was sometimes felt in the right lumbar region, and in the region of the bladder. Dr. Prout then saw the patient, and thought, from the state of the urine, that an abscess had burst into the bladder, ureter, or kidneys; and he judged very unfavourably of the case. He stated, however, that he had known several cases where large quantities of pus were passed from the kidneys, where recovery took place. He recommended six grains of the extract of uva ursi to be taken thrice daily,

and diluted nitric acid in the following formula: ℞, acid nitric dilut., ʒii; aquæ distil., ℥ii; m. sumat coch. medium ter die ex aqua hordei. He recommended nutritious, but not stimulating food, with a little Chablais wine or hock, from the use of which he had often observed, he said, more benefit in urinary affections than from medicines. The symptoms on the 19th had become much aggravated: pus was passing in large quantities with the urine; the strength was rapidly declining: attacks of acute pain were experienced in the situation of the right kidney and ureter, with great depression of spirits. Sir B. Brodie afterwards saw the patient, and thought that the kidneys were diseased. Death took place ten days after; and on examining the body, I found the right kidney greatly enlarged and inflamed, the pelvis was filled with pus, and there was a large abscess in the cellular membrane, anterior to the kidney. The coats of the bladder were thickened, inflamed, and the mucous membrane ulcerated. The colon and small intestines were glued together by lymph around the abscess in the cellular membrane, exterior to the kidney.

Comparatively few cases of disease of the kidneys, ureters, or bladder, in women, have come under my observation, unconnected with disease of the uterine organs.

Case LXIV.—On the 13th September, 1837, I saw a lady, in an advanced stage of pregnancy, aged 40, who had returned from India a month before, where her health had suffered. She had been suddenly seized, early in the morning, with violent pain in the situation of the right kidney. The pulse was rapid, and skin hot. Leeches were applied; and fomentations and calomel, James's powder and extract of poppy, at intervals. At 11 A.M., the pain being aggravated, leeches were again applied; but at 4 P.M. the symptoms were so urgent, that Mr. H. James Johnson agreed with me in recommending blood to be taken from the arm. At 9 P.M., the pain was relieved; the urine was found to be albuminous. On the 14th, Dr. Prout and Mr. Johnson saw the case in consultation, and had no doubt, from the history and symptoms, that there existed some chronic organic disease of the right kidney; and that acute inflammation had supervened upon this. Dr. Prout recommended vin. colchic., in a draught with citrate of ammonia and tincture of hyoscyamus. The

symptoms continued for a time severe and alarming; but the patient reached the full period of pregnancy, was safely delivered of a living child, and was alive and in good health long after.

In a case of concealed pregnancy, with great œdema of the lower extremities, which occurred in St. George's Hospital, the urine was albuminous; but after the delivery this disappeared, and the patient recovered favourably.

Case LXV.—Miss D——, aged 56. December 23, 1835. Has suffered from hemorrhoids, and for a long period has had pain and frequent desire to pass the urine, especially after taking food. Appetite and digestion good. There was a small florid tumour growing from the orifice of the meatus urinarius. On the 5th January, 1836, I removed this tumour, but it was so soft that when seized with the forceps, a portion was torn away, and the part left bled profusely. With a silver probe I opened up the urethra, grasped the remainder, which grew from the membrane within the meatus, and tore it away. In another case the same thing was done; the tumour was so soft that it resembled almost a clot of blood; the tumour did not admit of being drawn out, so as to expose its root. I applied sulphate of copper to the inside of the urethra, where the tumour had been attached, which gave exquisite pain for two hours. The pain then entirely ceased, and on the following day she was entirely free from pain, indeed more free than she had been for years. This patient was referred to me by Sir James Clarke, and in the history of the case it was singular that the most important of all the symptoms, that which had been the most constant and distressing, was the last mentioned. On the 25th January, this patient had no pain when the urine passed, but felt slight pain in coughing. Was weak and nervous. There was a slight appearance of redness on the left, and inner side of the urethra, and it was painful on pressure. This was repeatedly touched with caustic, and the relief was complete and permanent.

Case LXVI.—On the 3rd June, 1836, I saw an unmarried lady, beyond the middle period of life, from the orifice of whose urethra I had removed, eighteen months before, a vascular tumour, which had existed long, and caused great suffering. The symptoms returned, and on examination it was found that the tumour had grown again, was larger and had a thicker root than at first. I removed the tumour

a second time, with the forceps and scissors, and applied nitrate of silver to the root. This patient was in a very nervous condition for several years, the disease having repeatedly been reproduced. It was at last completely destroyed, and the nervous symptoms gradually subsided.

