

Proceedings of the Dublin Obstetrical Society for session 1872-73.

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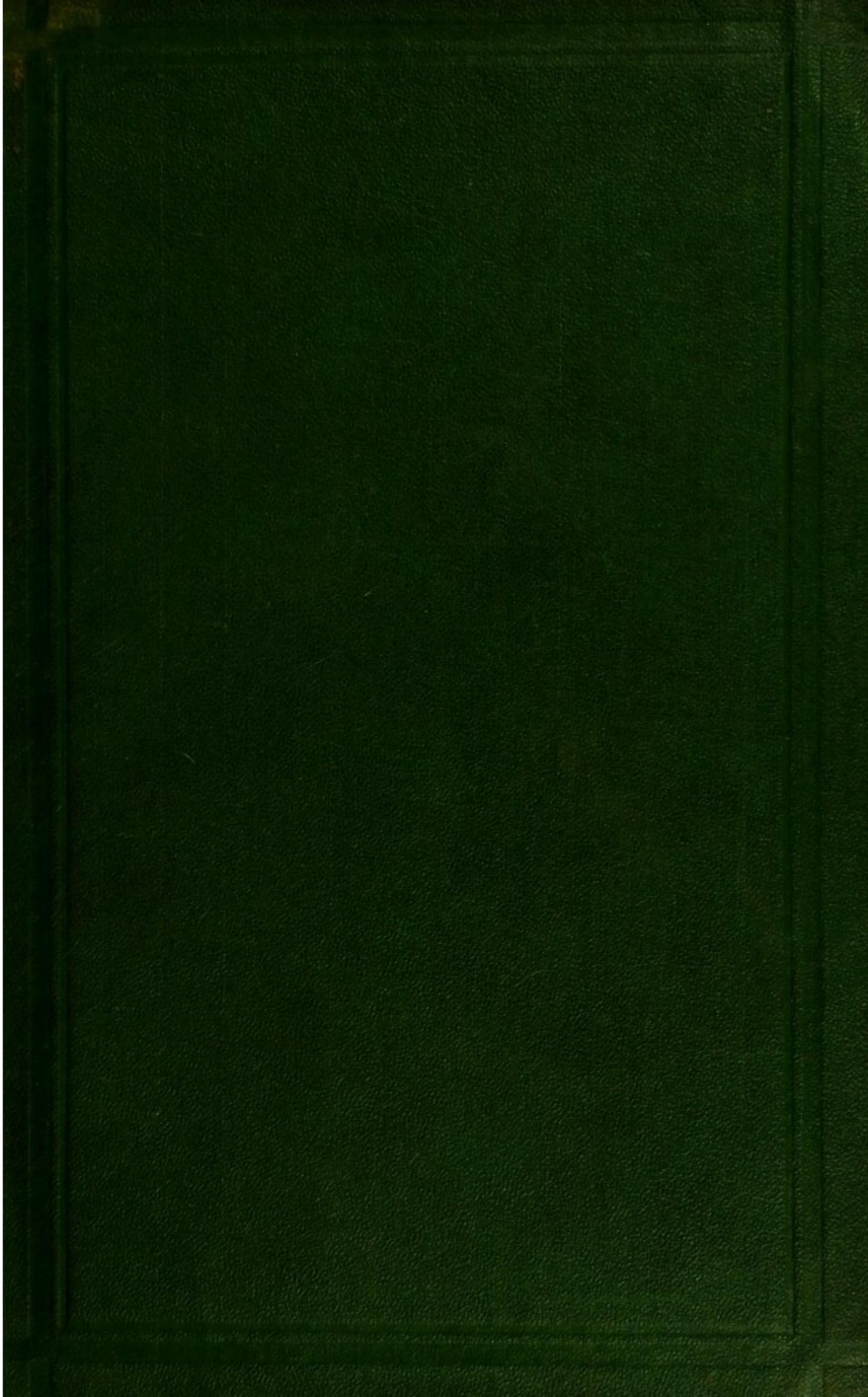
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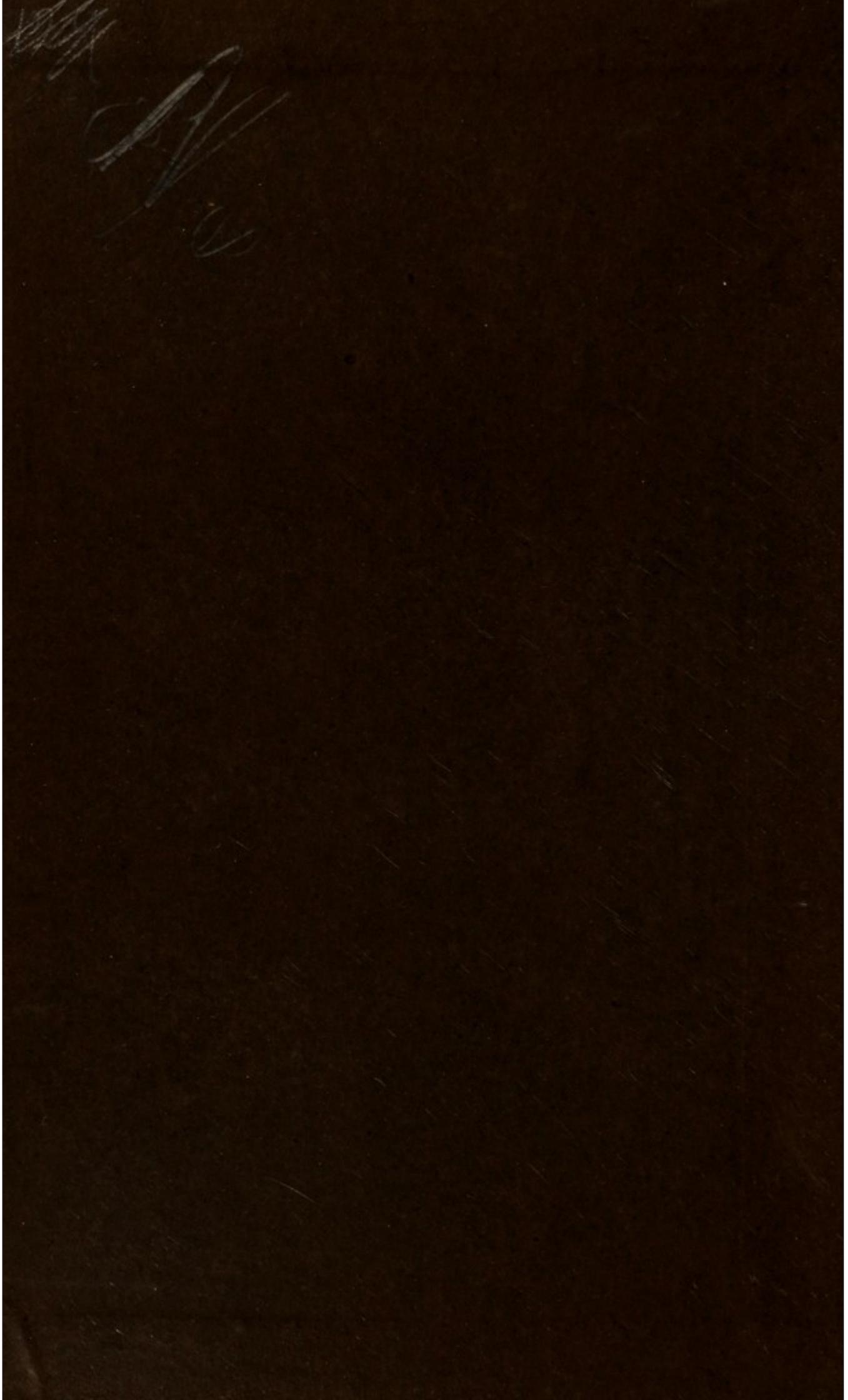
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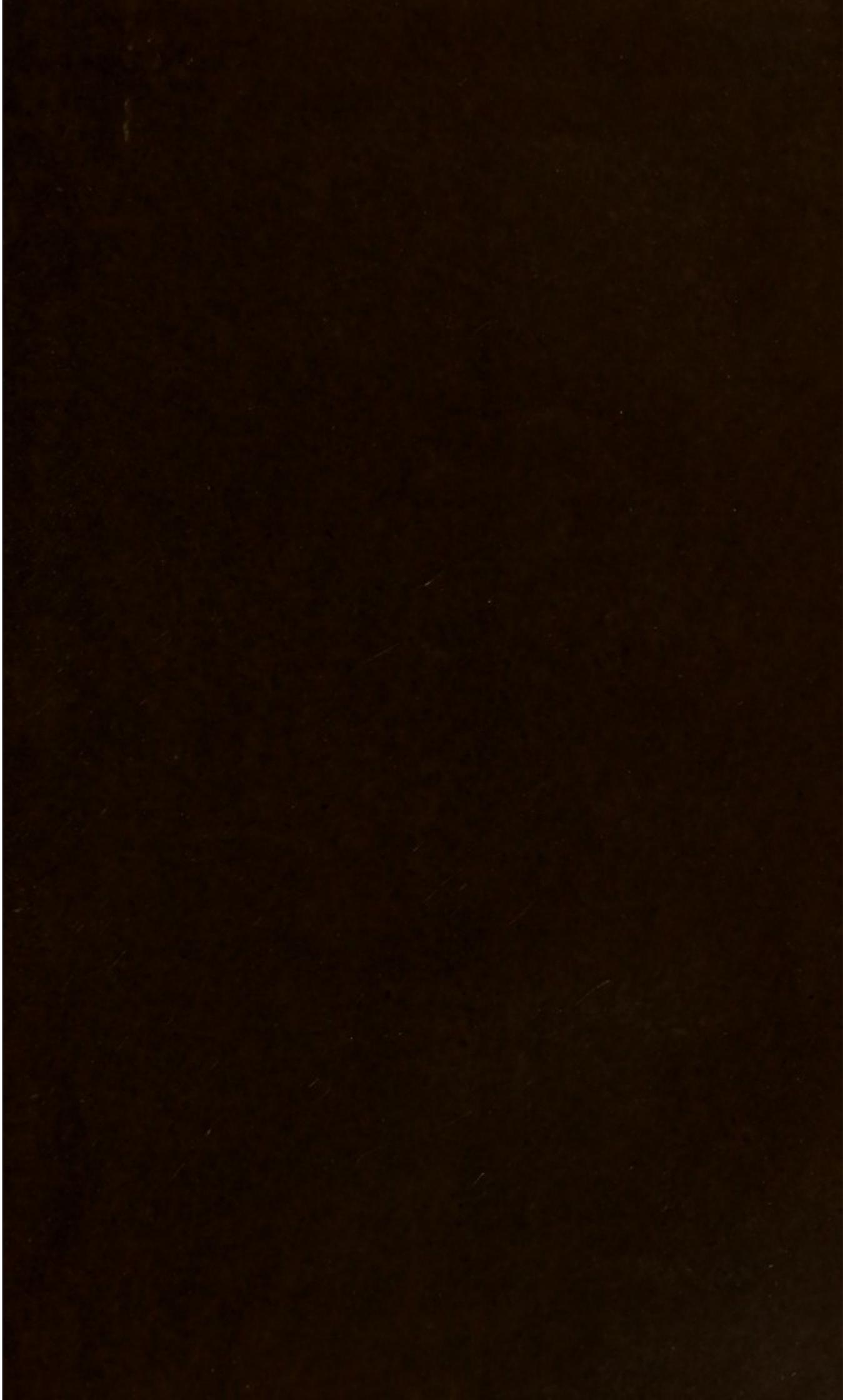
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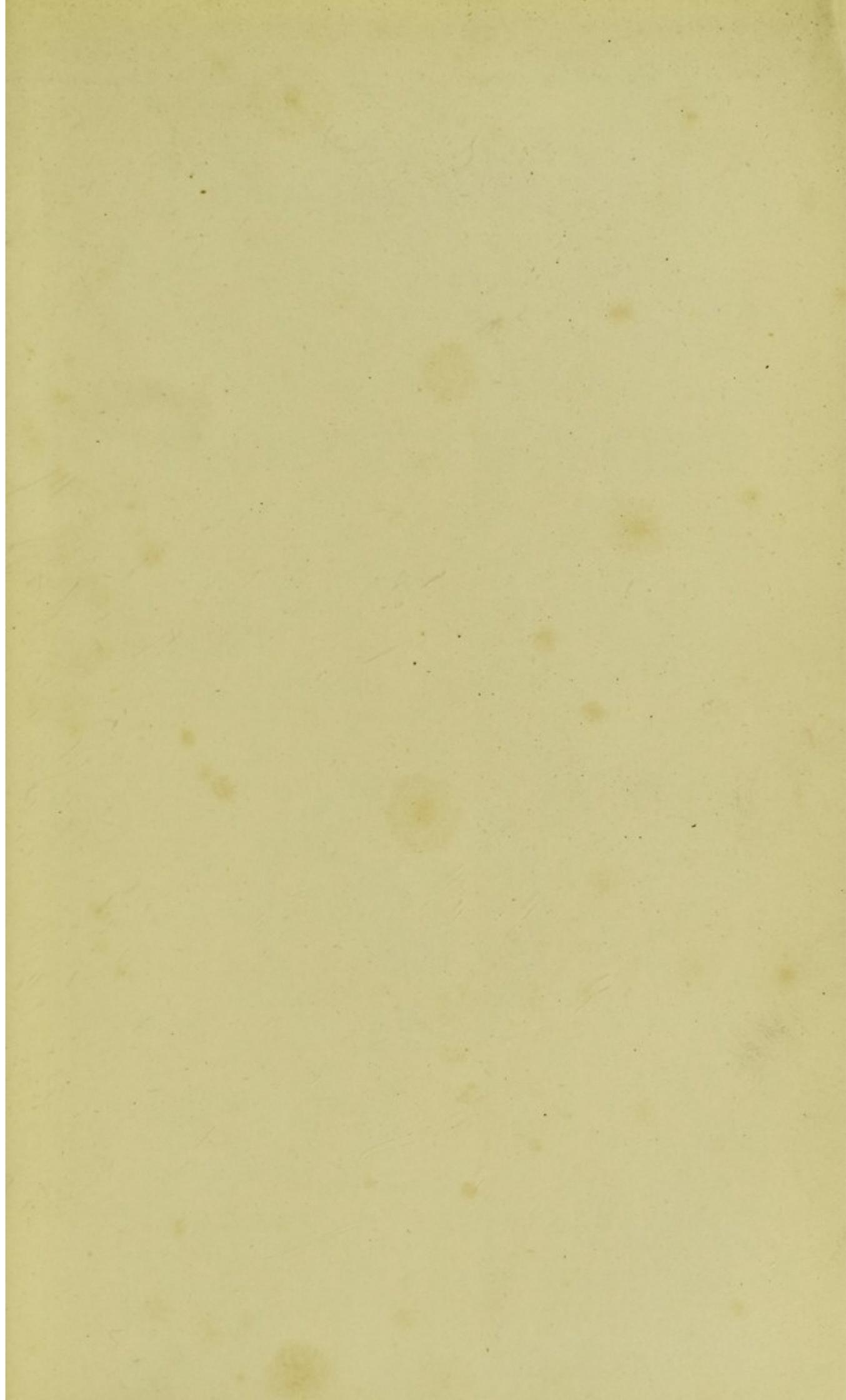
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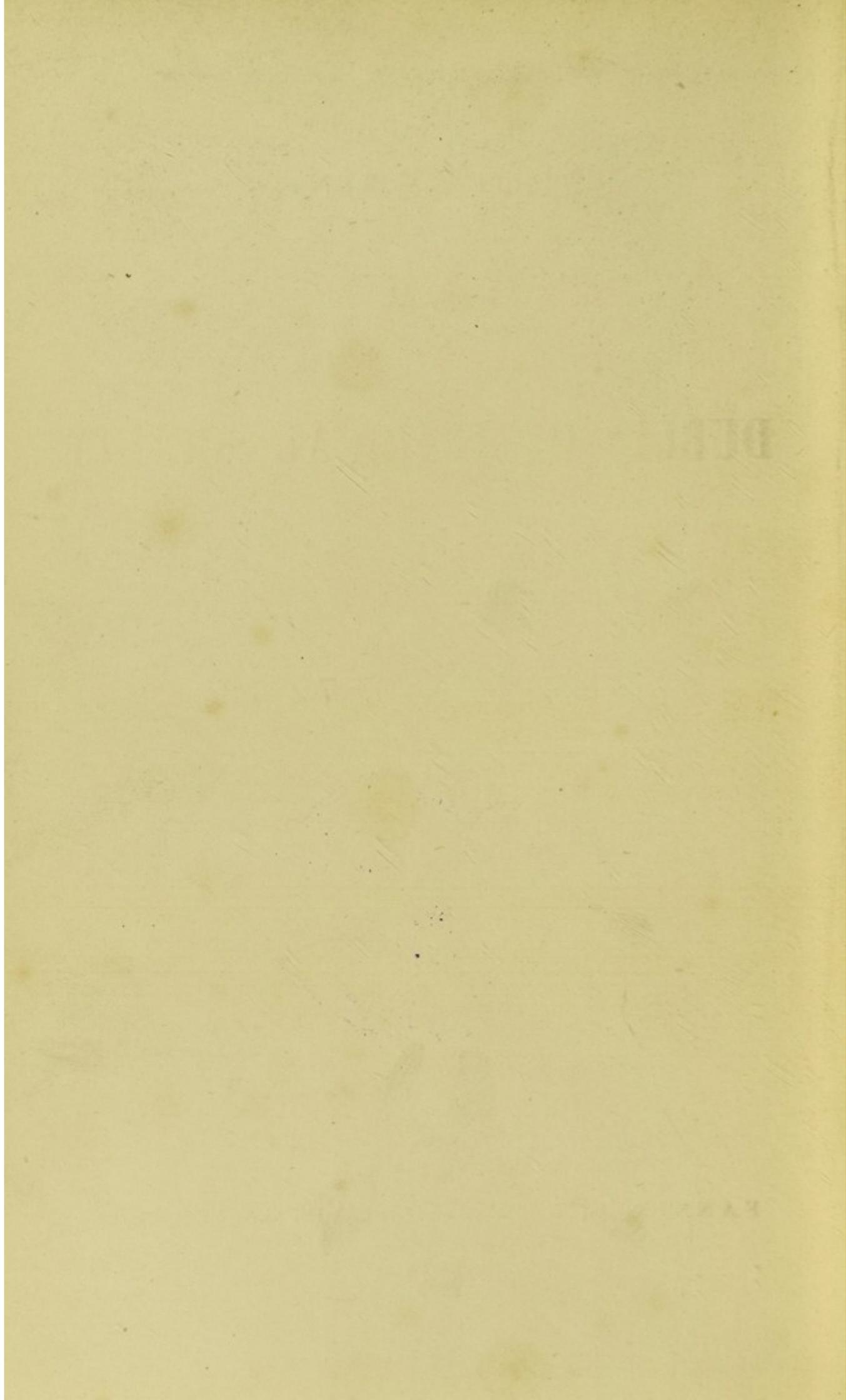






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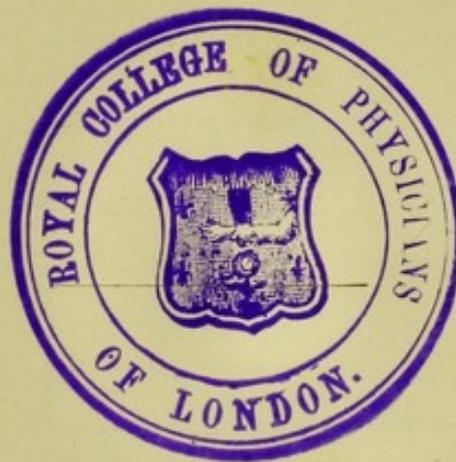
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PROCEEDINGS

OF THE

DUBLIN OBSTETRICAL SOCIETY

FOR

SESSION 1872-73.



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1873.

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(Elected November, 1872.)

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Vice-Presidents.

H. SIBTHORPE, M.D.



LOMBE ATTHILL, M.D.

Committee.

F. CHURCHILL, M.D.

J. DENHAM, M.D.

GEORGE JOHNSTON, M.D.



G. H. KIDD, M.D.

A. H. M'CLINTOCK, M.D.

Treasurer.

H. S. HALAHAN, L.K. & Q.C.P.I.

Honorary Secretary.

JOHN R. KIRKPATRICK, M.B., 4, Upper Merrion-street.

Past Presidents.

(Under the present constitution.)

Elected,
1862.†Dr. T. E. Beatty.
1863. Dr. Denham.
1864. Dr. Churchill.
1865. Dr. M'Clintock.
1866. Dr. Sawyer.

Elected,
1867.†Dr. Hardy.
1868. Dr. Ringland.
1869. Dr. Johnston.
1870. Dr. Kidd.
1872. Dr. Ivory Kennedy.

Honorary Vice-Presidents.

1838. Dr. W. O'Brien Adams.
„ Dr. Thomas M'Keever.
1841. Dr. James Isdell.

1850. Dr. R. Doherty.
1858. Dr. J. H. Sawyer.

Honorary Members.

1839. Dr. Isdell, Dublin.
1840. Dr. Doherty, Galway.
1841. Dr. Robt. Lee, London.
„ Sir Charles Locock, Bart.,
M.D., London.
„ Dr. Carus, Dresden.
„ Dr. Radford, Manchester.

1841. Dr. Arneth, Vienna.
1842. Dr. Elliot, Waterford.
„ Dr. I. Hayes, Philadelphia.
„ Dr. Shattuck, Boston.
1857. Dr. Aveling, London.
1859. Dr. Barnes, London.

Those marked thus (†) are dead.

Members.

Atthill, Lombe, M.D., Dub., F.K.Q.C.P., *Vice-President*, 11, Merrion-street, Upper, Dublin.

Baker, John A., F.R.C.S.I., M.R.I.A., 4, Clare-street, Dublin.

Ball, Charles B., M.B., Dub., 43, Wellington-place, Dublin.

Barker, William O., M.D., Dub., L.K.Q.C.P., 6, Gardiner's-row, Dublin.

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Beatty, John Guinness, L.K.Q.C.P., L.R.C.S.I., 62, Lower Mount-street, Dublin.

Blakely, Edmund B., L.R.C.P., and L.R.C.S. Edin., 17, North Frederick-street, Dublin.

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Brady, James, M.B., Dub., L.K.Q.C.P., 38, Harcourt-street, Dublin.

Bredin, Hall, M.D., Edin., L.R.C.S.I., 181, Great Brunswick-street, Dublin.

Brock, Edward J., L.A.H. Dub., 49, Grafton-street, Dublin.

Browne, John M.M., L.R.C.S.I., 27, Westland-row, Dublin.

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Buchanan, George S., L.R.C.P., Edin., L.R.C.S.I., 143, Rathgar-road, county Dublin.

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Chapman, John H., L.K.Q.C.P., L.R.C.S.I., 60, Pembroke-road, Dublin.

Chesnaye, Clarence A., L.K.Q.C.P., L.R.C.S.I., Hybla, 17, York-road, Kingstown, county Dublin.

Churchill, Fleetwood, M.D., Edin., F.K.Q.C.P., *Hon. President and Member of Committee*, 15, Stephen's-green, North, Dublin.

Churchill, Fleetwood, Jun., F.K.Q.C.P., L.R.C.S.I., 3, Harcourt-street, Dublin.

Collins, Edward W., M.D., Dub., L.K.Q.C.P., 33, Lower Baggot-street, Dublin.

Cooke, William D., L.A.H., Dub., 107, Grafton-street, Dublin.

Cranny, John J., M.B., and Ch.M., Dub., Rotunda Hospital, Dublin.

- Croly, Henry Gray, F.R.C.S.I., L.K.Q.C.P., 27, Harcourt-street, Dublin.
- Cronyn, John, L.K.Q.C.P., F.R.C.S.I., 31, Molesworth-street, Dublin.
- Cruise, Francis R., M.D., Dub., F.K.Q.C.P., 3, Merrion-square, West, Dublin.
- Cryan, Robert, F.K.Q.C.P., L.R.C.S.I., 54, Rutland-square, West, Dublin.
- Darby, Thomas, L.K.Q.C.P., F.R.C.S.I., 3, Dargan-terrace, Bray, county Dublin.
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- Digges, Charles J. S., L.K.Q.C.P., M.R.C.S., Eng., 59, Strand-road, Sandymount, county Dublin.
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- Foot, Arthur W., M.D., Dub., F.K.Q.C.P., 21, Lower Pembroke-street, Dublin.
- Frazer, William, L.K.Q.C.P., L.R.C.S.I., 20, Harcourt-street, Dublin.
- Gogarty, Henry J. K., F.R.C.S.I., 5, Rutland-square, East, Dublin.
- Graham, John J., L.A.H., Dub., 30, Westmoreland-street, Dublin.
- Gray, Robert, L.R.C.S.I., L.K.Q.C.P., Russell-street, Armagh.
- Griffiths, William H., L.R.C.P., & L.R.C.S., Edin., 17, Hume-street, Dublin.
- Greenhalgh, Robert, M.D., St. Andr., M.R.C.P., Lond., 72, Grosvenor-street, London, W.
- Grimshaw, Thomas W., M.D., Dub., F.K.Q.C.P., 13, Molesworth-street, Dublin.

- Halahan, Henry S., L.K.Q.C.P., L.R.C.S.I., *Treasurer*, 29, Harcourt-street, Dublin.
- Harley, Robert W., L.R.C.P., & L.R.C.S., Edin., 11, Upper Baggot-street, Dublin.
- Harvey, Arthur, L.A.H., Dub., 8, Rathmines-terrace, county Dublin.
- Haughton, Rev. Samuel, M.D., Dub., F.K.Q.C.P., 51, Wellington-road, county Dublin.
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- Hazelton, Robert, L.R.C.P., Edin., L.R.C.S.I., 26, Westland-row, Dublin.
- Head, Henry H., M.D., Edin., F.K.Q.C.P., 7, Fitzwilliam-square, East, Dublin.
- Hyland, James K., M.R.C.S., Eng., Ph. D., Philadel., 13, Rutland-square, East, Dublin.
- Jencken, Ferdinand E., M.R.C.S., Lond., L.K.Q.C.P., 2, Bayview-terrace, Londonderry.
- Johnston, George, M.D., Edin., F.K.Q.C.P., *Member of Committee*, Rotunda Hospital, Rutland-square, Dublin.
- Kennedy, Evory, M.D., Edin., F.K.Q.C.P., *President*, 1, Upper Merrion-street, Dublin.
- Kennedy, Henry, M.D., Dub., F.K.Q.C.P., 3, Rutland-square, East, Dublin.
- Kennedy, James, L.R.C.S.I., 15, Richmond-street, South, Dublin.
- Kidd, George H., M.D., Edin., F.R.C.S.I., *Member of Committee*, 30, Merrion-square, South, Dublin.
- Kilgarriff, Malachy J., L.K.Q.C.P., F.R.C.S.I., 47, Harrington-street, Dublin.
- Kirkpatrick, John R., M.B., Dub., F.R.C.S.I., *Hon. Secretary*, 4, Merrion-street, Upper, Dublin.
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- Lalor, Joseph, M.D., Glasg., L.R.C.S.I., Richmond District Lunatic Asylum, Dublin.
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- Little, James, M.D., Edin., F.K.Q.C.P., 24, Lower Baggot-street, Dublin.

- Long, Peter W., M.D., King's Coll., Aberd., L.R.C.S., Edin., 113, Stephen's Green, West, Dublin.
- Lyster, Charles G., L.K.Q.C.P., L.R.C.S.I., William-street, Kilkenny.
- Macan, Arthur V., M.B., & Ch. M., Dub., Rotunda Hospital, Rutland-square, Dublin.
- Mac Cabe, Frederick, L.K.Q.C.P., M.R.C.S., Eng., Central Criminal Asylum, Dundrum, county Dublin.
- M'Carthy, Florence, L.R.C.P., & L.R.C.S., Edin., South City Dispensary, 91, Meath-street, Dublin.
- M'Clean, Francis, jun., L.F.P. & S., Glasg., 10, Stephen's-green, North, Dublin.
- M'Clintock, Alfred H., M.D., Glasg., F.R.C.S.I., *Hon. President, and Member of Committee*, 21, Merrion-square, North, Dublin.
- M'Dowell, Benjamin F., M.B., Dub., L.K.Q.C.P., 29, York-street, Dublin.
- M'Evoy, Patrick Joseph, L.K.Q.C.P., L.R.C.S.I., Rathcoole Lodge, county Dublin.
- M'Swiney, Stephen M., M.D., St. And., L.K.Q.C.P., 1, Hume-street, Dublin.
- M'Veagh, John F., M.D., King's Coll., Aberd., L.K.Q.C.P., 24, North Frederick-street, Dublin.
- Madden, Thomas M., L.K.Q.C.P., M.R.C.S., Eng., 5, Cavendish-row, Dublin.
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- Minchin, Humphrey, M.B., Dub., F.R.C.S.I., 56, Lower Dominick-street, Dublin.
- Montgomery, Robert, M.R.C.S., Eng., 4, Gardiner's-row, Dublin.
- Moore, Charles F., M.D., Glasg., F.R.C.S.I., 10, Upper Merrion-street, Dublin.
- Moore, Michael J., L.R.C.P., & L.R.C.S., Edin., 57, Amiens-street, Dublin.
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- Murdoch, Sydney, L.K.Q.C.P., L.R.C.S.L., 106, Pembroke-road, county Dublin.
- Neary, Bernard J., L.K.Q.C.P., L.R.C.S.I., Victoria-terrace, Howth, county Dublin.

- Nihill, John, M.D., St. And., L.R.C.S.I., Staff-Surgeon, R.N.
Nolan, Henry, P., M.D., Glasg., L.F.P. & S., Glasg., 46, Lower Baggot-street, Dublin.
Nugent, Edward J., L.K.Q.C.P., L.R.C.S.I., 6, Lansdowne-road, county Dublin.
- O'Donovan, Jeremiah, L.A.H., Dub., 102, Upper George's-treet, Kingstown, county Dublin.
O'Farrell, Edward P., L.R.C.S., Edin., 23, Lower Dominick-street, Dublin.
O'Flaherty, Jerome, L.R.C.S.I., M.R.C.S., Eng., 101, Upper George's-street, Kingstown, county Dublin.
O'Flaherty, Richard G., M.B., Dub., L.R.C.S.I., Kingstown, county Dublin.
O'Neill, Edward J., M.D., St. And., L.R.C.S.I., 6, Cavendish-row, Dublin.
Ormsby, Lambert, L.K.Q.C.P., L.R.C.S.I., 12, Lower Fitzwilliam-street, Dublin.
Owens, George B., M.D., Glasg., 126, Lower Baggot-street, Dublin.
- Peebles, William B., M.B., Dub., L.K.Q.C.P., 29, Lower Gardiner-street, Dublin.
Peele, Edward, L.K.Q.C.P., 19, Adelaide-road, Dublin.
Pollock, James F., M.B., Dub., L.K.Q.C.P., Avoca Villa, Blackrock, county Dublin.
Porter, Frank T., L.K.Q.C.P., L.R.C.S.I., 15, Upper Merrion-street, Dublin.
Powell, George D., L.R.C.S.I., 76, Upper Leeson-street, Dublin.
Power, John B., L.K.Q.C.P., L.R.C.S.I., 25, Westland-row, Dublin.
Purcell, Thomas, L.K.Q.C.P., L.R.C.S.I., 71, Harcourt-street, Dublin.
Purefoy, Richard D., L.R.C.S.I., 9, Rathmines-road, county Dublin.
- Quinan, Edward J., M.D., King's Coll., Aberd., F.R.C.S.I., 29, Lower Leeson-street, Dublin.
- Rainsford, Richard, M.B., and Ch. M., Dub., 33, Harcourt-street, Dublin.
Reid, Patrick R., L.R.C.P. and L.R.C.S. Edin., 3, Royal Marine-road, Kingstown, county Dublin.
Ringland, Arthur H., L.K.Q.C.P., 14, Harcourt-street, Dublin.
Ringland, John, M.D. Dub., F.K.Q.C.P., 14, Harcourt-street, Dublin.

- Roe, William, M.D. Queen's Univ., Irel., F.R.C.S.I., 39, Lower Baggot-street, Dublin.
- Rowles, George, L.K.Q.C.P., M.R.C.S. Eng., 21, Richmond-hill, Rathmines, county Dublin.
- Shannon, Peter, M.D. Glasg., F.R.C.S.I., 91, Stephen's-green, South, Dublin.
- Sibthorpe, Henry J., M.D., Glasg., L.K.Q.C.P., *Vice-President*, 18, Hume-street, Dublin.
- Smyly, Philip C., M.D., Dub., F.R.C.S.I., 4, Merrion-square, North, Dublin.
- Speedy, Albert O., L.R.C.P., Edin., L.R.C.S.I., 28, North Frederick-street, Dublin.
- Spencer, John A., L.K.Q.C.P., L.R.C.S.I., Falcarragh, Letterkenny, county Donegal.
- Stewart, Henry H., M.D., Edin., F.R.C.S.I., 71, Eccles-street, Dublin.
- Stoker, William T., M.D., Queen's Univ., Irel., L.K.Q.C.P., 43, Harcourt-street, Dublin.
- Stokes, William, M.D., and Ch.M., Dub., 3, Clare-street, Dublin.
- Stoney, J. H. Loftie, M.D., Queen's Univ., Irel., F.R.C.S.I., 89, Lower Baggot-street, Dublin.
- Sutton, John R., L.R.C.S.I., L.K.Q.C.P., Kilgobbin, county Dublin.
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- Tate, Davis D., M.D., Queen's Univ., Irel., L.R.C.S.I., Res. Med. Off., North Union Workhouse, Dublin.
- Taylor, Alexander, L.K.Q.C.P., L.R.C.P., Edin., Glasnevin.
- Telford, Thomas, M.D., St. And., F.R.C.S.I., 23, Clarinda-park, East, Kingstown, county Dublin.
- Thompson, Christopher, M.D., Dub., L.R.C.S.I., Bray, county Dublin.
- Thornhill, William, M.B., Dub., F.R.C.S.I., 22, Upper Pembroke-street, Dublin.
- Torney, Thomas, M.D., St. And., L.K.Q.C.P., 8, Blackhall-street, Dublin.
- Tuffnell, Joliffe, M.R.C.S., Eng., F.R.C.S.I., 58, Lower Mount-street, Dublin.
- Usher, Isaac W., L.R.C.P., Edin., L.R.C.S.I., 1, Eglinton-terrace, Dundrum, county Dublin.
- Wade, Robert, L.R.C.S.I., 208, Great Brunswick-street, Dublin.

- Walsh, Albert J., F.R.C.S.I., Extra. L.R.C.P., Lond., 89, Harcourt street, Dublin.
- Warren, Frederick W., L.R.C.S.I., Abercorn-terrace, Sydney-parade, county Dublin.
- White, William D., L.R.C.P., Edin., L.R.C.S.I., 58, Blessington-street, Dublin.
- White, William, L.R.C.S.I., L.K.Q.C.P., Celbridge, county Dublin.
- Willis, Richard N., M.B., Dub., M.R.C.S., Eng., 133, Upper Rathmines, county Dublin.
- Wilson, Henry, F.R.C.S.I., L.K.Q.C.P., 29, Lower Baggot-street, Dublin.
- Wilson, Richard F., L.R.C.P. and L.R.C.S. Edin., 34, North Frederick-street, Dublin.
- Wyse, George, M.D., St. And., 8, Cavendish-row, Dublin.

Associates.

Brereton, J.

Fitzpatrick, James V.

Fitzgerald, J. G.

Galway, Robert J.

Halahan, J. W.

Irwin, J. A.

Irvine, William.

Johnston, William.

Maturin, C. G.

Nixon, G. E.

Dublin Obstetrical Society.

(Established 16th July, 1838).

CODE OF BYE-LAWS,

ADOPTED BY THE SOCIETY,

AT TWO GENERAL MEETINGS,

HELD ON

15TH FEBRUARY AND 29TH MARCH, 1862,

WITH THE AMENDMENTS SUBSEQUENTLY PASSED.

I.—That the title of the Society shall be as heretofore, “THE DUBLIN OBSTETRICAL SOCIETY.”

II.—That the present Presidents shall be named Honorary Presidents and the present Vice-Presidents shall be named Honorary Vice-Presidents.

III.—That for the future there shall be but one President, and that he shall be elected annually, by the Society at large, from amongst its Members.

IV.—That there shall be two Vice-Presidents, elected annually, by the Society at large, from amongst its Members.

V.—That the management of the Society shall be entrusted to a Council, consisting of the President, two Vice-Presidents, and a Committee of five, elected annually, by the Society at large, from amongst its Members.

VI.—That the Treasurer and Secretary shall be elected by the Member of the Society at large, and be *ex-officio* Members of the Council.

VII.—That, at the first Open Meeting of each Session, the out-going President shall give an Address; after which the Members of the Society shall resolve themselves into a Special Meeting to receive a report from the out-going Committee, and elect Officers for the ensuing year.

RESOLVED—"That votes by proxy are inadmissible."—(*Minutes of 15th November, 1862.*)

VIII.—That Registered Practitioners may be proposed as Members at any Meeting, and a ballot for their admission be held at the following Meeting. One black bean in three to exclude.

IX.—That Students may be proposed as Associates, at any Meeting, and be balloted for at the next Meeting, in the same manner as Members. Associates shall have the privilege of attending the Meetings of the Society, of reading communications, and taking part in the discussions.

RESOLVED—"That Associates of the Society, on becoming Registered Practitioners, may become Members without a second election."—(*Minutes of 12th December, 1863.*)

X.—That eminent Practitioners of Midwifery may be elected Honorary Members of the Society.

XI.—That Honorary Members must be proposed at one Meeting, and a ballot taken for their Election at the following. One black bean in six to exclude.

XII.—The number of Honorary Members to be limited, for the future, to twelve, and no Election to take place till the existing number be reduced below twelve.

RESOLVED—"That votes of Honorary Members are inadmissible."—(*Minutes of November, 1862.*)

XIII.—That the Annual Subscription for Members shall be Ten shillings, and for Associates Five shillings. That in future all Subscriptions shall be paid in advance on the first night of Meeting; and that the names of all Members and Associates who shall not have paid their Subscriptions by the first Meeting in January of each year shall be erased from the roll of the Society.

XIV.—That Members wishing to compound may do so by paying £5 in lieu of Annual Subscription.—(*8th March, 1873.*)

XV.—That Members living out of Ireland, wishing to compound, may do so by paying £2 10s. in lieu of Annual Subscription.—(14th June, 1873.)

XVI.—That the Honorary Presidents and Vice-Presidents, unless they are also Honorary Members of the Society, shall pay the same Subscription as the other Members.

RESOLVED—"That Army and Navy Medical Officers be admitted to the Meetings of the Society on presenting their cards."—(*Minutes of 13th February, 1864.*)

XVII.—That the Secretary may call a General Meeting of the Society on the requisition of five Members.

XVIII.—All Papers read at the Meetings of the Society shall thereupon be handed over to, and become the property of, the Society; but the Council, on due application for such purpose, shall permit the author of any such Paper to reprint it, after it shall have appeared in the Proceedings of the Society; or to print it himself, if they should decide on not Printing it in their Proceedings.—(12th February, 1870.)

XIX.—That Fixed nights of Meeting shall be determined on by the Council, at the beginning of each Session, and cards thereof be distributed to the Members. Special notices, containing the Titles of the Papers to be read, with the Names of the Authors; and in the case of Special Meetings, the business proposed to be transacted to be sent by the Secretary to each Member and Associate, four clear days before each Meeting.

XX.—That each Member of the Society, not in arrears, shall be entitled to as many Tickets for Visitors to the Ordinary Meetings as he may require, at Sixpence each.

XXI.—That no Bye-Law shall be altered, nor new Bye-Law be made, without notice of motion at a previous Meeting, and announcement in Summons.

XXII.—That this code of Bye-Laws shall come into operation at the conclusion of the present Session.

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PROCEEDINGS

OF THE

DUBLIN OBSTETRICAL SOCIETY.

THE UNIVERSITY OF CHICAGO

PHILIP GUSTAFSON, M.D.

PROCEEDINGS
OF THE
DUBLIN OBSTETRICAL SOCIETY.

THIRTY-FIFTH ANNUAL SESSION.
1872-73.

ANNUAL GENERAL MEETING,

23rd November, 1872.

DR. G. H. KIDD, President, in the Chair.

The Honorary Secretary, DR. ATTHILL, read the following Report of Council for the past Session:—

Your Council have the gratification of reporting that the past session has been in all respects as successful as the preceding ones, and that the Society continues to exercise the same beneficial influence as hitherto on the progress of those departments of medical science which come within its sphere.

Sixteen new Members were elected during the past session, and there are now on the roll of the Society 156 Ordinary Members, besides 13 Honorary Members, making a total of 169 Members.

The Society has, during the past year, sustained, by the death of Dr. Beatty, the loss of not only one of its oldest, but also one of its most valued and highly esteemed members—a loss sincerely and deeply regretted by all.

The Society has also to regret the removal by death of two other Members, Dr. Dirham and Dr. W. Meade.

The finances of your Society continue in a very satisfactory state. At the conclusion of the previous session there remained in your Treasurer's

hands a balance of	-	-	-	-	£34	16	8½
Subscriptions for last session,	-	-	-	-	68	15	0
					<hr/>		
Making a total of	-	-	-	-	103	11	8½
The expenditure amounted to	-	-	-	-	45	16	9
					<hr/>		
Leaving an available balance of	-	-	-	-	57	14	11½

In the report of Council adopted at the general meeting of the Society last November, it was recommended "That the proceedings of the Society be published in a separate form." In conformity with the foregoing resolution, your Council have caused the proceedings of the past sessions to be printed and bound, and they have now the pleasure of stating that the volume is ready for distribution to the Members.

The Council trust that for the future they will be enabled to carry on this most desirable undertaking.

Moved by Dr. RINGLAND, seconded by Dr. T. MORE MADDEN:—
"That the report of Council be received and entered on the minutes."

The outgoing President, DR. GEORGE H. KIDD, then proceeded to deliver the annual address.

ANNUAL ADDRESS.

GENTLEMEN,—In the report presented to the Society at the commencement of the past session the council recommended that the President should for the future be eligible for re-election at the termination of his first year of office, and it pleased you to adopt the recommendation, and to confer on me for the second time the honour of being your President. Therefore it is that I have now to again appear before you with an opening address.

We enter to-night on the thirty-fifth annual session of our Society, and it affords me great pleasure to be able to congratulate my fellow-members on the soundness of our position and the vigour of our proceedings. The report that has just been read shows that, as regards our finances, we are prosperous, and the volume of our proceedings which is now about to be distributed to the members will be found, I do not hesitate to say, to contain papers which will take a high rank in the literature of our branch of the art and science of medicine. When we met last year your council announced that the time had arrived when the publication of this volume might be safely undertaken. Owing in a great degree to the facilities afforded to us by the publishers of the Dublin Journal of Medical Science your council have been enabled to bring this undertaking to a successful issue, and thus to begin what they hope will be a long continued series of reports. The labour imposed on the council, but more particularly on your secretary, Dr. Atthill, in bringing out the volume, has been very great, for it required and received constant care and attention, but now that the model has

been formed, the publication of future volumes will not be attended with so much difficulty, and I trust the members of the Society will unite in the determination to make our proceedings such as will not only be worthy of the reputation of the Dublin school, but such as will increase and extend its fame.

It would be a great happiness to all of us, gentlemen, if in referring to the past session of our Society we could stop after recounting our triumphs, and had no occasion to refer to losses sustained, and to empty places in our ranks that we can never hope to see filled again. It is true that the deaths that have occurred among us have not been many, for we have, I believe, lost but two of our number during the year, but in Thomas Edward Beatty we have lost one who was in himself a host—one whom we all loved and all delighted to honour. He was one of the earliest members of this Society, assisted it in its early struggles, supported it when it was in adversity, and rejoiced over it when it attained its present prosperity; a prosperity to the accomplishment of which he himself contributed in no small degree. In 1855, seven years before the management of the Society was thrown open, he was elected one of the presidents, an office which was then held for life, and when the amended constitution was adopted in 1862, the members exercised their newly acquired powers by electing him as their first annual President. To the last day of his life the interest he took in the Society never lessened; never, when he could avoid it, was he absent from our meetings, he rejoiced to assist at them, and to take part in our debates, and was always ready to give us the benefit of his vast experience. The esteem in which he was held was evidenced by the honours conferred on him, not alone by our Society but by the whole profession. He was elected one after the other to all the highest positions in its ranks. I have already said he was one whom we all delighted to honour. Of this he was deeply conscious. It was to him a great gratification—and of it he was justly proud. In the preface to the volume published in 1866 he alluded to it in the following terms:—"It cannot," he said, speaking of publishing the book, "be laid to my charge that I have adopted this method of bringing myself before my professional brethren with a view to future reward or promotion, for their unbounded favours have left me nothing more to wish for, or to which I could aspire. The many evidences of the esteem of my brethren in both branches of our profession with which I have been honoured might well satisfy the most soaring ambition, and

afford grounds for the deepest thankfulness, which I now desire to express, and again I repeat that my cup of professional honours is full, even to overflowing."

