

On the morning of the 19th, whilst sitting up in bed, she was suddenly seized with intense pain and shivering; when visited about an hour after, the pulse could not be counted, and was intermittent; abdomen tympanitic; extremities cold; countenance collapsed. Recourse was had to stimulants and sedatives, enemata of warm oil, mustard sinapisms, &c., but she never rallied. Death took place at about two o'clock on the morning of the 10th.

*Examination of the Body Fourteen Hours after Death.*

On opening the abdomen there was an escape of foetid air, and a quantity of thin, frothy, faecal matter was found in the cavity. A small rupture was found in the lower part of the jejunum. The intestine, for about sixteen inches, was in a gangrenous state; the finger could be readily pushed through its coats: immediately below the rupture in the intestine, and occupying its whole calibre, was a solid fleshy substance, about three inches in length; it had grown from the mucous membrane by a very narrow neck; when cut into, it presented a firm, fibrous appearance. The polypus, or tumour, from its weight, had dragged down a considerable portion of intestine, forming intus-susception. The liver was enlarged; but the other abdominal viscera healthy. The gangrenous portion of the intestine was lying in contact with that part of the abdominal parietes where the discoloured patch had been observed during life.

May 24, 1842.

### VAGINAL DISCHARGES,

ACCOMPANIED WITH URETHRAL IRRITATION.

*To the Editor of THE LANCET.*

SIR,—Mr. Lane, in his valuable lectures on syphilis, now in course of publication in *THE LANCET*, when speaking of vaginal discharges, at page 39 of the current volume, although he expresses himself guardedly, appears to incline to the opinion, that urethral irritation will be present or absent according as the vaginal discharge be of a contagious or a non-contagious nature. As a general rule, this will probably be found to be the case; but if exceptions occur (and doubtless many of your readers have met with cases that would prove such), the value of the symptom, as a diagnostic, will be materially diminished; and I think that the young practitioner, at all events, will do well not to attach too much importance to it, as an erroneous opinion, in a case of vaginal discharge, might, under peculiar circumstances, prove highly detrimental to his interests and professional reputation.

I am induced to make these remarks from having met with cases of vaginal discharge, accompanied with urethral irritation, which,

I am fully persuaded, were not the result of contagion; an outline of one of these, which appears to me to possess some interesting and instructive features, although the treatment adopted did not prevent a fatal termination, I purpose laying before your readers. Before relating the case, I wish to make a few observations relative to the extension of inflammatory action in mucous membranes. Mr. L. says in the paragraph above referred to,—“It will also be readily understood that the gonorrhoeal matter, when transferred from the male to the female, could not fail of coming in contact with the vagina, and would be soon communicated from thence to the female urethra, as the mucous lining of the two canals is continuous;” from which it is evident the lecturer believes the urethral irritation results from the direct application of infectious matter to the orifice of that canal: consequently the continuity of the mucous membrane is a point of no importance, as the result would be the same, whether the walls of the vagina between the orifice of the canal and the infected spot were lined with tinfoil, or mucous membrane, as from the contiguity of the orifices of the two canals the gonorrhoeal fluid, flowing from the vagina, could hardly fail of coming in contact with the orifice of the urethra. The question, however, is this, Does the extension of the disease to the urethra necessarily depend upon the direct application of infectious matter to this part? or, Does the inflammatory action (the result of infection), set up in a part of the vagina with which infectious matter has come in contact, spread along the continuous mucous membrane to the urethra?

If an affirmative answer be returned to the first question, a negative must be given to the second, which would imply that gonorrhoeal differs from common inflammation not only in its cause and product (contagious matter), but also in its general characters and the laws which govern it, of which proofs are wanting. The well-known tendency of common inflammation of mucous membranes to diffuse itself over a more or less extended surface, depends, doubtless, upon the general constitution of the individual attacked by it; of this daily examples present themselves in catarrhal affections of the air-passages, the irritation in one being confined to the nostrils, in others affecting the fauces also; whilst in numerous cases it gradually extends down the larynx and trachea, and in some to the ultimate divisions of the bronchial tubes: such, likewise, is the progress of inflammation resulting from specific causes. In some cases the gonorrhoeal affection involves only an inch or two of the mucous membrane of the male urethra; in others it extends to the bladder and testes, to which structures we can hardly conceive the infectious matter to be conveyed; whilst in irritable subjects the inflammatory action

set up in the urethra, in consequence of passing a catheter, differs little, if at all; from a gonorrhoeal affection, except in its cause and product.