Case LXVII.—On the 19th January, 1837, I saw an unmarried lady, who was suffering from disorder of the uterine functions, and great morbid sensibility of the urethra. Sir James Clarke, under whose care she had been, wrote to me as follows: "She is suffering from irritation about the meatus urinarius and bladder. I have recommended soothing remedies, hip-baths, &c., which have done some good, but the *fons et origo mali*, I believe, remains the same. As you are more skilled in the maladies of these parts, I beg you to investigate the nature of —— complaint, and give her the necessary directions." The catamenia were irregular; there had been leucorrhœa for many months; there was great sensibility of the uterine nervous system, pain in the back extending down the thighs; there was a slight swelling of the external parts, and a painful eruption on the labia. The quantity of urine was not diminished, there was no pain in passing it, nor was the desire felt more frequent than natural. There was no organic disease of the uterine or urinary organs detected. The sensibility of the urethra and meatus urinarius appeared to arise from the condition of the uterine ganglia and nerves, similar to what is observed in numerous cases of hysteria, in which, not unfrequently, retention of urine takes place. By strict attention to regimen, and the continuance of the hip-bath, and soothing injections, the symptoms, on the 4th of June, were much relieved,

Case LXVIII.—Mrs. C——, aged 27. May 4, 1837. Two years and a half ago, had painful excrescences about the orifice of the vagina, which I removed with the forceps and scissors. Leucorrhœa has existed for some time, to a great degree, and intense suffering during intercourse. There are now painful excrescences, of a red colour, around the whole orifice of the urethra and vagina, probably having a venereal origin. They were removed, and the parts repeatedly touched with caustic, but the relief was neither complete nor permanent.

Case LXIX.—On the 17th September, 1844, I saw a patient, aged 48, who had suffered most severely during

nine months, from the symptoms most commonly produced by vascular tumour of the meatus urinarius. She had been under the care of a physician who has long devoted special attention to the diseases of women. He had examined repeatedly the uterine organs; but had not detected the tumour hanging from the meatus urinarius, which was of a scarlet hue. He had prescribed as follows:—℞, zinc. sulphat., gr. iv; pilul. rhei, gr. i; co. fit. pilula, ter die. ℞, sod. sesquicarb., ʒii; mistur. gentian, co. oss. m.: ℥i ter die. The symptoms not being relieved, she went into a public institution, and remained some weeks; but the precise nature of her disease was not ascertained by the practitioner under whose care she was placed. All the symptoms immediately disappeared after the excision of the tumour. This, and other cases related, convinced me that the diagnosis of this disease is in some cases most difficult, and will not be correctly drawn, unless the observer has had considerable experience, and his attention drawn in some particular manner to the subject.

Other cases of a similar nature have since occurred, the histories of which it is not necessary to communicate. In two, the whole mucous membrane of the vagina was in a diseased condition, and little benefit was derived from all the different modes of treatment adopted. In the two following cases, cancerous disease had commenced in the meatus urinarius.

Case LXX.—4th December, 1851. Mr. Harrison was called to see Mrs. S—— a week ago. She had pain in the hypogastrium, and great difficulty of breathing. The symptoms and history of the case led Mr. Harrison to suspect that there was carcinoma about the uterine organs. Three years before there had been inability to pass the urine, and the catheter was employed. The late Mr. Cocke, of Howland-street, had attended her, and the power of passing the urine had been recovered. On examining the parts, Mr. Harrison found the orifice of the urethra and vagina affected with malignant fungoid disease. When I saw the case, there could be no doubt about the nature of the disease—the catheter could not be introduced into the bladder. She was insensible; and her death took place soon after.

Case LXXI.—Some years ago I saw a case of cancer of the meatus urinarius at St. George's Hospital, under the care of Mr. Cæsar Hawkins, and Mr. Perry made a drawing

of the appearances. The induration and ulceration were confined to the orifice of the urethra and neighbourhood; the labia, nymphæ, clitoris, vagina, and uterus being all in a healthy condition. The disease had begun like a hard wart; ulceration ensued; and I was informed that the patient died with retention of urine.

Case LXXII.—In 1828, I saw a patient about thirty-five years of age, at the Westminster General Dispensary, whose right nympha had become very much enlarged, and the surface irregular, and extremely painful. It measured about two inches in length, and projected considerably beyond the labia. The left was similarly affected, but in a much slighter degree. It was supposed that some syphilitic infection had been communicated to her by her husband, but whether this was the cause of the hypertrophied state of the nymphæ, it was impossible to determine. An instrument consisting of two small bars of silver, in one of which was a groove and on the other a sharp edge corresponding with this grove, was invented by Dr. Granville, and successfully employed in the treatment of this case. The bars were brought together by two small cross bars with screws, over the root of the right nympha, and tightened firmly on a Saturday. On the following Tuesday, the upper part of the nympha had begun to slough, and ultimately the whole was removed by this process, and the patient recovered, though she suffered great pain for several days.