On the 19th of April last Dr. Beatty took a prominent part in a debate at the Surgical Society on diffuse inflammation of the neck, and a few days afterwards became himself the subject of this disease. The inflammation ran a rapid course, and in less than a week, on the 3rd of May, he whom we loved so much came to be counted with those whose places knew them no more. "Silver-toned, gentle-handed, warm-hearted, clear-headed, genial, learned, scientific, staunch, hospitable 'Tom Beatty' will no longer rule in council, cheer the sick bed, instruct with his great practical experience, nor delight the social circle." It was in these words from the pen, I believe, of Sir Wm. Wilde, that one of our morning papers communicated to us the news of his death, and I have no doubt you will all recognize the accuracy of the picture.

But one other member of our Society died during the year. This was Mr. Dirham. Though a very regular attendant, he never took an active part at our meetings. He was for several years a member of the Court of Examiners, and at the time of his death the Deputy Governor of the Apothecaries' Hall.

In the list of our honorary members one name more appears with the mark to indicate that its owner has departed from amongst us. The name of one who, like Beatty, always stood high in our esteem and admiration. Friends and fellow workers, Beatty and Simpson, they may be regarded as representative men. To be familiar with their works is to be familiar with all that is best worth knowing in obstetric and gynæcological medicine. To recount what they have done would be to describe the greater part of the progress that the last thirty years have witnessed in our branch of the healing art. This would be a task far beyond the limits of the present address; but there are certain salient points at which it may not be unprofitable to glance. Without attempting any comparison, the two men, Beatty and Simpson, may be classed together. They were almost contemporary. Beatty, the older man, was born in January, 1800, and died on the 3rd May, 1872. Simpson was born in 1811, and died in May, 1870. They both possessed great intellectual power, and great mechanical ingenuity. They had unbounded zeal and unfailing industry, and, though devoting themselves mainly to obstetric medicine, they both contributed to our knowledge of other branches of medicine

and gave us new stand-points from which further progress has been attained.

Simpson was a voluminous writer, Beatty not nearly so much so. Neither of them ever published a systematic treatise. Their writings, for the most part, took the form of detached essays, published from time to time in the medical journals; but which have since been collected and republished. The subjects on which they wrote were often parallel. Beatty himself thought his papers on the Forceps, Ergot of Rye, Chloroform, Cancer of the Uterus, and Abdominal Aneurism, the most important—with these it was his ambition that his name should be associated. Simpson's name is, perhaps, best known in connexion with his papers on Chloroform. These attracted much popular attention, but several others are, in a professional point of view, more valuable, especially I would say, those on the Use of the Uterine Sound, and on the Diagnosis of the Diseases of Women.

In the remarks I had the honour last year to address to you from this chair, I dwelt at sufficient length on the part taken by Beatty, following in the footsteps of his father and assisted by Dr. Churchill, in re-introducing the use of the forceps into Irish midwifery. It is not necessary to recur to this now, so I shall pass on to the papers on chloroform.

The production of anæsthesia or insensibility to pain by the inhalation of chloroform, was, unquestionably, the discovery of Simpson. By some very inaccurate thinkers he has been accused of having claimed for himself to have discovered the power to produce anæsthesia. Even a superficial examination of his writings would refute this; but the charge was brought against him in such a manner that from his death-bed he replied to it in definite terms. He showed that the means of producing insensibility to pain had long been sought for. That from so early a period as 700 years before Christ we have records of this. That at the end of the last century Davy showed that insensibility might be induced by the inhalation of nitrous oxide, and some thirty years afterwards Faraday, in England, and Godman, in America, found that the inhalation of the vapour of sulphuric ether produced a similar effect. That on the 11th of December, 1844, Dr. Wells, an American dentist, had two teeth drawn from himself while he was insensible from the inhalation of nitrous oxide, and on the 20th of September, 1846, Morton, at Boston, drew a tooth from Eben Frost while he was insensible from the use of sulphuric ether.

Thus Simpson has shown that, like many other discoveries, our knowledge of the means of producing anæsthesia has been a gradual growth, but up to this point it was thought that insensibility could only be produced for operations brief in their duration, whatever might be their severity. Its application to midwifery involved many more difficult and delicate problems than its mere application to dentistry and surgery. To these problems Simpson applied himself, and on the 19th of January, 1847, for the first time anæsthesia was produced in midwifery, the agent used being sulphuric ether, and the patient under his care. He found, however, great disadvantages attendant on the use of ether, and entered on a series of experiments in search of a more manageable and convenient agent, and on the 15th November, 1847, discovered the anæsthetic powers of chloroform.

The extent to which the agent thus discovered is made use of is proved by the fact mentioned by Sir James Simpson that one house in Edinburgh manufacture between two and three million doses of chloroform every year.

Immediately on the publication of the statement that patients might be rendered insensible to the pains of labour, Beatty applied himself to investigate the safety of the practice, and he was one of the earliest to adopt the use of chloroform. It was found, however, that uterine action was lessened, and that there was an increased liability to post-partum hæmorrhage from the use of chloroform. We owe to Beatty the suggestion that this may be obviated by preceding its administration by a full dose of ergot of rye, and in this way Beatty supplemented and made more valuable the discovery of Simpson.

It has been stated lately that "chloroform is the most dangerous of all anæsthetics;" whether this will ultimately prove to be true I cannot undertake to say, but it is worthy of remark that no death has been recorded as having occurred from its use during labour; and it seems very probable that the danger arising from its use for other purposes has been greatly exaggerated. Certainly, if we can judge of it by our experience in Dublin, this must be so. It has been stated that "one death from its use occurs in these countries (meaning, I presume, the United Kingdom) every week;" but in Dublin, so far as I can learn, only five deaths* have been attributed to it during the twenty-five years

* Since this was written, I have heard of a sixth death. Three of these occurred in hospital, and three in private practice. The cases in hospital occurred during an

it has been in use, both in public and in private practice; and of these one at least was probably due to the admission of air into the veins and not to the chloroform.

Simpson's Memoir on the Use of the Uterine Sound has always appeared to me the most valuable contribution to gynæcology of the age in which we live. It may be true that an instrument analogous to the sound has been found among the ruins of Herculaneum or Pompei, and is even alluded to in the writings of Hippocrates, and that Lair Valleix and others used bougies and other instruments for measuring the uterus, but it is to Simpson we owe the memoir that taught us all how to use the sound, and laid the foundation of almost all our subsequently gained knowledge of uterine disease. What has most contributed to the progress of modern medicine has unquestionably been the attention paid to physical signs and the improvements effected in the instruments at our disposal for recognizing and distinguishing the varying conditions of internal organs. The advances made in our knowledge of the pathology and treatment of diseases of the organs in the thorax since the publication of Lænnec's great Treatise on Auscultation, have created a revolution in this department of medicine. Simpson's Memoir on the Uterine Sound holds, in my humble opinion, the same relation to uterine disease that Lænnec's Treatise on Auscultation holds to thoracic disease. It also has created a revolution in the department of medicine to which it belongs.

Till a comparatively recent period our knowledge of the diseases of the uterus and its appendages was in a much more deplorable state than was our knowledge of thoracic disease before Lænnec's treatise appeared. The speculum vaginæ which had been well known to the ancients, and was accurately described some 2,000 years ago, had fallen into absolute disuse till revived by Recamier early in the present century, but even by its aid we can learn but little beyond the appearance of the vagina and neck of the uterus. The use of the sound carries us very much further. It increases to a great degree our power of making a perfect and precise tactile examination of the fundus, body, and cervix of the uterus. It facilitates and simplifies the visual examination of the

operation for cataract, an attempt to reduce a dislocation of the shoulder-joint, and the removal of a tumour. The cases in private occurred during an attempt to induce premature labour by Kiwisch's douche, the extraction of a tooth, and an operation on the jaw.

cervix of the uterus with the speculum. It enables us in many instances to ascertain the connexion or non-connexion of hypogastric tumours with the uterus. It affords us valuable diagnostic information by enabling us to measure the length of the uterine cavity, and by its use we can learn the position of the uterus and its relation to surrounding parts. We have thus then, I assert, in the sound, an instrument as valuable in reference to uterine disease as is the stethoscope to thoracic disease.

Many other contributions of Simpson's are only inferior in value to the *Memoir on the Sound*. To him we are indebted for nearly all we know of flexions and displacements of the uterus, and that peculiar condition so productive of discomfort and bad health, which he named sub-involution of the uterus, was not known till he recognized and described it. Then again it is to him we are indebted in the main for one of our greatest improvements in the treatment of uterine disease. I mean the getting at the interior of the uterus so as to apply treatment directly to the diseased surface. The use of prepared sponge and other expanding tents for dilating the uterus is described by the earliest writers; but till Simpson directed attention to it, complete exploration of the cavity of the uterus was not known in modern practice. We can now explore the interior of the uterus, ascertain its condition, make applications to its surface, and even perform surgical operations within it. We have thus, by the genius of this great man, had the power conferred upon us of coping with a large class of diseases formerly almost absolutely beyond our reach, such as chronic catarrhal discharges, hæmorrhages, intra-uterine polypi, fibrous tumours, and others.

Beatty wrote many papers on physiological and medico-legal questions. Of his paper on Aneurism of the Abdominal Aorta Dr. Stokes has said:—“Our knowledge of the diagnosis of this disease may be safely said to date from the year 1830, when Dr. Beatty, of this city, published his accurate observations on a single case of the disease.” His paper on frottement in peritonitis is also one of great value; and that on cancer of the uterus has added greatly to our knowledge of this disease. Simpson, too, published many papers on physiology and questions of medico-legal importance. His treatise on acupuncture is one the full value of which is not yet known, but already it has opened up questions of great gravity, and modified in a marked manner the practice of surgeons in the treatment of wounds. It has been well said of him that “in scholarship, in antiquarian lore, and in extent of private practice, he had few equals in

our profession, and rarely have men earned such distinction as he did out of their ordinary walk in life."

In the month of October, 1869, the citizens of Edinburgh assembled and presented Sir James Simpson with the freedom of the city; and on the 13th of May following, they accompanied his remains to the grave with all the pomp and ceremonial of a public funeral; and yet, strange to say, we have had, from the same Edinburgh, a series of attacks* on his fame and reputation, so gross in their character, that if it were not for the hitherto high standing of the journal in which they have appeared, I should not condescend to notice them here; but when a journal of such standing as the Edinburgh Medical Journal sanctions, with its authority, the publication of such unjust articles, it is not only right but necessary that all honest men should protest against them. It is especially necessary that we, as members of this Society, should do so; for if we elected the subject of them to the high position of one of our honorary members, and maintained him in that position, our honour is bound up with his. If it be true that the men we have chosen for honour are "not the noble men of the profession of medicine," but "men of talents and ambition, who have good fortune, a quackish disposition, and the arts of a lady's maid, who can always simper and dally with truth"—"men who have no time or stomach for laboriously gained experience, but have the brass of audacious pretension"—then are we ourselves disgraced. This anonymous and "audacious" writer, who has for the time gained access to the pages of a journal hitherto of the highest standing in medical literature, has not only applied such language to Sir James Simpson, but, in his haste to vilify and disparage the dead, has launched his diatribes against the whole profession, and even by name included in his denunciations Sir Charles Locock, whom we are still proud to have on our list of honorary members. Simpson, we are told by this writer, was greedy of money and greedy of reputation. He had, it is admitted, reputation; and it is common, we are told, to suppose that reputation of this kind cannot be produced without a good substantial basis; but this natural supposition is, according to this writer, a gross mistake, for the widest, and in some senses the largest, reputation may, he says, be based on nothing good or substantial.

The articles to which I allude abound in covert inuendos still more

* Edinburgh Medical Journal for Aug., 1871, p. 151; Oct. 1871, p. 547; Jan. 1872, p. 634; March, 1872 p. 831.

offensive than these more direct statements. The memoir on the uterine sound, of the value of which I have already spoken, is damned with faint applause. It is stated that "Simpson's claim to the discovery of chloroform has been contested," meaning, of course, the anæsthetic uses of chloroform; and it is hinted "that further evidence may yet be produced regarding it, as many of Simpson's contemporaries and collaborators still live who have published no documents or statements." This is a style of writing, especially when applied to one no longer with us to defend himself, that is both unfair and ungenerous; but when we find the same author insinuating in such words as the following, a comparison between Simpson and the medicine man of Africa, we cease to attach any importance to his words:—"The medicine man of Central Africa is," this writer says, "a conscientious creature, just as he is in Scotland. He has no doubt about his diversified therapeutic resources. Patients in Central Africa pay their fees and swallow their drugs, just as in Scotland. Such is polypharmacy as it still exists in Great Britain, and is still expounded in the end of the nineteenth century by great teachers."

I shall not detain you with further observations on these disreputable and disgraceful reviews. I felt it incumbent on me, not only for the sake of the profession at large, and for the honour of our Society, but because of many kindnesses received at his hands, to protest for myself, personally, and with all the weight the position I have occupied as President of this Society adds to my words, against this treatment of one whom we must all regard as a great man, a great physician, and a great leader in obstetric progress.

Moved by Dr. CHURCHILL, seconded by Dr. DARBY:—"That the thanks of the Society are eminently due, and are hereby cordially tendered, to Dr. Kidd, our outgoing President, for his impartial, courteous, and dignified conduct in the Presidential chair during his term of office, and for his admirable address this evening, and that the address be printed and published with the proceedings of the Society."

The Scrutineers appointed returned the following—

LIST OF OFFICERS ELECTED.

President :

DR. EVORY KENNEDY.

Vice-Presidents :

DR. ATTHILL AND DR. SIBTHORPE.

Committee :

DR. CHURCHILL,
DR. KIDD,
DR. DENHAM,

DR. M'CLINTOCK,
DR. JOHNSTON.

Treasurer :

DR. HALAHAN.

Honorary Secretary :

DR. J. R. KIRKPATRICK,
4, Upper Merrion-street.

Moved by Dr. H. KENNEDY, seconded by Dr. BYRNE:—"That the best thanks of the Society are due, and are hereby given to Dr. Atthill for the zeal, punctuality, and uniform courtesy with which he discharged the duties of Honorary Secretary for the past three years, and for the care bestowed by him on the publication of our Proceedings in their present form."

Moved by Dr. DENHAM, seconded by Dr. JOHNSTON:—"That the thanks of the Society be given to the President of the College of Surgeons, the President of Queen's College, Cork, the Governor of the Apothecaries' Hall, and to our other distinguished visitors, for honouring the Society with their presence."

ON ENDO-METRITIS.

BY LOMBE ATTHILL, M.D.,

Fellow and Examiner in Midwifery, King and Queen's College of
Physicians ;

Obstetric Physician to the Adelaide Hospital,
and Vice-President of the Society.

Saturday, 14th December, 1872.

EVORY KENNEDY, M.D., President, in the Chair.

ALL obstetric practitioners are familiar with the various forms of chronic disease of the cervix uteri, which are so commonly met with in practice, and which for a long period were the only forms of non-malignant uterine disease recognized or treated. Of late years our knowledge of the inflammatory affections to which the uterus is liable has been greatly extended, and we now recognize and successfully treat, not only chronic disease of the vaginal portion of the cervix and of the cervical canal (endo-cervicitis), but also inflammation of the lining membrane of the cavity of the uterus (endo-metritis), affections sometimes occurring independently, but frequently co-existing in the same subject.

Endo-metritis, formerly looked on as an affection of rare occurrence, is, now that its symptoms are better known, recognized as a disease of comparative frequency. It is met with in women who have never been pregnant; nay, more, I have seen a well-marked example of it in a virgin; but it occurs most frequently as a result of imperfect involution of the uterus, and in aggravated cases may terminate in complete disorganization of the intra-uterine mucous membrane. Such extreme cases are, however, rare. Sir James Simpson was the first to point out that the process of reduction in bulk and size which the uterus undergoes within a short period subsequent to delivery is frequently arrested, and that the organ consequently remains in a condition of chronic engorgement and enlargement. Obviously such a condition is most favourable to the occurrence of inflammation, which in point of fact does frequently supervene.

All cases of endo-metritis necessarily fall under two heads, namely, those in which the cervix is engaged, and those in which that portion of the organ is not implicated, or is so in a secondary degree. The former are, I think, the most numerous. They are also those which frequently mislead the unwary practitioner. He meets with a case in which there is an enlarged and thickened cervix, with a patulous os uteri, from which exudes a copious glairy discharge, indicative of endo-cervical mischief. He confines his treatment to the cervix, and perhaps cures the cervical catarrh, but is disappointed at finding that his patient's sufferings are but little diminished; the pain in the back, the pain felt along the margin of the false ribs, and perhaps the dysmenorrhœa are as acute as ever; his treatment must extend further, or it is useless. On the other hand, if the cervix be healthy, the existence of endo-metritis may be overlooked. I have known numerous instances where patients were assured that no uterine disease existed, because the cervix when exposed by the speculum appeared healthy. I shall not in the present paper enter into the consideration of the subject of endo-cervicitis, for where this affection exists in conjunction with a diseased condition of the uterine cavity, the treatment proper for it will generally prove sufficient for the cure of the other more evident affection, while if it be overlooked, or recognized only on the subsidence of the endo-cervical disease, the treatment suited to the uncomplicated form must be resorted to; nor do I intend to enter into a discussion as to whether in such cases the endo-metritis be an extension upwards of an inflammation first attacking the cervix, for even were it possible to give a decided answer to this question it would have no practical influence on the treatment of the case.

It is, in the first place, necessary to define the sense in which I use the term endo-metritis. I understand by it inflammation of a low type of the mucous membrane lining the cavity of the uterus, with engorgement of its blood vessels, the glandular structure which it, in common with the lining membrane of the cervix, possesses, being implicated.

Endo-metritis presents two well-marked stages. In the first the body of the uterus is enlarged, the mucous membrane lining its cavity being congested and swollen, while the uterine walls are thickened, and the whole organ consequently becomes heavy. In the second stage the walls are thinned, the muscular structure is relaxed, and the cavity frequently enlarged, while the mucous lining becomes soft, spongy, and granular. In the first stage the intra-uterine discharge is pale in colour, inodorous,

and fluid. In the second it is often rust-coloured, sanguineous, and sometimes even purulent. This latter is specially likely to be met with when the disease occurs in women of advanced age, in whom a copious purulent discharge is seen to issue from the os uteri. Of this I saw a well-marked example recently in an old lady aged seventy. She suffered much from general pelvic distress, with leucorrhœa. I found that the uterus, which was enlarged, was completely retroflected; the vagina was healthy; the leucorrhœa, which was copious and purulent in character, issued from the os uteri. Much relief was derived in this case from supporting the uterus with a Hodge's pessary. I deemed no further treatment judicious under existing circumstances.

The symptoms of endo-metritis, necessarily somewhat vague, are:— (1.) Leucorrhœa; (2.) Pain; (3.) Dysmenorrhœa, or, sometimes, Irregular Menstruation; (4.) Menorrhagia; (5.) Reflex irritation.

(1.) Uterine Leucorrhœa is invariably present, but it may escape observation, especially in the early stages, or it may be confounded with a vaginal discharge. Even if a speculum be used no uterine discharge may be observed during the time that the cervix is exposed to view. Or again, if endo-cervicitis be present the copious glairy discharge to which it gives origin may prevent our recognizing the other, but in many cases it is copious and easily distinguished if only moderate care be exercised. In the advanced stage of the disease, when it becomes rust-coloured or purulent, no difficulty exists in detecting it, and I may here remark that the reddish discharge which sometimes accompanies this affection has in the old been mistaken for a return of menstruation. In the case of the old lady just referred to this was so. Rust-coloured, purulent, or offensive discharges issuing from the interior of the uterus may be taken as indicating extensive disorganization of the lining membrane of the body.

(2.) Pain is also invariably present. This in general is referred to one or all of three localities, namely, to the sacrum; to the edge of the false ribs, generally those of the left side, and shooting up to the shoulder; and to a point immediately over the pubes. This last is the least common. That referred to the edge of the false ribs I look on as being the most frequent, and also as being often almost pathognomonic of the affection. I have remarked too that in cases of endo-metritis it becomes aggravated at the recurrence of each menstrual period.

(3.) Dysmenorrhœa, often of a severe character, is a nearly constant

concomitant of inflammation of the intra-uterine mucous membrane, as this is frequently observed in women who have borne children and in whom the uterine sound passes with ease into the uterus; the supposition that this symptom is due to any mechanical obstruction as that which would be caused by swelling of the mucous membrane at the os internum is in such patients negatived. In them I believe it is due to increased sensibility of the uterus at the point of junction of the cervix and body. This view is confirmed by the fact that in such patients pain, identical in character with that experienced at each menstrual period, is brought on when the point of the instrument reaches the spot indicated. But on the other hand, that form of mechanical dysmenorrhœa which is produced by swelling of the mucous membrane of the cervix uteri occurs in those multiparous women in whom a conical cervix and contracted cervical canal congenitally exist. In such patients menstruation frequently becomes painful after marriage, sexual intercourse evidently having in them produced congestion, which terminated in an inflamed and swollen condition of the lining membrane of the organ. In some cases too, the menstrual flow becomes irregular, and occasionally interrupted, appearing for a day, then ceasing to reappear again.

(4.) Menorrhagia, in the advanced stage, is often its most prominent feature, and not infrequently we are consulted for it alone. Even if absent in the early stages of the disease, it is almost certain to occur further on, when the mucous membrane having been for a long time engorged and inflamed, becomes covered with numerous vascular elevations, from which the bleeding proceeds, and which in many cases assumes an alarming character. An exact counterpart of these vascular elevations can sometimes be seen on the vaginal aspect of the cervix, and also in the rectum, in granular disease of the mucous membrane lining that intestine. Medicines administered by the mouth are therefore here as absolutely useless, as they are known to be in cases of hæmorrhage from the rectum depending on a similar cause, and if the disease be not treated by means of applications made directly to the diseased surface, the hæmorrhage may continue for an indefinite time. I shall presently refer to a case in which uterine hæmorrhage depending on this cause continued for ten years.

(5.) Reflex irritations are generally present more or less markedly in all cases of endo-metritis, the most prominent being those of the bladder and stomach, the one producing frequent desire to micturate, the other

giving rise to nausea and even vomiting. Occasionally, too, ovarian and mammary sympathies are excited: chiefly to be noted lest their presence should mislead and induce us to refer the patient's sufferings to a wrong cause.

The physical signs indicating the existence of endo-metritis are:—

(1) Increased length, or (2) increased size of the cavity of the uterus, and consequently (3) increased bulk of the whole fundus, (4) increased sensibility of the mucous membrane lining the cavity of the uterus, (5) a patulous os internum, and (6) often an abnormally sensitive condition of the mucous membrane at that point; lastly, displacements anteriorly, or posteriorly, of the fundus, resulting from the increased size and weight of the uterus, are frequently observed.

(1) Increased length of the body can be recognized only by use of the sound; that at once tells us what the length of the entire organ may be; but it is necessary to discriminate between the elongation depending on enlargement of the body and that produced by cervical elongation; but as an ordinary digital examination always informs us what the length of the cervix is, moderate care will enable us to estimate correctly how much, if any, of the increased length is due to the body.

(2) It is much more difficult to determine the size of the cavity. If the sound can be rotated freely it may be surmised that it is enlarged, but what its actual size may be remains a matter of uncertainty.

Dr. Greenhagh has invented an ingenious instrument for the purpose of measuring the capacity of the uterine cavity. It can be expanded when introduced, and the extent of its expansion is registered by a very simple apparatus. It is an instrument capable in some cases of affording useful information.

(3) The fundus has been considerably enlarged in all cases of endo-metritis that have come under my observation, a condition in general easily detected by the bi-manual method of examination.

(4) Abnormal sensibility of the mucous membrane lining the cavity of the uterus is a necessary accompaniment of disease of that membrane. That this is so can in general be proved by pressing the point of the sound when in the cavity against the fundus. This in a healthy uterus causes no pain, but where endo-metritis exist it is immediately complained of. It is a test to be used, however, with care, for in old standing cases the uterine walls become sometimes so thin that very little force is needed

to make the point of the sound penetrate them; and I believe that this absence of resistance has misled some recent writers into supposing that the entire fundus of the uterus has occasionally been absorbed.

(5) In endo-metritis the os uteri internum is always patulous, the sound passes through it without difficulty; but (6) sometimes, as I have already pointed out, this, nevertheless, causes severe pain. In those cases where endo-cervicitis exists, the point of the sound may be entangled in a fold of the diseased mucous membrane, and its further progress arrested, but the difficulty thus produced is easily distinguished from the resistance due to a contracted or rigid os uteri internum.

The treatment of this troublesome and often most intractable affection necessarily is influenced by its duration, by the severity of its symptoms, and by the prominence of some special one of these.

If pain, nausea, and general malaise be the symptoms of which the patient mainly complains, rest, warm hip baths, mild aperients, and above all the local abstraction of blood, will do much good, and sometimes even effect a cure. But if profuse or purulent leucorrhœa, or menorrhagia, be present, such treatment is at best merely palliative, and treatment applied directly to the diseased surface becomes imperatively called for, but in all cases where much tenderness on pressure exists, local blood-letting should be first practised.

This is a rule from which I make few exceptions. Local blood-letting relieves, to a considerable degree, the pain, and certainly favours the action of other treatment, whether that be medicines administered by the mouth, or applications made directly to the diseased surface.

Local depletion is a very old practice of recognized value. It has, however, fallen into disuse, apparently because, when carried out by means of leeches, it is troublesome, and, moreover, is often attended with unpleasant consequences. Sometimes the leeches will not bite, at other times they will fasten on the vagina and give rise to bleeding alarming in quantity and difficult to stop. Sometimes, too, notwithstanding every precaution, a leech will make its way into the os uteri. When this has occurred to myself, as it has on two occasions, the leech returned soon, but a patient assured me that on one occasion a leech remained in utero for twelve hours, and gave rise to no small anxiety. I admit, then, that for these reasons, the application of leeches to the cervix is objectionable, but they only prove that this mode of abstracting blood from the uterus is unsatisfactory. I am decidedly of opinion that, as a preliminary treat-

ment, local depletion is most valuable; doubtless, it does not produce as well marked results in the treatment of endo-metritis as it does when practiced in cases of cervical congestion, and if relied on alone will cause disappointment; but I repeat again, as a preliminary measure, it should seldom be omitted.

I invariably practice local depletion by puncturing the cervix, using this knife. If the cervix be soft and spongy it must be used cautiously,



one or two punctures, one-eighth of an inch in depth will, generally, be followed by sufficiently free bleeding; if not, one or two more deeper ones should be made, and if the cervix be indurated, the point of the knife must be made to penetrate still deeper. The quantity of blood taken can thus be regulated with nicety, but a few minutes are occupied in the operation, and no pain is caused. The bleeding generally ceases the moment the speculum is withdrawn; if it should not, a pledget of cotton must be placed in the vagina, and left in situ for a few hours; but it is very rarely, indeed, that even this is necessary. I again repeat that local depletion does not produce as beneficial results in cases of corporal endo-metritis as it does in cases of cervical congestion; the benefit, therefore, resulting from the practice will be in an exact ratio to the amount of cervical disease which may exist.

As already stated, local depletion is, in cases of endo-metritis, but a preliminary step; to effect a cure treatment must be adopted, which will act directly on the diseased surface—that is, on the mucous membrane lining the body of the uterus.

There are three methods of making applications to the interior of the uterus; one is the injecting of fluids into its cavity; another the introduction of a piece of solid caustic into the uterus, by means of Simpson's intra uterine, *porte caustique*; the third is the passing up to the fundus, a stilette armed with a layer of cotton or strip of lint saturated with nitric acid, with the acid nitrate of mercury, or some other active agent.

The first of these methods I have never tried, as it is a practice not free from danger, and not only so, but also much less certain and satisfactory in its results than either of the others.

The second I have frequently practised, in cases of imperfect involution of the uterus; where no inflammation exists its effects are most

excellent, but it does not, so far as my experience goes, produce, by any means, such satisfactory results in the treatment of endo-metritis, as does nitric acid if properly applied.

The application of strong caustics to the interior of the uterus, of which, in my opinion, the fuming nitric acid is by far the best, is a practice now extensively carried out, not only in this city, but also in America. Our brethren, however, in England and Scotland seem as yet unacquainted with the advantages which follow this treatment. I am quite ignorant as to whom we are indebted for introducing into practice this method of treating chronic endo-metritis. Dr. Miller, of Louisville, U.S.A., in an excellent article published in the number of *The American Journal of Obstetrics* for August, 1871, claims to have been the first to advocate the application of remedies of this class to the interior of the uterus; his lectures, of which, however, I have not been able to obtain a copy, were published in 1855. Dr. Thomas, of New York, informs us that Dr. Marian Sims introduced the practice of thus employing fluid caustics in the treatment of intra-uterine disease into the woman's hospital in that city with great advantage, and as Dr. Sims left America in the year 1862, he must have carried out the practice some time prior to that date.

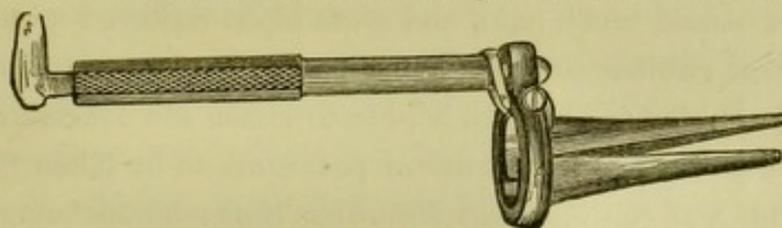
There can be no doubt, however, but that the first person who ventured to apply the strong nitric acid to the cavity of the uterus in this country was Dr. Kidd. Dr. Marian Sims's method of applying fluid caustic to the interior of the uterus, as described by Dr. Thomas, is, "to wrap a thin film of cotton round a probe, and, having dipped it into the fluid selected, to pass it up to the fundus of the uterus, and to keep it there for about half a minute." This, in the main, is identical with the plan advocated by Dr. Miller. This treatment is simple, safe, and painless, but, if carried out after the above method, the cauterization thus effected is not in general sufficient; the cervix and os internum are doubtless in all these cases relaxed and patulous, but not sufficiently so to prevent their pressing out much of the caustic with which the *film* of cotton is saturated; and if the uterus be, as is not unfrequently the case, retroflected or antelected, it is hardly possible that any caustic will remain on the cotton when the probe has reached the fundus. It is therefore most desirable first to dilate the cervix still further by the introduction of one or two pieces of sea-tangle or sponge tent, and, when the application is about to be made, to seize the anterior lip of the uterus with a vulsellum, so as to bring it low and at the same time to steady and straighten the

organ; you can now pass a stilette armed with a comparatively thick layer of cotton or roll of lint rapidly up to the fundus; indeed, if the case be severe or of long standing, this should be done twice, so as to insure the thorough cauterization of the whole inner surface of the uterus. I have practised this method frequently with great success, and in no one instance have seen any unpleasant results, though, at the same time, I freely admit that a cure does not invariably follow.

I have been thus minute in describing the method of carrying out this practice because some practitioners have still a great dread of applying powerful caustics to the interior of the uterus—a fear which is totally groundless. Applying strong nitric acid, in the manner described, to the cavity of the uterus, seldom causes any pain whatever. And in this respect its application differs entirely from that following the injection of even weak solutions of caustic into the uterus; grave symptoms, and even death, having followed that practice. Therefore, while I advocate the use of nitric acid and of the solid nitrate of silver as safe applications to the interior of the uterus, I strongly object to intra-uterine injection of any fluid in the treatment of the class of cases under consideration.

There is just one precaution needed in carrying out this practice, and that is to guard the cervix uteri, in cases where the cervical canal is healthy, from the action of the nitric acid, for if this precaution be neglected, contraction of that canal is likely to occur.

But the mode of applying nitric acid which I have described, and which is that adopted by others in this city, and until recently by myself, is liable to this objection, that it cauterizes most freely the lower segment of the cervix, the part which in general requires it least, and which in many cases it is desirable should escape entirely. I have, therefore, devised this little instrument, which I may term an *intra-uterine speculum*;



it is, in fact, something like an aural speculum, only that it is expanded by means of a screw which works through a long handle. I have tried it, and it answers the purpose in view very well; namely, the protecting the cervical canal from the action of the acid, and the ensuring the thorough cauterization of the cavity of the uterus. It is intended to be

used only after the cervix has been dilated, and not as a dilating agent. When it is employed, the duck-bill speculum may be withdrawn, as both the cervix and vagina are protected from the action of the acid; but it is not advisable to release the anterior lip of the uterus from the grasp of the vulsellum, as, were this done, the speculum might slip out of the cervix. The instrument is made of vulcanite, and is manufactured by Arnold & Sons, of West Smithfield, London. It is possible that one of platinum could be made of smaller size and equally serviceable, but the expense of such an instrument would be considerable. I believe this instrument will prove of value in facilitating the treatment of intra-uterine disease.

Of numerous cases of endo-metritis, which I thus treated, I shall give very briefly the details of three. The first was evidently totally unconnected with pregnancy, her last child having been born twenty years previous to her coming under my care. She had also been a long time a widow. Ten years ago menstruation suddenly ceased, and she suffered from headache and dizziness. These symptoms yielded to treatment, and menstruation again became normal. Four years elapsed and then the periods began to become more profuse, were attended with very severe pain, and occasionally clots were expelled, their passage being followed with but little relief. Leucorrhœa was present during the interval between the periods. She also suffered from constant pain in the left side, felt most intensely at a point midway between the spine and crest of the ilium. This pain, at first experienced only at each menstrual period, became, after a time, constant, being aggravated in intensity during the periods, sometimes, indeed, becoming at those times absolutely intolerable; there was also tenderness over the right ovary. The uterus was tender to the touch, was enlarged and retroflected. The introduction of the sound caused much pain, and some blood followed its withdrawal. The cervix was swollen and much engorged. To relieve this condition I punctured it. It bled freely, and, hoping to lessen the ovarian congestion, I directed 15 grains of the bromide of potassium to be taken thrice daily. This treatment was continued in for some time; blood being extracted locally at intervals of five days. The result was that the cervical engorgement was removed, menstruation became somewhat less profuse, and the ovarian pain much mitigated in severity; but treatment having been discontinued for a short time, the whole train of bad symptoms returned, and I became convinced that no permanent relief would be obtained unless

I treated the interior of the uterus directly. I accordingly explained my views as to the nature of her case to this lady and to her son, himself a surgeon. She consented to undergo any treatment which promised relief from her sufferings. I commenced by introducing five pieces of sea-tangle bougie into the uterus; these dilated the cervical canal so freely that I passed my finger through the os internum and up to the fundus of the uterus; as I had anticipated, I detected a rough granular condition of its lining membrane, the lip of the uterus was then seized with a vulsellum and drawn down, and a wire armed with a roll of cotton thoroughly saturated with the fuming nitric acid, was passed up to the fundus and retained there for some seconds; this was done twice so as to secure a thorough cauterization of the whole interior of the uterus. I had the advantage of Dr. Denham's assistance in this case, and he can testify to the thorough manner in which the cauterization was performed. The patient was not chloroformed, as she objected to being so. No pain followed. I kept this lady in bed for some days as a precaution, but no other treatment was adopted. The next period came on a little before its time and was profuse, but attended with less pain than previously. Since then her condition has steadily improved, the periods now last but three or four days, and are almost painless. This lady had been treated in various ways, without benefit, before she came under my care. I may here remark that if the nitric acid be applied shortly before a menstrual period, that period is likely to be profuse, but this by no means indicates that the treatment is a failure, the subsequent ones, as in the present instance, frequently becoming normal.

The next case is that of Mrs. —, aged twenty-six. She was confined prematurely of her first child in December, 1870. She was not able to nurse, and recovered very slowly. For some months subsequently she menstruated at regular intervals, the flow not being at first excessive. She suffered, however, constantly from leucorrhœa which debilitated her greatly; for this she was treated by the exhibition of tonics and by vaginal injections without benefit. In the July following her confinement she observed that the menstrual period was not only greatly prolonged, but that the quantity of blood lost was excessive. From this date till the month of October, menstruation recurred regularly at intervals of but fourteen days, the flow lasting very profusely for seven days. The period which occurred immediately before my seeing her, commenced on the 18th October and lasted for a fortnight; on the fifth day of the flow, after

having been, unfortunately, obliged to pass the greatest part of the night in attendance on an invalid, she was attacked with severe pain which she referred to a point immediately above the pubes; this pain was very intense, and had not entirely subsided when I saw her.

On making an examination I found that the uterus was very low in the pelvis; the cervix was soft, tumified, and tender to the touch; the fundus was evidently enlarged, anteflected to a considerable degree, and very sensitive, the slightest pressure causing great pain. The sound passed with ease to the depth of three and a half inches, but on pressing the point against the fundus she immediately complained of the great pain she experienced. The cervix when exposed to view was seen to be in a state of extreme congestion, while a copious glairy discharge issued from the os uteri.

The diagnosis was clear; an attack of acute endo-metritis had occurred in a uterus which was in a state of sub-involution, the acute attack having now passed into a chronic form; endo-cervicitis was also present. Puncturing the cervix was, in this case, productive of marked relief. The endo-cervical discharge became much less copious, and the tenderness on pressure was greatly diminished, and the vaginal aspect of the cervix assumed its normal appearance; yet menstruation continued profuse, and was attended with great pain. This patient resided some distance from town, and I would not venture to dilate the cervix in a patient whom I could not watch. I accordingly, several times, used the nitric acid in the mode recommended by Dr. Sims and Dr. Thomas, but no improvement followed. I, therefore, decided to introduce ten grains of the solid nitrate of silver up to the fundus, and leave it there to dissolve. This I accordingly did. A good deal of pain followed the application, but it subsided in a few hours, and the patient rapidly improved. Menstruation became normal, and now, after the lapse of a year, she continues quite well.

In the last case which I shall allude to the symptoms were in many respects very different from those in either of the former. The patient had borne six children, the last nearly ten years prior to her coming under observation. Ever since its birth she had suffered from menorrhagia, with profuse leucorrhœa, in the intervals between the periods. Of late the flow had become very excessive, lasting for sixteen or seventeen days; but, exhausting as this continuous drain was, she complained even more of irritation of the bladder, which compelled her even at night to micturate

every hour, or at most every two hours; and during the day the desire to do so was constantly experienced. In her the vaginal aspect of the cervix and the cervical canal were perfectly healthy, but the fundus was enlarged, globular in shape, and its cavity elongated.

The diagnosis was, in this case, obscure; the menorrhagia could be accounted for by the presence of an intra-uterine tumour. The excessive vesical irritation, manifested by the incessant desire to micturate, was not, however, a usual accompaniment of the latter affection. A correct diagnosis could be arrived at only by a digital examination of the interior of the uterus. To effect this the cervix was fully dilated; this disproved the existence of any tumour, but detected a roughened granular condition of the lining membrane of the body.

In this case, also, I cauterized the whole interior of the uterus very freely with the fuming nitric acid; no pain followed, nor was any special treatment subsequently needed. The night following the day on which the operation was performed this patient slept soundly, without an opiate, and for the first time for years was not disturbed by the desire to micturate. I had a letter from this poor woman recently, and she speaks with delight of the comfort she now experiences. This case is interesting as proving not only how obscure may be the symptoms, and how severe the sufferings occasioned by disease of the mucous membrane lining the cavity of the uterus, but also for how long a period these cases continue.

In the last case the particulars of which I have detailed while irritation of the bladder and menorrhagia were constantly present, there was no cervical inflammation, and the uterus itself was but slightly tender to the touch. I therefore did not adopt any preliminary treatment, but proceeded at once to explore the interior of the uterus, and, finding that the mucous membrane lining it was in a granular condition, I applied the fuming nitric acid freely, with the most satisfactory results.

I desire to impress on the Society the fact that nitric acid properly and carefully applied to the interior of the uterus is a perfectly safe and painless and at the same time efficient application. I do this the more emphatically, because a writer in the number of the *Edinburgh Medical Journal*, for February, 1872, thus expresses himself with reference to the subject:—

“Patients treated as he (Dr. Atthill) suggests, will certainly have no more menorrhagia, they may be glad if they have even a uterine cavity left.” And again, a little further on—“The treatment is one which may

have been tried, but which we are pretty sure has never been carried out."

Now with respect to the last of these assertions I have only to state, that in common with many other members of this Society, I have repeatedly applied the fuming nitric in the manner described, in the presence not only of other practitioners, but also of a large class of pupils. In the majority of these cases the cervix and os internum had previously been so freely dilated as to permit the passage of the index finger up to the fundus, for the purpose of exploring the interior of the uterus. It is also commonly the practice in this city to apply the fuming nitric acid to the cavity of the uterus, after the removal of intra-uterine tumours, the cervix being sometimes so fully dilated as, in one of my own cases, to have permitted the extraction of a polypus as large as a turkey egg. In all these cases the os was not only exposed to view by means of the duck-bill speculum, but the uterus was drawn down and firmly held by means of a vulsellum fixed in the anterior lip. Under such circumstances there can be no doubt but that the interior of the uterus was freely cauterized. That the uterine cavity remained was subsequently proved by examination, and that it had been restored to health was evinced not only by the fact that the distressing symptoms under which the patients laboured had been removed, but further (and in an unequivocal manner) by pregnancy having in some cases followed. It is needless to say more on this subject, except to express regret that a writer in a medical journal of high repute should express decided opinions on subjects of which he is plainly ignorant. I have seen pelvic cellulitis follow the application of the liquor of the perchloride of iron to the cervical canal, but I have not ever seen an unpleasant symptom follow the use of the nitric acid.

In conclusion, to guard against misapprehension, I think it right to add that, in advocating this method of treating endo-metritis, I must be understood to refer only to cases in which menorrhagia, purulent discharges, or profuse uterine leucorrhœa exist, or to cases in which other means have, on a full and fair trial, failed to effect a cure.

DR. CHURCHILL said he rose to express his sense of the value of Dr. Atthill's paper. He believed that our recent knowledge of the pathology

of the uterine cavity was the greatest advance that had been made of late years.

It would be within the recollection of many that he (Dr. C.) had read before this Society, and afterwards before the Medical Association, a paper on granular inflammation of the cervical canal. Since that time the use of multiple tangle tents, for which he was indebted to Dr. Kidd, had enabled us to examine not only the cervical canal, by the endoscope, but the entire cavity of the uterus. In one such case at the Rotunda Hospital the rectum tube of the endoscope was passed to the fundus, and every portion of the cavity plainly seen. He had found general redness, or redness in patches, with or without the glistening granular appearance which he described as seen in the cervical canal.

He could bear testimony to the value of the free use of strong nitric acid. It neither gives pain, nor is followed by unpleasant consequences, perhaps because it does not make a deep slough. He had been using it freely for the cervical canal for a great many years, and for the entire cavity for some time.

DR. RINGLAND said the Society was greatly indebted to Dr. Atthill for his able paper, in which he had given so full and complete a history of the symptoms and the treatment of this formidable disease. He thought the last observation he had made, in commenting on a review that appeared in a Medical Journal, on his (Dr. Atthill's) admirable papers on this subject, was a correct one, viz., that the review in question was the production of a gentleman commenting on a mode of treatment of which he had no experience. He fully endorsed what Dr. Atthill had said of the introduction of solid caustic into the cavity of the uterus. As to the application of nitric acid to the interior of the uterus, he was not aware until lately that Dr. Marian Sims had been in the habit of using it; in fact, he thought that he (Dr. Ringland) himself was the first to suggest the use of it. A paper was communicated some years ago to the Society by Dr. Kidd on the removal of intra-uterine polypi, and he detailed a case where they occurred again and again, necessitating frequent operations for their removal, and accompanied on each occasion with great hæmorrhage. On consultation he (Dr. Ringland) suggested the use of nitric acid in that case to check their growth. He had been in the habit of applying nitric acid to the cervix, and he had known of its application in the case of hæmorrhoids, with the result of inducing a healthy action in the vessel itself. Seeing a large amount of hæmorrhage in cases of cancer of the uterus, it seemed to him that the same thing might be applied there, and that solidification of the vessels of the uterus might be effected. The result proved that he was right. It struck him that hæmorrhage in the cavity of the uterus, resulting from polypi or

other causes, might be effectually controlled by the same means, and he suggested the application of nitric acid to Dr. Kidd and the late Dr. Beatty. They seized upon it, and he thought the paper read by Dr. Atthill showed that it was not altogether an unimportant or unwise suggestion.

DR. DENHAM said he had the pleasure, some twenty-five years ago, of seeing the President (Dr. Kennedy), applying nitric acid in a case of hæmorrhage, and he thought therefore Dublin Obstetricians ought not to be too modest in allowing their American cousins to carry away all the honours. He remembered being astonished at the time at seeing that strong caustic put into the cavity of the uterus, but experience had proved that it was a most valuable remedy. In the Rotunda Lying-in Hospital nitric acid was used with great advantage and without bad consequences. In one patient it failed to produce an effect, and he then threw up by an india-rubber bag a strong solution of iron with a most satisfactory result. He could fully testify as to the excellent effect of nitric acid in one of the cases mentioned in which he had assisted Dr. Atthill.