The mucous membrane lining the vagina, urethra, &c. being continuous, we might reasonably suppose that any constitutional cause, acting with sufficient intensity to excite inflammation in this membrane, would operate not only on the vaginal but on the urethral and labial portions also; and in all probability the reason of the general absence of ardor urinæ, in cases of profluvium vaginæ of a non-contagious character, is, that the latter is comparatively rarely the result of acute inflammatory action in the affected part, but usually depends upon a congested state, or upon atonic or chronic inflammation of the membrane: whereas gonorrhoeal inflammation almost invariably at its commencement partakes of an acute character. Hence it appears that ardor urinæ may reasonably be expected to be present in cases of acute or subacute inflammation of the mucous membrane of the vagina, whether sporadic or the result of contagion, except where it results from mechanical injury, or the local application of irritants in persons of sound constitution; under which circumstances the affection will probably be circumscribed.

The case which I now propose to relate, occurred in the person of Miss —, ætat. 20, of delicate complexion and slender frame. About two years before the attack her brother died of phthisis, at which time she was healthy and plump. After this event her spirits were much depressed, and she began to lose flesh. The following winter she suffered from cold and cough, in consequence of which she was advised, as a precautionary measure, to confine herself to the house during the winter and early spring months. She recovered from this attack (which does not seem to have been severe) and continued well until about Christmas, 1838, when, sitting at an open window on a mild day, she caught a severe cold: she had cough, which in the course of about a fortnight ceased spontaneously. A profuse vaginal discharge also commenced, which the mother of my patient said they supposed to be only "a cold," and thought little of it, concluding it would pass off. In this expectation they were, however, disappointed, and at the latter end of March I was requested to visit her. She was now thin, and had the appearance of having been out of health for some time. The tongue was coated towards its root with a thin, dirty-brownish fur; the tip and edges were red, and the anterior portion of the surface tolerably clean; there was slight thirst, and but little appetite; the pulse 80, small, soft, and weak; bowels rather relaxed; motions dark and offensive; menses pretty regular; urine copious and cloudy; no ardor; but the pa-

tient was obliged to rise four or five times during the night to relieve the bladder. On expelling the last drops of urine she complained of acute pain of the genital organs, which from its intensity often caused her to cry out; she also suffered from frequent severe attacks of itching and smarting of the external organs, and from an internal smarting, which she could not describe, but which was more severe for some time after changing her position in bed: there was a slight vaginal discharge, which stiffened but did not mark the linen. The irritability of the bladder had existed from the commencement of the malady; and in reply to my inquiries, the patient stated she at first suffered much from smarting on passing her urine. This gradually subsided, and the sharp pain only, above mentioned, remained. She has been getting thin from the commencement of the disease. She complained much of want of rest, she not having slept more than two hours at a time since Christmas, in consequence of the irritable state of the bladder. Although the disease was strongly suspected to be of a serious nature, no examination of the suffering organs took place at this time, the patient and her parent thinking it unnecessary; the case was, therefore, treated as a slight inflammatory affection of the sexual organs. Alterative doses of mercury, combined with Dover's powder, were taken at night, and saline and gentle laxative medicines during the day. Plain but not low diet was ordered, quietude enjoined, and the hip-bath directed to be used every night. No benefit having been derived from these measures after a trial of three weeks, an examination was proposed and assented to.

The external organs were healthy, there being neither redness, excoriation, nor papular eruptions, to account for the severe itching and smarting; the vagina both at its orifice and throughout the whole extent of the canal was highly sensitive, and though the utmost gentleness was used, the examination was severely painful; the os uteri was much swollen, tense and tender; this was stated, the instant it was touched, to be the seat of the internal smarting before mentioned; the cervix was thickly bedewed with the white tenacious mucus, described by Sir C. M. Clarke as pathognomonic of inflammation of this part; no tenderness was felt on the application of firm pressure above the pubes, although the patient occasionally complained of dull pain above or upon the symphysis. The state of the vagina and uterus was sufficient to account for all the symptoms, the contiguity of the bladder and urethra to the inflamed uterus and vagina, would account for the irritability of the former organ; whilst the cloudy appearance of the urine might be fairly attributed to its commixture with the opaque mucus, before mentioned, which when washed from the finger rendered the water turbid. Leeches