Case LXXIII.—"May 1, 1852.—I was requested to see Mrs. T——, a widow lady, 50 years of age, of weak intellect, and highly nervous temperament. Her friends had for some time noticed that she appeared to be in pain on sitting down, but she had never complained. Being unable to obtain a satisfactory history or account of the case, I proposed an examination, and was surprised to find a round tumour, as large as half an orange, hanging from the right nympha, by a ribbon-like pedicle, about three inches in length and half an inch broad. The surface of the tumour was ulcerated, the edges of the ulcer being well defined. The tumour had a dark venous appearance, and had a sarcomatous feel. There was a very strong pulsation in the pedicle. On the 6th I requested the assistance of Dr. Lee, and we then agreed that the proper course of proceeding would be to pass a needle armed with a double

ligature through the middle of the pedicle, and tie it firmly on both sides. This I accordingly did; and on the 8th, finding that all pulsation had actually ceased, I removed the tumour with a stroke of the bistoury. The patient recovered without a bad symptom, and has remained well since." The history of the preceding case has been communicated to me for publication by Mr. Clarke, of Gerard-street, Soho. I examined the tumour after its removal, while immersed in alcohol, with the help of the lens with which I had made all the dissections of the ganglia and nerves of the uterus and heart. The tumour had a rugous appearance, like the vagina in chronic prolapsus, and from its surface I readily dissected off a layer of thickened cuticle. The substance of the diseased nympha consisted of condensed cellular tissue, like the labia, in which there ramified innumerable arteries or veins, large in proportion to the size of the tumour. I could not distinctly trace nerves in the root, or in the substance of the tumour; but that they existed in the former, was demonstrated by the intense pain experienced by the patient when the needle was passed and the ligatures tied. Where exquisite sensibility exists in any part of the body, every physiologist infers that it must be copiously supplied with nerves. The uterus excepted!!!

Case LXXIV.—Some years ago, I saw, with Mr. Balderson, a young unmarried woman, suffering from a great enlargement or hyperthophy of one of the nymphæ. The tumour presented an appearance similar to that described in the last case, but the root was much shorter and thicker. We applied a strong ligature firmly around the peduncle, and cut away the nympha with a pair of sharp scissors. The ligature immediately slipped off, and a very troublesome hemorrhage ensued, but was ultimately checked and the patient recovered. It was in consequence of this accident that I recommended Mr. Clarke to pass a needle through the middle of the root of the tumour, in his case, armed with a double ligature, to prevent it slipping off. I examined likewise the structure of the tumour, in Mr. Balderson's case, and found it precisely the same as in the last. Both preparations have been preserved in the Museum of St. George's Hospital.

Case LXXV.—August 23rd, 1850. Mrs. ——, had one child twelve years since. Before this confinement, had an abscess about the parts whilst pregnant, which repeatedly

broke and gathered again. Some years since, she consulted a practitioner about this; and from that time, till about six or seven months ago, the affection has given little trouble. This summer there have been three attacks of inflammation and suppuration. She states, that there is first a little pricking pain, like a needle; then the part becomes dry and hot, and rather swollen; then there is felt a little lump; and then a small opening is formed, through which matter escapes. Sometimes the part is dark and inflamed, and this is particularly the case at the monthly periods: catamenia regular. The attacks have usually come on immediately before the monthly periods. The os and cervix uteri and vagina were healthy. The inner surface of the left nympha was red and swollen, and there was a small round aperture on the outside, near the root, through which a probe passed into a sinus in the interior of the nympha. I recommended that this should be laid freely open; but in a note which I received from Mr. E. W. Pollard, of Brompton-square, September 30th, 1852, I was informed that the patient had left his neighbourhood a year before, and that then the fistulous opening in the nympha had been allowed to remain in the same condition. In the history of this case I have omitted to mention that this patient had consulted Dr. ——, and that he had applied caustic to the os uteri through the speculum seven times, with the effect of aggravating the complaint.

Case LXXVI.—On the 24th of August, 1827, I saw a woman beyond the middle period of life, who was suffering from cancerous disease of the right labium. The inner surface of the labium was nodulated, and there was a deep ulcer, with a hard irregular border. It was stated, that the disease had commenced, as it sometimes does in the lower lip, with a small pimple, and that the hardness and ulceration had followed. The patient was under the care of Mr. Wardrop, and he removed the labium by a surgical operation on the 28th. During the operation, the patient was placed upon the table with the hands and feet bound together, as in cases of lithotomy, and held by assistants. Mr. Wardrop grasped the diseased labium with the fingers of his left hand, and beginning the incision at the posterior commissure carried it upwards, so as to include the clitoris, the prepuce of which was involved in the disease. Profuse hemorrhage took place, but it was effectually controlled,

and the patient recovered. Whether the disease returned or not, I could never learn. The morbid parts have been preserved in the Museum of St. George's Hospital.