DR. JAMES LITTLE said he could testify to the great facility with which Dr. Atthill's intra-uterine speculum was introduced, and the safe way in which applications were carried into the womb through it.

DR. KIDD fully concurred in the remarks which Dr. Atthill had made as to the importance of acquiring a real knowledge of the diseased condition he had described, and of the method of treatment. There were no cases more difficult of recognition than those of endo-metritis, none more difficult to manage, and none more productive of bad health and distress. With regard to the application of nitric acid, Dr. Ringland had originally proposed it to him; he confessed he was startled at the suggestion, and it was only after some consideration he adopted it. It was then new to him to apply it to the cavity of the uterus; however, there was nothing new under the sun. Dr. Denham spoke of seeing it applied twenty-five years ago; but Ambrose Parè had described it fully as a remedy for warty growths from the interior of the uterus.

DR. J. A. BYRNE expressed his full approbation of the line of treatment Dr. Atthill had advocated. He thought it was one seldom attended with danger. Although nitric acid would appear at first to be a very severe remedy, yet after all, the wound it produced was a very superficial one, and the amount of suffering caused was not great. They knew this by its application to syphilitic ulcers; and it would appear that it did not produce a slough, but some alterative effect on the surface of the uterus.

He fully concurred with Dr. Atthill, and joined him in condemning statements which, if not refuted, might have produced a very injurious effect in preventing the application of this valuable remedy.

The PRESIDENT said he took the same view as Dr. Byrne of nitric acid, namely, that it sounded more severe than it really was. It acted over a large extent of surface, did not go very deep, and produced a very healthy sore underneath. His attention was first called to it with a view of dealing with malignant disease, and he carried it out very largely, certainly before 1846. When he first made the application he was somewhat apprehensive as to what the result might be; but there never was hæmorrhage, never any inflammatory action, and he never found any serious result from it. In some cases, especially those equivocal phagedenic cases, he had found it to act most satisfactorily, the result being that a healthy action was set up. He had used nitric acid in the interior of the uterus, and had never seen any unfavourable result. He did not believe the interior of the uterus took on adhesive inflammation, nor had he ever seen cellulitis produced as the result of the application of nitric acid.

The abstraction of blood has been alluded to. He did not think sufficient attention was given to this subject. His own experience of the use of scarification was disappointing. He rarely could get a proper quantity of blood, but in some cases he got too much. They could, however, always depend on leeches, but these should never be applied unless "harnessed." He would advise that no more than two leeches should be applied at a time.

DR. ATTHILL thanked the Society for the kindness with which they had received his paper. He should not have brought it forward except for the importance of the subject, and also to reply to the strictures which had been passed upon this method of treatment without an adequate knowledge of the subject. He thought the President was perfectly right in saying there was no danger of adhesive inflammation in the body of the uterus from the use of nitric acid, but that there was danger of it in the cervix. Therefore, if the cervix was healthy they should save the canal, and it was with the view of protecting it that he had devised the instrument which he had exhibited. He hoped no one would suppose that he advocated cauterization in all these cases. He had distinctly stated that when urgent symptoms were not present, general treatment should first be fully and fairly tried; but when the disease was of old standing, constitutional treatment was useless. As to scarification, he had tried it and it was useless; but puncturing the cervix in the manner suggested

by Dr. Hall, of Brighton, was generally very satisfactory. He had treated many cases by simple puncture, and got by that means as much blood as he wanted.

The PRESIDENT observed that he had repeatedly seen adhesion of the os, but never of the uterus itself.

FOURTH CLINICAL REPORT OF THE ROTUNDA
LYING-IN HOSPITAL FOR THE YEAR 1872.

By GEORGE JOHNSTON, M.D., F.K. & Q.C.P.,
Master of the Rotunda Lying-in Hospital.

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The Vice-President, DR. ATTHILL, in the Chair.

GENTLEMEN,—In submitting to you this, my fourth annual clinical report of the Rotunda Lying-in Hospital, you will excuse me if I beg leave once more, for I feel I am compelled to recapitulate what I have said on each previous occasion, that “in bringing forward these reports I have no theory of my own to promulgate, no other object whatever but that of simply eliciting truth, and by giving you a plain, unvarnished statement of facts, as they occurred during the year, you may be the better able to test the question, whether a large maternity is, or can be made, a safe asylum for those seeking its advantages.”

At the same time, I must maintain, and I am sure that all unprejudiced minds will allow, notwithstanding what has been said to the contrary, that in considering the sanitary state of our institution, the statistics small country hospitals bear no analogy whatever with those of large maternities, the great majority of the patients admitted into the former being a chosen few, people of good character, recommended as such by the patrons of the charity, or if perchance some unfortunate should seek and gain admission, she, in all probability, is so callous and indifferent to her state, that she cares not to brave out her guilt with shameless and unblushing face, in the midst of her friends, or in the locality where she is so well known.

Whereas in such an institution as the Rotunda they come from all quarters of the city, the country, and occasionally from England and other parts of the British Dominions, and even America has contributed her quota, specially to be confined in our institution. The victim of seduction, the houseless stranger, the famished wretch, all seeking admission may enter at any hour, night or day, without either note or ticket of

recommendation, their only requirements being, that they stand in need of our assistance, a circumstance which, so far as I am aware, is peculiar to this institution. The modest girl, who, having been led astray, and acutely sensitive of her fallen state, flying from the observation of her family and friends, in order to avoid the scandal and opprobrium that she would be exposed to were she to remain in her own home or neighbourhood, seeks the shelter of the Rotunda, where unknown, among the multitude, she hopes to elude observation.

Women deserted by their husbands, or who have been left destitute by their partners having fallen victims to the many diseases always so prevalent in large cities, but particularly within the past year, leaving the widow in a state of mind often bordering on distraction, themselves and families being in a state of penury, not knowing where to look for succour. Others again, who, having been under the care of some unskilled person in their own homes, and whose case becoming serious, or getting beyond the capacity of those in attendance upon them, and who, mayhap, after trying all their efforts to effect delivery, without success, send them to the hospital often in a most deplorable, nay, hopeless state. Some labouring under acute complaints, such as pneumonia, bronchitis, laryngitis, typhus or typhoid fever, scarlatina, erysipelas, &c., and whom we are obliged to retain, their state being such as to prevent their being moved to another hospital. Such cases are extremely liable to be attacked with puerperal fever or peritonitis, from which, in addition to the original complaint, being more than the system can bear up against, they too frequently succumb. And should a fatal termination ensue, ought their deaths to be attributed to their having been confined in the hospital, or would not the same result be as likely to occur, though their confinement had taken place in their own homes, or had they been removed to isolated dwellings? We too well know that in private, even among the upper classes, with every advantage of purity of air, and every luxury at their command, where such complications occur, how frequently death is the result. In fact, if I may be allowed to express my opinion, I will say, and that advisedly, that from the closest observation of the cases admitted into hospital for the last four years, I feel assured that *in no one instance* could the death be in any measure ascribed to either its air or influence.

On the contrary, I can bring forward many instances of patients, such as the poor seduced girl, or woman labouring under great distress of

mind, who, although their labour was perfectly natural in every respect, began to show symptoms of the worst character, when by cheering them up, and holding out prospects of protection for themselves and their offspring, have rallied, and made a favourable recovery. Others again, who had most difficult labours, requiring our greatest efforts to effect delivery, have progressed most satisfactorily, and went out quite well; while others whose labours were perfectly natural and of short duration, and who were progressing favourably, on receiving some sudden shock, by bad news imprudently conveyed to them, were immediately attacked with inflammatory symptoms of the most serious character, and, notwithstanding the most prompt and active measures, they succumbed. Should such an event happen, surely it ought not to be attributed to their having been confined in the hospital, while in the former instances strong proof is evinced that there is nothing of a noxious quality in its atmosphere.

And here I may take the opportunity of stating, that notwithstanding the fearful epidemics which prevailed during the past year, and although several patients were admitted from infected houses, and many with disease absolutely upon them, it never extended beyond the one individual. In a word, the hospital was perfectly free from any contagion.

During the year ending 5th November, 1872, there were 1,193 deliveries took place in the hospital, 130 cases delivered at their own homes, 3,677 attendances at the dispensary, 289 treated in the chronic wards, making in all 5,289 cases relieved in the year. Of the 1,193 intern labour cases, 426 were primiparæ, and 767 pluriparæ; 931 were purely natural labour, *i.e.*, the head presented, and the delivery was effected by the natural efforts within twenty-four hours, 316 of which were primiparæ, of whom four died—one of pyæmia, having had symptoms of delirium tremens; one of bronchitis, from which she had been suffering for some months, and in whom peritonitis supervened; one of peritonitis, which set in twenty-four hours after confinement, being seduced, and fretting greatly, and one of peritonitis, which also set in twenty-four hours after confinement, with great prostration of strength and very low spirits, "husband having deserted her."

There were two cases where the labour exceeded twenty-four hours, but the child was born by the natural efforts, one, her first, thirty hours in labour, six occupying the second stage; the second, her second child,

twenty-eight hours in labour, the second stage occupying only half-an-hour; both recovered.

In 49 patients the ovum was expelled prematurely, viz., three in the sixth week, six in the second month, twenty in the third month, four in the fourth, six in the fifth, and ten in the sixth month. Three of the 49 abortions were primiparæ, viz., two at three months and one in the fifth month; all the mothers recovered.

In six cases the child presented with the upper extremity, viz., two the elbow being the presenting part, one being primipara; in two the hand presented; in one the shoulder, a primipara, and one, her seventh pregnancy, the arm was protruding through the vagina on admission. In all version was performed, under the influence of chloroform, with the exception of the shoulder presentation, which was the second of twins, and all recovered but the case of arm presentation, the uterus having been ruptured previous to admission.

In 33 instances the breech or lower extremity was the presenting part, 7 being primiparæ, 26 pluriparæ; 20 were breech presentations; 4 of which were in twin cases, 2 being primiparæ. In 13 instances the foot presented, 3 being primiparæ; 5 were in twin cases, 1 of which was primipara; all the mothers recovered.

FORCEPS.

In 131 cases it was considered prudent to employ the forceps to effect delivery, 95 being primiparæ, and 36 pluriparæ. This, no doubt, appears a large number, and will be considered by some, followers of the old school, in the light of "meddlesome midwifery."

But having now for some time closely watched the process of labour, and carefully considered all the circumstances attendant upon the descent of the foetal head through the pelvis, the injurious effects produced by its long pressure on the soft parts, and in cases where the liquor amnii has escaped at the commencement of labour, the danger that arises from the head pressing on the expanded cervix uteri, before the os is fully dilated, we have come to the conclusion, and our established rule is—that so long as nature is able to effect its purpose without prejudice to the constitution of the patient, danger to the soft parts, or the life of the child, we are in duty bound to allow the course of labour to proceed; but as soon as we find the natural efforts are beginning to fail, and after having tried the milder means for relaxing the parts, or stimulating the uterus to

increased action, and the desired effects not being produced, we consider we are in duty bound to adopt still prompter measures, and by our timely assistance relieve the sufferer from her distress, and her offspring from an imminent death. Why, may I ask, should we permit a fellow creature to undergo hours of torture when we have the means of relieving them within our reach? Why should she be allowed to waste her strength, and incur the risks consequent upon long pressure of the head on the soft parts, the tendency to inflammation and sloughing, or the danger of rupture, not to speak of the poisonous miasm that emanates from an inflammatory state of the passages, the result of tedious labour, and which is one of the fertile causes of puerperal fever and all its direful effects, attributed by some to the influence of being confined in a large maternity, and not to its proper source, *i.e.*, the labour being allowed to continue till inflammatory symptoms appear. The more we consider the benefits of timely interference, and the good results which follow it, the more are we induced to pursue the system we have adopted, and to inculcate to those we are instructing the advantages to be gained by such practice, both in saving the life of the child, as well as securing the greater safety of the mother.

At the same time we do not forget to point out that although the forceps in the hands of the skilful practitioner may be a perfectly safe and innocuous instrument, when used cautiously, and with due regard to the internal conformation of the pelvis; that on the contrary they become the very reverse, when attempted by those not thoroughly acquainted with the mechanism of parturition, or who have not acquired that sensibility of touch which is so essential to the obstetrician. That although to the looker on, their application may appear simple and easy, still, that the greatest care and caution is required in the mode of their introduction, the accuracy of their application, and eventually in the method of extraction.

Of these 131 cases, there were 9 deaths, or 1 in $14\frac{5}{9}$, viz., 1 from ruptured uterus, her third pregnancy, having been allowed to remain ten and a-half hours in the second stage; she died in twenty hours after delivery; 1 from the island of Jersey died of mental distress, being seduced, her first pregnancy, no abdominal symptoms whatever were present, as corroborated by *post-mortem* examination; 2 from convulsions, viz., 1 a primipara had 27 fits, and died on the fifth day, and 1, her fifth pregnancy, admitted in her seventh month, when labour was

induced, convulsions continued, and she died within thirty hours; 1 died of peritonitis, a primipara, in very delicate health, fretting, "her husband being at sea;" 1 died of peritonitis, but with extreme disease of the kidneys, a primipara, and unmarried; 1 died of peritonitis, a primipara, aged forty, sent from the country in a very delicate state of health, with fatty degeneration of the heart; 2 died of gastro enteritis, both primiparæ, and both suffering from gastritis on admission, 1 of which was a case of seduction.

77 male and 54 female children were delivered, of which 67 male and 49 females were born alive; 5 males and 7 females died some time after birth; 6 males and 4 females were dead when born, and 4 males and 1 female were putrid.

In 35 instances we were obliged to employ the forceps before the os was fully dilated, 27 being primiparæ and 8 pluriparæ. In 30 of these cases the interference was considered necessary, in consequence of the os uteri continuing undilated, apparently the result of the too early rupture of the membranes, thus exposing the cervix to an injurious amount of pressure, which, if prolonged, would be so apt to produce sloughing, and mayhap fatal results.

In all these cases the usual means of dilating the os were first employed, and as soon as it was sufficiently expanded to enable us to pass the blades of the forceps, we did not hesitate to employ them, and in every instance, so far as the labour was concerned, with a beneficial result. All the mothers recovered but 2, both primiparæ; in 1 the waters had escaped 7 days; she was an elderly woman, aged 40, in very delicate health, with gastritis and disease of the heart, and although very anxious about herself, she went on favourably for four days, when peritoneal symptoms set in, and she died on the ninth day. At *post-mortem* examination peritonitis to a slight extent was found; the uterus was perfectly healthy. The second was admitted with gastritis, diarrhœa supervened, which could not be checked, and she died on the fifteenth day.

In 3 cases the interference was owing to convulsions; 2 primiparæ recovered; 1, her fifth pregnancy, died.

In 2 from accidental hæmorrhage, both pluriparæ, and both recovered.

22 male children were delivered, 17 being alive, all of which lived.
12 female children were delivered, 11 being alive, 9 of which lived.

In order to show the result of the practice more clearly I refer you to the following table:—(p. 37).

Cases where the Forceps were Used before the Os Uteri was fully Dilated.

No.	Age	No. of Pregnancy		CHILD					Hours in Labor	Cause of Interference				Result to Mother		Observations
		1st	Subt.	Sex		Weight	Lived	Died		Early rupture of membrane	Accidental Haemorrhage.	Con- vulsions	Recovered	Died		
				M.	F.											
1	21	1	—	—	1	9 4	—	—	D. 4th day	36	1	—	—	1	—	Pulse getting quick; tongue dry.
2	26	1	—	1	—	6 8	1	—	—	36	—	—	1	1	—	1st of twins, 2nd delivered by version.
3	19	1	—	1	—	6 10	1	—	—	10	—	—	1	1	—	
4	27	—	3	—	D.	6 12	—	—	—	7	—	1	—	1	—	Great exhaustion.
5	30	—	5	—	1	2 8	—	—	D. 24 hours	—	—	—	1	—	1	Convulsions in 7th month; labour induced.
6	23	1	—	1	—	7 6	1	—	—	35	1	—	—	1	—	Head in 3rd position.
7	39	—	9	—	1	7 12	1	—	—	25	1	—	—	1	—	Left parietal bone of infant depressed to the extent of 3½ inches by 1¼, and to a depth of ¾ of an inch, in consequence of an exostosis at the brim.
8	23	1	—	—	1	7 4	1	—	—	46	1	—	—	1	—	43 hours in labour before admission.
9	30	—	2	D. P.	—	6 12	—	—	—	26	1	—	—	1	—	
10	43	1	—	1	—	6 12	1	—	—	23	1	—	—	1	—	
11	27	1	—	—	1	6 9	1	—	—	30	1	—	—	1	—	
12	21	1	—	D.	—	7 11	—	—	—	30	1	—	—	1	—	
13	25	1	—	1	—	7 10	1	—	—	26	1	—	—	1	—	
14	40	1	—	1	—	6 10	1	—	—	24	1	—	—	—	1	Admitted in very delicate health; gastritis; disease of heart.
15	34	—	2	—	1	7 0	1	—	—	26	1	—	—	1	—	
16	25	1	—	1	—	7 14	1	—	—	27	1	—	—	1	—	
17	32	1	—	1	—	9 0	1	—	—	30	1	—	—	1	—	
18	37	—	9	1	—	7 12	1	—	—	15	—	1	—	1	—	
19	23	1	—	—	1	7 9	1	—	—	21	1	—	—	1	—	
20	20	1	—	1	—	7 4	1	—	—	21	1	—	—	1	—	
21	24	1	—	—	1	6 0	1	—	—	21	1	—	—	1	—	
22	35	—	8	—	1	6 8	1	—	—	16	1	—	—	1	—	Projection of sacral promontory.
23	30	1	—	D. P.	—	7 0	—	—	—	30	1	—	—	1	—	
24	25	1	—	1	—	6 11	1	—	—	15	1	—	—	1	—	In very delicate health.
25	27	1	—	—	1	6 10	1	—	—	20	1	—	—	1	—	
26	25	1	—	1	—	6 5	1	—	—	12	1	—	—	1	—	
27	20	1	—	1	—	7 13	1	—	—	20	1	—	—	1	—	
28	42	—	2	D. P.	—	7 8	—	—	—	20	1	—	—	1	—	Membranes ruptured 3 days
29	25	1	—	1	—	8 0	1	—	—	15	1	—	—	1	—	Disproportion; head in 2nd position; pulse weak intermittent.
30	25	1	—	1	—	7 2	1	—	—	36	1	—	—	1	—	
31	29	1	—	1	—	8 5	1	—	—	38	1	—	—	—	1	Disproportion; had gastritis on admission; took enteric form.
32	30	1	—	D.	—	7 6	—	—	—	33	1	—	—	1	—	
33	25	1	—	—	1	7 2	1	—	—	40	1	—	—	1	—	
34	22	1	—	—	1	7 4	1	—	—	24	1	—	—	1	—	
35	20	1	—	1	—	6 12	1	—	—	28	1	—	—	1	—	
		27	8	22	13			27	2	—	30	2	3	32	3	

CRANIOTOMY.

In 5 instances we found it necessary to lessen the head before delivery could be effected, 4 being primiparæ, and 1 pluripara; in 2 cases it was owing to narrowing of the transverse diameter, both being primiparæ, 1 of which was complicated with convulsions, and who died; the other recovered. In 1 case, her fourth pregnancy, it was in consequence of narrowing of the antero-posterior diameter of the brim. She recovered. There were 2 cases where the pelvis was diminished in size (*pelvis simpliciter justa minor*), both primiparæ; 1 recovered, and 1 died of gangrene of the uterus, with extensive renal disease.

In all the forceps were tried previous to craniotomy. In 3 cases the cephalotribe had to be employed, in order to extract the head, and in all there was undoubted signs that the child was dead before the operation.

VERSION.

Version was performed in 21 cases, 8 being in primiparæ; 13 in pluriparæ, in 5 being the second of twins. 8 cases were presentation of the upper extremity; 1 a case of convulsions, 3 placenta prævia, 1 accidental hæmorrhage, 2 prolapse of the funis, 1 malposition of the head. 5 mothers died, 3 being primiparæ, viz., 1 a case of convulsions; 1 seduction, died of mental distress; 1 of disease of kidneys, with gangrene of the uterus mentioned before; 2 pluriparæ; 1 of hæmorrhage from placenta prævia; and 1 a case brought in from the country with ruptured uterus.

TWINS.

In 19 instances the labour was complicated with twins, 6 being primiparæ, and 13 pluriparæ. 1 mother, a primipara, died, as before mentioned, of mental distress, being seduced.

ACCIDENTAL HÆMORRHAGE.

We had 10 cases of accidental hæmorrhage, all being in pluriparæ, and all recovered. In 7 instances rupturing the membranes was sufficient to restrain the hæmorrhage; in 2 we were obliged to deliver by the forceps, and in 1 by version. 4 children lived; 5 were dead at birth. 1 was putrid. All the mothers recovered.

UNAVOIDABLE HÆMORRHAGE.

There were 4 cases of unavoidable hæmorrhage, all in pluriparæ; 3 were cases of partial placenta prævia—they recovered; 1 was a case of

complete; admitted in a state of great exhaustion; version was performed; she died in 24 hours.

POST-PARTUM HÆMORRHAGE.

There were 6 cases of *post-partum* hæmorrhage; 2 in primiparæ; 4 in pluriparæ; 5 being of a trivial character, 1 only requiring the injection of the solution of the perchloride of iron; all but 1 recovered, and went out well on their eighth day. The fatal case occurred in a patient suffering from purpura hæmorrhagica, aged 39, her third pregnancy; admitted in a state of great exhaustion; her labour was natural; the placenta was retained from inertia, with some hæmorrhage, but so slight that it was immediately restrained by the injection of cold water; however, from her previously exhausted condition, together with her disease, she gradually sank, and died on the ninth day.

RETAINED PLACENTA.

There were 2 cases where the placenta was retained; 1, from irregular contraction, a primipara; she died from uremia. 1, from morbid adhesion, a pluripara; child born in the country 40 hours before admission. Chloroform had to be administered before we were able to effect its removal. She recovered.

PROLAPSE OF THE FUNIS.

Prolapse of the funis occurred in 7 instances; 3 in primiparæ; 4 in pluriparæ; 3 boys and 1 girl were born alive; 2 boys and 1 girl were dead at birth. All the mothers recovered.

CONVULSIONS.

There were 5 cases where the labour was complicated with convulsions, all being primiparæ. 1 was a case of twins, first child, a male, delivered by forceps. The second, a girl, by version. Both children lived, and the mother recovered. The second case was also delivered of a boy, which lived, and the mother recovered. The third had 16 fits before delivery, in which, after version had been effected, obliged eventually to perforate the head, and complete extraction by the crotchet; mother died. The fourth was sent in from the country, had 4 fits before labour, which had to be assisted by the forceps; the child, a boy, was dead; mother also died. The fifth had 3 fits before admission; delivered by the forceps of a girl living; mother died.

RUPTURE OF THE UTERUS.

We had 2 cases where the uterus was ruptured before delivery. 1, her third child, was allowed to remain $10\frac{1}{2}$ hours in the second stage before we were sent for, head having been arrested at the brim for $9\frac{1}{2}$ hours; the long forceps were applied, and the head delivered with considerable difficulty, after which the shoulders had to be extracted by the blunt hook; the child, a girl, was dead, and weighed 10 lbs. 6 oz.; mother died in 21 hours. The second was her seventh pregnancy, brought in from the country, with the arm protruding through the vulva for 12 hours; uterine action had ceased; delivery was immediately effected by version; the child, a boy, was dead, weighed 8 lbs.; mother died in 25 hours.

CHLOROFORM.

Chloroform was used in 131 cases, and in all, so far as the anæsthetic influence was concerned, with favourable results, nor in any was there *post-partum* hæmorrhage. In every case before its administration we took the precaution of giving a dose of ergot.

PERITONITIS.

There were 14 cases of peritonitis; 12 being in primiparæ, and 2 pluriparæ; 8 recovered; 6 died; 9 were found to be labouring under great mental distress, 7 being unmarried, and 2 from their husbands having deserted them; 4 of these died. Of those who recovered, in 3 instances we attribute the favourable result mainly to their anxiety of mind being relieved. 1 of the fatal cases was admitted with acute bronchitis; another was admitted with acute gastritis and heart disease. 1 was admitted with unavoidable hæmorrhage and acute bronchitis. 1 came in "bruised all over," as she expressed herself, from a beating her husband had inflicted on her.

PYÆMIA.

There were 2 cases of pyæmia. 1, aged 30, her first pregnancy, was a case of tedious labour, lasting 50 hours, the delay being in the first stage, owing to early rupture of the membranes. Delivery had to be effected with the long forceps, the head being high up in the cavity; her convalescence was slow, owing to general delicacy; a pyæmic patch appeared on the right elbow on the tenth day, with low feverish symptoms; under treatment she gradually, but slowly recovered, and was discharged on thirty-first day.

The second, aged 24, her third pregnancy, was admitted in very delicate health, from want, suffering from acute bronchitis, with dyspnœa, fretting greatly, her husband having deserted her; confined December 20th, 1871, after a natural labour of 10 hours' duration, second stage lasting $1\frac{3}{4}$ hour; on the 24th a pyæmic patch appeared on the knee; her cough very troublesome; was put on bark with chlorate of potash; on the 29th she was moved to the chronic ward for change of air; on the 31st great difficulty of breathing, pneumonia at base of left lung, rusty sputa, for which she was treated, and the pulmonary symptoms improved, but the knees continued swollen and painful, with great prostration of strength; on the 3rd January phlebitis appeared in right leg, foot swollen and painful, which under treatment also subsided; however, it was followed by sloughing over the sacrum from constant supine posture, not being able to lie on either side, owing to the intense pain excited in the knee; she was put on an air cushion, and the other patients were moved out of the ward, that she might have a greater amount of pure air; subsequently psoas abscess formed, which burst on the 30th May, and she gradually sank in a state of great exhaustion on the 11th June, nearly 6 months from the time of her delivery.

PHLEBITIS.

1 case of phlebitis occurred in a patient who was admitted with, and had been under treatment in the hospital since the 18th January, 1872, for intense neuralgia of the uterus, being at the commencement of the eighth month of her fourth pregnancy. She was confined on the 6th March, after a natural labour of 9 hours' duration, second stage occupying 2 hours, of a female child, weighing 9 lbs. 12 ozs. Within 24 hours she was seized with pain in her left leg, with intense tenderness along the course of the vein. The usual treatment was adopted, with beneficial effects. Her recovery was slow, but perfect, and she was discharged completely well 7 weeks after her confinement.

GASTRITIS.

We had 3 cases admitted with acute gastritis. In 2 enteritis supervened, in 1 of which peritonitis to a slight extent followed. Both died. In 1 it was combined with disease of the heart, and peritonitis to a slight extent supervened. She died.

SCARLATINA.

Scarlatina appeared in 3 instances, viz. :—1 on the 18th January, in No. 2 ward. She was unmarried, aged 23, her first pregnancy; confined the 13th of a boy, living; weight 6 lbs. 12 ozs.; went on favourably till her fifth day, when a roseolar rash appeared over her neck, body, and legs. She was moved to the Hardwicke Hospital. Four other patients were confined at the same time in the ward, and all, both mothers and children, went out well.

The second occurred in No. 8 ward, in an unmarried woman, aged 16, her first pregnancy. She was confined on the 23rd March of a boy, living, weighed 7 lbs. 12 ozs.; went on favourably till the third day, when the roseolar rash appeared, with sore throat. She was moved to the Hardwicke Hospital. 4 other patients were confined at the same time in the ward, and who, with their children, were discharged convalescent.

The third appeared in No. 4 ward, on May the 11th, in a patient aged 18, her first pregnancy, who was confined of a girl, living, weight 5 lbs. 12 ozs. On the 15th redness appeared over the neck, chest, arms, and legs, and in the evening the rash was fully developed. There being only 2 other patients in the ward at the time, and as a space of 1 bed intervened between them and her, we allowed her to remain. She progressed favourably; desquamation took place in due course, and she was discharged quite well. The other patients in the ward went favourably through their convalescence, and all the children were perfectly healthy.

VARIOLA.

We had 10 cases of variola within the period of this report, viz. :—9 among the labour patients, and 1 in one of the inmates, who had no intercourse with the wards. She was moved to the Pension Medicale, where she died on the eighth day from the attack.

In 1 case, the woman was labouring under the disease when she applied for admission, and as her labour was far advanced, her first pregnancy, she could not be sent away, and was delivered, shortly after getting into the ward, of a healthy boy, weighing 7 lbs. 11 oz. It was considered prudent to move her, as soon as possible, to the Hardwicke Hospital.

In 7 cases the disease was latent, 1 not showing itself till 6 hours after delivery; 1 in 12 hours after admission, not in labour; 1 in 24 hours

after delivery; 1 in 26 hours after delivery; 2 not until 3 days after admission; and one of these had not been delivered. In one instance, the disease did not show itself till the fourth day after delivery. 6 of these were sent, 4 to the Hardwicke and 2 to the Mater Misericordiae Hospitals. The 7th case, second pregnancy; labour natural, went on favourably till the fourth day, when spots, of a modified form, were noticed on her arms, face, and body. She was moved to a separate small ward, where, under treatment, she went on favourably, and was discharged quite well.

In one instance the variola appeared in the infant.

The mother, unmarried, fretting, her first pregnancy, otherwise in good health, was delivered, after a natural labour of 8 hours' duration, of a boy, healthy, in good condition, weighing 7 lbs. 2 oz. Mother's convalescence was favourable, but slow, in consequence of her mental distress. On the ninth day a purple rash appeared upon the child's forehead, had been perfectly healthy from its birth till now, became low and weak, was given wine-whey. On the following day small petechial spots appeared on the shoulders and neck, with a regular variolous vesicle over the left temple, and several smaller ones on the buttocks and legs, with great prostration of strength. He rapidly sank in 46 hours after the first appearance of the rash. The mother continued perfectly healthy; had two well-marked cicatrices on her arm. She had not been re-vaccinated.

All these cases were more or less in contact with the other labour patients in whose wards they were for a period, varying from 6 hours to 4 days, and yet in no instance did the disease extend beyond the one individual. And, that it may be seen that these cases did not take place simultaneously, I now give them to you in the order of time in which they occurred. Thus, the first was on the 15th December, 1871, in No. 5 ward, 3 patients having been confined the day previous in the same ward, and all went out well. The next case that occurred in that ward was on January 19th, 1872, and was a woman who complained of pain in her back and loins; tongue loaded; pulse 112; with suspicious spots on her face and hands; not in labour. She was sent to the Hardwicke Hospital. In the interval, viz., on the 8th January, 4 patients were confined in the ward, and all went out well; and 5 patients who were confined at the time, also made a favourable convalescence.

The third case occurred in No. 6 ward, on January the 9th; this

patient was admitted complaining of pain, but not in labour, on January 7th, into No. 4 ward, where 4 patients were confined, all of whom went out well. She was transferred on the day following, not being in labour, to No. 5 ward, where 4 patients were also confined, and all convalesced. She was then moved to No. 6 ward, but on being transferred to it, on the 9th, a varioloid rash appearing over her arms, neck, and body, she was sent to the Mater Misericordiæ Hospital. 4 patients had been confined at the time that she remained in this ward, and all went out well.

The fourth case was in No. 3 ward, and was confined on February 22nd; on the 29th, her seventh day, patient complained of pain in her left knee, for which she received the ordinary treatment; on the 3rd of March, her eleventh day, purpurous patches appeared over face, arms, and legs. She was accordingly sent to hospital. 3 other labour patients were in the ward at the same time, all of whom recovered.

The fifth occurred March 24th, in No. 7 ward, was the case of the infant previously mentioned; 3 patients having been confined in the same ward during the time, and all went out well. Nor did any case occur in the ward till June 12th, during which period it was occupied by eight sets of labour patients, amounting to 33, all of whom went out well. This patient had been in No. 5 ward, when, on the number of labour patients being completed, she was sent to No. 6, having been 24 hours in the hospital before the symptoms appeared. She was not in labour, and was sent to the Mater Misericordiæ Hospital.

The seventh took place on March 27th (her fourth day), in No. 7 ward, and is mentioned previously, as the seventh case; being one of a modified form, was moved into a small ward, and recovered, 3 other patients having been confined at the same time in the ward, and recovered; nor did any case occur in it till the 15th September, when one who had been admitted in a feverish state, and confined the day previous, prematurely (seventh month), showed the disease; she was sent to the Hardwicke Hospital. In the interval the ward was occupied by 15 sets of labour patients, amounting to 57, all of whom recovered favourably.

The ninth took place in No. 4 ward, on the 19th April, having been 2 days in the hospital. She was first admitted to No. 3 ward, where 5 patients were delivered, and all of whom recovered. She was then moved to No. 4 ward, and while there 3 patients were confined, and all

convalesced. The eruption appeared shortly after delivery, so was moved as soon as possible to the Hardwicke Hospital.

The particulars of the tenth case have been already given.

There were 24 cases of acute pulmonary affections, viz., 22 bronchitis, 1 laryngitis, and 1 pleuritis.

1 case of hæmatemesis, which recovered.

5 cases of syphilis.

2 cases of neuralgia of the uterus prior to confinement. 1 had phlebitis after delivery. Both recovered.

1 case of purpura hæmorrhagica.

1 of fibroid tumour of the uterus; went on favourably through her confinement.

1 of epilepsy.

6 of mania, 5 being unmarried, 2 of whom died; 1 from extreme mental distress, and the other from extensive renal disease.

DEATHS.

20 deaths occurred during the year from all causes, being an average of 1 in $59\frac{1}{20}$; but if we deduct those which died from accidental causes, if I may so call them, and which amounted to 14, it leaves 6 which died of zymotic diseases. This lessens the average to 1 in $198\frac{1}{6}$, and when we take into consideration the circumstances under which they took place, we may fairly say, that they could not in any way be attributable to their having been confined in the hospital. That, in fact, they would have died, even though their delivery had taken place elsewhere.

For the purpose of showing this, I refer you to Table No. 1, which you may perceive is arranged, as I have done in my former reports, in the chronological order in which the deaths took place, with the No. of the ward and that of the bed, showing that where fatal cases from zymotic disease did occur it never extended beyond that one individual. Thus 1 case died of pyæmia in No. 5 ward, bed 46, her first pregnancy. aged 30, delivered 17th October, 1871, after a natural labour, second stage lasting only two hours, of a boy, putrid, in the eighth month, which she attributed to fright a fortnight ago; became very nervous, and had all the symptoms of delirium tremens. Pyæmic patches showed on different parts of the extremities, suffusion of the left eye, with pus in the anterior chamber, and she eventually sank on the 8th of November, on her twenty-second day after confinement. The delivery in this case

TABLE NO. 1.—Deaths from all Causes, from Nov. 6th, 1871, to Nov. 5th, 1872.

No.	Date of Death	Locality in Hospital		Patient		Cause	Observations
		Ward	Bed	Age	No. of Pregnancy		
	1871						
1	Nov. 8	3	23	37	3	Ruptured Uterus	9½ hours in second stage; had to be delivered with the long forceps with great difficulty; child, girl, weighed 10 lbs. 6 oz.
2	" 8	5	46	30	1	Pyæmia	Habits of inebriety, and symptoms of delirium tremens.
3	Dec. 20	1	2	25	1	Convulsions	16 fits before the os was sufficiently dilated to perform version, after which had to lessen the head and complete delivery by the crotchet.
4	" 22	Small Ward	64	34	3	Placenta prævia	Perfectly anæmic on admission; died in 18 hours of exhaustion.
	1872						
5	Jan. 14	6	70	23	1	Renal disease, Sloughing	Hand presented; waters had escaped 9 days prior to admission; version; after which had to lessen head and deliver with the cephalotribe.
6	" 15	12	116	28	1	Mental distress	Unmarried, from Jersey; fretting greatly, and, as she said, " <i>was dying of a broken heart</i> ;" no abdominal symptoms.
7	Feb. 4	5	69	23	7	Laryngitis with Bronchitis	A widow; caught cold attending her husband; great dyspnoea, and aphonia, on admission; gradually sunk.
8	" 6	Small Ward	64	23	1	Convulsions	Intense œdema of labia and extremities on admission; 27 fits; delivered by forceps under chloroform.
9	" 23	Small Ward		25	5	Convulsions	5 fits before admission; 7th month of pregnancy; labour induced; chloroform; forceps.
10	Mar. 10	1	2	33	4	Mental distress	"Widow;" mania on 5th day; great prostration; gradually sunk on the 9th day; no abdominal symptoms whatever.
11	April 24	5	46	20	1	Peritonitis	Had been in another hospital from injury to her knee; admitted with feverish symptoms; "husband at sea?"
12	May 11	6	68	25	1	Bronchitis, Peritonitis	Had been suffering from bronchitis for several months.
13	" 28	Small Ward	64	40	7	Ruptured Uterus	Brought in with arm protruding through the vulva; great pain of abdomen; uterine action ceased; version at once.
14	June 14	12	113	20	1	Uræmia	Unmarried; had to be delivered with the forceps; became semi-comatose; no uterine or peritoneal symptoms.
15	July 6	Small Ward	14	40	1	Fatty heart, Peritonitis	Water had escaped 7 days before admission, great delay in consequence; had to be delivered with the forceps; symptoms 5th day.
16	Aug. 23	2	20	24	1	Peritonitis	Unmarried; fretting; labour easy; symptoms set in in 24 hours; died on 8th day.
17	" 29	1	1	27	1	Mental distress	Unmarried; natural labour; great prostration; heart's action very feeble; died in 60 hours.
18	Oct. 8	5	48	30	1	Gastro Enteritis	Unmarried; delivered by forceps; great eructation from commencement; diarrhœa.
19	" 11	4	41	29	1	Gastro Enteritis	Had been in hospital; same complaint 3 months before.
20	" 17	6	69	39	3	Purpura Hæmorrhagica	Great exhaustion on admission.

having taken place the 17th of October, 1871, is recorded in my last report, but as her death did not occur till within the period embraced in this report, it has now to be mentioned.

The next was a case of peritonitis, her first pregnancy, admitted into No. 5 ward, bed 46, 19th April, 1872, 6 months having elapsed since the previous case, during which period 66 patients were confined in the ward, and on 14 occasions the same bed had been occupied, all of whom went on favourably to their convalescence. The report states that on admission her tongue was dry, coated with red edges, had lately come out of an hospital, where she had been for an injury to her knee, from which she was still suffering. "Husband at sea." She had to be delivered with the forceps, in consequence of delay in second stage, owing to disproportion. Symptoms of peritonitis showed themselves within 24 hours, and she died on the fifth day.

The third, admitted May 11th, into No. 6 ward, bed 68, aged 25, her first pregnancy, has been suffering from bronchitis for some months; great dyspnoea on admission; her labour was natural, second stage occupying only half an hour. The dyspnoea continued, and peritoneal symptoms set in immediately, and she gradually sank on her ninth day.

The fourth was sent in from the country in a delicate state of health, from acute gastritis and heart disease, aged 40, her first pregnancy; labour lingering; did not absolutely set in for 5 days after admission; delay in first stage, in consequence of early rupture of membranes, waters having escaped 7 days previous. Warm baths had to be employed, afterwards Barnes's dilator, and as soon as the os was sufficiently dilated, she was delivered with the forceps. Although much prostrated at the time from the effects of the labour she rallied for some time, but on the fifth day began to decline. Peritonitic symptoms showed themselves, and she died on the eleventh day. *Post-mortem* showed, besides slight peritonitis, the heart in a state of fatty degeneration.

The fifth, seduced, aged 24, first pregnancy, fretting greatly; her labour was natural, lasting only 12 hours, quarter of an hour in the second stage; peritonitic symptoms appeared in 24 hours. The usual treatment was adopted, but she gradually got worse, and died on the seventh day.

The sixth, also a case of seduction, admitted with great mental anxiety and prostration, heart's action feeble; labour natural, second stage three-quarters of an hour. Symptoms of peritonitis appeared

within 24 hours, became pulseless, and rapidly sank in 60 hours after delivery. *Post-mortem* examination showed peritonitis to a slight degree.

Of the 14 deaths from accidental causes (as they may be called), 2 were from rupture of the uterus; the particulars of these cases have been mentioned; 3 were cases of convulsions; 1 a case of placenta prævia; 2 died from renal disease, one of which had gangrene of the uterus; 3 died of mental distress, without any peritoneal symptom; 2 of gastroenteritis, one had no peritoneal or uterine symptom whatever, as shown by *post-mortem* examination, the other had to a slight extent; and 1 was a case of purpura hæmorrhagica.

In order to give a still clearer account of the number of cases of labour, as they took place in each ward, with the results, and that it may be seen that where a fatal case occurred, it did not communicate its influence to any other patient, I refer you to Table No. 2, which is so arranged that the number of patients delivered in each ward, with the deaths as they occurred in them, are seen by reading the table from above downwards, the primiparæ being printed red; tracing the figures horizontally you will see the number confined in each ward, during the month, with the deaths as they took place in that month; giving the total births and deaths at the end of the line for the month.

Thus you see that in the month of November, 1871, in No. 1 ward, 9 deliveries took place, 1 of which was a primipara. 8 in No. 2 ward, 5 being primiparæ. 17 in No. 3 ward, 3 being primiparæ, and 1 death (pluripara) from an accidental cause. 4 deliveries in No. 4 ward, 2 being primiparæ. 9 in No. 5 ward, 1 primipara, and 1 death, marked Z, being from a zymotic cause, and primipara. 10 deliveries in No. 6 ward, 3 being primiparæ. 11 in No. 7 ward, 2 of which were primiparæ. 11 in No. 8 ward, 5 of which were primiparæ. And 10 in No. 12 ward, 3 of which were primiparæ; making a total of 89 delivered in the month, of which 25 were primiparæ, with 2 deaths, one of which, a primipara, was from a zymotic cause.

Then again, reading the column vertically, you perceive that in No. 1 ward, 126 deliveries took place in the 12 months, 38 being primiparæ, and 3 deaths, all being primiparæ, one of which was from a zymotic cause, which by referring to the Table No. 1, and looking for the month of August, in which it occurred, the circumstances of the case can be ascertained.

In No. 2 ward, 129 patients were delivered, 53 of which were primi-

TABLE NO. 2.—Number of Patients delivered in each Ward, with the Deaths, as they occurred in them, during the year ending 5th November, 1872.