were now applied to the groins, and repeated six days afterwards; emollient injections were used, and astringents after the second application of leeches; recumbency was enjoined; medicines were continued as before, and the bath alternate nights. In the course of a fortnight, under this plan of treatment, all the more urgent symptoms subsided; and on instituting a second examination, three weeks after the first, the vagina and uterus were found to be in a perfectly healthy state, excepting a slight induration of a portion of the anterior lip of the os uteri: still the slight febrile symptoms persisted, the urine continued cloudy, and the bladder was equally irritable. The patient complained of no pain now, excepting the dull pain about the pubes occasionally: it was now clear that the bladder was diseased, and the appearance in the urine, twice, about this time of a small body, resembling a drop of coagulated black blood mixed with fibrine, completely established the point. Emollient injections were now daily thrown into the bladder; balsamic medicines were had recourse to, with quinine and other tonics, but without benefit. Two or three small films of lymph, about a line and a half or two lines long by a line in width, as if washed from the surface of an ulcer, came away daily with the injected fluid. Astringent injections were tried, but could not be borne; however weak they were used, they caused great pain in the bladder, just above the entrance of the urethra. Not more than two or three ounces of fluid could at any time be retained by the patient; and any attempt to distend the bladder, produced a tearing sensation behind the symphysis. No favourable effect was produced upon the vesical affection by the means used; the patient continued much in the same state from the middle of April until Midsummer, suffering but little except from want of sleep. She was enabled to take walking exercise daily, but could not make use of an invalid's chair, as the vibration caused a painful dragging sensation at the neck of the bladder: she became more and more emaciated; the state of the tongue and pulse did not vary; the alvine excretions were of a tolerably healthy character after the first month of treatment, but the menses did not appear after my attendance commenced. At the latter end of June a somewhat severe access of fever occurred, attended with violent vomiting and diarrhoea, which continued for some days, and reduced the patient's strength very much. She was now seen by an eminent physician, who gave an unfavourable prognosis; he suspected the existence of tubercles, but could not detect their presence in the lungs. The tonic plan of treatment was directed to be continued, but no benefit was derived from the various ordinary tonics, balsams, &c. Hectic flushes became more marked; the strength gradually, but slowly, declined; but no marked

change took place until the 1st of August, when, after the bladder had been injected, about a small teaspoonful of dark, unhealthy, offensive pus, with one or two drops of blood intermixed with it, escaped through the canula. From this time the patient kept to her bed; a considerable and increasing quantity of offensive pus was daily passed with the urine; the bladder became so irritable, as not to tolerate even warm water injections, and required to be relieved almost every half hour. On the third day after the abscess opened pain supervened above the pubes, became acute, and in a few hours extended over the whole lower part of the abdomen laterally, and as high as the umbilicus. A blister was applied below the umbilicus, which entirely removed the pain and tenderness. Hectic was now fully developed, and the patient gradually sunk, exhausted by the profuse suppuration, night-sweats, and diarrhoea, and died in the middle of September, 1839. I was not permitted to examine the body.

This case of non-contagious (probably at its commencement subacute) inflammation of the mucous membrane of the vagina, urethra, and bladder, causing ulceration of the lining membrane of the latter organ, and the subsequent formation of abscess between its coats, the discharge from which eventually destroyed the patient, shows the danger of delay in opposing appropriate remedies to existing disease, the necessity of a correct diagnosis, and the difficulty, not to say the impossibility, of arriving at it without a careful examination of the seat of the malady. It likewise proves that urethral irritation, in connection with vaginal discharge, is not confined to cases of a contagious character. I am, Sir, your obedient servant,

H. C. ROODS.

67, Great Russell-street,  
May 6, 1842.

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#### DR. ROBERT LEE'S CLINICAL REPORTS IN MIDWIFERY.

No branch of medicine is so universally interesting to the faculty as the obstetric. The difficulties which continually beset practitioners in this department form to them a perpetual source of anxiety, and keep the mind alive to every useful hint that is derivable from experience; and the surgeon or physician who frankly communicates to the public the results of his experience, has a genuine claim to its gratitude. With this feeling we cordially award to Dr. Robert Lee our meed of approbation, for the concise, simple, and practical "clinical reports" in midwifery which he has lately given to the