Case LXXVII.—January 28th, 1836. Mrs. C——, aged 24, married three years, and never pregnant. In bad health ever since her marriage; the catamenia disappeared immediately after, and did not reappear for seven months; and have been irregular till the present time, and painful. There is a soft encysted tumour in the right labium, which has existed for three years, about which she consulted Sir B. Brodie: but the tumour underwent no diminution by the treatment, and has remained stationary, and has produced little inconvenience ever since. Before the appearance of the catamenia, it always becomes a little larger. The uterus is in its proper situation and healthy, but there is considerable procidentia of the bladder, which was first observed many months ago, after violent exertion. General health good, with the exception of several slight epileptic attacks, which have taken place at long intervals.

Case LXXVIII.—Mrs. ——, aged 27, December 3, 1839. Married eight years, and never pregnant; the catamenia were perfectly regular, and without pain. She had suffered, since the age of thirteen, from profuse leucorrhœa. She had consulted several eminent practitioners; and had been advised by one to lose blood from the arm, but this did no good. Leeches had been repeatedly applied to the os uteri by another, but without any benefit. The uterus was in a healthy condition, as far as could be ascertained. There was a small, moveable, encysted tumour in the right labium, near the perinæum, but it was too deeply situated for an operation. Whether this tumour had occasioned much inconvenience was uncertain.

Case LXXIX.—On the 10th of December, 1839, I saw a lady, who had been married several years, and had never been pregnant. There was a soft tumour in the right labium, which had first been observed seven or eight months before, and which felt like a loop of intestine, but was not. It was very slightly painful occasionally, and a little throbbing and smarting was felt in it, which prevented her from ever forgetting that it was there. It did not, however, prevent her from walking. On the 11th it was opened and dressed from the bottom. A hemorrhage afterwards tookplace of rather an alarming character,

but it was suppressed by pressure and cold; and the case ultimately did well.

Case LXXX.—On the 20th of May, 1842, I saw a lady, aged 46, who, at the age of twenty-four, when pregnant with her first child, had an abscess in the right labium, which had burst on the inner surface. It had inflamed and suppurated five times, and had occasioned great suffering, and had often been accompanied with pain in the loins. There was a considerable hardness on the inner surface of the right labium, which she stated always increased and became painful at the monthly periods. There was a small fistulous opening on the inner surface of the labium, near the posterior commissure of the labia. A probe was introduced, which passed to a considerable depth. This was laid open freely with a bistoury to the bottom, and dressed. The wound healed up readily, and the recovery was perfect.

Case LXXXI.—Mr. Oscar Clayton requested me, on the 7th October, 1851, to see a lady who had been married ten years before to her first husband, and had never been pregnant. Soon after this an abscess had been formed about the external parts. She had been married four years before to her second husband, and the sterility continuing, she was recommended by a friend to see Dr. ——, who after examining the uterus, stated that the orifice was too small, and the neck contracted. Bougies of different sizes were employed to dilate the parts, inflammation followed, and before this had been completely subdued, she was sent to the south coast for the benefit of the sea air. She was long ill at Brighton, but at last recovered and went to Scotland, where after exertion the inflammation returned. At Edinburgh, she consulted an accoucheur, but derived no benefit from the treatment. On returning to London, she was persuaded to place herself under the care of Dr. ——, who stated that she had engorgement and ulceration of the os and cervix uteri, and the speculum, caustic, and leeches were employed alternately at short intervals during a whole year. She was then told that the disease of the uterus was completely removed, and for a time she believed this, and made her numerous relatives and friends acquainted with the result. In the course of some months all the symptoms returned in an aggravated form; and in consequence of this relapse I was requested to see Lady ——. I could discover no disease of any kind in the os uteri or vagina, after

examining both with and without the speculum; and came to the conclusion, that the discharge did not proceed from these parts. An examination with the eye led to the discovery of a small fistulous opening on the inner surface of the right labium, near the posterior commissure, which communicated with a cavity at a considerable depth, from which a thin glairy fluid was flowing; and I recommended that this should be laid freely open. Mr. Cutler was afterwards consulted, and had no doubt about the propriety of the operation; and in a few days it was performed by him and Mr. Clayton, while I was present. In less than three weeks the wound had entirely healed up; and soon after the patient was so well, that she left England for Naples to spend the winter. In the month of August, 1852, Lady —— returned to London in the enjoyment of perfect health; and she has requested me to publish this history of the case, and, if I choose, her name and the names of all referred to. The facts of this case, however, and of all the other cases contained in this volume, would not be affected in the slightest degree by the publication of the names of the patients, and the various persons referred to. These cases are all authentic, and their histories have been compiled from notes made at the time they occurred, and in many, the original written records have not undergone any verbal alteration.

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