	Ward No. 1		Ward No. 2		Ward No. 3		Ward No. 4		Ward No. 5		Ward No. 6		Ward No. 7		Ward No. 8		Ward No. 12		Total		Deaths from Zymotic disease	Primi-para		Deaths from Zymotic disease	
	Delivs.	Deaths	Delivs.	Deaths	Delivs.	Deaths		Delivs.	Deaths		Delivs.														
Nov. { Primiparæ	1	-	5	-	3	-	2	-	1	1	3	-	2	-	5	-	3	-	-	-	-	-	25	1	1
Nov. { Deliveries	9	-	8	-	17	-	4	-	9	-	10	-	11	-	11	-	10	-	89	-	-	-	-	-	-
Nov. { Deaths	-	-	-	-	-	1	-	-	-	Z	-	-	-	-	-	-	-	-	-	2	1	-	-	-	
Dec. { Primiparæ	5	1	2	-	3	-	1	-	4	-	7	-	4	-	4	-	2	-	-	-	-	-	32	1	-
Dec. { Deliveries	9	-	5	-	9	-	9	-	13	-	14	-	15	-	13	-	11	-	98	-	-	-	-	-	-
Dec. { Deaths	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	2	-	-	-	-	
Jan. { Primiparæ	3	-	3	-	5	-	6	-	6	-	3	1	-	-	4	-	5	-	-	-	-	-	35	1	-
Jan. { Deliveries	13	-	14	-	15	-	14	-	13	-	8	-	1	-	7	-	12	-	97	-	-	-	-	-	-
Jan. { Deaths	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	2	-	-	-	-	
Feb. { Primiparæ	2	1	6	-	6	-	2	-	3	-	4	1	7	1	6	-	5	-	-	-	-	-	41	3	-
Feb. { Deliveries	8	-	10	-	8	-	9	-	8	-	13	-	17	-	13	-	15	-	101	-	-	-	-	-	-
Feb. { Deaths	-	1	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	3	-	-	-	-	
Mar. { Primiparæ	2	-	6	-	3	-	5	-	4	-	1	-	1	-	5	-	4	-	-	-	-	-	31	-	-
Mar. { Deliveries	13	-	14	-	13	-	16	-	11	-	8	-	10	-	9	-	9	-	103	-	-	-	-	-	-
Mar. { Deaths	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	
April { Primiparæ	2	-	7	-	4	-	7	-	4	1	9	-	6	-	2	-	1	-	-	-	-	-	42	1	1
April { Deliveries	12	-	16	-	14	-	13	-	16	-	15	-	14	-	4	-	4	-	108	-	-	-	-	-	-
April { Deaths	-	-	-	-	-	-	-	-	-	Z	-	-	-	-	-	-	-	-	-	1	1	-	-	-	
May { Primiparæ	2	-	3	-	4	-	5	-	2	-	4	1	4	-	2	-	6	-	-	-	-	-	32	1	1
May { Deliveries	9	-	8	-	10	-	7	-	8	-	12	-	13	-	13	-	13	-	93	-	-	-	-	-	-
May { Deaths	-	-	-	-	-	-	-	-	-	-	Z	-	1	-	-	-	-	-	-	2	1	-	-	-	
June { Primiparæ	5	-	4	-	9	-	2	-	4	-	5	-	4	-	4	-	4	1	-	-	-	-	41	1	-
June { Deliveries	11	-	12	-	15	-	11	-	12	-	13	-	12	-	10	-	9	-	105	-	-	-	-	-	-
June { Deaths	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	
July { Primiparæ	4	-	5	1	3	-	3	-	4	-	1	-	3	-	3	-	3	-	-	-	-	-	29	1	1
July { Deliveries	11	-	11	-	10	-	10	-	8	-	6	-	7	-	11	-	13	-	87	-	-	-	-	-	-
July { Deaths	-	-	-	Z	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	
Aug. { Primiparæ	5	1	5	1	5	-	4	-	5	-	2	-	6	-	3	-	2	-	-	-	-	-	37	2	2
Aug. { Deliveries	13	-	12	-	13	-	11	-	11	-	11	-	14	-	12	-	13	-	110	-	-	-	-	-	-
Aug. { Deaths	-	Z	-	Z	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	-	-	-	
Sep. { Primiparæ	4	-	3	-	4	-	7	-	8	-	3	-	9	-	4	-	5	-	-	-	-	-	47	-	-
Sep. { Deliveries	8	-	8	-	10	-	11	-	12	-	16	-	12	-	8	-	10	-	95	-	-	-	-	-	-
Sep. { Deaths	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Oct. { Primiparæ	3	-	4	-	6	-	2	1	2	1	4	-	3	-	2	-	4	-	-	-	-	-	30	2	-
Oct. { Deliveries	10	-	11	-	11	-	11	-	8	-	7	-	8	-	8	-	11	-	85	-	-	-	-	-	-
Oct. { Deaths	-	-	-	-	-	-	1	-	1	-	1	-	-	-	-	-	-	-	-	3	-	-	-	-	
Nov. { Primiparæ	-	-	-	-	-	-	-	-	1	-	1	-	1	-	-	-	1	-	-	-	-	-	4	-	-
Nov. { Deliveries	-	-	-	-	1	-	1	-	5	-	3	-	4	-	4	-	4	-	22	-	-	-	-	-	-
Nov. { Deaths	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total Deliveries in each Ward	126	-	129	-	146	-	127	-	134	-	136	-	138	-	123	-	133	-	1193	-	-	-	-	-	-
Total No. of Deaths in each Ward	-	3	-	3	-	1	-	1	-	3	-	4	-	3	-	-	-	2	-	20	-	-	-	-	-
Total No. of Deaths from Zymotic diseases in each Ward	-	1	-	2	-	-	-	-	-	2	-	1	-	-	-	-	-	-	-	-	-	6	-	-	-
No. of Primiparæ Deliveries	38	-	53	-	55	-	46	-	48	-	47	-	50	-	44	-	45	-	-	-	-	-	426	-	-
Deaths in Primiparæ from all causes	-	3	-	2	-	-	-	1	-	3	-	3	-	1	-	-	-	1	-	-	-	-	14	-	-
Total No. of Deaths from Zymotic diseases in each Ward	-	1	-	2	-	-	-	-	-	2	-	1	-	-	-	-	-	-	-	-	-	-	-	6	-

paræ; 2 deaths occurred, both in primiparæ, and both from zymotic causes, but in separate rooms, one, being a private patient, was in the small ward off the large one, and took place on July 5th; the other in the large ward on 26th August; 4 sets of patients having been delivered since the first case, all of whom went out well

In No. 3 ward, 146 deliveries occurred, 55 of which were primiparæ, and all of which recovered but one, a pluripara, from accidental cause, on referring to Table No. 1, will be found ruptured uterus.

In No. 4 ward there were 128 deliveries, 46 being primiparæ, and 1 death, a primipara, accidental, in the month of October, which, on looking at Table No. 1, to be from gastro-enteritis, which she had been suffering from on admission.

In No. 5 ward, 134 patients were delivered, 48 being primiparæ; there were 3 deaths, 1 accidental, a primipara, from gastro-enteritis, which she was suffering from prior to her delivery, and 2 of zymotic causes, 1, a primipara, on November 8th, from pyæmia, and 1 in April, also a primipara, from peritonitis, admitted in a feverish state; her mind being uneasy, some suspicion of her not being married. During the interval between the two cases, 66 patients were delivered in the same ward, all of whom went out well; and on 14 of these occasions the same bed was occupied, and all made a good convalescence.

In No. 6 ward, there were 136 deliveries, 47 of which were primiparæ; there were 4 deaths, 3 being accidental, 2 of which were primiparæ, 1 died of renal disease with gangrene of the uterus, 1 of laryngitis with bronchitis; the 3rd, her third pregnancy, died of purpura hæmorrhagica, which she had been suffering from for some days prior to admission; and the 4th, also a primipara, admitted labouring under acute bronchitis, upon which peritonitis supervened.

In No. 7 ward, 138 patients were delivered, 50 of which were primiparæ, and 3 deaths, 1 of which was primipara, all being accidental, viz., 1 placenta prævia, 1 convulsions, and 1 ruptured uteri.

In No. 8 ward, 123 women were delivered, 44 of whom were primiparæ, and all recovered.

In No. 12 ward, 133 were delivered, 45 of whom were primiparæ, and 2 deaths, 1, a primipara innupta, of mental distress, and 1, also a primipara, of uræmia.

Now, from a careful perusal of the foregoing table it will be clearly seen that where deaths did occur from a zymotic cause, in no one

instance did the contagion affect others, and when we take into consideration the circumstances under which these deaths took place, it must be allowed that the results would have been the same, even though their confinements had taken place in any other locality than the Lying-in Hospital.

STATE AND CONDITION.

I must now draw your attention to another point, which should be borne in mind when considering the subject I have to deal with, viz., the question whether "a large maternity is a safe asylum for those seeking its advantages." That is, the state or condition in which the individual is when being admitted, for it must be borne in mind, that where a female is suffering from any acute disease, such as pneumonia, bronchitis, pleuritis, &c., or the mind afflicted with anxiety or despondency, she is extremely liable during the time of her confinement to be attacked with puerperal fever, or peritonitis, from which, together with her previous complaint, she is very likely to fall a victim.

I do not hesitate, therefore, to lay before you a list of the various complaints, and the number of patients suffering from each of them at the time of their admission, as another proof that the hospital is not to be charged with possessing these noxious elements that we have been told prevail in all large maternities.

There were 29 cases admitted in a state of great mental distress, from seduction, &c.; 28 suffering from acute pulmonary complaints; 3 labouring under the effects of beatings from their husbands; 3 with acute gastritis; 6 in convulsions; 9 with variola; 16 in extreme delicacy of health; 14 suffering from hæmorrhage prior to delivery; 1 with purpura hæmorrhagica; 10 where the children had been born on their way to hospital; 3 with intense ascites, and œdema of lower extremities; 5 with syphilis; 1 with ruptured uterus; 1 with abscess in the groin; 2 uterine neuralgia; 1 fibroid tumour of uterus; 1 with severe hæmatemesis.

The next table, No. 3, which I submit to your notice, is divided, as you may perceive, according to the Poor Law arrangement, into districts, viz., 1, 2, and 3 on the north side of the city, and Nos. 1, 2, 3, and 4 on the south side, and shows in the first column of the respective districts the amount of deaths from zymotic causes, according to the Registrar-

TABLE NO. 3.—Showing the number of Deaths from Zymotic Diseases which occurred in each of the Poor Law Districts during the last twelve months, the number of Patients admitted from each of the above Districts and delivered in the Hospital, and the number of Deaths that took place amongst them.

	NORTH CITY DISTRICT									SOUTH CITY DISTRICT												
	No. 1			No. 2			No. 3			No. 1			No. 2			No. 3			No. 4			
	Deaths in District	Delivered in Hospital	Deaths in Hospital	Deaths in District	Delivered in Hospital	Deaths in Hospital	Deaths in District	Delivered in Hospital	Deaths in Hospital	Deaths in District	Delivered in Hospital	Deaths in Hospital	Deaths in District	Delivered in Hospital	Deaths in Hospital	Deaths in District	Delivered in Hospital	Deaths in Hospital	Deaths in District	Delivered in Hospital	Deaths in Hospital	
From Nov. 6, 1871,	27	36	—	8	20	—	45	17	—	34	3	10	7	—	27	21	—	22	12	1	—	
to Dec. 9, inclusive,	29	24	—	11	25	—	38	12	—	49	4	16	11	—	30	9	—	31	8	—	—	
to Jan. 6, 1872,	51	25	—	14	29	—	45	17	—	138	5	25	19	—	35	9	—	36	9	—	—	
to February 10,	47	22	—	16	19	—	25	11	—	81	1	24	12	—	34	16	—	22	14	—	—	
to March 9,	87	24	—	20	29	—	38	16	—	116	5	35	17	—	41	12	—	66	21	—	—	
to April 13,	72	23	1	20	19	—	33	13	—	95	1	29	9	1	32	13	—	33	16	—	—	
to May 11,	54	30	—	22	17	—	28	11	—	57	3	9	14	—	32	8	—	35	13	—	—	
to June 8,	62	19	—	29	23	—	42	19	—	50	8	22	13	—	35	9	1	45	14	—	—	
to July 13,	17	29	—	12	20	—	18	6	—	24	3	9	9	—	32	7	—	33	16	—	—	
to August 10,	9	25	—	5	29	—	18	9	—	26	3	16	6	—	22	6	—	31	15	2	—	
to September 7,	28	27	—	12	26	—	29	16	—	28	1	9	11	—	26	9	—	47	15	—	—	
to October 12,	6	21	—	7	13	—	9	6	—	17	—	4	10	—	17	8	—	15	11	—	—	
to November 5,																						
Total,	489	305	1	176	269	—	368	153	—	715	37	208	138	1	363	127	1	416	164	3		

General's report, which took place in that district in each month; in the second column the number of deliveries which occurred in the hospital of those admitted from that district; and in the third column the number of deaths which took place amongst them.

Thus, in November, 1871, you find that 27 deaths occurred in district No. 1, north side of the city; that 36 patients were admitted and delivered, who came from the above district, all of whom recovered.

8 deaths took place in No. 2 district, north side, in the same month; there were 20 admitted and delivered from that district, and all recovered.

45 deaths took place in No. 3 district, north side, in the same month; 17 were admitted and delivered from that district, all of whom recovered.

34 deaths occurred in No. 1 district, south side, from which 3 were admitted, and delivered, and recovered.

10 deaths are registered as occurring in No. 2 district, south side, from which 7 were admitted, and recovered.

27 deaths occurred in No. 3 district, south side; 21 were admitted from same district, and delivered, and all recovered.

22 deaths took place in No. 4 district, south side; there were 12 admitted from same district, and delivered, out of which there was one death of a zymotic nature, but as it would occupy too much of your time to enter into the details of each month, I will merely refer you to the sum total for the year.

Thus, in No. 1, north city district, 189 deaths took place from zymotic causes. 305 patients were delivered who came from that district, out of which we had one death.

In No. 2 district, north city, 176 deaths took place from zymotic causes; there were 269 patients who came from that district delivered in the hospital, all of whom recovered.

In No. 3 district, north city, 368 deaths occurred from zymotic causes; there were 153 patients who came from that district, delivered in the hospital, all of whom recovered.

In No. 1 district, south city, 715 deaths occurred from zymotic diseases. We had 37 deliveries in women who came from that district, all of whom recovered.

In No. 2 district, south city, 208 deaths took place from zymotic causes. 138 patients were delivered in the hospital who came from that district, one of whom died.

In No. 3 district 363 deaths from zymotic diseases occurred. 127 coming from that district were delivered in the hospital, one of whom died.

In No. 4 district 416 deaths took place from zymotic causes. 164 cases were admitted and delivered from that district, among which we had three deaths from zymotic diseases.

Thus showing, that although epidemics prevail with a fatal issue, and that to a fearful extent, outside, and notwithstanding that patients are admitted from the infected localities, they do not exist in the hospital, and if perchance a patient is admitted with disease upon her, it is not disseminated through the institution, never having extended beyond the individual case, as is shown in Tables Nos. 1 and 2, and thus affording a strong proof that the Rotunda Hospital is not the medium of either engendering or spreading disease, and amongst the others I have brought forward, a convincing one, that the mortality (when the various casualties we are exposed to, are taken into consideration) is not as great as that which takes place outside. That, in fact, the institution is fully as safe, if not safer, than if the confinement took place in their own homes, or isolated dwellings; besides which, it exemplifies how widely our usefulness is extended; that it is not limited to the immediate neighbourhood of the hospital, but that it spreads its sheltering arms to individuals from all quarters of the city, more than two-thirds of those delivered within the past year having come from the south side, not to mention the number who were admitted from the country and elsewhere.

Having thus endeavoured to give you a clear account of all the occurrences which took place during the past year, without making any further comment of my own, I leave you to draw your conclusion as to whether the hospital may be considered a safe asylum for those seeking its advantages.

The VICE-PRESIDENT said the report which Dr. Johnston had that night, for the fourth year in succession, laid before the Society, probably even exceeded in value his former ones; but indeed, the four reports taken together were perhaps the most valuable contribution that had been laid before the Society during the whole of that period. The great labour which Dr. Johnston had undergone in compiling these reports, their fulness, and their undoubted accuracy and truthfulness, entitled him not only to the thanks of the Society, but to the thanks of

all who took an interest in obstetrical matters. Dr. Johnston had protested against a comparison being made between a great Lying-in Hospital and the results of private practice or small Maternity Hospitals. It was needless to add anything to what he had said on that subject. The deductions he had drawn from the facts in the report were self-evident. He had given his reason for presenting these reports—namely, to refute the unjust accusation made against his hospital, and he had proved that a Lying-in Hospital, conducted as his was, was not more liable to mortality than smaller institutions of a similar kind, and he had also shown that even infectious diseases when introduced into it did not necessarily spread. One thing in the report which struck him was the large proportion of forceps cases; but Dr. Johnston had proved that it was perfectly right to use them frequently, and that the mortality decreased proportionately. One of the tables he presented was very remarkable, and was one that did not exist anywhere else. In it he recorded thirty-five cases in which the forceps was used before the os uteri was fully dilated. They were taught in former days that the forceps should not be used until the os uteri was fully dilated, and they could feel the ear. For himself, he must say he had never felt the ear, but there was certainly a prejudice against using the instrument before the os uteri was fully dilated. Dr. Johnston, however, showed that the forceps could be used with safety and benefit before the perfect dilatation of the os. The 131 cases of chloroform would be looked on with interest, now that the question as to the relative merits of ether and chloroform had been raised. In those cases Dr. Johnston had no hæmorrhage, but then he had given ergot to prevent it. His (the Vice-President's) experience was that chloroform predisposed to hæmorrhage unless previous precautions were taken.

DR. MORGAN said Dr. Johnston had laid considerable stress on the subject of seduction and the mental anxiety that might be supposed to ensue producing an unfavourable effect as regarded the recovery of the patient. Now, he should be glad to know if these cases were tabulated, and if there was any difference between a well-to-do girl who was confined of her first child and a woman who had been on the town for some time. There was an important distinction to be made between them. In the Lock Hospital, with which he was connected, there was a small maternity, and women were delivered there. He did not think they suffered great mental anxiety on account of their delivery. These, however, were women who would not come under the head of seduction. He must confess, as to the mental anxiety consequent on becoming the victim of seduction, there was one thing against it, namely, that they never saw one of these victims reform. In the Lock Hospital, although

every effort had been made to reform them, there had not been a single case of reformation within his experience. He thought there should be great accuracy in these matters, and that the circumstances and history of the individuals who suffered from mental anxiety ought to be stated. He recollected only two cases of women confined dying in the Lock Hospital, and these were cases of puerperal fever.

DR. DENHAM could not allow this valuable report to pass without bearing testimony to its great importance. There were one or two points he felt a little difficulty about—at least they were novel to him. One of these was the application of the forceps before the full dilatation of the *os*. It was so novel to him and so startling, that he looked on the table stating these cases as the most valuable in the report. At the same time it was a practice that must be undertaken with great caution by junior practitioners. They all knew the great unwillingness there was to attempt to introduce the hand in cases of placenta prævia and convulsions before the *os* was dilatable if not fully dilated, and they all knew there were numerous cases where the attempt to introduce the hand had been followed by a fatal result—the rupture of the uterus. This was an important subject which he trusted would be fully discussed. Another point was with regard to the crotchet. He did not think Dr. Johnston had given the number of cases where the forceps had failed, and he had had recourse to the crotchet. With reference to the remarks of Dr. Morgan, he did not think they contradicted the conclusion come to by Dr. Johnston. He (Dr. Denham) believed the number of cases of labour that went into a Lock Hospital was very small indeed. From his own experience, he thought the coming in of a common prostitute to the Rotunda Hospital was a case of extreme rarity, and, considering their state of health, they made very good recoveries. It must be obvious that the case of a young girl coming up from the country, and the victim of seduction, was different from that of an ordinary prostitute.

DR. KIDD felt that at that late hour it would not be right to enter into any very extended observations. He thought Dr. Johnston had conferred a great benefit, not alone on that Society, but on the Dublin School of Midwifery, by these annual reports. He had also conferred a benefit on humanity at large by the manner in which he had conducted the Rotunda Hospital. He had, on many occasions, kindly allowed him (Dr. Kidd) an opportunity of going through that hospital, and to any one who had done so, there could be no surprise at endemic disease not extending in that institution. It would be a happy thing if all private houses were kept in the same state of cleanliness and good ventilation.

There were one or two points which he wished to allude to briefly ; but, indeed, the paper was so full of important matter, that he felt unable to grasp all that was presented in it ; it was a report that a man should take down and study before he should presume to speak upon it. As to the use of the forceps before the os uteri was fully dilated, it was an exceedingly important question. He had, himself, saved lives by the adoption of that practice. It was contrary to the rules laid down in their systematic treatises ; but if they met with a case of convulsions (and several of the cases where it was used were of this nature), with the convulsions going on repeatedly and the patient gradually getting worse and worse, and effusion taking place into the bronchial tubes, were they to allow the patient to die. He thought the practice was a good one, and, in judicious hands, could be resorted to without any injury to the woman ; and, for his own part, he had made up his mind that in many cases it would be better to incise the os than to allow the patient to go on in that state of extreme hazard. It had been done by others with perfect safety and great advantage. Dr. Johnston spoke of having used the long forceps. He did not know exactly what forceps he meant by that, but in a case he had recently of convulsions, where he had to deliver the patient before the os was dilated, he delivered her with Beatty's forceps, and, in his opinion, that was long enough to deliver any woman, who ought to be delivered by the forceps. There was but one point in Dr. Johnston's paper in which an improvement might be suggested, but whether it would be practicable to carry it out or not he did not know. He referred to Table No. 3. There were similar tables in the former reports, and he had never been able to satisfy himself of their value. The more he thought of it, the more he doubted whether they were getting accurate and trustworthy conclusions from the facts that were stated in that table. It seemed to him that if they had the population of each district from which the patients came, and if they knew the ratio of zymotic diseases occurring in that population, and then, if they compared the number of cases of zymotic disease which occurred in hospital with the number of patients coming from that district, and if they found that the proportion of the cases of disease was very much less in the hospital than in the district, then Dr. Johnston's proposition would be proved. But at present he did not see that they had any proof of the proposition which Dr. Johnston had brought forward. He was sure Dr. Johnston would give him credit for desiring, by directing attention to this point, that a paper already so valuable might be made of still greater value.

DR. J. W. MOORE said among the many valuable statistics brought under their notice by Dr. Johnston, none were more valuable than those

bearing on the sanitary condition of the Rotunda Lying-in Hospital. Last year's mortality in Dublin was exceedingly high, the rate of mortality per thousand persons not being less than 28, whilst the rate of mortality in the Rotunda Hospital during that period was only 17 per thousand—a clear gain of 11. No doubt the inmates of that institution were of the most favourable ages between 18 and 40, but considering their condition as lying-in women, they might throw the one against the other. Looking at the question from another point of view with regard to zymotic diseases, the results were even more striking. In the seven city districts the number of cases of zymotic disease during the last year was 2,935, in a population of 240,000; those in the Rotunda Hospital during the same time amounted to 6. By a very simple rule of three equation, it would be found that the number of cases of zymotic disease that should have occurred in the hospital was 14. Therefore less than half the number in proportion to the number of inmates, as compared with the population of the city districts, occurred in that institution.

DR. DARBY said his experience confirmed that of Dr. Johnston as to the non-spreading of zymotic diseases in lying-in hospitals. With regard to the introduction of the forceps before the os uteri was fully dilated, he might mention a case that occurred to himself. He had been engaged to attend a lady, but happening to be called in to a case of scarlet fever at the time, she would not let him go near her. He recommended a friend to take charge of the case. The lady got convulsions, and the late Dr. Montgomery was sent for. That gentleman had not a forceps with him, and they were obliged to send for him (Dr. Darby). The os uteri was not larger than a five-shilling piece. He delivered the woman with Beatty's forceps, and no case ever did better.

DR. JOHNSTON, in reply, said, that as Dr. Atthill had alluded to his having used the forceps in the first stage, his reason for employing them at so early a period was in consequence of a case—her third pregnancy—which occurred some two years ago, where the waters had escaped at the commencement of labour. The os was slow in relaxing, and after having adopted the usual means, and waited, as was the practice, for some time—when finding, after three hours, that the cervix was still spread over the head, which was pressing in the cavity, and the woman suffering much pain, the os being about the size of a five-shilling piece, but capable of expansion—he delivered with the forceps. She went on favourably till the third day, when she suddenly fell into a state of collapse, and died soon after. On *post-mortem* examination the body of the uterus was found completely detached from the cervix—having sloughed away—evidently the result of long pressure.

This induced him to adopt the practice he had followed ever since, and he found it had been attended with the greatest advantage, both as to the safety of the mother and the child. It was a course of proceeding, however, which should only be adopted by a careful and experienced practitioner. The operator should be well acquainted with the practice of midwifery, and especially with instrumental midwifery, before he attempted it. As to Dr. Morgan's remarks on seduction, it was a notorious fact that whenever they found feverish symptoms occurring after delivery, they constantly traced them to mental anxiety, caused either by seduction, ill-treatment, or distress of mind from some cause or other. The only two critical cases he had in the hospital at present were of that kind. In one the husband had deserted his wife, and in the other instance the husband had beaten her. The cases that came under Dr. Morgan's care were altogether different from those in the Rotunda Hospital. The creatures that came to the latter fly from their family and their friends to avoid the shame and scandal that would attach to them. Dr. Denham had referred to the crotchet. He had mentioned five cases in which he performed craniotomy, but in all those cases he applied the forceps first, and failing that, he had to deliver by perforation, and in three cases he used the cephalotribe. He had now used the forceps over 350 times since he had charge of the hospital. He was at first prejudiced in favour of Beatty's straight forceps, but in many cases he found when the head was very high up they slipped, and he now made use of Barnes's double-curved forceps, and in no case did it fail. As an instance: he had a case last year of a woman with her ninth child. The head never entered the brim. He applied the forceps, and after three-quarters of an hour's exertion he was enabled to extract the child. It was alive, and on the left *parietal bone* there was a depression of three inches and a half by an inch and a half. He never thought it would recover, but the child and the mother went out quite well. He never would have succeeded in that case with the straight forceps. As to Table No. 3, his reason for giving it was that in the attacks made against large maternities it was said that whenever an epidemic prevailed in Dublin it was sure to commence in the Rotunda Hospital, and he wanted to show that while contagious maladies existed outside in the different districts from which the patients came, yet there was no sickness in the hospital; that, although several were admitted from houses where members of their families were actually lying ill with contagious complaints, they did not convey the disease to others in the Institution.

ABSTRACT OF 280 CASES OF LABOUR

ATTENDED BY

WILLIAM D. HEMPHILL, M.D., F.R.C.S.I.,

FROM THE YEAR 1840 UNTIL THE YEAR 1872.

The Secretary read the following paper :—

—	No. of Cases	Mothers Lost	Children Lost
Labours natural, and without any- thing abnormal in mothers or children,	224	—	—
Breech presentations,	8	—	3
Footling,	1	—	—
Arm,	2	—	—
Hand and Head,	3	—	—
Twins,	1	—	—
Tedious Labours—second stage above 24 hours,	6	—	1
Operations,	11 ^a	—	—
Acephalous Fœtus,	1	—	1
Hydrocephalus,	1	—	1
Convulsions,	3	—	—
Puerperal Fever and Inflamma- tion,	4	1	—
Puerperal Mania,	3	—	—
Hæmorrhage, Accidental,	3	—	2
Hæmorrhage, Post Partum,	6	1	—
Hæmorrhage from Adhering Pla- centa,	5	—	—
Adhering Placenta, without Hæmorrhage,	4	—	—
Lacerated Perinæum,	3	—	—
Total,	280	2	8

Remarks.—Under the head of natural labours, I do not confine myself to those cases strictly so called, but have excluded every case where anything abnormal has occurred to mother or child, during the progress of the labour or during convalescence.

^a 11 operations are recorded; 9 of these were the removal of adhering placenta, which being recorded in another column also accounts for incorrectness of total.

Breech Presentations.—Of these I had eight, or one in thirty-five, and lost three children. Two of the children were unusually large, first cases, and great difficulty was experienced in extracting the head. Of the children saved, one was a first case, one a seven months' child, one saved with difficulty—Marshall Hall's method being used for nearly twenty minutes before respiration commenced.

Only one footling—child saved.

Two arm presentations, one turned with difficulty, the arm having protruded for several hours before I saw the patient: one, a seven months' child, was expelled spontaneously while I was preparing to turn.

Head and hand, three cases, all children saved.

Only one case of twins, at seven months, the smallest living children I ever saw. Both died in a few weeks.

Had six cases of labour, the second stage lasting more than twenty-four hours. Mothers and children all saved. Two cases were remarkable, the mothers having had large families before, the children not unusually large, pains strong, and occurring at regular intervals, mucous membrane moist, in fact nothing to account for the great prolongation of labour. Four were first cases, with large heads, one of which required the forceps, the child being dead.

This was the only forceps case I had in private practice; if I had used it with some of the others, the second stage might have been somewhat shortened, but I did not regret allowing nature to complete the labours, as all the mothers recovered perfectly in the usual time, and the children were saved.

My only operations were the forceps case above mentioned, the version case, and nine removals of morbidly adhering placenta—mothers and children lived in all.

Met with one acephalous fœtus, and one of chronic hydrocephalous—both children born dead.

Convulsions.—I attended three cases of convulsions, one in the year 1851, treated with bleeding and calomel, the other subsequently, with the vapour of chloroform applied with a handkerchief. I have every reason to be satisfied with the latter treatment—the convulsions in every case being stopped by the vapour without producing anæsthesia. The application was repeated every time the slightest symptoms returned. Mothers saved.

Puerperal Fever, &c.—I am happy to say we are fortunate in having very

little puerperal fever in private practice in this locality. In one case the attack did not commence for three weeks after the confinement, although there was some malaise for a few days previously. Patient died on the seventh day from the attack. Treated with leeches, calomel, opium, and poultices, but could not produce pytalism.

There was an offensive water closet in a neighbouring house; patient lived in a close part of the town. Three cases of puerperal hysteritis occurred on the third or fourth days after delivery—the operation for removing adhering placenta having been performed in each case. Patients were salivated and did well.

Had three cases of puerperal mania, one associated with *post partum* hæmorrhage and convulsions. All recovered, disease lasting from two to four months.

Hæmorrhages.—I have met with a good deal of hæmorrhages. Three cases of accidental. One caused by an accident, one by fright, and one without assignable cause. Mothers all recovered. Two children dead born, one saved.

Have had no case of unavoidable hæmorrhage.

Five of the cases of adhering placenta attended with more or less hæmorrhage. Mothers all saved.

Have had six cases of *post partum* hæmorrhage; mothers saved in five; one died in 1851. This woman carried a crippled husband on her back to the top of a very high house; labour soon came on (a few days before the time), attended with very slight accidental hæmorrhage; placenta came away in twenty minutes; put on a binder, everything being apparently all right; left the room but not the house, and was called up by the nurse-tender in about an hour and a half; found that she had lost a large amount of blood and was faint; on removing the binder an enormous coagulum came away. I gave ergot and used every exertion with pressure, and although I succeeded in checking the hæmorrhage, she never rallied, but sank in about an hour.

I had several patients who always expected flooding after delivery. On the recommendation of the late Dr. Montgomery I gave doses of sulphuric acid three times daily for nearly a month before the time, and I think with good effect. I have used the different solutions of ergot in those cases, commencing with a dose when the head is born, but although I generally use Long's glycerine solution in slight cases, I never in severe cases rely on anything but the fresh powder in infusion. This I have frequently

given in half drachm doses, repeated even three or four times. But my invariable habit is never to relax my grasp of the uterus, commencing when the head is born and continuing pressure until the placenta comes away, and the binder with folded napkin is arranged.

I had three cases of lacerated perinæum, none requiring suture. On my attendance in subsequent confinements I found all as if laceration had never occurred.

I attended a large number of abortions, some attended with very great loss of blood, in which cases my invariable practice has been to plug the vagina. I never lost a patient, although some were brought very low. I find recorded in my case-book, as early as 1844, a case of abortion in which I plugged with a silk handkerchief. My late father, who had an extensive midwifery practice for nearly fifty years, taught me the value of plugging, but I am indebted to Dr. Churchill, of Stephen's-green, for the very great improvement of plugging the vagina through the speculum.

I do not suppose there is anything either novel or unusual in the record of these cases, and their only value consists in their being a true statistical account of purely private practice amongst the upper classes, all cases occurring in public institutions, and amongst the poorer classes, where a physician is merely called in to give assistance to a midwife in difficult cases, but without having charge during their progress, being omitted. I have not included in the above list any cases where I have been called in consultation to the patients of other medical men.

ON INTRA-UTERINE FIBROID.

By G. H. KIDD, M.D., F.R.C.S.I., &c.

Saturday, 8th February, 1873.

DR. SIBTHORPE, V.P., in the chair.

DR. KIDD laid before the meeting a specimen of a fibrous tumour removed the day before, and said this tumour presents some features of interest, which may, perhaps, render it worthy of being brought before the Society. In a paper communicated to the Society during the last session, I detailed a number of cases in which I had removed fibrous tumours from the interior of the uterus. Among the rest the case of a woman from whose uterus I removed, about two years ago, the specimen preserved in the bottle I hold in my hand, and which weighed six and a-half ounces. She had been much reduced by hæmorrhage before coming into the hospital, and at the time of the operation the uterus was very large, extending nearly half way to the umbilicus. After the removal of the tumour on that occasion, the hæmorrhage ceased, and the woman left the hospital and remained in good health for some months. The hæmorrhage, however, gradually returned; her menstrual periods became excessive, and she again sought admission a few days ago. The uterus was now again half way up to the umbilicus; the uterine sound passed into it five inches, and I determined to introduce sea-tangle tents and explore its cavity. On Wednesday last I made the first attempt to introduce the sea-tangle, but the os was so small, notwithstanding that I had removed this great tumour before, that I could only get in a single piece. On Thursday I introduced six pieces of sea-tangle, of No. 6 size, and on Friday I removed these and discovered the existence of a large tumour in the interior of the uterus. On examination I found this tumour was attached to the posterior and right side of the uterus, close to the fundus. It was attached at the same point as the tumour I had previously removed. Here is a sketch I showed last session of the former tumour, or, to speak more correctly, a diagram, as it was not drawn from nature, but only from the measurements ascertained on examination of the

uterus. That tumour was found growing from the posterior part of the uterus near the fundus, and at the right side. It was peculiarly lobulated with a broad base. I remarked to the Society the prominence of the uterus anteriorly, and mentioned that my experience so far led me to say that where a fibrous tumour grows in the uterus, and the uterus is prominent at one point, it will be found that the tumour grows from the side opposite. The specimen I show to-night is a marked example of this. The tumour grew from the same situation as the former one; the superior part of the posterior wall, and the lower part of the anterior wall was so bulged out as to resemble a greatly anteflected uterus. The fundus seemed to be down under the symphysis pubis. This was a feature that to me was a very interesting one in this case. It is not merely a matter of curiosity, and I again wish to direct the attention of the Society to it, for if it be established as a law, it will facilitate the removal of these tumours, for it will enable us to say where the pedicle of the tumour is situated. This grew from the posterior and upper part of the uterus, and caused such a bulging out of the anterior wall, that when I examined it I could not get my finger round it, nor could I carry the *écraseur* round the tumour up to the pedicle. In operating on the first tumour, I succeeded in getting the wire round it, and encircled it at its base, and was thus enabled to remove it in one mass; but in the specimen I now show I was unable to do this, and had to remove it slice by slice. Five times I had to apply the *écraseur* before I got it all away. As the case corroborates the observation previously made with regard to the seat of the pedicle, I thought it right to bring it before the Society. Another feature of interest is that it is an example of the recurrence of fibroid tumour in the uterus. That is not a common event. Once we remove a fibroid tumour it rarely returns, but here in less than two years it has returned, and attained nearly the same size. The weight of the first tumour was six and a-half ounces; that of the present specimen six and a-quarter ounces. They are both well-marked examples of intra-uterine fibroid tumours.

ON THE
CONSTITUTIONAL CHARACTER AND TREATMENT
OF THE
DISEASES OF WOMEN
CONNECTED WITH
CHRONIC INFLAMMATION OF THE UTERUS.

By THOMAS MORE MADDEN, M.D., M.R.I.A., M.R.C.S., Eng. ;
Examiner in Midwifery and the Diseases of Women and Children
in the Queen's University in Ireland ;
Physician to St. Joseph's Hospital and Dispensary for Sick Children ;
Ex-Assistant Physician to the Rotunda Lying-in Hospital ;
&c., &c.

CHRONIC inflammation of the neck of the womb is the most common of all the diseases peculiar to women. Thus, of six thousand three hundred cases that came under my observation at the dispensary for diseases of women attached to the Lying-in Hospital, rather more than one-tenth belonged to this category, and in private practice I have found the proportion of these cases fully as large as in hospital or dispensary experience. The frequency of chronic uterine inflammation, producing ulceration and leading to hypertrophy, is only equalled by the importance of its consequences, and these are too generally disregarded by writers on the subject. Amongst the results of this complaint, not to speak of malignant disease, may be mentioned sterility, menorrhagia, dysmenorrhœa, vaginitis, leucorrhœa, hysteria in all its forms, and the long train of moral as well as physical infirmities which are the sequence of these morbid conditions.

The treatment of the affections now under consideration is still vague and unsatisfactory, generally extending over long periods of time, and often unrewarded by the cure of the disease, its predisposing causes being, as I believe, overlooked in practice.

I shall therefore now very briefly submit my views as to the causes of the frequency of these maladies, their effects, and the treatment they require, and venture to hope that the experience of even one individual who has had opportunities of observation may aid others who are entering on the same field of practice, and thus contribute something, however little it may be, towards putting the treatment of these affections on a more satisfactory footing.

II.—*Increasing Prevalence of Uterine Disease.*

No one conversant with medical literature in which is reflected the prevailing idea of the day as to disease, for there are fashions in professional opinion just as certainly as there are modes in dress—

usus

Quem penes arbitrium est, et jus et norma—

can fail, on comparing the medico-chirurgical publications of the present time with those of any former period, to observe the great prominence now given to the study of uterine affections, and the importance attached to them. The questions not unnaturally arise, have these diseases really become more common than was formerly the case? or is it merely the fashion of the day to ascribe all obscure complaints to uterine disorder, as it was formerly to attribute them to “the vapours,” or “the spleen,” or the more modern “nervous and bilious complaints,” each of which was at one time so prolific a supposed cause of patients’ ailments, and, more certainly, of physicians’ fees? Or, have uterine complaints been always as prevalent, though only now discovered by the improved means of diagnosis furnished by modern gynaecological science?

Opposite as these doctrines appear, and warmly as they have been espoused by conflicting authorities, there is, nevertheless, as in most other disputed subjects, some truth as well as some error in each of them. Uterine diseases are, I believe, more commonly met with, as well as more in vogue, and, above all, they are more easily recognized than was formerly the case.

A comparatively short time has yet elapsed since either the frequency or the pathological importance of the morbid conditions now under consideration was first pointed out. The English writers of most repute on female complaints during the first thirty years of the present century, down to the time of Sir Charles Clarke, make no mention of non-malig-

nant ulceration or congestion of the lower segment of the womb; and even as recently as 1857, Dr. Rigby, a well known and distinguished practitioner, asserted that "ulceration of the os and cervix uteri, not connected with malignant disease of the uterus, is in fact a rare affection."

The discrepancy of opinion between recent gynæcologists and those who immediately preceded them on the question of the prevalence of inflammation, congestion, hypertrophy, and ulceration of the cervix and os uteri, may, to a great extent, be accounted for by the fact that the actual condition of the diseased part, which is now obvious to any tyro armed with the vaginal speculum, was, before the general employment of Recamier's invention, obscure, and only to be ascertained with difficulty and imperfectly by the light of general symptoms, assisted by tactile examination.

III.—*On the Use and Abuse of the Speculum.*

By the aid of the speculum, the uterine sound, the endoscope, and, above all, by the trained index finger of the experienced gynæcologist, it is now as easy to investigate the protean maladies of the internal female organs of generation as it is to diagnose disease of the external parts of the body. Yet, comparatively few years have elapsed since M. Recramier's revival of the speculum or *διοπτρα*, which was fully described by Paulus Æginata in the seventh century, and again given to the world in 1816, has been extensively employed. Even twenty years after that date, when Dr. Balbernie advocated the speculum, its use was almost unknown; nor did it find much favour with British practitioners till after the publication in 1844 of the first edition of Dr. J. H. Bennett's work on "Inflammation of the Uterus."^a

The vaginal speculum is unquestionably the greatest improvement that modern science has contributed to this department of medical practice. It is as essential in the treatment of many uterine complaints as the stethoscope is in the diagnosis of pulmonary or cardiac diseases. But it may be abused as well as used, and for my part I cannot approve of an indiscriminate resort to the speculum in cases of suspected uterine disease, and more especially when occurring in young unmarried women. I have had daily occasion for some years to introduce as many speculums in hospital and dispensary practice as most practi-

^a A Practical Treatise on Inflammation of the Uterus. By J. H. Bennett, M.D. 1st edition, London, 1845; 4th edition, 1861.

tioners, but I never regarded myself as justified in so doing in any case in which this instrument could be possibly dispensed with—that is, in which its use was not absolutely necessary for the diagnosis or treatment of the disease.

Many cases have from time to time come under my observation in which the patient, having previously been treated for ulceration of the os uteri, insisted on being “examined,” and when, as not unfrequently happened, I did not think this procedure necessary, these persons were dissatisfied, and considered themselves neglected. And yet in a large proportion of such cases, by simply paying attention to the general health of the patient, ordering the free topical use of cold water, and enjoining total abstinence from marital relations, all the symptoms would subside, and the invalid would regain perfect health—the *mens sana in corpore sano*—far more completely and rapidly than if I had subjected the parts to the mechanical irritation of repeated examinations with the speculum, and so aided in keeping up that morbid concentration of the imagination on the supposed seat of the disease which is so common in uterine complaints. But wherever extensive disease of the os or cervix uteri exists the use of the speculum is indispensable. Since M. Recamier’s time a great variety of vaginal speculums have been devised. That most generally used in America, and of late by many practitioners in this country also, is Dr. Marion Sims’ so-called “duck-bill speculum.” This instrument, although an admirable one for a variety of purposes, and more especially for all plastic operations in the vicinity of the vaginal canal, is, in my opinion, unsuitable for use in the treatment of simple ulceration or hypertrophy of the cervix uteri.

The objections to the “duck-bill speculum” are, first, that it is troublesome to use, necessitating the constant co-operation and aid of a trained assistant; secondly, that it causes more pain and greater exposure of the patient’s person than the ordinary cylindrical speculum; thirdly, that the view it affords of the seat of the disease is less satisfactory than that given by the latter instrument.

The first objection is, I think, a serious one. For though we must all agree with Dr. Sims that delicacy and propriety, as well as the safety of the surgeon’s character, require the presence of a third person whenever it can possibly be obtained on such occasions, still there are many cases in which no one qualified to render the surgeon the requisite assistance is at hand. With regard to the second objection, all I can say is that

in this country at least very few decent women would, without some extreme necessity, which, in my opinion, does not exist in the complaints now under consideration, submit themselves to a vaginal examination conducted in the manner described by Dr. Sims in his original directions for using the "duck-bill speculum." Even the greatly modified method of using this instrument now recommended by Dr. Sims in his valuable work on uterine surgery,^a is, according to my experience, neither necessary nor expedient in these cases. The employment of the tenaculum hooked into the anterior lip of the os uteri, as directed by this eminent American surgeon, although now very generally practised, is, like several other points in modern gynæcological practice—

". . . a custom
More honoured in the breach than the observance."

It is true that the cervix uteri apparently possesses very little sensibility, and sometimes bears very rough handling, without any obvious ill effects. Yet it surely needs no argument to prove that it is not desirable to drag down the uterus towards the vulva by means of a steel hook fixed in an inflamed or ulcerated cervix. In other uterine diseases I have indeed often availed myself with advantage of this method of bringing the os uteri into view or the uterus within my reach in cases that could not have been treated otherwise. But, on the other hand, I have seen very unpleasant consequences from the indiscriminate practice of harpooning the cervix with a tenaculum for the purpose of remedying the surgeon's want of dexterity in bringing the os tinæ into view with the speculum.

Dr. Byrne of Brooklyn has recently published in the *American Journal of Obstetrics* a description of a new self-retaining speculum, or rather perinæum depressor, combining the advantages of the "duck-bill" and cylindrical specula, which, as far as can be judged from the inventor's account, promises to be a valuable instrument.

For all ordinary diagnostic purposes I have found the ordinary glass-reflecting or Fergusson's speculum sufficient, and either that or Dr. Graily Hewitt's excellent bivalve speculum^b was employed in at least nine-tenths of all the cases of ulceration that came under my observation.

^a *Clinical Notes on Uterine Surgery.* By J. Marion Sims, M.D., p. 23. Lond. 1866.

^b *The Diagnosis and Treatment of Diseases of Women.* Second edition. Lond. 1871.

IV.—*The Physical Signs of Ulceration of the Cervix Uteri.*

A digital examination will enable the experienced practitioner to diagnose a well-marked case of ulceration of the cervix uteri by the peculiar "soft velvety sensation" which, together with the patulous state of the os, was first pointed out by Dr. Bennett as characteristic of the disease, and which may readily be recognized by the touch. So conclusive are the tactile evidences of this condition of the os uteri that I have seen few out of the large number of these cases that presented themselves at the dispensary in which it was not possible to pronounce an opinion from a simple digital examination, even when only a slight degree of ulceration existed, unless it was confined to the cervical canal and had not affected the os or vaginal portion of the cervix. In fact, in the hands of an experienced practitioner, the speculum is chiefly required for therapeutic, and not so much as is generally supposed for diagnostic purposes. The os uteri is usually patulous and much lower down when ulcerated than in its healthy condition, the whole cervix being tumefied and elongated. On making a digital examination we also find the parts to be more tender than natural, and the temperature is almost invariably raised. In short, all the characteristics of inflammatory action are present—"tumor cum calore et dolore"—as well as increased vascularity, evinced by the altered colour of the mucous membrane. Having ascertained by a digital investigation that the case is really one of ulceration, the surgeon may now proceed to make an ocular examination by the speculum. The lower part of the uterus will now generally be found congested and vascular looking, the lips of the os thickened, and usually one of them—commonly the anterior lip—longer and more prominent than the other. The vaginal portion of the cervix is coated with a thick glairy mucus issuing from the os and covering the softened hypertrophied mucous membrane, in which, when this discharge is washed away by syringing with tepid water, as it is so tenacious that it cannot be easily otherwise removed, the ulcerated surface may be detected with ease. These ulcers are irregular in form, and vary in extent from a mere speck-like depression in the mucous membrane to a deeply excavated sore. The superior fifth of the vagina at least always necessarily participates in the inflamed condition of the cervix, with which it is so closely identified by structure as well as by situation, and more or less vaginitis attends all cases of inflammation or ulceration of this part.

Ulcers of the os uteri are commonly very superficial, and in many cases are but mere abrasions of the mucous membrane. They generally commence just within the os tincæ, and extend ultimately to both lips, being, however, more marked on one side than the other. The os is usually very patulous, and we may frequently trace the ulceration through the open cervical canal into the body of the uterus.

The viscid glairy mucus, closely resembling the white of egg, which is seen issuing from the open os uteri, to which it adheres so closely as to be removed with much difficulty when we wish to examine the ulcerated surface, is, as was pointed out by Dr. J. H. Bennett, whose researches have thrown so much light upon uterine diseases, pathonomic of inflammation within the cervical canal. This mucus is secreted within the cervical canal by the glandulæ Nabothi, which in cases of cervical inflammation, and under no other circumstances, excepting during pregnancy, pour out a secretion by which the orifice of the uterus is hermetically sealed, and subsequent impregnation effectually prevented.

V.—*Causes of Chronic Endo-Metritis, Cervicitis, and Ulceration.*

In considering the causes of chronic inflammation and ulceration of the uterus, and especially of the cervix uteri, very undue importance is now-a-days attached to the local exciting causes of these affections, whilst the constitutional predisposing causes, which I consider as the *fons et origo malorum*, are disregarded. This matter is one of considerable practical importance, for if the views herein set forth as to the constitutional causation of local uterine diseases, attended by inflammation, ulceration, sterility, and other organic and functional derangements of the womb be right the treatment of these affections will be materially changed, improved, and simplified. The scrofulous diathesis is, in my opinion and according to my experience, the most common predisposing cause of the diseases that form the subject of the present essay. This fact, as far as I am aware, is completely ignored by all the recognized authorities on the subject, and my chief object in submitting this paper to the Obstetrical Society is to call attention to the connexion between struma and the most common forms of uterine disease, in the hope of thus contributing to a more satisfactory and rational plan of treating these complaints.

My attention was first called to this point by noticing that amongst the

large number of patients suffering from chronic uterine affections, such as leucorrhœa, endo-metritis, inflammation, ulceration, or hypertrophy of the cervix uteri, ovarian pain, sterility, repeated miscarriages, derangements of menstruation, &c., that came under my observation at the dispensary for diseases of women attached to the Lying-in Hospital, a very considerable proportion were of well-marked scrofulous habit; in many instances they suffered from actual scrofulous disease of other parts, and in others I was able to trace the influence of a hereditary scrofulous taint.

In these cases the uterine symptoms, the character of the inflammation, the form of ulceration, and the nature of the discharge were all impressed with the scrofulous type. The constitutional condition of the patient being thus strumous, the local uterine disease is analogous to scrofulous inflammation of the conjunctiva or phlyctenular ophthalmia, or still more resembles the chronic mucous nasal catarrh of strumous children, being attended by a similar tendency to produce excoriation of the mucous membrane, and by a somewhat similar glairy discharge. Many of the symptoms of scrofulous inflammation are generally present in the cases under consideration; in them the inflammatory action is as insidious in its first encroachment, as chronic in its course, as obstinate in its duration, and as difficult to cure. Like all other forms of scrofulous inflammation that affecting the cervix uteri is peculiarly apt to lead to the formation of ulcerations of the characteristic strumous appearance, irregularly circular in shape, superficial in depth, pale and flabby in aspect, possessing little natural sensibility, but occasionally angry and irritable, tedious beyond patience when neglected or maltreated, and best cured by the treatment appropriate to other diseases of the same character.

In order to understand the peculiar susceptibility of the uterus to inflammatory and allied complaints, viz.:—Inflammation, acute as well as chronic; congestion, active and passive; ulceration, hyperæmia or hyperæsthesia—the anatomical and physiological peculiarities of this organ must be borne in mind; for it is only by studying vital actions in health, or physiology, that we can hope to succeed in studying morbid actions in disease or pathology. We must therefore keep in view, when considering this subject, the highly vascular structure of the womb, the formation of its veins, devoid as the cerebral sinuses of valves, and resembling them in their comparative size and number. The natural

tendency to congestion of the uterus occasioned by menstruation must also be taken into account at the same time, as well as the possibility of these diseases being caused by arrested or defective involution after parturition, or, as is very frequently the case, by simple congestion, resulting from frequent pregnancies, or in newly married women from overstimulation of the parts. Inflammation of the cervix uteri leading to ulceration or hypertrophy is essentially a chronic complaint, and differs in this respect from inflammation of the body and fundus of the womb, which is more frequently of an acute character. That the cervix uteri is more liable to chronic inflammation than the superior part of the same organ is unquestionable, and admits of an easy explanation. For although there is no line of demarcation separating one portion of the womb from another, and limiting the diseases affecting each within certain boundaries, yet the situation of the cervix renders it more exposed to the exciting causes of inflammation, namely, mechanical irritation, or injury, to which may be added the natural tendency to congestion produced by the pendant situation and great vascularity of this organ.

Gout and rheumatism, or more commonly the gouty or rheumatic diathesis, must be recognized as amongst the occasional causes of chronic uterine disease. The importance of gout considered as a cause of these affections, was long since pointed out by the late Dr. Rigby. Neuralgia of the uterus is another form of chronic womb disease of constitutional origin, and to this or to gout or rheumatism must be referred the causation of the "Irritable Uterus" described by Dr. Gooch in his classic essay, as of "Uterine Irritation," of which the late Dr. Addison has left so graphic a picture, and one which may still be read with much profit, though penned many years ago.

Syphilis is by no means an uncommon cause of uterine disease. But, contrary to a very prevalent opinion amongst dispensary patients at least, primary syphilitic ulcerations on the cervix uteri are extremely rare. In the few exceptional cases of this kind that I have seen there was generally also a chancre on the external parts, and even if there was not, the diagnosis was rendered easy by the well-defined, circular, excavated, and hard character of the sore, its greater sensibility, and the history of the case. These ulcerations require no further notice in this place, as they must be treated as ordinary chancres, wherever situated, should be.

Secondary syphilitic affections of the uterus are however comparatively

frequent. Amongst the occasional manifestations of uterine secondary syphilitic taint may be mentioned leucorrhœa, or uterine catarrh; superficial abrasions of the mucous membrane; hypertrophy of the cervix, which in such cases presents a peculiar piebald colour, being in part of its normal aspect, and in part of a dull, congested, vitrious hue. All these symptoms however frequently occur without any syphilitic disease. In doubtful cases the diagnosis will be greatly aided by the history of the case; whether the patient has ever suffered from a primary sore on the external genitals, or from any suspicious cutaneous disease or form of ulcerated sore throat; or when none of these symptoms can be traced, by the fact that the patient has repeatedly aborted, or given birth to immature and putrid still-born children. Under such circumstances I should never hesitate to regard any obscure uterine disease as syphilitic, although I should be very cautious in imparting my diagnosis to any one whatever.

VI.—*The Various Forms of Ulceration of the Os and Cervix Uteri.*

Various forms of uterine ulceration have been described, such as "granular ulcers," "corroding ulcerations," "cockscomb granulations," "varicose," or "fungus ulcers," &c.; but these distinctions appear to me of little practical importance, and like some other recent additions to the already too complicated nomenclature of our present nosology, rather tend to embarrass the student than to assist the practitioner. It should be borne in mind, however, that simple ulcerations of the os and cervix may present either a granular or non-granular aspect.

Whatever form they may ultimately assume, all non-malignant ulcerations of the os and cervix uteri first manifest themselves as simple abrasions of the mucous membrane. In this stage of the disease there is merely an erosion of the epithelium of the affected part. The mucous papillæ of the ulcerated surface become hypertrophied and prominent, present a bright red colour, and are soft and velvety to the touch. The denuded surface whitens on the application of nitrate of silver, and there is a viscid secretion from the glands of the cervix. The adjoining mucous membrane is also inflamed, or at least congested. After a time the abrasion extends further into the subjacent tissues, the mucous villi are destroyed, and there is a corroded ulceration, with a distinct loss of substance evident on examination.

In the granular form of ulceration, which is only met with in chronic

cases, the diseased surface presents a bright red raw appearance, from which the granulations project distinctly. After some time these granulations become pale and flabby, and assumes a fungous appearance. It has been asserted by M. Cazeaux and other writers, that a peculiar form of ulceration, marked by a hypertrophied fungoid condition of the mucous villi of the os uteri, frequently occurs during pregnancy, and in ordinary cases neither causes any inconvenience, nor requires any special treatment.

VII.—*Symptoms of Chronic Uterine Inflammation.*

The symptoms of chronic inflammation and ulceration of the cervix uteri are numerous, varying not only according to the extent of the disease, but still more according to the age and general condition of the patient, and hence little reliance can be placed on them until the nature of the case has been demonstrated by a vaginal examination. Holding, as I do, that ulceration of the os or cervix uteri is a result of pre-existing inflammation of a subacute, chronic, and frequently scrofulous, gouty, or syphilitic character, I shall here connect together my experience of the symptoms of chronic inflammation and ulceration, though these are generally considered apart. This inflammation, as has just been observed, is subacute in its form, and so insidious is its invasion, and gradual its progress, that, although it occasions numerous and important functional and structural changes and symptoms, these latter are, for the most part, so vague and uncertain, that until the complaint has passed from its first stage, that of active congestion or inflammation, into its second stage, that of ulceration, the nature of the case, nay, the very seat of the disease may remain undetected. Hence chronic inflammation attracts less attention, and is supposed to be less common than ulceration of the os uteri, merely because the latter is more easily recognized. The cervix uteri being congested or inflamed in these cases, the constitutional symptoms are to a great extent occasioned by the local hyperæmia. The patient complains of pain in the back, across the lumbar region, and, following the course of the muscles which line the pelvis, down the thighs. This pain is generally worse after rest, so that she can hardly rise in the morning; and the sense of weakness in this part is such that the sufferer frequently explains it in the words—"I feel as if I have no back." A "bearing down" sensation in the pelvis and pain down the legs in the course of the crural nerves is also commonly produced by the pressure of the

congested uterus, even when there is no displacement of the womb. The amount of local uterine pain occasioned by inflammation or ulceration of this part, even when extensive, is usually very slight. As a rule the patient complains more of a sense of heat and soreness, which is increased by sexual intercourse, rather than of any actual pain in the seat of the disease. She suffers from either a thin white or from a yellowish muco-purulent discharge, more or less profuse as the case may be, and this leucorrhœa, in the great majority of instances, is the symptom which first attracts the patient's attention to the uterine disease, and is the complaint for which she most commonly seeks advice.

The functions of the uterus are invariably disturbed. The menses are abnormal, occasionally they are attended by severe pain, in some instances they are diminished. Dr. Roe, in an excellent paper on the symptoms of uterine disease, recently published in the *Dublin Quarterly Journal*, says that dysmenorrhœa is more frequent than menorrhagia; but in the cases that have come under my observation on the contrary, the catamenia were more commonly too profuse, menorrhagia resulting from the local congestion and irritation, and in a large proportion of cases of this kind I have observed that menstruation recurred every third week, and lasted for six or seven days, whilst in the interval the patient was further weakened by the leucorrhœal discharge already spoken of.

Sterility almost always accompanies this disease, and as long as it exists to any serious extent the patient must remain barren. This fact, which I regard as one of great practical importance, is too generally ignored in practice. I have known instances in which patients were subjected to very heroic surgical treatment to overcome some supposed mechanical obstacle to impregnation, and who nevertheless remained childless, no attention having been paid to the true and most frequent cause of sterility, namely, the existence of chronic cervical inflammation, on the subsequent cure of which pregnancy has followed.

Ovarian inflammation, manifested by soreness, tumefaction, and occasionally burning pain in the ovarian region, is one of the most frequent consequences and accompaniments of endo-metritis. In these cases the inflammation extends from the uterus, along the fallopian tubes to the ovaries, and this to a great extent accounts for the fact I have just mentioned, that patients suffering from endo-metritis or endo-cervicitis are sterile for the time being. As a rule only one ovary, and that

generally, although I know of no reason for it, the left ovary, was affected in the cases that came under my observation.

Vaginitis is present in almost every form of inflammation or ulceration of the cervix uteri, and occasionally pruritus of the pudendum is a most distressing complication of the disease.

The bladder soon becomes sympathetically affected, incontinency of urine and a scalding in micturition being amongst the most prominent symptoms of endo-cervicitis or ulceration. The bowels are generally confined, the rectum being frequently loaded with scybalæ, even when the patient persists in asserting that they are perfectly regular, and this constipation re-acting on the original disease adds to the uterine irritation.

The constitutional symptoms of chronic sub-inflammatory uterine disease are by no means pathognomic. As I have already stated, in a large number of these cases there are well-marked evidences of the strumous or gouty diathesis, and the sufferers are generally either of the lymphatic or bilious temperament. Hysteria in all its protean forms is one of the common consequences and symptoms of uterine inflammation or ulceration. There is generally some derangement of the digestive functions; the appetite is impaired, voracious, or capricious; the bowels are torpid; the intestines are distended by flatulency, which is especially troublesome after food, and a sick stomach especially in the morning is frequently complained of.

Cardalgia, palpitation and pain in the left submammary region is one of the most common symptoms of uterine disease. In such cases the patient generally seeks medical advice under the firm impression that she is suffering from heart disease, and will hardly allow any reference to the uterus as the seat of her complaint. In fact the majority of instances of supposed cardiac disease occurring in females, and especially when any evidence of hysteria can be detected may, *a priori*, be set down to chronic uterine inflammation, on the cure of which all the cardiac symptoms will subside. The same observation applies to the chronic and other intense headaches, to which women suffering from inflammation or ulceration of the cervix uteri are peculiarly subject.

As the uterine disease progresses the patient's general health becomes more manifestly impaired. She loses flesh, becomes pale, sallow, or cachetic in aspect, her personal appearance being invariably, after some time, obviously altered for the worse, so much so that a woman who has

long suffered from ulceration seldom retains any vestige of beauty. Her appetite is unhealthy, her tongue furred, and her breath offensive. She is weak and languid, and cannot take exercise without fatigue. The mind soon begins to sympathize with the body, and the patient becomes nervous, desponding, excitable, anxious, or irritable to the verge of insanity.

VIII.—*Treatment of Chronic Uterine Inflammation and Ulceration.*

The treatment of the complaints now under consideration may be divided into—first, the topical medication required by the widely varying forms of inflammation, hypertrophy, or ulceration that may be present in each case; and, secondly, the cure of the constitutional derangement, which always accompanies, and, as I believe, very frequently causes, the local disease. At the present time almost exclusive attention is paid to the former, the latter being as generally neglected. In proof of the little importance attached to the constitutional treatment of these affections it would be easy to quote authorities, but I will content myself with citing one of the most recent and ablest exponents of the modern school of gynæcology—Dr. Atthill—who, in speaking of the treatment of inflammation of the cervix uteri, thus sums up what appears to be a prevailing view—“In my opinion,” he says, “medicines are useless in this disease.”^a For my own part, whilst I attach due importance to the local treatment of all uterine diseases, yet I am fully convinced, by experience, that the reason the diseases we are now considering are generally so tedious and protracted in their cure is that the improved local treatment now relied on is not assisted by proper constitutional remedies. I shall, therefore, in the first place, briefly allude to the constitutional treatment I consider necessary in these cases, for, as I have just stated, I regard chronic inflammation of the uterus and its results, including ulceration, as a consequence of a coincident constitutional disease, and, therefore, not to be cured by local treatment alone, except in those rare instances in which it is due to local mechanical irritation.

In accordance with the views already expressed as to the frequent connexion between chronic uterine complaints and the scrofulous diathesis, or other constitutional morbid conditions associated with gouty, or rheumatic, or, though less frequently, with syphilitic blood-poisoning, I would

^a Clinical Lectures on the Diseases peculiar to Women. By Lombe Atthill, M.D., p. 161. Dublin. 1871.

strongly urge the advisability of giving a fair trial to anti-strumous and other constitutional remedies and regimen in the cases now under consideration. I have seen numerous instances of what I regard as scrofulous ulceration of the cervix uteri thus cured without any local application beyond that of a little tincture of iodine and the use of vaginal injections. My experience of their use would lead me to recommend the simple preparations of iodine given in the small doses originally ordered by Lugol, such, for example, as the one-eighth of a grain of iodine with one-fourth of a grain iodide of potash, in preference to the larger doses of its compounds now generally prescribed. In cases where symptoms of anæmia predominate, the various combinations of steel with iodine are of singular benefit, all symptoms of uterine disease often disappearing under their use, without any local treatment whatever. Of all the remedies I have tried in these cases I have found no one so generally serviceable as a mixture of equal parts of cod-liver oil and syrup of iodide of iron.

Scrofula, although the most frequent, is, as has been just pointed out, by no means the only predisposing constitutional cause and accompaniment of the diseases we are discussing, and hence in a large number of cases we must have recourse to other constitutional treatment to alter that morbid state of the system which is the remote cause of the existing uterine congestion or inflammation. This must be effected by a modified antiphlogistic treatment, conjoined with rest, tonics, and sedatives, as well as the local use of baths or injections, caustics, astringents, counter-irritants, or local depletion, and, above all, the administration of any supposed specific remedy that may be indicated by the special requirements of each case. Thus, in cases of gouty origin, the preparations of colchicum and alkaline remedies, especially the mineral waters of Vichy, may be employed. In rheumatic uterine disease iodide of potash must be resorted to; in that dependent on constitutional syphilis, the remedies appropriate in other venereal affections must be tried, and in neuralgic uterine complaints our chief reliance must be placed on the preparations of quinine and iron.

As a rule, chronic inflammatory disease and its effects of the uterus, whether limited to the cervix or affecting the entire organ, when not of scrofulous origin, requires the administration of mercury, which is best given in the form of small doses of the perchloride, one twenty-fourth of a grain three times a day, in the tincture or infusion of bark. Notwithstanding the prevailing scepticism as to the efficacy of medicines in these

chronic uterine affections, my experience of many cases has fully convinced me that although the local symptoms may subside for the time under purely local treatment, the patient is more quickly, as well as more permanently cured by the administration of constitutional remedies, such as those just referred to, whilst due attention is at the same time paid to the local treatment of the ulcerated or inflamed part.

The prevailing type of chronic uterine complaints, like that of all other general diseases of the present time, is essentially asthenic, and requires the administration of tonics in almost every instance, and more especially the preparations of steel, iodine and quinine combined when circumstances admit of it, with change of air and mineral waters.

The curative effect of change of climate and of mineral and thermal waters in cases of chronic uterine disease, as well as in other disorders, is a subject on which I am entitled to speak with some confidence, having given my attention to it during several years of travel and clinical observation in the health resorts of the Continent and the Mediterranean shores of Europe and Africa, as well as at the spas of Germany, France, and Italy. The accuracy of my views on these topics has, I think, been best proved by the freedom with which they have been appropriated by some writers, who have spared my modesty by refraining from acknowledging their obligations to my works on *Change of Climate*,^a and *On the Spas*.^b

No class of remedies is so useful and so generally appropriate in all chronic uterine diseases of an inflammatory origin, and more particularly when producing ulceration or hypertrophy of the cervix uteri, as mineral and thermal waters used at their sources, and hence conjoined with change of climate. These maladies are peculiarly chronic in their course, and almost imperceptibly produce their ultimate result—namely, the causation of structural or organic mischief. The morbid change having been produced slowly, the action of our remedies must be gradual, for it is vain to hope that the administration of any remedy can suddenly undo the effect of years of disease. In mineral waters we have remedial agents of undoubted power, the action of which on the animal economy is generally so gradual that they require to be persevered

^a *On Change of Climate: A Guide for Travellers in Pursuit of Health.* By Thomas More Madden, M.D. London: 1st edition, 1864; 2nd edition, 1872.

^b *The Spas of Germany, Switzerland, France, and Italy, in the Treatment of Chronic Diseases.* By the same. London: 1st edition, 1865; 2nd edition, 1873.

in for long periods of time to produce their effects. Nor is the use of the waters the only service which a patient suffering from chronic uterine disease derives from a visit to some Continental spa. The journey to the foreign watering place involves a change of climate, of occupation, and of living. New scenes and places, as I have elsewhere observed, suggest new thoughts; the *atrabilis* of gloomy apprehension is purged away; the hysterical and oftentimes hypochondriacal victim of chronic uterine disease is induced to take her attention off her own morbid sensations, and ceasing to think on her symptoms, to a great extent they cease to trouble her. But entirely apart from the happy moral effect produced by a change from the routine drugging and dosing of an English valetudinarian lady's accustomed mode of life, which takes place when she leaves home for the gayer atmosphere of any of the German Brunnens or French "Sale des Eaux," or even the comparatively sombre existence of an English watering place, the action of certain mineral and thermal waters on many of the diseases of women produced by inflammation or congestion of the womb is unquestionable.

Three distinct classes of mineral waters may be used in the treatment of chronic uterine complaints. The first are the iodated and bromated saline springs, the *Iod-und-Bromhältige Kochsalzwässer*, as the Germans term such spas, as contain iodine and bromine, generally in the shape of bromide of manganese and iodide of sordium, dissolved in a muriated saline water. Springs of this kind are seldom thermal. The most important of these iodated or bromated spas are Wildegg in Switzerland, Kreuznach on the Nahe, Adelheidsquelle in Bavaria, Hall in Austria, and Salzhausen in Hesse-Darmstadt. These waters stimulate the action of the mucous membranes, promote absorption, occasion ptyalism and diuresis, quicken the appetite, and act as powerful resolvents on all glandular enlargements. Hence their efficacy in the treatment of the diseases of women produced by chronic uterine enlargements and hypertrophy, the result of congestion or chronic inflammation of the womb; and especially in these cases of sterility which are supposed to be occasioned by hypertrophy of the cervix uteri.

The second class of mineral water applicable to the treatment of the chronic uterine diseases now under consideration are the chalybeates, both simple and saline. The former are those most resorted to by sufferers from chronic diseases of the womb, and are for the most part cold mineral springs containing the carbonate of the protoxide of iron dissolved in

water containing more or less carbonic acid. Most of them hold a certain amount of manganese in solution. The saline chalybeates contain other saline ingredients in addition to the iron and carbonic acid. The action of the simple chalybeates is tonic and stimulant in proportion to their strength, exciting the nervous, circulating, and digestive functions, and at the same time improving the quality of the circulating fluid by increasing its fibrine and red corpuscles. Hence these springs are specially adapted for the treatment of chronic ulceration of the cervix uteri and uterine or vaginal leucorrhœa, associated with anæmia as well as in the constitutional debility and loss of tone so frequently produced by, as well as conducive of, chronic uterine irritation, inflammation, congestion, or ulceration. Chalybeate waters also exercise a marked curative action in cases of hysteria dependent on these causes, as well as in certain instances of sterility. The principal simple chalybeate waters suitable for such cases on the Continent are Spä in Belgium, Pyrmount in Waldeck, Brüchenau in Bavaria, Schwalbach in the ex-Duchy of Nassau, and Driburg in Westphalia.

The saline chalybeate springs may also be used in various forms of chronic uterine disease producing anæmia and complicated with abdominal and other enlargements, and, according to my experience, are particularly serviceable in the chronic uterine disorders so commonly caused in European women by tropical climates, and especially by long residence in India. These springs generally contain the salts of soda in combination with iron, and amongst them those most suitable for the cases we are now considering are Stahlbrunnen of Homburg, Franzensbad in Bohemia, Bocklet in Bavaria, and at home Tunbridge Wells and Cheltenham.

Sulphurous mineral waters are the third class which I regard as applicable for the treatment of the uterine diseases above referred to. These springs derive their chief efficacy from sulphuretted hydrogen gas and metallic sulphurets, generally of sodium or potassium. Their activity is mainly influenced by their temperature, being most powerful when this is highest. All thermal sulphurous waters are strongly stimulating, as they affect and act on the nervous, as well as on the vascular system, and can only be safely used in cases where there is no tendency to hæmorrhagic or other serious organic disease, where the patients' constitutional state is anæmic rather than plethoric, and where there is no danger of enkindling latent inflammation, and thus converting a chronic into an

acute disease. The warm sulphurous waters that are available for the treatment of chronic inflammation of the womb are Schinznach in Switzerland, Baden on the Limat, Aix-les-Bains, Eaux-Bonnes, and Amelie-les-Bains. Cold sulphurous waters may also be employed in some cases of chronic uterine inflammation or ulceration, and are far less stimulating than the thermal water of the same class. We possess in this country some of the most powerful cold sulphurous waters in Europe, namely, those of Swanlinbar, Lucan, and Lisdoonvarna, the latter is becoming to some extent known, the two former are almost disused, though all three might be advantageously used in many cases of chronic uterine disease, as well as Harrowgate, Moffat, or the more fashionable, because more remote, spas of Weilbach, Langenbrücken, and Wippfeld in Germany or Enghein-les-Baines near Paris.

Schinznach, the strongest sulphurous spa in Switzerland, is specially adapted for chronic uterine disorders connected with the scrofulous diathesis, in cases in which the constitutional condition of the patient is decidedly anæmic. This spa, a full account of which I have published in my work on the mineral waters of the Continent, is beautifully situated within half an hour's journey by railway from Basle, and presents many advantages for the temporary residence of anæmic ladies worn out by the excitement and fatigues of fashionable city life, and suffering from chronic inflammation or ulceration of the cervix uteri.

The Schinznach spa is thermal, the odour is strongly sulphurous, and the flavour I can only describe as a compound between the washings of a gun barrel and weak brine. It contains about fourteen grains of salts, principally chloride of sodium, sulphates of lime and magnesia, carbonate of magnesia, and chloride of ammonia in each pint. The most important ingredients of this water, in a remedial point of view, however, are the sulphuretted hydrogen, and carbonic acid gases, of each of which it contains so large an amount, that it cannot be used till some time after taken from the spring, so as to allow of the escape of a portion of these gases. In small doses it is tonic; in larger quantities it is a powerful stimulant, exciting the activity of the gastro-intestinal mucous membrane, increasing the excretions, and determining to the skin, on which a course of these baths frequently act so powerfully as to bring out a specific cutaneous eruption. This water is especially beneficial in scrofulous diseases, whether affecting the external glandular system or attacking the mesentery or other internal structures. It is, however, to the undoubted

influence of these baths and waters on chronic uterine diseases, attended by anæmia, chlorosis, and leucorrhœa, and resulting from chronic scrofulous inflammation, ulceration, or enlargement of the cervix uteri, that I desire to call attention. I believe we have in the proper internal administration of the Schinznach waters, conjoined with their employment as baths and in vaginal injections, a remedy of great therapeutic power in many of the chronic diseases of the womb. These waters, however, do not belong to the class of remedies which if they do no good can at least do no harm. On the contrary, they can only be safely employed in suitable cases, and, like all other strong sulphurous waters, and more especially all thermal sulphurous waters, always require the greatest caution in their use, being so powerfully stimulant as to be most unsuitable, and even most dangerous, for any patient of a plethoric habit, or who is threatened with any hæmorrhagic, cerebral, pulmonary, or cardiac disease.

The dose of this water is from one to three small glasses twice a day. It is also used in douch, vapour, and other baths, and the season lasts from May till September.

A very short distance from Schinznach is Wildegg, another and still more important spa for uterine cases. The mineral water of Wildegg rises through an artesian well, the supply afforded by which is so small as to furnish barely enough for exportation. This spa is one of the very few known iodated and bromated mineral springs, and is a most powerful remedial agent in congestion and hypertrophy of the cervix uteri, as well as in glandular scrofulous diseases, in which it is more generally employed. The Wildegg water must be used with great caution, in small doses of from two to four ounces, twice a day, as in larger doses it soon produces all the symptoms of iodism. Its internal use should be generally combined with a course of the Schinznach baths, and is administered in the same class of cases as that water.

In uterine inflammation and ulceration cold saline hip baths are of great service, giving tone to the general system as well as to the seat of the disease, abating inflammatory action, diminishing hæmorrhagic and leucorrhœal discharges in some cases, and restoring the natural secretions in others.

Whenever uterine and ovarian dysmenorrhœa, pain, or any other evidence of inflammation is present there is no remedy of such universal applicability as the prolonged use of warm or tepid baths. Nature has given us a wide choice of such baths, suitable for almost every

form of chronic inflammatory, uterine, and ovarian disease in the natural thermal springs which are found in almost every country. The waters which are used for this purpose are generally so feebly mineralized as to lead many to suppose that their effects are due to their mere temperature. Be this as it may, however, the fact remains that tepid thermal waters exercise a remarkable sedative action on the nervous and vascular systems. Under their use the frequency of the pulse is diminished, pain insensibly disappears, and all nervous irritation is gradually allayed. Effects such as these point them out as especially suitable for cases of chronic uterine disease, leading, as is generally the case, to general as well as local hyperæmia, together with more or less hysteria or nervous irritability. Under these circumstances the effects of prolonged immersion of the body for hours together in water at the temperature of from 87° to 96°, or even 98°, is peculiarly sedative. The spas which are employed in this way, and from which I have seen most advantage in cases of uterine disease are those of Pfeffers, in Switzerland; Schlangenbad, in Nassau; Wildbad, in Wurtemberg; and Claudfontaine, in Belgium. To be of use these tepid thermal baths must be employed for long periods at a time, though it would be hard to persuade ladies of the present day to remain in their baths as long as was commonly the case at Pfeffers, when, as an old author assures us, they remained in the water for whole days together.—“*Multa dies noctesque thermis non egredientum; sed cibum simul et somnium in his capiunt.*”

Besides these, the thermal arseniated waters of Mont Dore and St. Nectaire, both in the volcanic district of Auvergne, may be used in uterine disorders of scrofulous or neuralgic origin. The warm mineral waters of St. Sauveur, in the Eastern Pyrenees, which, in addition to their high temperature, contain a large amount of the peculiar pseudo-organic unctuous substance termed “glairine” or “baregine,” have a great and, I believe, well merited reputation in France in the treatment of scrofulous, rheumatic, and neuralgic affections, as well as in hysteria, leucorrhœa, and other complaints peculiar to women, resulting from chronic uterine disease.

It can hardly be necessary for me to observe that, although I attach so much importance to the constitutional treatment of chronic uterine maladies, which, I believe, is too generally overlooked at the present day, I am by no means insensible of the equal importance of conjoining efficient local treatment with the constitutional remedies indicated in such

cases. Many of the principal recent improvements in the local treatment of uterine affections may be ascribed to Irish obstetric practitioners. Thus, for instance, to Dr. Kennedy, now President of the Dublin Obstetrical Society, must be conceded the credit of applying the solid nitrate of silver within the cavity of the womb;^a another of our former Presidents, Dr. Denham, subsequently improved upon this idea, and proved the safety of leaving a small piece of lunar caustic in the uterine cavity in some cases of uterine hæmorrhage, a practice from which, in his hands, and in those of Dr. Johnston, the present Master of the Lying-in Hospital, I have seen great benefit long before any account of this plan of treatment, as far as I am aware of, was published; and to our last President, Dr. Kidd,^b we are mainly indebted for the power of rapidly dilating the cervical canal by a number of sea-tangle tents, for the purpose of exploring the uterine cavity, and also for demonstrating the benefit which may be derived from the use of the fuming nitric acid in suitable cases of intra-uterine disease. It would be of little use to mention all the improvements that have been thus effected in uterine therapeutics, for a full account of which I would refer to the writings of the late Dr. Beatty^c and those of Drs. Churchill,^d M'Clintock,^e Atthill,^f and other Irish obstetricians.

With regard to the local treatment of cases of chronic inflammation, ulceration, and hypertrophy of the cervix uteri, my observations will be very brief. I fully admit the great importance of local treatment in these cases. But to recapitulate the various local applications that have been recommended would be to give a list of remedies as long and as uninteresting as the "catalogue of the ships" in the Iliad, and therefore I shall merely mention the local applications from which I have seen most benefit derived in these cases.

Vaginal syringing, either cold or tepid, as may be most agreeable to the patient, was the first method of using any topical remedy in uterine diseases, and it still remains one of the most useful and indispensable.

^a Dr. Evory Kennedy on Inflammatory and Uterine Affections of the Uterus, &c., Dublin Quarterly Medical Journal, Vol. iii., 1847.

^b Dr. Kidd in the Proceedings of the Dublin Obstetrical Society, Dublin Quarterly Medical Journal.

^c Dr. T. Beatty, Contributions to Medicine and Midwifery. Dublin. 1866.

^d Dr. Churchill, On the Diseases of Women. 5th edition. Dublin. 1864.

^e Dr. M'Clintock, Clinical Memoirs on Diseases of Women. Dublin. 1863.

^f Dr. Lombe Atthill, Clinical Lectures on Diseases Peculiar to Women. 2nd edition. Dublin. 1872.

Various fluids have been proposed for this purpose. In cases of mere inflammation, or congestion without ulceration, or leucorrhœa, cold or tepid water, or infusion of chamomile, thrown up by a syphon vaginal syringe in quantities of a pint or two twice daily, is perhaps the most useful. Where an astringent is required the decoction of oak bark, with or without sulphate of alum, ℥i. to the pint, or a similar quantity of the compound powder of catechu mixed with boiling water, then strained, and used cold, or a very weak solution of the perchloride of iron will generally answer. If the discharge be offensive a dilute solution of permanganate of potash or of carbolic acid may be tried, and if pain be the prominent symptom a little liquor opii (℥i. ad. ʒ) may be resorted to.

These cases seldom come under observation till the disease has passed from the stage of congestion or inflammation into that of ulceration. If, however, the cervix be found congested on examination, whether ulceration be present or not, it may be relieved by a few punctures with a sharp bistoury, or with less trouble to the patient, and generally equally effectually, by the application of a plug of wadding saturated with glycerine to the os and cervix uteri. This application, which was first suggested by M. Demarquay, and introduced into practice by Dr. Marion Sims, is of all others the most generally useful dressing that can be applied to an inflamed, ulcerated, hypertrophied, or congested cervix uteri. The introduction of a large ball of cotton saturated with glycerine, and provided with a properly adjusted string to facilitate its removal is invariably followed by a copious watery discharge or exudation of serum from the diseased surface. In this way it acts as a powerful depletant, and on the removal of the plug, which must be withdrawn within twenty-four hours, the part which may have previously been congested and angry-looking, the mucous membrane of the cervix, instead of its natural pink colour, being perhaps, in these cases, as red as the patient's petticoat, will be found pale and normal in colour; or if ulcerated, the abraded surface will appear perfectly clean and healthy-looking. It need hardly be observed that these effects are not permanent, but the repetition of the same application will for a long time continue to produce similar results, until either the remedy loses its power or the disease is cured.

In the majority of cases of simple ulceration of the os and cervix uteri a free application of a strong tincture of iodine twice a week is the best and most speedily curative local application that can be made.

If this fails, as it sometimes will, the solid nitrate of silver, or a strong solution of this salt, may be similarly employed. Whenever there is any well grounded suspicion of the ulceration being of syphilitic origin the acid nitrate of mercury may be resorted to, but requires to be most cautiously used. In the severe cases of granular ulceration, extending, as is frequently the case, from the os through the patulous cervical canal to the body of the uterus, a single application of the fuming nitric acid, pressed firmly against the diseased surface, and passed through the cervix into the cavity of the uterus by a wire, thinly coated with cotton wadding dipped in the strong acid, when aided by proper constitutional treatment, effectually destroys the most angry and obstinate ulceration, leaving a clean, healthy, granulating surface as soon as the eschar has fallen, and seldom requires to be used a second time if properly applied.

With regard to the potassa cum calce, as advised by Dr. Tilt^a as a caustic in these cases, my experience is very limited, but in the few cases in which I have seen it employed the results were not such as would induce me to recommend its use. Of the stronger caustic—the potassa fusa—advocated by Dr. J. H. Bennett and by the late Sir James Simpson, my experience leads me to coincide entirely with Dr. West, “that when adopted it is usually either out of place or superfluous.” I have seen great injury done in some cases which came under my observation, in which bolder practitioners had used caustic potash freely to cauterize an ulcerated os uteri, or to reduce an enlarged cervix. In two instances I was obliged to attempt to restore by dilatation the canal of the cervix which had been almost obliterated by the improper application of caustic potash, and one in which the vagina was thus occluded. Nor are these the only evils which may follow the employment of this heroic remedy. I have had to treat acute metritis produced in this way, and I have, therefore, not felt myself justified in using a remedy liable to produce such consequences, when other agents equally powerful, but less dangerous, could be employed.

Hypertrophy of the cervix uteri, considered as a cause of sterility, has attracted more attention than it deserves, and a variety of heroic surgical procedures have been proposed and are practised for its removal with this view. These include amputation of the enlarged cervix, as recommended by Dr. Marion Sims, the application of potassa fusa, or of the

^a A Handbook of Uterine Therapeutics. By E. J. Tilt, M.D. 3rd Edition. London, 1868.

potassa cum calce, for the purpose of melting down the enlarged cervix, as advocated by Dr. J. H. Bennett, and the employment of the actual cautery, as practised by French surgeons. Now, in my opinion, all these procedures are, as a rule, not only useless but injurious in the majority of instances of hypertrophy of the cervix uteri, though each of them may be necessary and beneficial in extreme cases, and under exceptional circumstances. A much safer and, in some cases, very effectual mode of reducing the size of the hypertrophied part is the application of a solution of iodine in glycerine.

I had prepared, to some extent, a table, from my note-book, showing the constitutional condition of the patients in a large number of cases of chronic inflammation and ulceration of the cervix, as well as the duration of the disease, the treatment adopted, and the result of each case; but I found it impossible to have it completed in time for this meeting, and hence, reluctantly, I have been obliged to omit it, rather than present it in an imperfect form. I may, however, observe that should I have another opportunity of submitting this table to the Society, it will be found to bear out my views as to the frequent constitutional origin of these maladies, and the benefits derived from co-joining constitutional remedies with local treatment in expediting their cure and preventing their recurrence.

The practical conclusions which I would venture to submit to the consideration of the learned Society which I have the honour of addressing, as the result of my experience of chronic uterine disease, are briefly as follows:—

1st.—That chronic inflammation of the uterus, and especially of the cervix uteri, producing hypertrophy and ulceration is, in the majority of cases, occasioned by constitutional causes, one of the most frequent of which is the scrofulous diathesis.

2nd.—That these diseases require constitutional as well as local treatment.

The constitutional treatment required has now been fully discussed, and I would again urge the benefits derivable, in these cases, from the use of the mineral and thermal water I have spoken of.

In many cases of chronic uterine inflammation and ulceration of the cervix uteri, the inflammation may be subdued and the ulcer cicatrized by local applications alone. Still, however, if general treatment is not combined with the local measures depended upon, the inflammation

subsides or the ulceration heals much more slowly, and the disease is far more liable to recur within a short time than is the case when suitable constitutional remedies are resorted to.

I am aware that the views expressed in the foregoing pages as to the causes of chronic uterine inflammation and its results, and as to the great importance of constitutional as well as of local treatment in these cases, differ from the opinions of some eminent modern writers on the subject. But I have long thought over the neglect of constitutional treatment in uterine disorders, and had an ample opportunity of studying these diseases, and watching the comparative effects of different plans of treatment in the gynæcological wards and in the extern department of the great obstetric institution with which I was connected.

DR. LALOR said, in reference to the principle laid down in Dr. Madden's paper, of the importance of constitutional treatment in the local affection of the uterus, which he had brought under the notice of the Society, he might mention a case that occurred to him some twenty-five years ago. It was a case of dysmenorrhœa, occurring in a strong healthy looking young woman, the daughter of a farmer. Her family was rheumatic, and she herself had had one or two attacks of rheumatism. She consulted him for dysmenorrhœa; and, taking into consideration the rheumatic diathesis and the actual occurrence of rheumatism in the patient, it occurred to him that the local affection might arise from the rheumatism. He, therefore, ordered her iodide of potassium with a decoction of barks, and the first occurrence of menstruation afterwards was natural. This gave rise to the idea in his mind that it was as an anti-rheumatic that the iodide of potassium had acted, and the case made a strong impression on his mind in a practical point of view. He made these observations to invite the remarks of more experienced persons to the very important subject of the constitutional treatment of local diseases.

DR. GEORGE JOHNSTON said they must all feel much obliged to Dr. Madden for his paper on the diseases of the os and cervix uteri. No doubt, whatever, they might find those diseases existing in connexion with strumous diathesis; but he did not altogether agree with Dr. Madden's views on this point. In the generality of instances they found that ulceration, endo-metritis, and inflammation of the cervix, were connected not so much with scrofula as with derangement of the digestive organs. When a patient presented herself at the hospital the first question

put to her was—"What do you complain of?" She replied, most probably, "I have a pain in my side." "Do you swell after taking food?"—"Yes." Are you constipated?"—"Yes." "Have you heart-burn?"—"Yes." "Have you palpitation?"—"Yes." In fact, all the symptoms of indigestion were present, unaccompanied, in many cases, with any scrofulous indications. As to the treatment, they generally attended to the state of the digestive organs, and got them into proper order; for, in the generality of the cases which came to the dispensary of the institution, they could not submit them to mercurial treatment, which they would do if they had them in the house. Constitutional treatment to strengthen the digestive organs was, therefore, adopted in those cases and with great benefit. At the same time they should attend to the local affection. He agreed with Dr. Madden as to the abuse of the speculum, but it was a most useful instrument, of course, to be used with judgment and in suitable cases. When it became requisite to use certain applications to the ulcerated parts, they could not well dispense with the speculum.

DR. JOHNSTON then exhibited an instrument which he used in place of the leech, to scarify the cervix, and which was readier and easier of application than the old system of leeching, and relieved the cervix considerably when congested and inflamed.

DR. STEWART agreed with the French writer who said, "the womb is the woman, and the woman is the womb;" he believed that nearly all the diseases of women depended to a great extent on the uterus. He agreed both with Dr. Madden and Dr. Johnston in their views. He believed scrofula was the universal disease of the body, and he agreed with Dr. Johnston that the affections referred to arose from indigestion; but he should like to know what disease was not connected with the digestive organs. Brain disease and heart disease could be traced to the same fruitful cause, but in the present day with all that men eat and drank he could not see how the digestive organs could be healthy.

DR. KIDD said Dr. Madden had represented one side of the question, and the other side had been a little overlooked, and deserved more consideration than it had received. He believed, he might say, that they had two schools of gynæcologists since gynæcology had become a special study. There were those who looked upon disease of the uterus as a manifestation of a constitutional condition, and those who looked upon the constitutional condition as being the result of the local disease. They found that running through all the writings of the present century since the study of gynæcology had been renewed; for though these subjects

were studied long ago, and some of the earliest writers had discussed them under the two heads, it was not until Recamier introduced the speculum at the beginning of the present century, that the matter occupied the attention of modern physicians. He believed the truth lay in the combination of the two views. They would see many cases of uterine disease, congestion of the uterus, and so called ulceration of the uterus, which was a very rare disease (they would see a condition which was called ulceration of the uterus, but it differed from ulceration elsewhere, inasmuch as there was no breach of continuity, and no loss of substance—two conditions he believed to be necessary to enter into the definition of ulceration), but they would see those so called ulcerations in cases where there was no scrofulous condition, no digestive derangement, and where any derangement that occurred might be fairly considered a reflex symptom, and not a cause of the disease. How often did they see a young girl passing out of her teens, who perhaps while she was menstruating had engaged in dancing, had gone out, walked in the cold or wet, met with a sudden check to menstruation, and as the result of that fell into bad health, which she concealed perhaps for months and even years. They would have her losing flesh, complaining of pain in the back, pain in the head, irritability of the bladder, pains in the knees, all of which were common forms of reflex pain from uterine disease. On inquiring into the matter they would find constant bearing down pains, leucorrhœal discharge, menstruation scanty and very painful or else profuse; and for all of these symptoms she had been under constitutional treatment for months, but was no better. In a case of that sort it was a constant experience that by proper treatment directed to the womb all these symptoms were removed. It would be found that the uterus was enlarged, and painful on being touched, the os open, a mucous discharge coming from it, and a red areola around the orifice. It would be found that by rest, local depletion, and hot fomentations, these symptoms would be relieved, and an amount of benefit conferred in a short period that all the constitutional treatment used for months, and perhaps for years, had failed to give. That was a case in which the uterine condition was a local disease, and was the cause of the constitutional symptoms, and it could only be effectually dealt with by local treatment. Again, they would see a woman who had had a hard labour or a mal presentation, such as a case, for instance, that he saw yesterday of a woman who had some time ago a footling presentation; the face was turned to the pubes. The students did not know the proper way of delivering her. She was left some time with the body born and the head not through the pelvis, and they tried to pull it through with the face turned towards the pubes. There was contusion and laceration of the cervix, and the poor woman

had gastric derangement ever since, with menorrhagia and leucorrhœa; pain in the left side and neuralgic pain in the top of the head—one of the most constant symptoms of uterine disease. She had gone on in this way treated by constitutional treatment, and not getting better. In that case there was congestion of the uterus, and inflammation of the lining membrane, and he had no doubt that treatment directed to the uterus would restore her in a short time to health. This was another example of uterine disease depending on a local cause, and giving rise to constitutional symptoms that could only be treated by properly directed local applications. He believed it was quite true that a scrofulous constitution would manifest itself in the uterus as well as in other organs, and where, although the uterine disease was set up by a local cause, they must, to treat it properly, adopt constitutional remedies; but at the same time they must not neglect local treatment. He did not think there was any physician, no matter to what branch of the profession he devoted himself, who would not feel that it was a matter of great importance to be able to combine local treatment with his constitutional treatment. This method was becoming every day more largely used, and even in the affection of organs in which until recently it was never attempted. Thus in affections of the lungs the application of pulverized fluids and vapours to the lung was of great benefit combined with constitutional treatment. No doubt a scrofulous constitution was a common cause of uterine disease, and in this country gout was also a cause of uterine affections. The late Dr. Rigby wrote a treatise on this subject, and mentioned various affections of the uterus that depended upon a gouty condition of the system. Chronic constitutional syphilis was also a very common cause of uterine disease. He supposed it was quite possible that men who saw diseases and had them brought directly under the recognition of eye and finger, might allow themselves to overlook the constitutional cause of those diseases; and therefore Dr. Madden had done service in drawing their minds to this consideration; but they should not overlook the local condition too. Dr. Madden spoke in his paper of caustic potash, as recommended by Dr. Henry Bennett. It was possible it may have been used more frequently than was desirable, but he knew in his own experience there were many cases of uterine disease which could be cured in a few weeks by caustic potash, which, without its use, would run on for months without deriving benefit from any other treatment. We may often meet with a deposit of fibrinous matter in the substance of the uterine wall, that will go on from year to year, and keep the patient in bad health, and no amount of iodine or mineral waters will remove it, and yet, if an issue be made in the fibrinous deposit with caustic potash the large hard mass will melt down. It was not to be burned away; the object of the application was to set up an inflammatory process which would cause

a softening, and absorption of the deposit, and in the course of a few weeks restored the uterus to a healthy condition. Therefore he did not agree with Dr. Madden when he spoke of the use of caustic potash as unscientific and unsurgical.

DR. J. A. BYRNE said he did not take the same view as Dr. Madden had taken of endo-metritis or of inflammation of the cervical canal. He had had some experience in these matters, and the cases where he should be inclined to attribute them to scrofulous diathesis were very few. The cases were generally met with among women of the lower classes, who were badly clothed and badly fed, who bore children too rapidly, and proceeded to nurse them, affording the uterus no rest or repose. In many of these cases the patients were obliged to carry their children, which leads to a certain amount of malposition of the uterus. After a time a chronic irritation was set up, and ultimately an inflammation, which he did not regard as scrofulous. With regard to the treatment of these affections, he did not observe that Dr. Madden had mentioned a plan of treatment which he (Dr. Byrne) thought most beneficial, and that was perfect repose of the uterus, abstinence from marital intercourse. This was one of the reasons why patients suffering from these affections derived so much benefit from being admitted into the wards of an hospital. With regard to the speculum, while he would descry its unnecessary application, he thought it would be a dangerous practice to treat these affections without it. They could not satisfy themselves with precision of the nature of the affection, if they did not avail themselves of the speculum, and when carefully applied, in judicious hands, that instrument could not do any injury. The use of the speculum was very different from the abuse of it. In a certain class of women, who were obliged to stand much in pursuit of their callings, a varicose condition of the cervix often occurred, and these cases derived great benefit by making the patient lie down. He agreed with Dr. Kidd, that much benefit was to be obtained from a strong application of caustic in these uterine affections. Within the last three weeks he had some patients from the country, and he found the greatest benefit resulting from an application of strong nitric acid to the interior of the cervix, together with local depletion and the external application of iodine. He remembered that the late Dr. Johns was a great advocate for local depletion, and was in the habit of using a special instrument for the purpose something like a lancet with a number of spears. He did not think they could avail themselves very generally of the constitutional methods of treatment suggested by Dr. Madden, of sending their patients to continental watering places. In certain ranks of society that could be resorted to, and great benefit would be derived by the patient, not so much from the

use of the waters as from change of scene and the incidents of travel. At the same time he was not to be understood as desecring the use of these remedies whenever they were in a position to have recourse to them; but unless they were to send their patients to Portobello (about which there was a great discussion going on), he did not see how they would be able to derive much benefit from Dr. Madden's suggestion. He had no doubt that the administration of cod-liver oil with iron would be found of use in cases which they were certain depended on a strumous condition.

DR. HENRY KENNEDY said—If I were asked to state which side I took in the question before the meeting, I would say the constitutional; for I believe it to have very much more to do with these uterine affections than any local cause. My friend, Dr. Kidd, ingeniously argued that if a sudden stop were put to menstruation, serious symptoms, followed by bad health, would ensue; and here no doubt could exist of the existing cause. But I would ask any one was this not a very exceptional case, and not representing in any way the majority? I may observe that most, if not all, these uterine affections used to be cured long before the speculum came into use, and medicines that are now forgotten were then in great vogue. Of these I may mention the tincture of cantharides, or the drug itself, or bearing out what my friend, Dr. Lalor, alluded to, that is the rheumatic origin of some of these cases, the ammoniated tincture of guaicum was largely and effectively used. One other medicine, too, seems to me of more general use than it gets—I mean arsenic, which, there can be no doubt, has a potent influence over many of the uterine affections which arise from a constitutional cause. Still it would be idle to say that local treatment was not often useful, and, in some cases, indispensable. But this does not come within my province, and I shall only make one remark about it, that, under the sanction of the late Dr. Dwyer, the application of leeches to the sacrum gave the greatest possible relief in some cases of that terrible disease, cancer of the uterus, and this after opiates had failed.

DR. MORE MADDEN, in reply, said that perhaps he had been misunderstood with reference to the speculum. He never stated that it was unnecessary. No one was more assured of the necessity of using it in certain cases than he was. He had used it with great benefit in some of these cases, and hence he could not say the speculum was useless or local treatment unnecessary. They all knew that they had in local measures the most powerful means of combating local disease, but he contended that that local treatment ought to be aided by constitutional treatment,

and he believed that constitutional treatment was but seldom resorted to in these cases. He agreed with Dr. Johnston as to the importance of employing measures to act on the digestive organs, and he had seen the greatest benefits derived from Dr. Johnston's practice when he was associated with him in the Rotunda Hospital. He had no doubt as to the possibility of uterine disease being occasionally cured in the manner suggested by Dr. Lalor by iodide of potassium, and he fully agreed with Dr. Kidd as to the importance of combining both modes of treatment. Dr. Byrne might not have heard him, but he certainly stated that to treat inflammation of the mouth of the womb effectually the woman should abstain from marital relations. He agreed with Dr. Kennedy's observations as to the older writers. They were too much neglected; their books were never referred to now, and any one who looked into a book five or six years old was supposed to be antiquated. He was sure that from the older writers they might derive many valuable hints, and they were indebted to Dr. Kennedy for calling attention to the subject.

Saturday, March 8th, 1873.

DR. SIBTHORPE, Vice-President, in the Chair.

DR. HENRY KENNEDY, in the absence of Dr. G. Beatty, brought before the meeting a boy of twelve years of age, who was affected from birth with spina-bifida. The boy had grown with his years, was well made, and healthy in every respect. His head was not too large, nor had he ever had convulsions. The tumour, about the size of an orange, is situated in the lumbar region, and has the appearance as if it were slightly narrowed, as it emerges from the spinal canal. It is tense and diaphanous, and has a distinct impulse communicated to it by coughing. The coats seem very thin. Direct pressure on it gives the boy at once the desire to micturate. If the pressure be lateral and on each side, he shortly gets heavy and stupid, and there can be little doubt, if pushed further, would cause convulsions.

The case caused a good deal of interest amongst the members present, and it seemed to be the very general feeling of all, including Professor Robert Smith, that no operative proceedings should be put in force at present.

ON DACTYLITIS SYPHILITICA ;

A SPECIFIC AFFECTION OF THE FINGERS AND TOES.

By J. MORGAN, M.D., F.R.C.S.,

Professor of Surgical and Descriptive Anatomy,
Royal College of Surgeons, Ireland;
Surgeon to Mercer's Hospital, Dublin,
&c., &c.

DR. MORGAN said that having met with some cases of inherited constitutional syphilis peculiarly affecting the fingers and toes, he thought it desirable to bring the subject before the Society. In this peculiar affection it would seem that the earlier stage of the syphilitic evidence was rather skipped over, and the case glided at once into the tertiary condition (assuming that this affection represented the tertiary stage of syphilis). The vast majority of children show the syphilitic affection within the first month; but this peculiar affection was one that came on at indefinite periods. He exhibited a cast taken from the hand of a patient, aged forty, a married woman, who suffered from dactylitis, a disease which had been particularly described by Drs. Taylor and Parry, and previously to them, by Chassaignac and by Nélaton. This woman was infected by her husband some years ago, and at present she was suffering from gummatous ulcerations, known as a consequence of syphilis, and had suffered for nine months from this peculiar affection of the fingers. It got better for a time, but he learned from her husband that day, that the disease had recurred. In that case, and in those represented in the drawings he exhibited, the disease did not affect the deeper structures, but the connective tissue around the joint. There was a mild affection, where there was a swelling of the fingers, which gave a creaking and semi-elastic feel, and was not painful; but then there was also another form, when the disease became more painful and more distinctly coloured

on the surface. Dr. Morgan exhibited casts and drawings illustrating this form of the affection. One case was that of a child, the produce of parents that were affected by syphilis. The mother had given birth to two healthy children ; she was then syphilized by her husband, and produced this child. The cast showed the globular form assumed by the part affected, presenting the appearance as if the thumb were thrust through an Indian-rubber ball. After some time it became coloured on the surface, and by-and-by it assumed a very tense appearance, became a purplish kind of red in colour, and when opened gave exit to a thin fluid, and underneath the gummatous matter was seen. It might be supposed at first that this was not a case of inherited syphilis, but there was well-marked evidence of its being so, as a well-formed syphilitic rash showed itself. He treated it with bichloride of mercury and bark in small doses, and applied iodized flexible collodion to the part, and it took seven months from the time it first formed till the sore healed. This child suffered from an affection of the foot and of the thumb, which showed the peculiar globular appearance. It was the same with a child whom he had attended along with Dr. Cronyn. Both the child's feet had the violet or purplish tint, and the tense and fluctuating feel. One swelling resolved itself without being opened ; the other was opened. Dr. Cronyn was sceptical at first of its being a syphilitic case, but a rash appeared ere long which made them have recourse to specific treatment, under which the child recovered. The case was one of much interest, as Dr. Cronyn had already attended the mother in two previous confinements, when she gave birth to healthy children, but this, the third child, suffered from dactylitis, without having had snuffles, or any of the earlier evidences of being syphilitic. Another case which had come under his notice was that of a boy nine years of age ; he was scarred all over the body from the marks of ulceration he had had from time to time, and on the back of the hand he had this peculiar swelling. An incision was made, and the fluid let out, and the gummatous matter was found underneath. These instances he regarded as typical cases of the disease. First they had it in a woman of forty, not very long affected, and then in children varying in age from two to five and nine years. The most interesting case, however, he had seen was that of a boy of eleven, who was one of the greatest sufferers from inherited syphilis that he had ever met with. He had eight marks of gummatous suppurations from time to time. The bones were not diseased, but at the same time

he had an enormous gummatous abscess in the ham, and several scars over his body; in the next hospital bed to him there was a man suffering from a gummatous tumour, and the appearance was the same as was found in these gummatous children.

The question would arise, was this a syphilitic symptom? Some might think it scrofulous. The history of the case, however, and the other symptoms, such as the appearance of the syphilitic rash, put the matter beyond question. It was seven years previously to his birth that the mother was affected; she had a child two years older than the boy, and this child had syphilitic symptoms also. That seemed a long time for the syphilitic taint to remain in the mother, but they should deal with the facts as they found them. It might be said that in young children they would not have the gummatous stage; but he now exhibited a drawing, showing syphiloma of the liver, the appearance being as if little grains of hominy or *semola* were scattered over it, and they were connected with other syphilitic signs. This was the child of a mother in the hospital affected by primary syphilis, which soon ran into a terrible gummatous inflammation, and broke her down. Six weeks after birth the child got a gummatous ulcer of the ear, so that in that case there was a sudden transition from the earliest stage to the tertiary stage. In adults the same thing was seen, the gummatous stage occasionally taking the place of the secondary. He exhibited another drawing, showing the peculiar appearance of gummatous tumours, on the liver of a gentleman who, eighteen years previously, had contracted syphilis in China; he appeared free from symptoms for some time, but afterwards his health broke down, and he got syphilitic disease of the larynx, going down to the bifurcation of the bronchi. He (Dr. Morgan) laryngotomized him, with some relief for a short time, and after death his liver was found to present a very perfect illustration of the deposit of gummatous matter. With respect to where the dactylitis occurred, it was generally in the first joint of the finger, and on the dorsal rather than the palmar aspect. The skin was at first whitish, very tense, and had a creaking sensation. By-and-by it assumed the peculiar livid appearance represented in the drawings, and might give way. There were two points which he would briefly allude to in connexion with inherited syphilis. First, as to the vexed question of the influence of the father or mother in producing syphilis. From one of the instances he had already mentioned they might draw some conclu-

sion. In the case which he saw along with Dr. Cronyn the father admitted that he had been affected. Dr. Cronyn attended the mother at the birth of the two former children, and neither of them showed any taint whatever, and the mother remained healthy; and yet here was a child presenting symptoms two years after birth, showing that it carried the syphilitic disease until at length it manifested itself in its feet.

It was a disputed point whether the father could produce a syphilitic child without influencing the mother? He believed the father could so affect the child without affecting the mother; but the influence of the mother beyond yea or nay was very potent. He saw a case of a mother producing a healthy child, and the child remaining healthy for two years. The mother was one of the worst cases of syphilis in the hospital, and was under treatment in it for two years, and was ultimately carried off by small-pox. The child did not show any sign of syphilis until the end of two years, and then it showed severe syphilitic taint.

As to the treatment of dactylitis, it yielded under anti-syphilitic treatment, and bandaging the part, or mixing a drachm of tincture of iodine with an ounce of flexible collodion, and at the same time giving bichloride of mercury. It seemed to him that many cases supposed to be scrofulous affections were in reality syphilis cases, which would yield to bichloride of mercury, with tincture of bark. A finger might be amputated under the belief that it was affected by scrofula. The feet, of which he had exhibited drawings, were greatly diseased; the swellings were most alarming in appearance, yet it was wonderful with what rapidity they yielded under mercurial treatment. He thought, therefore, the subject was one worthy of being brought under the notice of the Society, as containing many points of both theoretical and practical interest.

DR. CRONYN had not much to add to Dr. Morgan's description of the disease, which he had faithfully and accurately given; but as affecting the practical view of this question, he would make a few observations. He attended the mother of the child, who produced two apparently healthy children, and this was the third. The two others he had seen before the birth of this child, and frequently since. The woman had since been confined of a fourth child, which, so far as he was aware, had remained for months in a healthy condition. Thus before the birth of

the third child and since she had borne healthy children. Whether the fourth would develop syphilitic symptoms remained to be seen, but it was now nearly a year old. The third child was under his care for the affection of its foot, and he suggested the desirability of a consultation, and Dr. Morgan was named to him. He had not the slightest suspicion that the disease was of syphilitic origin. On the contrary, he imagined it to be strumous. Dr. Morgan told him his view of the case, which, he confesses, startled him, and in which he was by no means inclined to agree. He told Dr. Morgan that he was so much occupied in observing syphilitic diseases that the subject had become a hobby with him. However, when the father admitted he had had syphilis he (Dr. Cronyn) began to see that Dr. Morgan was on the right road, more particularly so when he (Dr. Morgan) showed him several cases of a similar character then under his care. One of these swellings in his (Dr. Cronyn's) case was opened by him, and a small quantity of glairy fluid was discharged. The other was treated by the administration of mercury and iron, and went on very well. There were still some appearances about the feet, but they had returned to their original formation, and the child run about, and was perfectly healthy, active, and strong. It was under treatment three months from the time Dr. Morgan saw it first.

DR. M'SWINEY said, as far as he understood Dr. Morgan, he seemed to question the circumstance of a syphilitic child being capable of being born to a father tainted with syphilis unless he affected the mother; and then he admitted that such cases were to be met with, but were extremely rare. He (Dr. M'Swiney) thought it would be in the memory of many of them that the late Dr. Beatty long since opened an inquiry on that subject, which was followed up by others, the result being that it was now an undoubtedly established fact that a syphilitic child might be born of a mother who had never had syphilis, in consequence of a syphilitic taint in the male parent, and that a mother might be affected with syphilis by a syphilitic child she was carrying, without having any ulcers on the organs of generation. Obstetrical practitioners were in the habit of meeting with cases of dead children succeeding one another in the same woman, these children having signs of being dead for some time. Investigations had established, he believed, conclusively, that in these instances the child was dead because it had suffered from syphilis, and the children continued to be born dead until the parents had been subjected to a course of mercurialization, as recommended by Dr. Beatty. Other cases had shown that the male parent might carry about with him a syphilitic taint which affected his offspring, and that after going through a process of mercurialization healthy children were born to him. It was an established fact that the semen of a parent affected by syphilis

was capable of producing a child affected by syphilis, such infant being capable of infecting the mother.

DR. HENRY KENNEDY said that the tendency to set down different diseases to the effects of the syphilitic poison was at present a remarkable feature in the profession, and particularly in London. He could give cases from the weekly periodicals as having been brought before the Pathological Society there, which seemed to him to be essentially strumous disease, and not the result of syphilis. He did not question the facts which Dr. Morgan had brought forward this evening; but he did think they might bear a very different interpretation, and that it was much more likely they were examples of strumous disease. Dr. Morgan had stated, as an argument in favour of the disease being syphilitic, that the discharge from the swellings which had been opened or burst was very thin, and not at all like what occurs when struma exists. Now, with all respect for the author, there is nothing more common than this in cases which are essentially scrofulous. Again, the author had argued that because mercury had been of benefit the disease must have been of syphilitic origin. Now, here again Dr. Kennedy would observe that mercury, gradually administered, was often useful in strumous cases, and as an example in point he might mention strumous ophthalmia, in which the bichloride proved so frequently superior to any other plan of treatment. But again, the very long intervals which had elapsed in some of the cases given between the supposed period of infection and the appearance of the syphilitic symptoms was an additional reason for questioning the author's views. He was aware that this poison might lie long latent, but such cases were exceptional, and would but badly support the cases which had been detailed, some of them running out, if he rightly understood the author, to twelve, eighteen, and twenty years. Dr. Kennedy, too, could have wished that drawings of the eruption which the author described as occurring in some of the cases had been shown to the Society. In the last place Dr. Kennedy spoke of the work of the late A. Collis, in which the effects of the one poison on the other, and of the two combined, were discussed with great acumen by that distinguished surgeon.

DR. MORGAN, in reply, said he had seen acres, he might say, of syphilitic rash, and therefore ought to know by this time what it was. Although he had only spoken of the syphilitic rash appearing on the leg in one of the cases referred to, the fact was that the body of the child was covered with it from head to foot, and one of these children had a syphilitic patch on the side of the mouth. He had not the slightest

doubt that all the cases he had adduced were of syphilitic origin. He had treated them freely with mercurial enunctions, whereas if they were scrofulous children he should not like to give them mercury ; but under that treatment the disease yielded. He considered that mercury must be looked on as the only anti-syphilitic remedy that was yet known.

ON THE
TREATMENT OF VESICO-VAGINAL FISTULA
WHEN THE
URETHRA, NECK, AND FLOOR
OF
THE BLADDER HAS BEEN DESTROYED.

By GEORGE H. KIDD, M.D., F.R.C.S.I.,
President of the Dublin Pathological Society;
Ex-President, Dublin Obstetrical Society;
Hon. Fellow, London Obstetrical Society;
Corresponding Member of the Gynæcological Society of Boston,
and of the Obstetrical Society of Berlin;
Obstetric Surgeon to the Coombe Lying-in Hospital,
&c., &c.

The treatment of vesico-vaginal fistula has now arrived at such a degree of perfection that there are but few cases in which a cure may not be accomplished. For a fistula of a moderate size the paring of the edges and bringing them carefully together is generally sufficient; for those of a much larger size, accompanied with protrusion of the fundus of the bladder, the splitting of the edges and bringing the flaps together by the quilled suture, as recommended by the late Maurice Collis, has in my hands been the most successful mode of treatment. The very small fistula, so small as to resemble a pin-hole, the closing of which one would think ought to be a very simple affair, has often given me more trouble than openings through which I could easily pass one or two fingers; but since the adoption of the flap operation, its cure has become most certain, simple, and easy. We have had twelve of these cases in Dublin, each cured by a single operation, and there have been no

failures. In nine of these cases I operated myself, my colleague, Dr. Roe, in one, and Drs. Mapother and Bennett one each.*

The case to which I wish at present to draw attention is one where the difficulty arises from the total loss of the base and neck of the bladder, and of the urethra, where, in fact, the whole of the anterior wall of the vagina has sloughed away, from the neck of the uterus to the symphysis pubis, converting the bladder and vagina into one cloaca. For the treatment of this condition two methods have been suggested—one by Jobert de Lamballe, who proposed to make an opening into the rectum, and then close up the vulva completely. In this way the urine and secretions of the vagina and uterus must pass into the rectum, and be discharged with the fæces, the three canals being converted into one great cloaca, and the woman brought, by the attempts of art to repair the great misfortune she has suffered, into a state resembling the normal condition of birds.

The advantage of this operation is of course that it makes use of the sphincter ani to supply the place of the sphincter of the bladder, and so gives the woman the power of voluntary control over her excretions. The disadvantages of the operation are so apparent as to make it almost unnecessary to allude to them. In the first place, it unsexes the woman. There is great danger of hæmorrhage from wounding the hæmorrhoidal vessels in the operation; the opening into the rectum is very liable to close by contraction of the cicatrix, and fæces may pass into the vagina and bladder, and form the nuclei of calculi, or set up a severe form of cystitis.

To the late Mr. Isaac Baker Brown we are indebted for suggesting another operation, one which he himself performed several times, and which has frequently been performed by other surgeons. Mr. Brown

* Since this paper was read I have received the following letter from Mr. Smith, of St. Bartholomew's Hospital, London. Mr. Smith's cases make a total of sixteen, cured by a single operation and without one failure :—

“5, STRATFORD PLACE, W., 17th March.

“DEAR SIR,—You were so kind some time ago as to put me in possession of the details of your operation for closing small vesico-vaginal fistulæ by covering them with a flap of mucous membrane. I write a line to let you know I have had occasion to put your plan into practice on four occasions, and in every case successfully. Two of the cases had given me much trouble, the old operation having failed to cure them, though I had performed it with all care on several occasions. With many thanks,

“Believe me to be, yours truly,

“George H. Kidd, Esq., M.D.”

“THOMAS SMITH.

proposed to make a new urethra by passing a trocar or small knife through the tissues under the arch of the pubes in the direction in which the urethra formerly ran. In the canal thus formed he placed a catheter, which he kept there till the parts were all healed. By these means he hoped to have a permanent canal formed. As soon as he believed he had this accomplished, he proceeded to make a new floor for the bladder by drawing the uterus down and the sides of the vagina together. Mr. Brown gives the details of several cases in which this operation was quite successful, and gave the patients complete control over the contents of the bladder. But it was not always so successful. During one of my visits to Edinburgh, I saw with Sir James Simpson an American lady who had come over to England to be treated by Mr. Brown. She had had fourteen operations performed. The fistula was closed, and a new urethra formed, but she was really no better off than before the operation, for, owing to the absence of a sphincter muscle, she could not retain water, notwithstanding all she had gone through. Sir James Simpson was trying to fix an Indian-rubber ball so that it would press on the new urethra and close it, but at the time of my visit his efforts had not been attended with success.

Dr. Emmett of New York has described two cases in which he made new urethras, but in the first the patient could not retain water, nor could she completely empty the bladder; and after being under treatment for some four years the fistula opened again from the accumulation of calcareous matter in the bladder, and all further attempts at cure were given up. In the second case the result was more fortunate. After about three years' treatment and some sixteen operations, the patient returned home able to retain water, but not able to completely empty the bladder without the aid of a catheter.

Dr. Deroubaix of Brussels describes two cases in each of which he made a new urethra. He followed Baker Brown's method more closely than Emmett, but the results were not very encouraging. The first patient was under treatment from October, 1865, to December, 1867. She underwent some nine or ten operations, many of which occupied from two to three hours, and at the end of all she could only retain water by the use of a spring compressor applied to the urethra, and she could only empty the bladder by the use of a catheter. The other patient was under treatment, with intervals more or less prolonged, from March, 1865, till July, 1868, and also underwent repeated and tedious

operations, and at the end could only retain water by the aid of a compressor. To empty the bladder completely, and also prevent the new urethra from closing by the contraction of the cicatricial tissue forming its wall, she had to pass a catheter at short intervals. The merits and demerits of this operation may be summed up, as I have already done, with that of Jobert de Lamballe. Its merit is that it restores the bladder and urethra, while it leaves the vagina intact, and the patient may, as Dr. Deroubaix remarks, enter society, re-engage in her occupations, and even marry, the only inconvenience being that she should use a catheter every time she might require to completely empty the bladder. In this enumeration Dr. Deroubaix makes no mention of the patient's having to wear a compressor to enable her to retain her water, or of the length of time she had to be under treatment, or of the many very serious or dangerous operations she had to undergo.

In the case I have to bring under your notice the patient was enabled, by a very simple operation—one as devoid of danger as any surgical operation could be, one occupying but a very brief time in its performance, and completed at one sitting—to retain water perfectly by the use of a compressor analogous to that used by Dr. Deroubaix. She could empty the bladder completely without using a catheter. She could thus re-enter society, and resume her occupations, but she could not marry or enter into the relations of married life.

This circumstance was fully explained to the woman before the operation was undertaken, and she at once stated that she was not married, and would gladly forego marriage for the sake of the other benefits to be derived from the operation. In another case subsequently under my care, the patient, who was a married woman, and already had had eleven children before the accident occurred, declined to pay the penalty the operation would exact for the benefits it could confer. But in the case of an unmarried woman, with a deformed or undersized pelvis, and who has already suffered injury from a difficult labour, the being able to marry is a very doubtful advantage.

An unmarried woman of low stature, deformed from rickets, and of a low order of intellect, came under my care in the Coombe Hospital in the early part of 1866, suffering from incontinence of urine, the result of a tedious and difficult labour. On examination I found a large opening from the vagina into the bladder, which extended from the os uteri to the commencement of the urethra, and from the ramus of the pubes of one

side to that of the other. On the right side the margin was formed of bone covered only by periosteum and mucous membrane. The vagina was filled by a large round tumour of a bright scarlet colour, which was the remaining portion of the bladder inverted and protruding through the opening in its floor.

I made several attempts to close the opening and made such progress that I came to what I thought would be the final operation which was to crown my efforts with success. But whether owing to the previous long confinement to hospital and consequent deterioration of the woman's health, or other causes, the operation utterly failed; the vaginal portion of the neck of the bladder sloughed away, and the urethra with it. There was not sufficient tissue left for Baker Brown's operation even if I had been inclined to do it, and for a time I thought the case utterly beyond the aid of surgery. At length it occurred to me to close up the vagina altogether, leaving a long narrow passage close to the pubes which might answer the purpose of the urethra; and I had some hope that by making the canal as long as possible and so narrow in its diameter that it would require some force to make the water flow along it, the adhesion of its sides from capillary attraction would be sufficient to retain the water except during expulsive efforts.

After explaining what I proposed to do, and obtaining the patient's consent, I proceeded to the operation.

The patient was put under the influence of chloroform, and placed on her back in the lithotomy position. I then pared the mucous membrane off the inner surface of the labia, and continued the dissection round the posterior wall of the vagina, which was the more easily done as the anterior part of the perinæum had been torn. In making this part of the section I went as far up into the vagina as I could, so as to avoid having a pouch posteriorly in which a portion of urine would be likely to lie after the remainder had been passed. Anteriorly I removed the nymphæ, and then laying a No. 10 gum elastic catheter close up under the arch of the pubis, I removed as much of the mucous membrane as I could, leaving only the portion under the catheter and which was to form the lining of the new urethra. The pared surfaces were next brought together by the quill suture. The threads were passed through the whole thickness of the labium. Thus the operation resembled that usually performed for the formation of a new perinæum. The needle used was that generally known as Liston's—that is, a needle in a fixed handle with the eye near

the point. Having been threaded it was first passed through one labium from the skin to the mucous or inner surface. It was then withdrawn, leaving the thread in its place. It was now armed with another thread and passed through the other labium from its inner or pared surface to the skin, and withdrawn, leaving its thread. The ends of this second thread were now passed through the loop of the first which was drawn back carrying the second thread with it. This thread now passed through both labia and was ready to have the quills applied. By this means the sutures were passed with more accuracy than could well have been done otherwise, and they were placed close to the deep edge of the wound. Four sutures were inserted and tied over a piece of Indian-rubber cord, taking care to bring the deep surfaces of the wound into contact. The superficial edges were brought together by interrupted wire sutures. A catheter was placed in the track left for it, and the patient put to bed. At the end of forty-eight hours the quilled sutures were removed, and at the end of ten days the wire sutures. The whole extent of the wound united by the first intention, and as long as the patient lay quietly in bed she could retain water perfectly, but when she was up or making any exertion the water escaped by the newly-formed urethra from the want of a sphincter muscle to control it. I therefore determined to get a spring made which might compress the urethra, and act as an artificial sphincter, after the plan of one described by M. Trélat as having been made for a patient in the Maternité de Paris by M. Charrière et Fils. This woman had had a portion of the urethra destroyed, and the orifice of the remaining portion rendered so patulous that she could not retain water. M. Trélat twice tried to narrow the orifice, but failed, and then applied to M. Charrière, who, after several attempts, made an instrument that enabled her to have perfect control over the water. This instrument is described and figured in the *Gazette des Hopitaux* for the 30th December, 1865, and Messrs. O'Neill and Thompson, to whom I showed the drawing, made a similar one for my patient. It consisted of a steel band, like a truss, covered with leather. This band encircled the pelvis, the ends being fastened over the sacrum by a strap and buckle. From the middle of the band, corresponding to the pubes, an arm ran downwards for a short distance, to the end of which a spring was attached by a pivot-screw. This spring was curved, so that its free end, on which an olive-shaped piece of hard wood was fixed, pressed against the under surface of the new urethra. When the

instrument was in its place the woman could retain water perfectly in any position; she could walk, she could run, and she could carry a weight without any escape. When she wished to empty her bladder, she turned the spring aside, which the pivot enabled her to do, and when she had done she replaced it. A very slight amount of pressure was found to give her perfect control over the escape of the water. She remained under observation for several months, and then left Dublin to go to America, and I have seldom met a patient more grateful than she was for the relief she had obtained.

This instrument is apparently identical with that described and figured by Dr. Deroubaix, who, however, does not say whether he copied it from that of Trélat or designed it himself. It is, however, worth noting that the description of Trélat's instrument was published on the 30th December, 1865; that the instrument for my patient was first applied on the 20th of December, 1866; and that for Dr. Deroubaix's patent in the early part of December, 1867.

DR. CRANNY, in the absence of Dr. Johnston, who had been called away, related the case of M. H., aged thirty-six, who had been admitted to the Rotunda Hospital, suffering from great incontinence of urine, which, on examination, was found to be in consequence of complete absence of the anterior wall of the vagina, and, of course, posterior of the urethra, from sloughing, the result of tedious labour in her last (the ninth) confinement. In fact there was not a particle of urethra left but a thin ring, the thickness of a piece of whip-cord, at the meatus urinarius. She was in such a deplorable condition that the only position she could remain in at all with ease was standing, resting on a table or chair, with her legs apart, and thus allowing the urine as it was secreted to drop on the floor.

Considering her pitiable state, and that an operation, even though it failed, would not render her condition worse, the whole vulva was closed up by means of wire sutures by Dr. Johnston, as far as the clitoris, much in the same manner as Dr. Kidd had so clearly described, leaving an opening sufficient to allow a No. 11 catheter to pass. The parts healed completely, and when the cicatrix was sufficiently hardened, a species of truss compressing the urethra, which had thus been formed, was tried, in order to act as an artificial sphincter. This not succeeding to our satisfaction, an elastic band with a cork pad was applied which seemed to answer better; but being anxious to return to the country, she left before we could perfect the instrument—not, however, before, as she said herself,

she was, comparatively speaking, in the greatest comfort, being able to lie in bed, even without the instrument, quite dry, and by keeping a napkin tightly applied to the urethra in the day time, she could sit and walk about with but little escape of water.

DR. ATTHILL said the case brought forward by Dr. Kidd was another proof of the great advance made in the surgical treatment of this disease. His case was an eminently unpromising one—a great cavity existing, no tissue out of which to form a urethra; therefore, he must look on the result of the case as a great triumph. He (Dr. Atthill) had a very similar one. The patient was an unmarried woman who had been delivered by the natural efforts after a very tedious labour. The vagina was closed above by a firm band which occluded the uterus, a very small opening only existing, through which she menstruated. From below this band to within a very short distance of the orifice of the urethra, the entire vesico-vaginal wall was wanting. About half an inch of the urethra remained, but it was impervious. The first step was to endeavour to re-establish the urethra. For this purpose a trocar was thrust through it, and a catheter subsequently retained in the passage thus made, and thus a permanent canal was established. He then performed an operation similar to that described by Dr. Kidd, but instead using the quilled suture brought the pared edges together by means of wire stitches, but on removing these, after the lapse of some days, he found that the vulva were united for hardly one half of their extent. As soon as the parts were healed he repeated the operation, and this time used the quilled sutures as well as the ordinary wire sutures outside; and the operation had perfectly succeeded. The woman had returned to her home. She could empty her bladder, and although at present that was a tedious process, he anticipated in course of time that she would be able to do so with facility. The case was not so unpromising as Dr. Kidd's, inasmuch as there was a portion of the urethra left which they were able to utilize.

DR. M'SWINEY asked, did Dr. Kidd say that this was an operation which he would recommend?

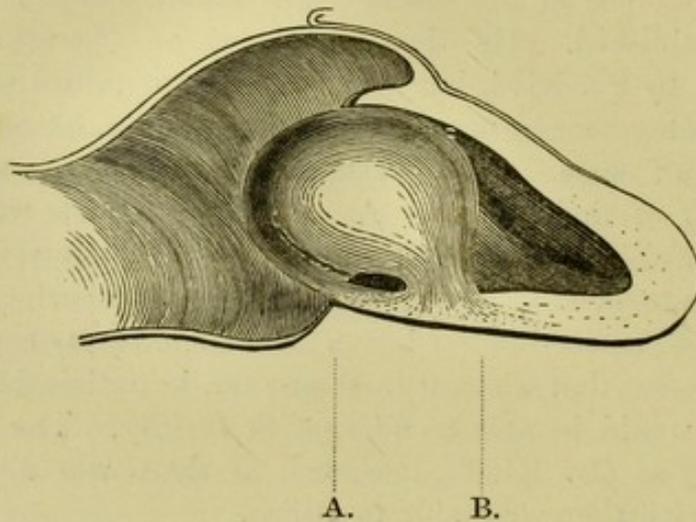
DR. KIDD—I recommended it to Dr. Johnston, and he followed the recommendation. I believe it is the best operation that can be performed under the circumstances. It puts the woman, at a very small expense of suffering and time, in the best position she can be under her unfortunate circumstances.

DR. ATTHILL said that in his case the woman was young and unmarried, but had borne a child. He told her she would be unsexed, and she willingly submitted to the operation.

Saturday, April 12th, 1873.

LOMBE ATTHILL, M.D., Vice-President, in the Chair.

The VICE-PRESIDENT (Dr. Lombe Atthill) exhibited a tumour which he removed on the previous Thursday from a woman, a patient in the Adelaide Hospital. She was aged forty-two, was married, but never had any children. She enjoyed excellent health till two years ago, when she perceived that the menstrual periods were much more profuse than previously; then after a time they became more and more prolonged, and finally almost continuous. That was the only symptom she exhibited, except that at an early period she suffered from retention of urine for a short time.



A.—Anterior lip intimately attached to extremity of polypus.

B.—True pedicle.

The Polypus when removed weighed $\frac{1}{2}$ lb. Length while *in situ* 5 inches; but when removed and unfolded it measured $7\frac{1}{2}$ inches.

She suffered so much from loss of blood that she sought relief at the hospital. On examination a large tumour was found projecting into the vagina. Anteriorly, and to the right side this tumour could be traced up to the os uteri, to which it was attached so intimately as to be almost continuous with it. One could not make out any line of demarcation

between the os and the tumour. Posteriorly the finger could not reach the pedicle; the sound passed in this direction nearly three inches above the point to which he could pass his finger. On Thursday, having had the advantage of the assistance of Dr. Kidd, and of Dr. Churchill, Dr. Atthill proceeded to remove this tumour. It was seized with a vulsellum and drawn downwards. He then passed a steel wire as high as he could posteriorly, but it soon snapped. He then tried a pianoforte wire which was annealed, and applied it in the same manner. That snapped also. A similar attempt with a very strong unannealed piano-string resulted in the breaking of the instrument. The resistance was something enormous. The question then arose whether the operation should not be postponed until a new instrument had been procured; but he did not like to defer the operation, and accordingly he proceeded to see what he could do with a pair of scissors. He could not reach the pedicle posteriorly; his efforts were therefore directed to the anterior part of the tumour. He with much difficulty cut through the attachment anteriorly, but was surprised to find the true pedicle was higher up, as represented in annexed woodcut. It appeared to him that at some time adhesive inflammation must have taken place, which had resulted in the intimate union of the tumour to the anterior lip. Having cut through the anterior attachment, he proceeded with a scalpel to divide the upper one, which he succeeded in doing. Profuse hæmorrhage set in. Expecting hæmorrhage he had the actual cautery ready, and applied it freely to the bleeding surface. However, in a few minutes, blood coming again freely, he placed within the os uteri a pledget of cotton, saturated in a strong solution of perchloride of iron in glycerine—filled the vagina with cotton, and the bleeding ceased. The woman had a very feeble pulse when the operation was performed and she was now doing well. She was etherized by Mr. Morgan. Being in an anæmic state, with the pulse very feeble, his colleague Dr. Little advised him to give ether instead of chloroform. The operation continued an hour and twenty minutes, and during that time there was no struggle, no excitement, no sickness. So far as a single case went, he thought this case showed that ether was a very safe and good anæsthetic. The polypus would prove, he thought, an ordinary fibrous polypus. He was not acquainted with any case where an attachment had formed secondarily as in this case; but Dr. M'Clintock had told him he had seen some cases of the kind.

DR. CHURCHILL observed that this was a most interesting case. He had not the least hesitation in expressing his opinion that by far the best mode of removing a polypus that was outside the uterus and in the vagina, was by the vulsellum and a pair of scissors. There was no risk, no great hæmorrhage, and not the bother which attended the putting on of the écraseur.

THE EXCESSIVE VOMITING OF PREGNANCY.

By ALFRED H. M'CLINTOCK, M.D.,
&c., &c.

“THERE is nothing in the whole range of physiology or pathology more extraordinary than the fact, that the gravid uterus, without itself being the seat of special pain, irritation, or disease, should excite fatal disorder by reflex irritation in some distant organ. In this way pregnant women may be destroyed by secondary disease of the brain, heart, lungs, kidneys, stomach, or intestines. In fact, there is, in particular cases, no limit to the poisonous influence exerted on the rest of the economy by the gravid uterus.” Thus writes Dr. Tyler Smith,^a and his researches find no more striking illustration than the extreme and uncontrollable vomiting which is an occasional consequence of impregnation, and to which my present communication has reference. You will, therefore, understand that I do no more than allude to the ordinary sickness and vomiting incident to the gravid state, and which, though troublesome and distressing, are not in any way dangerous.

All cases of nausea and vomiting dependent on pregnancy might conveniently be disposed in three classes, according to the amount or degree of sickness present. In the *first* class sickness is confined to the forenoon, does not always or often end in vomiting, and generally passes away altogether at the period of quickening. In the *second* class vomiting is of more frequent occurrence, is not confined to the forenoon, and continues or commences to annoy the patient after she has passed the epoch of quickening. In the *third* group we may range those exceptional cases whose actual vomiting is so frequent and persistent that nutrition is arrested, wasting and debility rapidly ensue, and finally a febrile condition

^a Obstet. Trans., Lond. i. 338.

of the whole system, with symptoms of exhaustion, come on, resulting at last either in the death of the patient; or, in a very few instances, the cessation of vomiting, with or without spontaneous abortion.

Cases of this extreme kind are happily of rare occurrence. In the course of my experience in hospital and private practice I have met with only a very few instances where the symptoms were so urgent and so rebellious to treatment as to raise the question of inducing abortion, and in only one instance have I felt justified in resorting to this grave alternative. Very many cases, however, of this dangerous form have been recorded by English, French, German, and American obstetricians, so that it is a complication of pregnancy every accoucheur should be prepared to meet with. It may be present in first or subsequent pregnancies, but it is commonly supposed that women in their first pregnancies are more obnoxious to it, and the statistics I have collected give some confirmation to this opinion.

Another interesting question connected with excessive vomiting is the particular *period of pregnancy* at which it is most apt to occur. Of the recorded cases in which this circumstance is noted, the vomiting in the three months preceding quickening was of much more frequent occurrence than in the months after quickening. In a very few instances it began about one month after the supposed time of conception. M. Gueniot has given some attention to this point, and states,^a that of *forty-three* cases collected by him, the vomiting set in nine times in the first weeks of pregnancy; fifteen times at the end of the first month; nine times in second month; five times in third month; once in fourth month; twice in fifth month; twice in sixth month. In general terms, then, it may be stated that no pregnancy, and no period of pregnancy, except perhaps the first and the ninth months, is secure against the occurrence of this most formidable concomitant. It may recur in successive pregnancies. Thus Burns had to induce labour three times in one patient, on account of uncontrollable vomiting;^b and Mr. Garraway had to do it twice in a patient under his care.^c On the other hand, the patient on whom Dr. Munro operated passed through her succeeding pregnancy with only "slight nausea and sickness," which readily yielded

^a Quoted by Anquetin in *Rev. Medicale*, 1865, Vol. ii.

^b *Midwifery*, p. 265, tenth edition.

^c *Brit. Med. Jour.*, October, 1857.

to treatment;^a and other cases of a like kind are reported. As regards the *etiology* of this excessive sympathetic disturbance, I fear it must be confessed we are as yet very much in the dark. Several explanations have been put forward, but none of them rests on any extended series of clinical or pathological facts, and can only apply to occasional instances. We may, however, regard it as pretty well established, that there are different morbid conditions, which, being superadded to the gravid state, may aggravate or excite the symptoms in question. These are, for example, congestive inflammation of the os and cervix; an irritable condition of the cervix uteri; ulceration of the os uteri; inflammation of the deciduæ; the effect of gravitation of the ovum "on some sensitive part near the cervix"^b (Munro); or displacement of the womb.

Now, after making every allowance for the influence of these causes, there yet remains a large proportion of cases in which no evidence exists of any of them having been in operation, and for all such, the only explanation to be offered is that which attributes the sickness to overdistension of the uterine nerve fibres, and there are some clinical facts which apparently give support to this theory. Thus Robert Lee and Dubois have each related cases where the vomiting ceased immediately upon the discharge of the liquor amnii. In one case of Lee's the puncture of the membranes was not followed by any perceptible discharge of water; nevertheless, the vomiting "began immediately to subside, and she went to the full period, and was safely delivered of a living child" (Clin. Mid., p. 108, second edition). In another case (No. 68) related by the same observer, he tells us, "the vomiting ceased immediately after" (the puncture of membranes and discharge of the liquor amnii), "and the fever subsided, though the foetus was not expelled for several weeks." A very striking case too was that of Dr. Campbell's (No. 35 in my table). Here a sound was passed into the uterus and the membranes ruptured. She vomited less that night, and next morning could retain food well; she improved from day to day, but was not delivered until twelve days after the operation. On the other hand, there are several instances where the gastric disturbance ceased upon the death of the foetus only, and before any sign of abortion made its appearance; and again, in other cases where parturition was artificially induced, the vomiting persisted

^a Glasgow Med. Jour., August, 1872.

^b Op. cit., p. 6.

until the ovum was expelled, and these two series of facts are hardly reconcilable with the theory in question.

The flexion theory has lately found a warm advocate in Dr. Graily Hewitt. His paper was read before the Obstetrical Society of London, and is published in the thirteenth volume of its transactions. But, with the utmost respect for the author, I must candidly avow that, after a very attentive study of his essay, as well as of the discussion which followed its reading before the Society, I could not find any facts or arguments to justify the conclusion that retroflexion or anteflexion of the gravid uterus is more than a very rare concurrent cause of the vomiting of pregnancy. The soundness of the theory is only to be tested by facts, but an appeal to such facts as are obtainable, brings out a mass of evidence which plainly forbids our accepting the statement that uterine malposition is "the almost universal cause of the sickness of pregnancy." The one "typical case" related by Dr. Hewitt, gives no direct support to his views, unless we can suppose that the patient's being "much relieved" by confinement to the horizontal position, and attention to her bowels (which formed the whole treatment), furnish any grounds for the inference he would have us to draw from the case—viz., that the sickness was due to the anteflexion which co-existed with pregnancy.

I have met with several cases of retroversion of the gravid uterus, and in none of these cases was vomiting a prominent symptom, and in most of them it was entirely absent. In a considerable proportion of the recorded cases of excessive sickness, this (the sickness), as already stated, was present in the sixth, seventh, or eighth month of pregnancy, when ante or retroflexion was not only quite absent but the next thing to an impossibility. Dr. Barnes seems to think that the normal condition of the uterus in early pregnancy is one of slight anteversion, occasioning a change in the anterior wall of the vagina, which he regards as a valuable diagnostic mark of the gravid state.—(*Brit. Med. Jour.* 1868, Vol. ii., p. 204.)

Dr. Oldham has recorded a remarkable case in which the uterus was found retroflexed at the full term, and had probably been in this faulty position all through pregnancy;^a and yet in this history there is no mention of sickness.

Dance, Dubois, Stoltz, and Kieller, have had opportunities of examining the bodies of women dying of the excessive vomiting of pregnancy, but in none of these autopsies was any displacement found to exist. Now,

^a *Obstet. Trans., Lond., i. 317.*

I do not want altogether to deny that displacement may give rise to the sickness, but merely to show it can only be a very rare and exceptional cause of it. Moreau and Briau had a few cases (three or four) in which the displacement of gravid uterus had, beyond doubt, very much to do with the vomiting, as this abated after the malposition was rectified. And in Dr. Munro's case, already cited, it is possible that the vomiting (which began so early as five weeks after the last menstruation) may in some degree have depended on the ante flexion; but it did not appear that there was any jamming of the fundus uteri, and the sound when introduced went upwards freely about five and a half inches. M. Stoltz relates a case he was called to, of this excessive vomiting in the third month of a first pregnancy, where he recognized the existence of retroversion of the uterus; and when the womb was replaced—and this could be readily done—there was a temporary suspension of the sickness. As the rectification could not be permanently maintained, we cannot say whether, if such had been accomplished, the cessation of sickness would have lasted. Eventually abortion was induced as the only way of saving the life of the woman, and with a most successful result.

It is important to bear in mind that this vomiting, of which we are speaking, has no pathognomonic or specific character by which it may be recognized; its diagnosis must rest, therefore, on the co-existence of pregnancy, and the absence of any other cause for it, such as gastric, cerebral, hepatic, or renal disease. The purest cases, I believe, are those where it commences soon—*i.e.*, a few weeks after conception; and its dating from this early stage may be regarded as a very strong evidence of the vomiting being a direct consequence of the gravid state. In several of the most marked cases the vomiting set in very soon after impregnation. Thus in Dr. Munro's case it began five weeks after the last menstruation. In the case to be hereafter related, it set in not later than the sixth week of pregnancy; and in Dubois' fifth fatal case sympathetic disturbance of the stomach was the very first symptom of pregnancy, appearing even before there was time to know if the menstruation was suppressed.

On the other hand I think there are good grounds for supposing that in many of the severe cases, where sickness commenced after quickening, it was not so exclusively due to direct sympathy with the uterus, but arose in part under the influence of some superadded complication. Thus the cases recorded by Dr. Hardy, and by Dr. Kidd (*Dub. Quar. Jour.* xxxviii., pp. 12 and 253), I would cite as illustrations of this statement.

In each of them pregnancy was advanced to the seventh month, and in each there was present some other cause adequate to account for the prominent symptom. In one it was phthisis ; in another gastritis apparently ; and in the third constipation, which being removed the vomiting subsided. For the sake of diagnostic precision, therefore, we should distinguish between the sickness *of* pregnancy, and sickness *in* pregnancy.

The duration of the vomiting, before it brings the patient into a position of danger, is liable to a good deal of variation. In several instances this period has been under three or four weeks, and in others it was extended to eight, nine, or ten weeks. Of course very much will depend on the constitution and previous health of the patient, as well as the degree of intolerance shown by the stomach. An analysis of twenty-three fatal cases, by M. Gueniot, showed the mean duration of the disease to have been three months, which accords with the statement just made. The symptoms which are present in these extreme cases, are very well laid down by Dubois, whose description has been quoted by nearly every succeeding writer upon this subject. They are briefly these :—Excessive vomiting, all food, and sometimes even the smallest quantity of pure water, being rejected ; emaciation and extreme debility, so that syncope takes place under slight exertion, and obliges the patient to keep her bed ; a febrile condition of the system, and an acid sour smell off the breath. Such a combination of symptoms would plainly indicate the patient to be in great peril, and, if medication has been judiciously tried without avail, art holds out only one mode of escape for the woman, and that is by terminating pregnancy, which has brought her into this all but moribund condition. If relief be not speedily given, and she be allowed to sink any lower, the time will have gone by for the intervention of art to save her life, and she will pass into that condition which Dubois calls the third stage, characterized by increased prostration, constant headache, impairment of vision, tendency to somnolence, and derangement of the intellectual faculties. To operate, he remarks, under these circumstances, would only bring obloquy on our art, and, perhaps, hasten the patient's end.

It has been urged by the opponents of artificial abortion, that we should leave it to nature to induce parturition in those severe cases where medicine fails to give relief ; but this would be to abandon the patient to almost certain death, for the cases where in the advanced stage the vomiting has ceased, or spontaneous abortion has come on, are lamentably few : whilst the

number of recorded cases where a fatal issue has taken place under these circumstances, or even after abortion, is very considerable. Dr. Munro, the latest writer on this subject, refers to twenty such fatalities. But with a very moderate amount of research I have been able to collect close on fifty authentically recorded cases, and I know of others which have not been published. Thus twenty fatal cases had come within the observation of Dubois; Churchill in like manner mentions four; Tyler Smith three; Stoltz three; Chailly two; Dance two; and single cases are recorded by Murphy, Haighton, Lee, Maygrier, M. Hall, Breschet, Johnson, Danyau, Ulrich, Forget, Kieller, Lobstein, Caradec, Rigaud, Blot, Lancereaux, not including those cases where death took place after the occurrence of abortion.

From this sad array let us turn, and see what success has resulted from the timely interposition of art under the circumstances above described. When Paul Dubois and Danyau advocated this measure before the Académie Nationale de Médecine, in 1852, they could only adduce four or five cases in support of it, one of which cases occurred in the practice of Dubois himself, and was at the time a solitary success against three failures.

Since then the number of successful cases has greatly multiplied, so that with very little trouble I was able to get the histories of thirty-six authentic cases where this alternative measure was resorted to after every other mode of treatment had been tried in vain. Annexed is a tabular statement of these cases, showing, so far as data were given, the number of the pregnancy, the period of pregnancy at which the sickness was, the result of the practice, with a reference to the name of the operator and of the publication where it is reported.

The general result of these cases is simply this, that in *twenty-seven* instances the sickness was arrested, and the patients perfectly recovered, whilst in nine instances, although the vomiting ceased in nearly every one of them after the expulsion of the ovum, still the patients did not ultimately recover. Whether, or how far, the operation is chargeable for this unfavourable issue can only be estimated by a careful examination into the circumstances of each particular case, and the results of such examinations I now beg briefly to submit. In case No. 7, related by Churchill, the woman lived four or five days, and then died of diarrhœa, apparently brought on by over-feeding. In case No. 14, recorded by Burns, a biliary calculus was found impacted in the gall duct, which, no doubt, was the cause of the vomiting, and not pregnancy.

Case No. 17 was in the practice of Dubois, who states that the woman survived until the sixteenth day after abortion, and then died of puerperal fever. No. 21 died on the tenth day after delivery, the cause being, as Mr. Garraway, who relates it, says, "sheer debility." This same patient suffered to such an extreme degree from sickness in her previous pregnancy, that Mr. Garraway had to provoke parturition as the only way of saving her life. She recovered, but her constitution was permanently and greatly weakened by the prolonged vomiting. No. 29 died of *post-partum* hæmorrhage. The case is recorded by Dr. Lee, having been seen by him in consultation. The woman was in the eighth month of her fifth pregnancy, and was greatly emaciated and reduced from long sickness of stomach and previous ill health. Consequently, she had no strength left to bear up against the effects of the loss. The instant the membranes were punctured the vomiting ceased.

In the remaining four fatal cases the operation was resorted to as a forlorn hope, but there were no reasonable grounds for expecting that it could succeed, to such a deplorable state of exhaustion were the patients reduced by the prolonged and incessant sickness of stomach.

The result then of this analysis of the nine fatal cases is no way disparaging to the operation, as in five of them the unfavourable issue was attributable to the fact of the interposition of art having been too long delayed (as will happen with any operation, however good in itself, and however skilfully performed); whilst in the remaining four cases the cause of death was purely accidental, and not directly referable to the operation.

Cases will occasionally be met with where, along with the vomiting, are symptoms which would lead us strongly to suspect the existence of actual disease of the stomach, liver, kidneys, or some other organ. Here a grave question will arise, viz., whether the vomiting be dependent on pregnancy at all or not. These are a very perplexing class of cases, and require the practitioner to use the utmost caution and discrimination before deciding on the expediency of inducing labour. In cases of this description one would be inclined, *primâ facie*, to pronounce against its adoption, lest the vomiting might continue, in spite of the uterus being emptied (as I have known to happen), which would, of course, expose the operator to censure, unless in his prognosis he had fully anticipated the possibility of such a contingency, and prepared the friends for it.

Cases of artificially induced Labour, on account of Excessive Vomiting.

No.	Pregnancy	Period of Pregnancy	Result	Authority
1	Primipara	3rd month	Recovered	Munro—Glasg. Med. Jour., Aug., 1872.
2	—	7th month	Do.	Davis—Obstetric Medicine.
3	—	8th month	Do.	Ibid.
4	—	6th month	Do.	Ibid.
5	Multipara	6th month	Do.	Edwards—Ranking's Abs., iv.
6	Do.	3rd month	Do.	Churchill—Dis. of Women, 630.
7	Do.	3rd month	Died	Ibid.
8	Do.	8th month	Recovered	Copeman—Obstet. Trans., xiii.
9	—	8th month	Do.	Merriman—Med. Chir. Tr., iii.
10	—	—	Do.	Hergott.
11	—	—	Died	Aubenas.
12	—	—	Recovered	Burns—Midwifery, 265.
13	Multipara	—	Do.	Ibid.
14	Do.	—	Died	Ibid.
15	Do.	3rd month	Do.	Dubois—Bull. de l'Acad., xvii.
16	Primipara	1st month	Do.	Ibid.
17	—	2nd month	Do.	Ibid.
18	Primipara	1st and 2nd months	Recovered	Ibid.
19	—	3rd and 4th months	Do.	Harris—Phil. Med. Exam.
20	Multipara	6th and 7th months	Do.	Garraway—Brit. Med. Jour., Oct., 1857.
21	Do.	6th and 7th months	Died	Ibid.
22	—	2nd month	Recovered	Tarnier—Cazeaux' Midwifery.
23	Primipara	2nd month	Do.	M'Clintock.
24	—	—	Do.	Trousseau—cited by Danyau.
25	—	4th month	Do.	Lee—Clin. Mid., 107.
26	—	2nd month	Died	Ibid.
27	—	6th month	Recovered	Ibid.
28	—	—	Do.	Ibid.
29	Multipara	8th month	Died	Ibid.
30	Do.	8th month	Recovered	Barnes—Lancet, 1863, Vol. i.
31	Do.	5th month	Do.	Griolelet—cited by Danyau.
32	—	7th month	Do.	Cited by Danyau.
33	Primipara	3rd month	Do.	Stoltz—Gaz. Med., Juin, 1852.
34	Do.	7th month	Do.	Hardy—Dub. Quar. Jour., xxxviii.
35	Multipara	6th month	Do.	Campbell—Brit. Med. Jour., Oct., 1872.
36	Do.	2nd to 4th month	Do.	Dr. E. B. Sinclair.

In most, if not in all, of these complicated cases, however, the gravid state is itself an important factor of the vomiting, so that cutting short the pregnancy will often tend to remove or most materially alleviate the symptom which menaces the life of the patient. Examples of this are to be found among the cases in the table. Thus, in Dr. Hardy's patient (No. 34) dark fluid was ejected from the stomach, with blood in large quantity, and the burning sensation was intolerable. In the case recorded by Dr. Barnes (No. 30) there were hæmatemesis and scirrhus-like induration of the cervix, which was nodulated; and in my case slight jaundice was present.

Dr. Churchill has favoured me with the notes of a case bearing very closely on this part of our subject, and which I, therefore, make no apology for introducing. He writes:—"I was called to Mrs. W. early in November, and was told that she was between three and four months pregnant of her fifth child. She had always suffered from sickness in her former pregnancies, but never to such an extent as now. Whether she took anything or nothing she was incessantly retching and vomiting. Not a particle of anything rested on her stomach. I found her looking very ill and exhausted, with a pulse of 120 and *dry tongue*. There was no pain on pressure in any part of the abdomen, but I found a considerable enlargement of the liver, with a very weak heart. I tried the usual remedies with some slight alleviation, but it was clear that unless some more decided relief was obtained she would sink. I, therefore, asked for a consultation, and Dr. Denham agreed with me that the induction of abortion could not be long deferred, but that as there had been less vomiting during the day (we met in the evening), we might wait until morning, meantime freeing the bowels.

"In the morning I found that a fœtus of near four months, alive, had escaped from the uterus, without any pain or bleeding. The after-birth was retained, but as there was no discharge I determined to let her rest. The vomiting *scarcely* returned after the abortion, but the sinking *increased*, in spite of all our remedies, and she died on the third day after the expulsion of the fœtus, and the seventh from my first visit."

That the vomiting in this case was dependent mainly upon the pregnancy is proved, I think, by its cessation as soon as the fœtus had come away. The death of the patient some hours subsequently well exemplifies the observation of Dubois, that if the symptoms go beyond a certain limit, before abortion occur, this will be productive of no real benefit.

Having given this brief clinical retrospect of the subject before us, let

me now submit a concise history of a case which lately fell under my own notice.

Mrs. —, aged twenty-two, of robust and active habits, was married 5th June, and conception took place it was supposed between the 14th and 20th. Her health continued uninterruptedly good up to 20th July, when vomiting set in rather suddenly, and recurred with increasing frequency, and with daily declension of her strength up to the time of my seeing her on 19th August, in consultation with Dr. Murray, of Delvin, and Dr. Ridgway, of Oldcastle. She was then, and for some days previously, altogether confined to bed, from sheer weakness. The attempt to sit up brought on retching and faintness, and from having been moderately stout she had become wretchedly thin. Her face was flushed, and she was slightly jaundiced. The tongue was clean, and the pulse seldom above 80; the belly was flat, rather retracted indeed, and free of tenderness; the bowels, generally inclined to constipation, had been well opened by medicine a few days ago, and there was no evidence of any lodgment in the colon. The urine was sufficient, of high colour—from bile apparently—and free from albumen; there was no dysuria or irritability of bladder, nor had there been. The stomach rejected almost everything she took, whether fluid or solid; there was no one thing that appeared to be tolerated, although the entire quantity of everything swallowed might not be vomited. Glairy mucus, or yellow bile sometimes came up with the food and drinks. Her nights were pretty good, though her sleep was much broken and disturbed.

The uterine tumour could not be distinguished above the pubes; but, *per vaginam*, the body of the organ was felt enlarged and slightly anteverted, as is often found to be the case at this period of utero-gestation. The os and cervix were healthy to the touch and to the eye, and free of any undue sensibility, heat, or fulness. I fully coincided in the opinion that she was pregnant, and that the vomiting was sympathetic of this state. Nearly all the remedies and modes of treatment usually employed in cases of this description had been tried, but with no other result than a very occasional and brief mitigation of the sickness. Although it did not seem possible she could exist much longer, unless the sickness was very decidedly relieved, still we thought the symptoms did not present that degree of pressing urgency to justify our resorting to so extreme a measure as the induction of abortion. The following line of

treatment, therefore, was agreed on:—A small blister over epigastrium, half a grain of calomel and two grains of dried soda in pill every six hours, hypodermic injection of morphia, daily inunction of the trunk with olive oil, nutritive enemata of beef-tea or milk every six hours; diet to consist of very small quantities of lime water and milk, beef-tea, cold chicken jelly, brandy, and seltzer water.

Ten days after this, namely, on 29th August, I saw this lady again, as the persistence of the vomiting, the accession of pyrexial symptoms, and the extreme prostration of strength, too plainly showed that unless relief was obtained she could not survive many hours. On this occasion I met Dr. Ridgway only, as Dr. Murray was not able to be present.

A very marked change had come over her since my former visit—ten days before. Her face was contracted and of a dusky red colour, and wore an expression of intense weakness; the eyes looked heavy, and the conjunctivæ were slightly yellow. She complained that her sight had become impaired; her voice was much altered and was weak and rather husky. Even with assistance she was scarcely able to sit up, and to get her out of bed produced alarming syncope. The pulse was thready and weak, varying in frequency from 100 to 120 or 130. The skin was hot and dry; tongue clean, but very red at the edges; slight mercurial ptyalism was present. It was with reluctance she took food, as it was so sure to be rejected, and the act of vomiting produced intense depression.

We were now quite agreed that the time for putting in practice the only remaining alternative—viz., artificial abortion—had arrived, and to postpone it any longer would be to deprive the patient of all chance of benefit from its employment. Indeed, to be candid, I had serious misgivings that the interposition of art had come too late. We explained to her husband and friends what was going to be done, fully stating the possible dangers of the operation; and, having obtained their consent to its performance, we at once set about it. She was so lamentably feeble that we had to proceed very slowly and with the utmost gentleness. The sound was passed with great ease into the uterine cavity to the extent of four inches, and moved freely about, but no water came away. Towards the fundus it encountered some abrupt inequality, which I concluded was the embryo. A small whalebone stilette was next passed up to same extent, and with same negative result. A laminaria bougie, No. 8 size, was now introduced to the extent of three and a half inches, and left in utero—a small sponge being placed in the vagina to prevent the tent coming away. These

manipulations occupied some minutes, and seemed to distress the patient a good deal. It was agreed she should get an enema with two drachms of Long's liquor ergotæ, in the course of some hours, should pains not supervene. For the subsequent history of the case I am indebted to the kindness of the medical attendants before-named.

For the next twenty-six hours the sickness continued apparently with greater severity, and her weakness was extreme. Uterine pains now came on, and in four or five hours some hæmorrhage having appeared, the sponge and tent were removed, having been about twenty-nine hours *in situ*; soon afterwards Dr. Murray was able to take away the ovum; the embryo was one inch and a half long, and healthy in appearance. Though the hæmorrhage had been moderate and was now over, she fell into an unconscious state, resembling syncope, which seemed to be mortal. This lasted upwards of an hour, when she was at length aroused by the unremitting exertions of the doctor and nurse. During this trying period, more than once it was thought that life had fled. By the steady employment of restorative measures for some hours she gradually and completely revived. From this time the irritability of stomach began to subside, but it did not entirely cease for some days, as vomiting occasionally took place when she was not careful to observe our injunction to eat and drink in great moderation. With these trivial exceptions her convalescence proceeded most favourably, insomuch that she was able to sit up for a short time at the end of a fortnight, and this improvement went on steadily until her health and strength were completely re-established.

The VICE-PRESIDENT (Dr. Atthill) said the subject treated of by Dr. M'Clintock was one of great importance. He had shown very properly that the sickness of pregnancy was twofold, "normal" and "abnormal." He distinguished the sickness of pregnancy from the sickness that may occur during pregnancy. The latter depended on a variety of causes, constitutional or otherwise, such as consumption, gall stones, &c. With these special causes Dr. M'Clintock did not deal. What the Society had to consider that evening was the sickness of pregnancy. With regard to the flexion theory to which Dr. M'Clintock had referred he could not understand how it could be entertained by any well-informed medical man. They must all have seen cases of well-marked flexion of the uterus where pregnancy occurred, and no vomiting followed. He (Dr. Atthill)

had a patient whose uterus was always distinctly retroflected. When pregnancy occurred the uterus still lay into the hollow of the sacrum. This patient did not suffer at all from vomiting. Some time ago a lady consulted him for menorrhagia, which he found to depend on an imperfectly involuted uterus which was retroflected. He told her she must submit to treatment, but she had to leave town and a delay of two months occurred. On her return he found she was pregnant. The uterus was still completely retroflexed, no treatment was adopted, the case went on to the full term, and there was no vomiting at all. That case, to his mind, clearly disposed of the flexion theory. He looked on the vomiting of pregnancy as a useful symptom, except when it occurred in an extreme degree. Its cause, however, was not, and probably never would be, determined accurately. He was inclined to think it might be due to the distension of the *os internum*. He had seen nausea produced by the passage of the uterine sound through a narrow *os internum*; it also occurred in those cases of dysmenorrhœa, which depended on the formation of clots in the uterus; when these clots were passing through the *os internum* vomiting often occurred. After the passage of a clot the vomiting would cease and would not recur. He thought, therefore, the cause of vomiting in some cases might depend on the stretching of the *os internum*. Of course the over-distension of the nerves of the uterus might be another cause, as Dr. M'Clintock had observed. The treatment of procuring abortion ought to be adopted in extreme cases to prevent sinking. They should not hesitate to sacrifice the foetus when the mother's life was in danger, for they might sacrifice both the foetus and the mother's life if they did not interfere.

DR. CHURCHILL said it was an extremely important subject, a very grave subject, and one on which it was difficult, as to treatment, to make up one's mind—he meant more as to the time of interference than as to the fact of interference. First, with regard to the retroflexion theory, he thought it could be settled in a very simple way. Without having had an unusually large practice, he had seen more fatal cases of vomiting in pregnancy, in consultation and otherwise, than he had ever seen of retroverted uterus during pregnancy. A retroverted pregnant uterus was not an everyday occurrence; whereas sickness, and very sharp sickness too was of ordinary occurrence. Now, if a retroverted uterus was the cause of the severe vomiting of pregnancy, it ought to be a very frequent occurrence; whereas, in his experience at least, a retroverted pregnant uterus was not a common occurrence. He thought that ought to settle the question. No doubt there were some states of the cervix uteri that give rise to this excessive vomiting. He had seen the most typical case of morning sickness of pregnancy where the lady was not

pregnant at all. She would be sick on getting out of bed; then the sickness would subside and she would go down to breakfast; and when he applied something to the cervix uteri she would be perfectly free from the vomiting for a certain time, after which he had to repeat the application. He believed that various conditions of the os uteri, of the cervical canal, and of the os internum might be a cause of this sickness. But to come to the question more immediately the subject of Dr. M'Clintock's paper—that is, the extreme vomiting of pregnancy—he had seen altogether seven cases, of which five turned out to be fatal. Some of them were seen by him in consultation when the woman was at the last gasp. In only one of these cases was the child alive, and that was the case where nature had taken the case into her own hands, and had failed as signally as if he had done it himself. These cases all occurred in an early period of pregnancy, and, as a general rule, the suffering was that of exhaustion; but in one of those cases the expression of human agony could not have been more intense. In that case he succeeded in saving the patient's life. He put in a sponge tent, and the foetus was expelled, and the woman was still alive. The great difficulty was the time at which the operation was to be performed. He thought they might dismiss any consideration as to the foetus. A good many of them were dead before even the question of operative interference arose; but if they could not save the child and could save the mother, he held that their duty was clear. He thought one of the best guides as to the operation was the pulse. In Dr. M'Clintock's case, so long as the pulse was not 80, he did not interfere. In all the bad cases he had seen, and some of them were reported, the pulse became very high; and he thought it would be a wise thing to take operation into immediate consideration when the pulse rises. With regard to the last of his cases, which had been referred to, the operation was deferred too long. He proposed it, but there were divers difficulties in the way; and as the vomiting was not increased, he allowed himself to be overruled. In this he was wrong; for when a man felt he was right he should not allow himself to be overruled in such a matter; but the case resulted fatally, and he thought the mistake made was in postponing the operation too long. If the patient were allowed to run down to a certain extent she could not rally, and the really difficult thing was to hit upon the point when she was not too far gone for interference, and to know when to avoid interfering unnecessarily. He was inclined to take her general condition into account, but to have regard especially to the pulse. In the case of his, already referred to, there was an additional difficulty—a very enlarged liver; and they could not be sure that the vomiting did not depend on that; and one of the doctors engaged in the consultation held that opinion very strongly, because he thought the

premature labour ought to have been brought on twenty-four or thirty hours before it occurred. He could state most positively that in all of the seven cases to which he had referred, there was no flexion of any kind.

DR. BYRNE had seen a great number of dangerous cases of vomiting in pregnancy, but had seen only one fatal case, and that occurred many years ago when he was a very young man, and before he became engaged in special practice. He was called to see a young woman who had been five or six months married. She had been delicate, and soon after marriage she was attacked with vomiting, and at the period he saw her she was four and a half months pregnant. Every day her condition became worse; her pulse rapidly got up; nothing would remain on her stomach, and eventually the matter she rejected from her stomach assumed the appearance of green vomit. He called in an eminent physician, and they determined to see her the next day before trying any decisive measure. During the night she got symptoms of labour, and miscarried of a small four months foetus. She immediately sank. His own impression was that she was not phthisical, although a delicate woman. He had seen a great number of cases where there was no approach to fatality, but where death would certainly have resulted if the symptoms had not yielded to treatment. As to the cause of excessive vomiting, he thought they were in the dark. He did not think it depended on an alteration in the position of the uterus. He had seen cases where pregnancy came on in a retroflexed uterus. A few years ago he was called to see a lady four months pregnant, and she was suffering from retention of urine; the fundus of the uterus was completely down in the hollow of the sacrum; it afterwards went up of itself, and during the whole time she had not the least symptom of vomiting. In most of these cases of great sickness of the stomach the uterus was found in its normal position, that is, slightly anteflexed. It was possible, however, that an alteration in position might be one of the factors that produced vomiting. Dr. Atthill threw out a suggestion that sickness might be produced by distention of the internal os, as in the case of the passing of clots of blood through the os internum. He (Dr. Byrne) could not agree in this view, because if the internal os were distended it would be a preparation for labour or the passing of the ovum, because the os could not be stretched without allowing part of the ovum to pass through it. During pregnancy the whole of the cervical canal was closed, and he thought the illustration of passing a sound through and irritating the internal os would hardly apply. His own impression was that it was the stretching of the fibres of the uterus that caused the sickness. When they considered the small size of the uterus in its

unimpregnated state, and that when impregnation occurred it received a very large supply of blood, and had to accommodate itself to the rapid growth of the ovum, it is not unreasonable to suppose that during the first pregnancy some alteration would take place leading to vomiting. It was remarkable that where vomiting set in pregnancy went on better, and it was desirable, as a general rule, to see a little sickness in these cases. With regard to the operation of inducing premature labour, they should not decide on it without the most mature consideration. If the doctrine were generally preached that artificial labour might be brought on, it might probably be resorted to in many cases where the sickness would have ceased if left to itself. The suddenness with which it sometimes ceased was very remarkable. He had seen cases where one would have thought the patient was going to expire, and the very next day she would be perfectly well, and enjoy good health during the rest of her pregnancy. They should, therefore, try the effect of every known remedy and change of air, if possible, before resorting to the operation of producing premature labour. He had seen a good deal of relief derived from the exhibition of the salts of cerium, and he had also seen two or three cases where sub-cutaneous injection had been attended with benefit. He repeated, therefore, that they should be cautious in recommending the production of premature labour, first, because that line of practice might be adopted in cases where it was not necessary; and, secondly, from the sudden manner in which they saw a cessation of this sickness.

The VICE-PRESIDENT (Dr. Atthill) said, in explanation, he looked upon the vomiting of pregnancy as a healthy occurrence, because it facilitated the relaxation of the os internum. He believed it was an error to think that the os internum was closed during the early months of pregnancy. The over-extension theory might be right in some cases where there was a rapid and abnormally great accumulation of liquor amnii; but it must be borne in mind that the uterine wall increased by growth and not by extension, and in general over-distention was not the cause of the sickness.

DR. DARBY said every one had met with cases of moderate sickness, which was not a very alarming symptom in the early stages of pregnancy, and he was disposed to attribute it to a peculiar idiosyncrasy unconnected with any organic affection. As to retroflexion of the uterus being the cause, he was altogether an unbeliever in it as far as his experience went. With regard to organic affections complicating pregnancy, he had met with some cases of the kind, and they were very serious. The worst case he ever met with was that of a lady in her

first pregnancy. She had jaundice, and the sickness and incapacity of taking food were greater than he had ever seen before or since. He had it in contemplation whether he should not interfere and procure abortion. Before he did this he requested the assistance of Dr. Churchil, and when he saw the lady he advised him to wait, and he did so, and the patient recovered. He believed that the greater number of the milder cases of the sickness of pregnancy might be attributed to idiosyncrasy, and not to organic change.

DR. BYRNE wished to explain that he did not mean to convey that the uterus was merely stretched by the growth of the fœtus. They all knew that the walls of the uterus increased in size by a process of growth in the uterine tissue itself, as well as increased in circumference.

In reply to the various speakers who took part in the discussion which followed upon the reading of his paper, DR. M'CLINTOCK said he was glad to see that the experience and reflection of the gentlemen who had addressed the meeting confirmed and emphatically endorsed his opinion with regard to the flexion theory, which he would scarcely have thought it worth while to notice, except that it came from a man of such a high position as Dr. Graily Hewitt, an ex-President of the Obstetrical Society of London, and whose name was well-known as an author. The first great point of practical importance in the cases of excessive vomiting was to make a correct diagnosis, and ascertain beyond all doubt that the sickness really depended on pregnancy and not on any extraneous cause. Many cases occur where this question was surrounded by difficulties that would tax to the uttermost the diagnostic skill and discrimination of the medical man. This question being cleared up, the next great practical question was to know the exact time to interfere: how long may we trust to medical treatment, and keep on temporizing in the hope that a favourable change may take place or nature interfere? Two cases were narrated by the speakers which carried with them great weight—where in the last extremity of sickness nature did interfere and caused the expulsion of the ovum, but too late to save the patients' lives; in fact, this expulsive action of the uterus took place because the patient was about to die. The development of the symptoms which indicated the approach of danger should be carefully looked for, and as soon as this period had arrived, no time should be lost in resorting to the only alternative now remaining, which afforded the patient a chance for her life.

Saturday, May 10th, 1873.

LOMBE ATTHILL, M.D., Vice-President, in the Chair.

EPITHELIOMA OF THE UTERUS.

DR. KIDD said the specimen which he now brought under their notice was not, perhaps, of any great interest, from its being rare; but he thought that it was of importance that specimens of the kind should be laid before the Society. It was an example of epithelioma which he removed from the uterus of a woman on the previous day, in the Coombe Hospital. It grew from the right corner and posterior lip of the uterus; the anterior lip was very little affected, but the disease had begun to manifest itself there also. The mass which he exhibited was a very characteristic specimen of the cauliflower excrescence, or epithelioma of the uterus. The posterior lip was removed along with the tumour, and they had also before them the anterior lip, which was free from the mass of the tumour, but had more or less of that granular appearance, showing the commencement of the disease. The specimen was an interesting one in connexion with the question of operation for epithelioma. Epithelioma was a form of malignant disease which afforded the best opportunity for obtaining relief by operation. In fact, it was, he might say, the only form of malignant disease of the uterus in which an operation was fairly feasible, for it was so little malignant that some writers questioned whether it should be placed in this category at all; but they were all now pretty well agreed in looking on it as cancer, but less likely to contaminate the surrounding tissues than other forms of the disease, therefore they had a better prospect of giving relief by operation in these cases than in other kinds of cancerous tumours of the uterus. This woman was being run down by hæmorrhage. She had had profuse hæmorrhage going on for many months, and during the intervals of the hæmorrhage had a large quantity of fœtid serous discharge, which was exhausting her strength. The disease was very far advanced when the woman came under his observation, so that he held out no hopes of

curing the disease ; but he believed that by removing the tumour he had checked the hæmorrhage for a time, and the serous discharge, which was as exhausting as the hæmorrhage, would also be checked for a time, and the woman's suffering would be lessened, and, he hoped, her life prolonged. It was fully explained to the woman before the operation was undergone, that it was one simply for relief, and not to effect a cure ; but in some cases the hope of a cure might be fairly presented to the patient. Some few years ago he exhibited to the Society an epithelioma he removed from the uterus of a French lady, and he had a letter from that lady a short time ago in which she stated that she had remained since the operation in perfect health. On the 1st of June, 1872, he removed from the uterus of a lady a mass of epithelioma considerably larger than the specimen before the Society. In that case after the lapse of four months the disease returned. There was a new outgrowth, which was removed in the Rotunda Hospital. At the time he saw it the growth was not larger than a hazel-nut. He was told a short time ago that this lady was pregnant, and in the enjoyment of comparatively good health. It was of importance they should know that in cases of epithelioma an operation will often effect a cure, and save life ; and even if it does not save life, it will lessen suffering, and prolong life. One case has been recorded where, at the expiration of thirteen years, the disease had not returned.

OVARIAN TUMOUR.

The other specimen which he had to bring under their notice was an ovarian tumour, which had been removed from an unmarried woman, twenty-eight years of age. She first noticed the tumour in May, 1871, in the left hypogastric region. It was painful from the first. She came under his observation soon afterwards. She was very anxious to have the tumour removed, but for a considerable time he refused to operate, as the tumour was not interfering with her general health, or of such a size as to require operation. In February of the present year the tumour was much increased in size. She measured at the umbilicus thirty-four inches, at the crest of the ilium thirty-five and a-half inches, from the ensiform cartilage to the umbilicus six and a-half inches, and from the ensiform cartilage to the pubis fifteen inches. There was a general crepitus over the right side. On the 20th of February he removed the tumour. The cyst was nearly unilocular, but there was a portion of

solid at the base. After removal the cyst weighed 1 lb. 6 ozs.; the fluid it had contained 160 ozs. (measured). It was perfectly free from adhesions, and as soon as the cavity of the abdomen was opened it almost shot out on making a little pressure on the abdominal walls. The woman recovered without a symptom of inconvenience, and was now in the enjoyment of good health. The only feature that retarded her recovery was that some weeks after the operation, and when nearly ready to leave the hospital, she got an attack of local peritonitis. She complained of pain in her right side, and a tumour formed there, but this had almost completely subsided, and she was able to go about, and was in the enjoyment of good health. Before operation her menstruation was very profuse, but after operation her menstruation was healthy, and not in excess. During the second menstruation some menstrual fluid exuded through the cicatrix, an occurrence frequently noted by Mr. Spencer Wells.

DR. JOHNSTON said the Society should be thankful to Dr. Kidd for bringing these cases forward. One of the cases he had mentioned—that of the woman who was now pregnant—had come under his observation. It was some months since he had removed the epithelial growth, and when he saw the patient last, about a month ago, there was no trace of the cervix, and no outgrowth at all. The woman was now pregnant, and the uterus remained healthy. He had in the Rotunda Hospital three months ago a case similar to that which Dr. Kidd had brought forward. The woman came from the country suffering intense pain and wasted by profuse hæmorrhage. There was a large epithelial growth from the anterior wall of the cervix, which he removed with the scissors. He wished to bring forward that case to show there was not that danger in using the scissors which some supposed, and in this case it was adopted because he could not use the *écraseur*. There was not a particle of hæmorrhage, nor had there been a single drop since. The patient left the hospital five weeks ago. She was asked to come back if there was any trace of hæmorrhage, and as she had not done so he took it for granted there was none.

DR. RINGLAND said Dr. Kidd's case presented two aspects of very considerable importance—one, how far epithelioma of the neck of the uterus was curable by operation; and next, how far treatment could be

followed in a palliative view. Dr. Kidd showed that the operation was perfectly justifiable when there was any sound structure to proceed upon. He could bear testimony to the accuracy of the views he had put forward on that point. Even as palliative treatment they were equally justified in employing the operation, even though the case might seem to be hopeless. He ventured to say this because of some observations that had fallen from some of their English brethren at the meeting of the British Medical Association in Birmingham, condemning a medical man for attending on cases of this kind when they seemed to be hopeless. He ventured on that occasion to put forward the opinion—and the majority agreed with him—that it was their bounden duty, as long as there was the least hope of relieving or palliating the distressing symptoms that presented themselves in such cases, to do what they could, even though they could not prolong life, to give comfort and ease to the patient, no matter for how short a time. The cases submitted by Dr. Kidd proved the correctness of this view. In the particular case brought before the Society the disease had progressed too far to give any hope of a cure. He believed the body of the uterus was very deeply engaged; the posterior neck was engaged in the disease as far as the finger could reach, and he believed the body of the uterus was completely diseased. Still there could be no question the removal of this great mass, and the consequent cessation of the discharge from that growth, was of great benefit to the patient, relieved her distressing symptoms, and would probably suspend for some time the progress of the disease, for by means of the actual cautery the diseased structure might be destroyed. He believed it was their bounden duty, therefore, not merely to employ treatment with a curative view, but to employ it with the palliative view which Dr. Kidd had pointed out.

DR. CHURCHILL perfectly agreed with Dr. Kidd and Dr. Johnston that when a large mass of epithelial growth could be removed it was right to do so for the benefit of the patient. He could not say he was so hopeful of cure in these cases as Dr. Kidd. He had a case in which he removed a large mass from a portion of the cervix, and left a perfectly healthy cervix, three years ago. He saw her six months ago, and there was a bud coming from the old growth, and he heard since that the disease had developed itself in other portions of the uterus, and that there was a large tumour. The probability of cure, therefore, in these cases was not great; but that life could be prolonged by operation he had no doubt. That lady had enjoyed two years of a comparatively easy life, which was something. When once the growth was levelled by operation they had the means of keeping it down for a considerable time by the use of nitric acid.

The VICE-PRESIDENT (Dr. Atthill) agreed with Dr. Kidd and the other members who had spoken as to the value of this operation. It was his misfortune to have seen a considerable number of these cases. He had operated in several; the operation was painless to the patient and perfectly safe. In several of the cases which he had seen the disease recurred in a short time; in the most unfavourable an interval of two months elapsed before the patient was as bad as ever. His success in dealing with these cases had not been so great as Dr. Kidd's. As to the other question, whether they ought to operate, he was of opinion that they should. It should be borne in mind that some growths supposed to be malignant proved on subsequent microscopic examination not to be so, and they could not tell until after operation whether this were so. In such cases the removal of the growth would certainly result in a cure. He had very little faith in the application of any form of escharotic. In several cases he had recently tried the Vienna paste, potassa fusa, and nitric acid, and in none had he succeeded in keeping down the reproduction of the growth.

OCCLUSION OF THE VULVA,

CURED BY OPERATION.

DR. MORGAN exhibited a cast illustrating the cure of occlusion of the vulva by operation. The patient was a young girl, twenty-two years of age, very healthy and strong, who had been sent up from the country. The principal symptom she complained of was epileptiform seizures at each menstrual period. These seizures were so serious that the medical man in attendance upon her was very anxious about them, and sent her up to him. The following were the appearances, as represented in the cast on the table:—She was very well nourished. The external parts of the organ of generation were highly developed, but there was no appearance of an external vulva whatever; the parts were occluded by a cicatricial tissue forming a web from one side to the other. There was an aperture through which a small-sized catheter could be passed, which was the only one for the exit of urine and menstrual fluid. At certain times he could pass an instrument into the bladder, and at other times into some deficiency which was under this cicatricial web. The girl suffered considerable pain during the menstrual period, and also from the epileptiform seizures. He thought the account she gave was the correct one. She stated that seven years previously she suffered from fever, and the parts had sloughed, just as in the case brought before the Society by Dr. Byrne in the session of 1871, and when the girl recovered after the fever she found this web had formed across. Dr. Morgan proceeded to describe the operation. He passed a bistoury underneath and found the parts were free. He then split down and excised a part of the cicatricial web, and used a tent to keep it open. Underneath all

the parts were perfect. There was not much difficulty in healing afterwards; it healed by retraction of the labia on either side, and the patient went on very well, and the epileptiform seizures ceased. After she went to the country she was examined and found to be all right. She had since been lost sight of. The woman whose case Dr. Byrne had brought forward afterwards married.

The VICE-PRESIDENT said the case was one of great interest, especially as regarded the convulsive affection to which the girl was subject, and which he believed was due to some reflex action.

CASES OF AMENORRHŒA

FROM

CONGENITAL MALFORMATION.

BY FLEETWOOD CHURCHILL, M.D., M.R.I.A.,

Ex-President of the King and Queen's College of Physicians
and of the Obstetrical Society of Dublin;

Hon. Member of the Edinburgh, London, Berlin, and Newcastle
Obstetrical Societies,

and of the Gynæcological Society of America,

&c., &c.

No one can have been long in practice without meeting one or more cases of amenorrhœa from congenital malformation, and every one must have felt the difficulty of arriving at a satisfactory decision in such cases. This must be my apology for inflicting upon you the relation of some cases of this kind which have come under my observation.

It is clear that the question of relief to be afforded or not, must depend upon the accuracy of our diagnosis; yet all will admit, I think, that this is by no means easy—in some cases it is very difficult, and in others we can do little more than balance probabilities.

The means of forming a diagnosis are either physiological or physical, *i.e.*, combining the light afforded by a comparison of the physiological condition of the organs and the results of a minute and careful examination. Let me say a few words upon each.

1. As all know, the usual signs of puberty are menstruation, the development of the breasts and the external genitals.

But suppose that menstruation has never taken place, and that no effort—the menstrual molimen, as it has been called—has made itself felt, what is the precise value of this in forming our diagnosis? It may be either that the ovaries are absent or that they are inactive, or possibly

that there is some impediment to the transmission of their influence, *e.g.*, impervious Fallopian tubes.

Again, in married women we have a further proof of ovarian action in the development of sexual desire and its gratification. Of course it is always a delicate, sometimes a difficult matter to ascertain this correctly, and not less so to appreciate its exact value. When present, I think that there can be no doubt of the presence of at least one ovary, and of its being more or less active, even though menstruation do not take place.

But the converse is certainly not true, the absence of sexual desire or gratification is no proof of the absence of the ovaries, unless other circumstances also lead to this conclusion. I have known many cases of women having large families whose entire life has been marked by the absence of these sexual characteristics. Whilst, therefore, positive evidence of this kind seems conclusive, negative evidence is of doubtful value.

2. In very many cases a careful examination will clear up our difficulties; in others, it may increase the probabilities one way or the other, and in a few it may not assist us at all.

The examination should be very minutely made. Inspection will at once determine the adequate or inadequate development of the external organs. The finger will detect if the vaginal orifice be of the usual size, or if it can detect none, then an inspection must be made, and an exploration by a probe of the entire surface exposed by the complete separation of the labia. In a case I saw the other day, the finger failed to detect the orifice, but I found a very minute opening, which at first I thought might be the urethra, but as no urine followed the introduction of the catheter I sought and found the urethra, and it was then clear that the equally small opening was the vagina.

If the vagina be pervious and of the usual length, we shall be able to ascertain the presence or absence of the uterus, and by the careful and gentle use of the sound to measure its length and capacity.

But if the vagina be only an inch or two long, terminating in a *cul de sac*, we shall not derive much help from the examination.

Suppose, however, that we have ascertained that there is no vaginal orifice at all, the next point to be determined is, whether the vagina is closed by the apposition of its two sides or absent altogether. If we pass a silver catheter or sound into the bladder and one finger into the rectum, we shall be able to form a pretty correct opinion on this point

by the thickness of the septum between the finger and the catheter; and if the catheter be passed to the further end of the bladder, and the finger as far as possible into the rectum, we cannot but feel the uterus if there be one, even though imperfectly developed. I think by this mode of examination we may arrive at a positive conclusion as to the presence or absence of vagina or uterus. In some rare cases one or both ovaries may be detected, but a negative result is of no value. Further, if the patient be placed on her back and we press down with one hand behind the symphysis pubis, placing at the same time a finger in the rectum, we can ascertain pretty accurately what there may be interposed.

I will now proceed to relate shortly a few cases which will illustrate these remarks.

CASE I.—Last year I was consulted by a lady from one of the colonies, aged 28. She was very tall and generally well made, but spare. She had been married several years, had no children, and had never menstruated. She had never had the slightest menstrual molimen, and had neither sexual desire nor gratification. The external genitals were normal, the vagina natural, the os uteri pervious, and the uterus only a little below the natural size. The breasts were undeveloped.

In this case, judging from the amenorrhœa, the defective breasts, and the absence of sexual instincts at her age, one cannot doubt that it was a case of absent ovaries, or if not entirely absent, so atrophied as never to have exerted that influence which is the characteristic of the “primary formative organ.”

CASE II.—Miss A. B., aged 22, full made, but not in good health. Has never menstruated, nor had any symptoms of its approach, nor leucorrhœa.

The breasts were pretty well developed, and other signs of puberty were present. The external parts were normal and the vagina natural, but the uterus much undersized. No ovaries could be felt.

In this case I inferred from the breasts and other marks of puberty, that there were ovaries, but probably as undeveloped as the uterus. I may add that the usual emmenagogues had no effect whatever.

CASE III.—Some years ago I was consulted about a young lady, aged 18, in whom no signs of puberty had appeared, neither menstruation nor

mammary development. I was not permitted to make any examination, and therefore can only conjecture that the ovaries are absent, as I believe the young lady remains in the same physiological condition still.

In the first of these cases, I have little doubt that the ovaries were absent; in the second, notwithstanding the girl's age, that they were not acting. In the next, which I saw a few weeks ago, the defect is still more obscure.

CASE IV.—Mrs. D., aged 35, married six years; no children. Has never menstruated at all, nor had any periodical white discharge, nor any menstrual molimen. I found the external parts fully developed, the vagina normal, and the uterus in its natural situation; but the sound passed in barely two inches. No ovaries could be felt, but she told me that she had strong sexual desire and gratification. Here one could hardly doubt that there were ovaries, and certainly a uterus, but why did not menstruation take place? I cannot say, but I should rather conjecture that there is some obstruction in the Fallopian tubes, or in the continuity of the nervous influence.

Now, let us pass to another class of cases about which more certain information can be obtained.

CASE V.—Miss C. D., aged 20, a middle-sized, plump, well made girl, who has never menstruated, nor had any of the premonitory symptoms. The breasts are fairly developed, and other signs of puberty were present. The external parts were of the ordinary appearance and development, but when the labia were separated the clitoris and urethral orifice were visible, but the orifice of the vagina was closed. In order to decide as to the presence or absence of the uterus, a silver catheter was passed into the bladder and a finger into the rectum. When the finger was pressed against the anterior wall of the rectum the catheter could be felt up to the fundus of the bladder and between the finger and the catheter, nothing but the septum between the rectum and bladder, which scarcely felt thicker than one vaginal wall. No uterus could be felt; but Dr. Kidd, who saw the case with me, thought he felt an ovary. Dr. M'Clintock also saw the case, and we all agreed that there was no uterus, but that the physiological evidence was in favour of there being ovaries.

Circumstances made it of great importance that the diagnosis should be placed beyond doubt, and therefore the young lady was taken to

London and there consulted Dr. Priestley and Mr. Spencer Wells. The latter gentleman states:—"We gave methylene yesterday, and with a sound in the bladder and a finger in the rectum made a careful dissection or division of the raphè, or fourchette, and found a vagina, but it ends in a *cul de sac*. There is no uterus. Both ovaries can be distinctly felt in their normal situation. The fold of broad ligament can be felt running across the pelvis, but nothing like even a rudimentary uterus."

So far this was satisfactory, as confirming the previous diagnosis of the presence of the ovaries.

The wound was allowed to close, and the young lady is now as she was before the exploration.

CASE VI.—For permission to make use of the two following cases, I am indebted to Dr. Johnston, Master of the Lying-in Hospital; the notes have been kindly furnished to me by Dr. Cranny, Assistant Master:—

"Mrs. S. R., aged 26, married six years, but has never menstruated. The breasts are well developed, and the external organs normal. Internally the finger passed through the vaginal orifice for about an inch, and there the canal ended in a *cul de sac*. A catheter in the bladder could be felt by the finger in the rectum, with no uterus intervening. One hand passed down over the pubis could be felt by the finger in the rectum.

"She states that she experiences sexual excitement during the attempt at coitus."

There can be little doubt, I think, of the presence of the ovaries in this case.

CASE VII.—E. D., aged 19; unmarried. "Has never menstruated; complains of occasional headache, but gives no history of menstrual molimen. Breasts fairly developed, but with small gland. No hair on pubis or vulva; external organs like a girl of ten or twelve years. In attempting to examine per vaginam, the finger passes in about an inch and is then arrested in a *cul de sac*. A sound passed into the bladder can be felt by the finger in the rectum, with a thin septum only intervening, and no uterus could be discovered. One hand passing down behind the pubis could be felt by the finger in the rectum. The pelvis is very narrow, measuring but $8\frac{1}{2}$ inches from one spinous process of the ilium to the other.

“Two glandular tumours, one at each side, below the inguinal ring and in the inguinal canal apparently, and the left one can be reduced inside the ring. Coughing gives them a slight impulse. They are about the size of ovaries, with a glandular feel.”

It is much more difficult in this case to arrive at a satisfactory conclusion. I saw the patient, and am satisfied that there is no uterus. The mammary gland to me felt very small, and the genitals resembled those of a child of 10 or 12 years of age. But what were the glandular bodies in the inguinal canal? They were about the size of ovaries, and had a glandular feel, and one could be returned within the ring. If they were ovaries they were absolutely inactive, or there would have been other signs of puberty. On the whole, I am inclined to think that they were not ovaries.

CASE VIII.—Some years ago the late Dr. O’Ferrall asked me to see a single woman, aged 28, in St. Vincent’s Hospital. She wished to marry, but conscious that she was not all right, she consulted Dr. O’F., at the same time stating that she had sexual desire.

She had never menstruated. The external parts were natural and fully developed, but the vagina ended in a *cul de sac* about an inch and a-half from the orifice. No uterus could be found. The mammæ were well developed.

The conclusion to which Dr. O’Ferrall came was, that although the uterus was absent, the ovaries were present, and I believe he was right.

CASE IX.—Some years ago my friend Dr. Cruise published in a very interesting paper an account of the dissection of a case of this kind, of which he says :—“The external organs were perfect, except the closure of the vaginal orifice. The internal organs were disposed as follows: the ovaries present and fully developed; the Fallopian tubes present, but in a rudimentary condition; the uterus represented by the coalescence of these organs; the round ligaments absent; the vagina absent.” After a very careful and learned disquisition, the Doctor draws the following conclusions:—“That the case under consideration is an example of development arrested at a certain recognized point.

“That the arrest took place before the completion of the third month of intra-uterine existence.

“That the Wolffian body was the blighted organ, and most especially its true excretory duct.

“That the case illustrates and confirms the observations hitherto made relative to the growth of the genital apparatus; and

“That it offers confirmation of the physiological law, that the sexual characters of the individual depend on the presence of the primary formative organ.”

In Dr. Cruise's case there was no previous history. The girl was apparently well formed, mammæ developed, &c. She had died of measles. It is so rare that we can combine in one case somewhat of the previous history and the anatomical character—that perhaps you will pardon me if I quote a case recently recorded* by Dr. T. R. Brown of Baltimore.

CASE X.—“I was called,” he says, “three months ago to a lady, aged 19, who, four days previous to her death, had quite a profuse epistaxis, lasting about 48 hours, and concluding with a sort of nasal catarrh, which, taken with the facts that she had never menstruated and that the nose-bleedings were frequent in their recurrence, induced an examination *post-mortem* of the organs of generation.

“The vulva was natural in formation and appearance, with the mons veneris and external surface of the labia majora well covered with hair; no clitoris could be perceived. The vagina, which was a simple *cul de sac* about two inches long, was dissected out without encountering the crura clitoridis. It was destitute of rugæ, hymen, and carunculæ myrtiformes, and had no communication with an os uteri. The bladder and rectum were firmly adherent to each other, instead of being separated by a uterus, for which we hunted in vain. The bond of adhesion between bladder and rectum was the broad ligament occupying its usual position, of a crescent shape, and embedded in a thin horn of this crescent, near the summit, about $1\frac{1}{2}$ inch internal to, and on a line with, the iliac fossa, was a nodular body, dense in structure, of the size of an apricot kernel, to which were attached a perfect ovary, Fallopian tube, and round ligament.

“The parts adjacent to the ovaries were greatly congested, evidently connected with a recent ovulation; and an incision into one of the ovaries showed several corpora lutea, with their corresponding cicatrices on the outer surfaces.

* American Journal of Med. Science, Oct., 1872.

“I am of opinion that the nodular bodies referred to were what would correspond to the superior cornua of the uterus, and the non-striated muscular fibre, found in a section, confirms my impression of its being uterine tissue.

“The mammæ were unusually well developed, and the symmetry of the figure well illustrated the vigour of her previous health and her powers of endurance in sickness. Among the many interesting points I will (he adds) refer to two or three.

“1. The anatomical fact, well borne out by this anomaly, that the uterus and vagina are formed by the coalescence of the ducts of Müller, as well as the Fallopian tubes, and the absence of the uterus, as in this case, necessitates the absence of a perfectly-formed vagina.

“2. I ascertained, that notwithstanding there was neither vagina nor clitoris, she had had sexual desires, which circumstances seemed to show had been gratified.

“3. The vicarious menstruation by epistaxis tending to prove that this monthly discharge is necessary to the maintenance of health, irrespective of its point of exit, and is associated, with perhaps very few exceptions, with ovulation.”

Let me add myself that this case, by proving that menstrual corpora lutea existed, although there was apparently no receptacle of any kind for them, enables us in some degree to understand the presence of the signs of puberty in cases where the uterus is absent, and that, inferentially, the presence of these signs is an argument for the existence of active ovaries.

CASE XI.—This case differs from all the preceding ones, in not being a case of deficient organ or organs, but of a closed aperture, which I have no doubt was congenital.

Mary —, aged 25, from the country, consulted me some years ago, because she had never menstruated, and also because she had detected a tumour above the pubis. She was fully developed sexually, and the vagina perfectly natural. At its upper extremity was the cervix uteri, much swollen and expanded, and giving the sense to the touch of containing fluid. A shock communicated to the cervix by the finger was plainly felt by the hand placed on the tumour above the pubis. No os uteri could be found. I had little hesitation in deciding that it was a case of imperforate os uteri, and that the tumour was formed by an

accumulation of menstrual fluid, as was proved when I punctured the cervix uteri and gave exit to at least a pint of thickened menses. She obtained great relief, but after a time I had to re-open the os uteri, and to keep it from healing by a tent, after which she menstruated regularly and continued perfectly well.

Closure of the vaginal outlet is sufficiently common to make it unnecessary for me to detail the cases which have occurred to me. They presented the usual characters, and were relieved and cured in the usual manner.

I may just remark, however, that I have seen a good many cases of young children under 8 or 10 years where there was apparently no orifice. The closure seemed to be the result of the adhesion of the opposite edges, and was remedied, without the knife, by breaking through the adhesion with a blunt probe and keeping the sides separate by tent dipped in oil for a few days.

As this is intended for a practical paper, I shall not detain the Society with any theoretical explanation as to the physiological causes of these malformations, but refer them to the different writings upon the subject. Neither have I more to say than I have already said upon the treatment, for in most cases little or none is necessary.

To remedy the undeveloped state of the uterus the late Sir J. Y. Simpson proposed the insertion of a galvanic pessary, and there is evidence of its successful use, but I can add nothing from personal experience.

But there is one question, involving very grave considerations, which is sure to be submitted to us, and our answer to which will require great delicacy, discretion, and firmness—I mean the question whether we think our patient ought to marry—not perhaps whether she is to be allowed to marry, for she may claim to decide that for herself, but her friends, and perhaps she herself, will look to us for guidance in the matter. In such a case as No. 1, no question will arise, for no suspicion existed that all was not right; but in the others it was known. It adds to the painful nature of the question that in some at least sexual desire existed.

Yet it was quite evident that not only could not conception take place, but that the act of intercourse could not be completed, and the great end of marriage must be frustrated.

Moreover, however much we may feel for our patient, and however

reluctant to condemn her to a single life, we cannot forget that there is another person concerned, and if out of weak kindness we assent to or advise the marriage, we may entail upon the husband a life-long misery.

I think, therefore, that our decision must be that a girl in such circumstances ought not to be allowed to marry, or if she is bent upon doing so, the other party ought to be fully informed as to the existing defect.

Since this paper was read to the Society the following case has come under my observation, and as it appears to me of great interest, I append it to my paper:

Miss X. Y. Z., aged 19 years, in perfect health, well made, rather short and broad. She has never menstruated, and never felt the usual symptoms of approaching menstruation in the slightest degree. She is in good condition, but the breasts are not more prominent than in a girl of ten years. There is no hair at all on any part of the external genital organs, which are hardly more developed than in a girl of twelve years. The clitoris is very small. The vagina is normal in diameter and length and at its upper termination I felt a small cervix, not much larger than the nipple of a gun on which the cap is fixed. I could feel the continuation of the cervix into the body of a very small uterus, not larger than it is before puberty, and this was confirmed by the finger introduced into the rectum. Neither the bi-manual examination, nor that by the finger in the rectum and a catheter in the bladder, added anything to my information. I could find no trace of ovaries. This proves very little, but taken in connexion with the absence of all signs of puberty, one must conclude, I think, that either the ovaries are absent, or, if present, are in an undeveloped, infantile state.

DR. RINGLAND said that Dr. Churchill had truly remarked that few men could be engaged in obstetric practice for some years without encountering some such cases as those he had mentioned. Whilst Dr. Churchill was proceeding with the details of the cases included in his very valuable and instructive paper, a number of analogous cases occurred to his (Dr. Ringland's) mind; but he would not detain the Society with reference to any save one, which was so exceptional in

every feature that he thought it merited more than a passing observation. He had had opportunities of mentioning the particulars of this case to several of his professional friends who considered it most remarkable in its several aspects—in fact, almost unique. He had frequently been urged and had intended to mention it to the Society long since. He, consequently, gladly availed himself of the present opportunity of doing so, as it bore so completely on Dr. Churchill's paper.

He was consulted, many years since, by the friends of a young lady in consequence of her intended marriage, and of the persistence of amenorrhœa. She was 20 years of age, and had never menstruated; but for more than four years previously a vicarious discharge had presented itself with tolerable regularity, at each monthly period, for months together, which, however, for months again, would be totally absent. Sometimes it was eliminated from the bladder, at others from the rectum, from the mouth, the nose, or the eyes. She had been under the care of an eminent practitioner in Dublin for a considerable number of years, and he had employed every medicine recommended for the induction of menstruation—in fact, had exhausted the pharmacopœia, but without avail. She now became the patient of Dr. Ringland, who having ascertained the failure of medical remedies, came to the conclusion that something more was needed, and, with this view, suggested the desirability of a minute examination of the genital organs, which was permitted, and which was carefully carried out by the late Dr. Beatty and himself, the young lady having been first placed under the influence of chloroform.

The first thing which struck them was the complete development of the left breast, while the right was that of a girl of not more than twelve years of age. Descending to the pudenda, a similar contrast in the development of the two sides presented itself. There was hair on the left side of the pubes, whilst the opposite side was devoid of any, or only a mere down. There was a fully formed labium on the left side, and scarcely anything analogous to one on the right. There was a total absence of clitoris. On raising the left labium there was no sulcus whatever, only a mere line or *raphè*, extending from before backwards. There was no orifice of a vagina, nor, after a most careful examination of this *raphè*, could they find any depression therein corresponding with that opening; but the meatus urinarius and the anus were in complete proximity. When a sound was passed into the bladder, and a finger into the rectum, the septum between the urethral canal and the intestine was of the thinnest possible character—in fact, scarcely of the thickness of a piece of wet bladder. On passing the finger still further up the rectum, no body presented itself that could represent or be analogous to

the uterus. On the contrary, pressure being made above the pubis with the other hand, the finger within the rectum could be distinctly felt therewith without any solid body intervening, clearly indicating that there existed no uterus whatever. Proceeding with their investigation internally, they found an object on the left side, situated in the usual position of, and which they believed to be, an ovary, but on the opposite side there was no trace of anything resembling one. When consciousness returned, after the effects of the chloroform had passed away, the small object on the left side could be distinctly felt through the abdominal parieties, and was somewhat sensitive to pressure.

These appeared to be the remarkable features of the case, and the opinion given by Dr. Beatty and himself was strongly against the advisability of the young lady getting married, and in this it was evident that they had come to a similar conclusion as Drs. Churchill and Kidd had subsequently done in the case detailed in the paper they had just heard. In fact, he believed that no conscientious medical man could arrive at another opinion.

In the case now detailed the father of the young lady most urgently pressed that an operation should be attempted, and the patient herself would have willingly submitted to any that would have offered the least prospect of success; but any such proceeding was strongly advised against and persistently resisted by the medical attendants, because of the immediate proximity and intimate connexion between the urethra and rectum; and that, consequently, there existed no place whatever whereon to perform any operation. This reasoning and conclusion, however, did not satisfy the young lady's friends, who subsequently obtained the opinion of some of the most eminent surgeons of the city on the subject, but, in every instance, with a like result; and she still, after a lapse of several years, remains unmarried.

Dr. Ringland considered this case an interesting one, and worthy of record, as showing the full development of that side of the female wherein the ovary existed, whilst the opposite side, in which no ovary was to be found, remained altogether undeveloped. He also thought it worthy of note, in a physiological point of view, that, although in this case the clitoris was altogether wanting, yet considerable sexual desire not merely existed but was of frequent recurrence, clearly overthrowing the old theory, and demonstrating that whilst the clitoris is the excitable, the ovary is the exciting organ.

DR. KIDD said he had, as stated by Dr. Churchill, seen one of the cases referred to in his paper. In that case the mode of examination which enabled him to say there was an ovary present was placing the young lady on her back with the legs well drawn up, and with the left hand on

the epigastrium making a deep pressure, and with a finger in the rectum he thus felt what he believed was an ovary, and what was proved to be so by examination of a much more serious character performed in London, but which did not give much more information. During this examination, as Dr. Churchill had described, an incision was made in the perinæum where the vulva ought to be, and a finger passed up came into contact with this body which proved to be an ovary. It was of interest to observe that by the bi-manual method of examination described by Marion Sims (with which, however, the profession here was familiar before he had described it), they were able to learn as much as was learned by making the incision. In that case the young lady was very desirous of marrying, and her friends also were very desirous that she should marry. An application was made to him as to whether he could make a vagina for her sufficient to justify her marriage. He said he had no doubt a vagina could be made by a tedious, difficult, and dangerous dissection which would for a short time become practicable, but as soon as surgical treatment ceased it would be closed, and the marriage would only end in dissatisfaction, and it was therefore decided that no attempt should be made. At the same time he saw another lady presenting opposite features. She had all the appearance of a child. She was twenty-seven years of age, but did not look more than eleven, short in stature—she was puny in every respect. He was not allowed to examine the organs of generation. She never menstruated, and from the appearance she presented he gave the opinion there were no ovaries, and advised that there should be no attempt to induce menstruation. There was one point on which he wished to supplement Dr. Churchill's paper, and that was, that in certain cases they might be led into error about the ovaries from their inaction and the inaction of the uterus. There were certain cases where the uterus remained, as described by Sir James Simpson, in an infantile condition, and in which, by properly directed treatment this organ might become developed and take on its natural functions. He referred to the treatment by the galvanic pessary as described by Simpson. One case which came under his notice was that of a lady seventeen years married who had never menstruated, and had never had children. That lady, suddenly seized with a desire to have children placed herself under medical treatment. He introduced the galvanic pessary, without, however, holding out any hopes to her. It brought on menstruation, and for some months she menstruated regularly while wearing the galvanic pessary. When the wearing of this was given up the menstruation occurred some three or four times but then ceased, and her desire of having a family was not gratified. But there were other cases in younger subjects where the arrest of development was not to such an extent, in which he had no doubt the galvanic

pessary persevered in would restore the function of the organ, and establish menstruation. There was another case of a lady who, when she first began to menstruate, not knowing what it was, plunged into a cold bath, and the progress of the menstruation was checked immediately. She afterwards took a cold bath whenever she saw the menstrual fluid making its appearance. She grew up and married, but menstruated not more than once or twice in the year. She was well developed. He treated her with the galvanic pessary. After giving up its use she continued to menstruate every month, but with pain. He then divided the cervix and she was relieved of pain. She became pregnant and had a healthy living child; became pregnant a second time and died of acute atrophy of the liver during that pregnancy. It was a remarkable instance of the success of treatment by means of the galvanic pessary. Therefore, in addition to the question of marriage, the question of treatment was important. In cases where there was a uterus, without distinct evidence of the absence of ovaries, he thought the question of treatment was not to be ignored.

The VICE-PRESIDENT (Dr. Atthill) said the point which Dr. Churchill had especially brought before them, was with reference to marriage in the class of cases under consideration. He quite admitted with Dr. Kidd that it was not necessarily the most important, the question of treatment being sometimes of even greater importance. In the case mentioned by Dr. Ringland the question of marriage was settled. Persons so afflicted should not be permitted to marry. But there were a considerable number of cases in which there was an imperfect development of the organs and the woman might not menstruate; but he should hesitate to prohibit marriage. He was consulted not long since by a married lady in whom the vagina was half an inch, and the uterus one and a half inch long. He believed if that lady had been treated by the use of the galvanic stem pessary the condition of the uterus would have improved, but she had led for years a very happy married life, and she and her husband however decided that she would not submit to medical treatment of any kind. In this case he believed that the ovaries were perfect, because occasionally a red discharge issued from the vagina, and she experienced on these occasions pains in the breast and in the back. If in a case of this kind in an unmarried female his opinion were to be asked as to the propriety of marriage, he would hesitate to say that she must not marry. He thought the benefit to be derived from the galvanic pessary was not as sufficiently known as it ought to be. It was scouted by persons who had not tested its use indeed. He had heard gentlemen say that the stem pessary could not be introduced, but he had never met a case in which he could not introduce one. His experience went to endorse the practice advocated by Dr. Kidd.

Saturday, June 14th, 1873.

EVERY KENNEDY, M.D., President, in the Chair.

ON PERI-UTERINE INFLAMMATION.

By H. S. HALAHAN, L.K. & Q.C.P.I.,
&c., &c.

EVERY member of our profession, whose practice has been long and varied, cannot fail to have very frequently met with cases that have illustrated, in their character and progress, the worthlessness of special remedies, and the danger of attempting by any violent treatment to cut short disease; cases in which the drug is worse than useless, tending, perhaps, to the aggravation of general sickness, or to the production of symptoms that might not otherwise appear. It is possible, by the undue or needless exhibition of drugs, to double the difficulties of our curative task, we may have not only to cure our patient of his special disease, but to deliver him as well from the effects of our *treatment* of it. This may be admitted, without derogating in the least from the inestimable value of precise medicinal treatment in the *abstract*. It is a matter of great thankfulness that there are many diseases which we need but to recognize in order to know exactly how to deal with them; diseases that to the unlearned appear terrible and hopeless are often to our educated eye of small comparative importance. We know that (all else being right, the constitution naturally healthy, and the sick-watch careful and sustained), all will, humanly speaking, go on well. We shall have the doctor's "exceeding *great reward*"—the joy of giving health to the sick and happiness to the sorrowful; but there is no greater test of our real ability as ministers of mercy to the suffering than our capacity of being able to determine respecting any case that may come

before us, whether it is one that demands immediate sharp and sustained medicinal treatment, or one that requires rather careful watching, and dealing with symptoms as they arise. No man requires to have his self-love, pride, conceit, and mere love of applause more under control than a medical man. He is always tempted (from these causes) to name the disease, or state that such and such is or is not the fact. "What is it, Doctor?" is a question that is certain to be put by the sick or by some one about them. There are, of course, many cases in which he can give a direct and sure answer to the query; cases, for instance, of marked zymotic disease, or of others whose diagnosis is invariable; but the danger arises when he is brought (as he so often is) face to face with some type of malady that he cannot distinctly name where disease is working in mystery. The "what is it, Doctor?" in such a case as this is a temptation that he must be prepared for; for him of all men "there is a time to speak and a time to be silent," and it is a high wisdom when he knows the time. It is a higher wisdom when he not only knows it, but knows how to deal with it. It is possible for us to withhold precise information in respect of the character of a disease, and yet do so in such a way as to inspire confidence and hope, and heighten thereby the chances of ultimate success. It is also possible to do so in such a fashion that our silence may be regarded as evasion, indicating either ignorance or tacit sentence of death; but, however this may be, it is certain that we should not allow any hastiness to name a disease to others, or any mental precipitancy or tendency to rush ourselves at conclusions concerning its character to lead us to lay down from the first, a course of treatment that we determine *must* be right, because we are assured that *we* are right in the diagnosis from which we started. These remarks are not meant to be any further apropos to the case I am about to lay before you than that they illustrate a principle which I found applicable to *it*. The case to which I allude occurred lately in my practice, and is (I think) of sufficient rarity, interest, and instruction to be laid before you. I will do so, with your permission, by extracts from my note-book. A young woman, who had been eight months married, called upon me in last January, complaining of great pain in the lower part of abdomen, sickness of the stomach, great nervousness, and amenorrhœa for the past two months, together with a slight enlargement of the abdomen. She was very anxious to know whether she was pregnant or not. Upon questioning her I found that the sickness took place every morning, sometimes continuing throughout the

entire day; that she had attacks of nervousness and slight shivering during the day; that the pain over the uterus was continuous, the bowels confined, the water scanty and high coloured, and the pulse 88. I first examined the breasts, which did not indicate pregnancy; then I passed my hand over the lower part of the abdomen, and found there was great pain over the uterus, and in a considerable measure over the entire abdomen. I discovered also a fulness in the left groin, slightly painful. Upon examination per vaginam, I felt a distinct fulness, or tumour, at the left side; the uterus slightly enlarged, but otherwise normal. I would not, although pressed very hard both by herself and husband, say whether she were pregnant or not. I ordered her a slight aperient, together with a mixture containing spirits of lavender, aromatic spirits of ammonia, spirits of camphor, and tincture of henbane, which relieved her for a day or so. On the third day I saw her at her own house, she not being able to leave her bed with the sickness and pain in the abdomen, both having greatly increased since she was with me. Bowels had been freed; pulse 88; countenance pale and anxious; very restless and sleepless; ordered a poultice of bran over the abdomen, not too hot; to take pills, with calomel and opium; to continue the mixture, and to use the following drink, viz.:—An egg well beaten up, to which add one pint of good milk, one pint of cold water, and salt to make it palatable; let it then be boiled, and when cold any quantity of it may be taken. If it turns into curds and whey it is useless. I cannot give this drink too much praise. It has now stood the test of twenty-four years in my hands, and I must say that a marked success has accompanied its employment. You may give it in all forms of sickness of the stomach, arising from whatsoever cause. It is also an admirable drink for infants with choleraic diarrhœa. I also told her to take a glass of sherry in a bottle of ginger beer during the day. This drink often stops sickness of the stomach when other remedies fail.

From this to the seventh day nothing particular occurred, except that the sickness of the stomach was greatly relieved. On this day the left leg was painful and swollen, as were also the veins of the entire surface which were red and hard; ordered her to continue the pills and other remedies, drink, &c. On the tenth day diarrhœa set in, which necessitated the discontinuance of the pills. The left leg remained in the same state till the thirteenth day, when suddenly she complained of pain in the right groin and leg, which now became even worse than the left had been;

and it was curious to observe that when the right one became affected the left one got well. There was a difference, however, between the two—as there was not any perceptible fulness in the right groin. The diarrhœa having ceased, ordered her to renew the pills, to continue other treatment as before. Shivering had gone on daily, I may say from the first, and the pulse ranged from 80 to 96. The lower extremities were cold; the breathing sometimes very difficult, and the heart's action feeble. The stomach was able to retain some iced beef-tea and chicken jelly, together with a small quantity of wine during the twenty-four hours. The pills were continued for three days, when diarrhœa again set in, which, however, I do not think was owing to the mercury, but rather to the swelling in the left groin, which I afterwards discovered to be an abscess, bursting into the bowels; she, at all events passed pus from them. I discontinued the pills. The right leg became very large and painful, and the veins all over it as hard as whip-cord. On the nineteenth day I had the able assistance and advice of Dr. Churchill, who, upon examination, found the uterus fixed with the pelvis tilted over to the left side. He ordered the pills to be renewed, the lower part of the abdomen to be stuped and poulticed, and the leg to be wrapped up in medicated cotton wool, and to take as much nourishment as the stomach would bear. The pulse had risen and was now 110. For the next week she continued in much the same state. The pain in the leg being very great, extreme pain was experienced if the limb was touched. The sickness of the stomach only recurred at intervals, and she was able to take nourishment and retain it. I gave her bark in effervescence, and twenty grains of chloral at night, which caused her to sleep a little. Dr. Churchill then again saw her, and considered that she was, if anything, a shade better, but still in a very precarious state. On the thirtieth day she complained much of a pain in her right side, and great difficulty of breathing. I passed my hand over the painful part and found the liver enlarged and congested, and all the veins in the same state as those of the leg, great pain over them. The veins both in the legs and over the liver, gave me the idea as though they were injected with wax. The bowels kept regular; the urine was not so scanty; all through there was not much thirst. The pills were discontinued as the mouth got slightly touched. In two days after this, the veins all over the surface of the abdomen, chest, neck, and head, of the right side, became similarly affected. The right leg had by this time reduced greatly in size, the veins becoming softer and softer each

day, till at length they became normal. No one could imagine the strange appearance she presented, the veins of the entire right side being prominent, hard, and quite plainly seen, and a blue hue all over the surface contrasting strongly with the other side. In three days she complained of great difficulty of breathing, and as if her heart was ceasing to beat, together with great annoyance whenever she lay on her back. I could not detect anything wrong with the heart, but, on examination, found her back to the right side presenting the same appearance as the chest. This state continued for four days, she during all that time taking a fair share of nourishment, such as beef-tea, jelly, wild fowl, and about eight ounces of wine daily. She now began to get better, and by degrees the veins all over the right side of her body put on a natural appearance. The moment she was able, I had her removed to the country, and now she is as well, or, as she says herself, better than ever. I have endeavoured to give an accurate account of this curious case without entering too much into details. I note particularly with respect to it, the following points of interest:—

1st. The sudden flight of the phlegmasia dolens from the left leg to the right, which was the more remarkable from the fact that there was an abscess in the left groin, which discharged itself per rectum, which would seem to indicate that the left side would be the one most seriously attacked, whereas, in point of fact, it became immediately well when the disease manifested itself in the right leg.

2nd. The fact of the veins of the portal system, as also the veins of the front and back of the chest and abdomen, becoming one after another affected.

3rd. That this woman had suffered from something of the same kind two years before, and I am enabled, through the kindness of the gentleman who attended her, to give you his opinion of the case. He says, "She suffered most severely from attacks of chronic phlebitis as I thought of the thigh and leg, amounting almost to phlegmasia dolens. This I connected in my mind with something uterine."

Since she has recovered she has menstruated, and the uterus is of a normal size.

DR. CHURCHILL said that, having seen the patient with Dr. Halahan, he would make a few remarks upon the subject. He thought then, and he thought still, that it was one of the most remarkable cases he had ever seen. First, there was the remarkable fact of the woman getting this phlegmasia dolens in such a marked form before she was married. That was not a common thing; and next, the sudden transference of the phlebitis from one leg to another. He was not sure that it did not throw some light on the true theory of phlegmasia dolens. He thought that those who looked on it as a retrograde process of inflammation from the uterus downwards fell into a mistake. He would rather adopt Mackenzie's theory that the cause which excites phlebitis traverses the circulation and then excites it in the limbs, and the occurrence of the phlebotic affection here in the veins of the chest, abdomen, and back, would bear out that view.

DR. KIDD said there was a case on which he and Dr. Churchill were consulted independently of one another. The patient was the wife of a medical man, who wrote a very graphic description of her condition, and occasionally consulted them by letter, and even by telegram. It was a case of peri-uterine inflammation, probably the result of some hæmatocele; and the point he would recall to Dr. Churchill's recollection was that the symptoms of phlegmasia dolens occurred first in the leg and afterwards in the left arm. It appeared to him that the phlegmasia dolens affecting the upper extremities threw some light on the pathology of the disease. Dr. M'Clintock published a case in which phlegmasia dolens, after attacking the left leg, attacked the right arm. With respect to its occurring before marriage, he had himself seen it in an unmarried woman and in a man occurring as a sequence of fever. Its appearance first in the left leg and afterwards in the right leg was almost the natural history of the disease; in nine-tenths of the cases that was the course it took. It was said this was so because women lay on their leftside in labour. Here was a case where the left leg was affected first, and no labour, and the right leg affected afterwards—so that he did not think that explanation could hold good.

DR. HENRY KENNEDY thought there was a constitutional tendency in some individuals to phlebitis; he alluded to the form that presented itself in phlegmasia dolens. He had seen five or six cases of it which he could not account for in any other way. He had seen it after fever, phthisis, diabetes, and even in cases of cancer. He believed they would meet with constitutions that were, so to speak, given over to the disease,

just as certain constitutions were liable to rheumatism or gout. The jumping from one side to the other was a very constant thing, as far as he had seen. He might mention that Trousseau had written a splendid essay on peri-uterine inflammation, in which he had touched on this affection in a masterly manner.

A CASE
OF
CHRONIC INVERSION OF THE UTERUS,
IN WHICH
REDUCTION WAS EFFECTED BY MANIPULATION.

By GEORGE H. KIDD, M.D.,
&c., &c.

DR. KIDD said he was consulted in December last by a lady, who handed him a letter from Dr. O'Meara, of Carlow, a portion of which he would read, as it gave a graphic account of the case. Dr. O'Meara's letter was dated the 5th November, 1872. He said—"She was confined four months ago and attended by a country midwife. She consulted me for the first time twelve days ago. On examination I found *inversio uteri*. It was caused I believe by dragging at the cord to bring away the placenta immediately after the child was born. She has been subject to hæmorrhage almost continually since her confinement. I have taken into account the possibility of the tumour being a polypus. I am of opinion it is not, but unfortunately a case of inversion. I desired her to remain in bed for some days after I saw her last. She has done so, and consequently feels so much better that she fancies herself quite well. I have not seen her for the last eight days, and cannot believe matters have altered spontaneously. On two or three occasions the organ protruded beyond the vulva. I have explained the serious nature of the the case to the patient and her friends, and have recommended them to consult you." Dr. Kidd proceeded to say that when the patient consulted him he found a tumour in the vagina which, on careful examination, he found to be an inversion of the uterus. It was almost complete, that

is to say, the neck of the tumour was surrounded by a portion of the lip of the uterus, but not more than one-fourth of an inch in depth. A section of the tumour would present an appearance like the diagram which he now exhibited. He had some doubt as to whether he should call it a complete or an incomplete inversion; but it was as complete as any case he had seen; there was nothing but a small lip that had not been turned in. The woman was extremely pale and anæmic, and had a countenance expressive of very great suffering. She came into the Coombe Hospital, and after allowing her to remain in bed a few days, he tried to reduce the tumour. He put her under the influence of chloroform, and placing her on her back on the table, he introduced his hand completely into the vagina. He grasped the tumour in his hand, and compressed it for a few seconds, so as to empty it completely of blood. He then lengthened his fingers, and grasping the tumour between them and his thumb, and compressing it as much as he could, he gradually pushed it up into its place.

There were three methods of manipulation described for reducing an inverted uterus. One of these consisted in an attempt to push back the portion of the uterus which had last escaped; that is to say, to try to push back the narrow portion of the neck of the uterus, to push it up bit by bit, till you gradually get the fundus into its place. Another mode was to begin at the fundus and try to push it up with the finger or some instrument, re-inverting the tumour; and the third method, which was especially applicable to recent cases, consisted in re-inverting the horns of the uterus first, because it had been observed that the first displacement began at the horns of the uterus. This method was especially applicable to recent cases. He did not know that it had ever been attempted in a chronic case. The choice then was between beginning at the neck of the uterus and getting up the fundus last, or beginning with the fundus first. He tried the former method beginning at the neck, and pressing it up bit by bit, and finally getting the uterus into a normal position; it passed up slowly and gradually. It was stated in books that very often in such cases when the uterus is partly replaced, the remaining portion goes back with a bound. Such was not his experience. It went up bit by bit, as he pressed his fingers in. To make sure it had quite returned he passed his finger into the cavity and raised the fundus, so that it could be distinctly traced by the hand placed on the hypogastrium. The patient made a perfect recovery, and the only

inconvenience she suffered was a slight laceration of the fourchette produced by the passing in of the hand. Though only a single case, he thought he was not the less bound to bring it forward; for it was important to bear in mind that some cases of inversion of the uterus can be reduced by manipulation, when they know that such formidable operations were recommended, as making an incision in the abdominal walls, and dilating the inverted uterus with an instrument like a glove-stretcher, or making an incision into the substance of the uterus as it lies in the vagina, till you come down nearly upon the serous membrane, so as to allow it to dilate. These operations no doubt might be necessary, but it was important to know that many cases could be restored without them; and they should be reserved for very extreme cases, as no doubt the authors of both operations would themselves admit.

CHRONIC INVERSION OF THE UTERUS;

REDUCTION AFTER SEVEN MONTHS DURATION.

By G. JOHNSTON, M.D.,

Master of the Rotunda Lying-in Hospital.

E. C., aged thirty-five; married; has had five children (all her previous labours were natural), the last was born on the 1st of January, 1871; admitted into the Rotunda hospital the 25th July following, suffering from hæmorrhage caused by inversion of the uterus, which took place at her last confinement, and, as she states, must have occurred at the time of the expulsion of the placenta, as the person in attendance hurt her very much in forcing it off, immediately after which she had great flooding, so much so as to render her quite unconscious. However, she suckled her child for a period of six months, the hæmorrhage continuing more or less ever since her confinement, but has diminished since she weaned the baby.

On examination the uterus appeared protruding through the vulva, and on passing the fingers within the vagina about half-an-inch of the cervix was found uninverted, and could be felt distinctly encircling the tumour, which was five inches in length, with a diameter of nearly three inches.

On the 2nd of August, seven months after the accident had taken place, the patient was put under the influence of chloroform, and having been put on her left side in the usual obstetric position, Drs. Denham, M'Clintock, and Atthill assisting, the fingers of the right hand were introduced within the vagina, the inverted mass was grasped firmly at the cervix, and by degrees, and after some difficulty, reduced within the os, and, eventually, the uterus was completely restored to its normal position. There was no hæmorrhage during or after the operation, which lasted about twenty minutes, and as soon as she recovered from the anæsthesia she was given a full opiate.

On the 6th she was examined with the sound, when we ascertained it passed into the cavity about $4\frac{1}{4}$ inches. There has been no hæmorrhage since, in fact she convalesced favourably and went home quite well on the 27th.

I have heard within the last three weeks that she continues in excellent health, menstruates regularly every month, and in the normal quantity.

DR. M'CLINTOCK said the cases just related were of great importance as encouraging us to make diligent attempts at re-position of the uterus simply by the taxis. He was quite satisfied that in many cases, or in most cases, this manipulation, if judiciously and persistently carried out, would be effectual in replacing the womb, which, it was needless to say, was the most desirable way of treating mal-position—far better than cutting the uterus off. He was persuaded, both from some little experience and from careful consideration of the mechanism by which the re-position was accomplished, that the plan described by Drs. Kidd and Johnston, was best calculated to effect this object. There was a very close resemblance between this operation and the reduction of paraphimosis; and in the reduction of the glans penis the most important thing was to thoroughly empty the gland of blood and reduce its bulk. Here it was important to reduce the bulk of the uterus, to squeeze all the blood out of it and reduce its volume to the smallest possible dimensions. He was satisfied that the true way to set about reducing the inverted uterus was to adopt the method which Dr. Kidd had described—namely, beginning at the part of the uterus that had last descended. By doing so there would never be more than one flexion of the uterus; whereas, if you press the fundus up you must produce an additional flexion or angle of the organ and add to the bulk you want to press up through the cervix. In the reduction of the organ there were two movements of the hand—one was to squeeze the uterus and reduce its bulk—that alone would not be sufficient, but it contributed to the result aimed at—and the other movement was to press the whole organ upwards slowly. Dr. Kidd placed the patient on her back. He (Dr. M'Clintock) would prefer placing the patient on the left side and using the left hand. He thought it was of great importance in all operations requiring the hand to adhere to the rule laid down by Mr. Robertson of Manchester.

At the same time he was satisfied that cases would arise where all manipulations would entirely fail to replace the organ. He had one such case

himself some years ago in the Rotunda Hospital, which he treated for a length of time, and in which he made three attempts at re-position, the patient being under the influence of chloroform, but he completely failed to reduce the uterus, though it seemed at the first blush to be a good case for reduction by the hand, for the bulk of the uterus did not exceed that of a walnut. He persisted in the attempt to press up the uterus till the woman got so faint and collapsed (partly perhaps from the chloroform), that he became alarmed and thought it better to desist. He subsequently amputated the uterus, and the woman recovered. Even after its removal from the body, the uterus could not be re-inverted by any amount of force short of lacerating it.

DR. J. A. BYRNE remembered the case referred to by Dr. M'Clintock, and it was very similar to the one related by Dr. Kidd. The uterus was small, and presented all the symptoms he had described. He thought, however, that in the manipulation they did not use the same means as Dr. Kidd. The latter compressed the organ before pushing it up, but he thought Dr. M'Clintock had devised a cup-shaped instrument, for the purpose of pressing up the fundus.

DR. M'CLINTOCK.—Dr. Byrne is quite right in saying that in the case referred to there was a cup-shaped instrument used as an aid to the hand, but on three several occasions the taxis was perseveringly, but unavailingly tried, and on each occasion careful compression of the organ was made.

DR. BYRNE proceeded to say that Dr. Tyler Smith had reduced an inverted uterus after fourteen years, and in doing so he used an air pessary, which he strongly recommended; but he (Dr. B.) should say that the use of the air pessary was not consistent with the method advocated by Dr. Kidd. One point of interest in these cases was the fact that peritonitis did not occur after this operation. He could not readily understand why peritonitis did not take place, except by adhesion between the opposed surfaces of the peritoneum. The two cases described appeared to have been brought about by the ineffectual efforts of the accoucheur to deliver the women. This led him to refer to the principle laid down by Dr. Churchill as to the exclusion of the placenta after delivery. It struck him that it was a line of practice that ought to be followed with caution: that the using such *vis à tergo* to exclude the placenta might be attended with bad consequences. In most of the cases in which inversion of the uterus occurred, he attributed it to rough practice, to an attempt to effect the extrusion of the placenta by pressure. He thought the real history of these cases would be that prolapse of the fundus had taken place, and

a paralysed condition of the fibres of the uterus prevented the return of the organ. He could scarcely think that any amount of pressure by the hand could cause this condition of affairs unless there was some predisposition of the fibres themselves.

DR. CHURCHILL did not think that any one had laid down that pressure on the uterus was a cause of inversion, but they had laid down, he thought rashly, that pulling the cord was a cause of it. It was quite clear that if you have a fixed portion inside a loose bag, with a string to it, and you pull hard you will invert it. The explanation was so very simple that it was assumed to be the true one. Some years ago Dr. Radford of Manchester published a number of cases of inversion, all of which occurred under the care of skilful men, who were themselves standing by, and saw it occur, without touching the patient. The explanation he gave was—that there was a kind of paralysis of the circular fibres, and an irregular action of the fibres going to the fundus.

DR. MORE MADDEN said that some years ago he published a case of inversion of the uterus, in which, according to the statement of the midwife, there was no traction on the cord. She stated she was pressing on the fundus, and the uterus shot out. There was reason, however, to doubt the truth of her statement, and he believed she had made undue traction on the cord. In that case, as soon as he returned the uterus, when it was about half way pressed through, it sprang back like a ball beneath his hand.

The PRESIDENT said that in dealing with this question of inversion they could not classify the cases merely as acute and chronic. He thought there was an intermediate stage, in which it was just possible to reduce by compression the uterus into its place, but when that stage was passed the thing became impossible. He looked upon it, that up to four or five months after the accident the case was not a chronic one, and that facilities still existed for reducing it which did not exist at a later period. That the pulling of the cord may be productive of inversion there could be no doubt. He had seen more than one case occur from the pulling of the cord. He remembered one case where the cord was broken off, and the placenta had come down with the fundus, and a portion of the cord was still attached to it. The midwife admitted that she had pulled the cord, and the proof was there, the cord which had been torn off. He was not aware of reduction having been effected after fifteen years. He thought these were very rare cases. He thought the condition of the tissues would so alter in the course of ten or fifteen years that it would be

totally impossible to effect reduction at the end of that time. He could lay his hand at that moment on more than one case of inversion of the uterus where the constitution had become used to it, and where a period of life had arrived when it ceased to be any inconvenience to the individual. He had in his room within the last six weeks a patient whom he first saw some twenty-six years ago. She came to him with inversion of the uterus. She was exceedingly bloodless and anæmic. It was before the days of chloroform. He made repeated efforts by pressure upwards and backwards, and by squeezing, to reduce the uterus, but failed. He did not like to subject her to removal of the organ, and he attempted gradual pressure on the uterus by ligature, but peritonitis set in, and he was obliged to give it up. She was now a fine healthy woman, sixty years of age, and had no trace of disease about her. She had become reconciled to it, and the uterus had to a great extent become absorbed.

DR. KIDD said that as he had recorded a successful case he thought it right that he should record an unsuccessful one. A great many years ago he had a case under his care in the Coombe Hospital, of some six or seven months standing, in which he attempted to reduce the tumour. In that case he tried it by pressing up the fundus, and made no impression upon it. There was a portion of the lip round the neck of the tumour, and after failing with other methods he seized that at each side with a vulsellum, and proceeded to press up the tumour, having that point of resistance. However he failed. He tried Dr. Tyler Smith's method of air pessaries in the vagina, and retained them there for some time, also without any successful result. The patient was tired out, and left the hospital. With regard to using the position on the back, to which Dr. M'Clintock alluded, he chose it in deference to the suggestion of Dr. Marion Sims, who, in his work on Uterine Surgery, gives a diagram, showing how reduction may be assisted by placing the left hand on the surface of the abdomen, and making pressure on the cup formed by the inverted uterus; but Dr. Kidd was not quite sure whether the plan was as easy in practice as it looked in the drawing. He did not, however, require to try it, as the uterus went back in so short a time that it was not necessary. The whole operation did not occupy more than from five to ten minutes. As to pregnancy occurring after inversion, he had heard nothing of that patient since, but at a meeting of that Society many years ago the late Dr. Montgomery narrated a case of acute inversion of the uterus, which he reduced within two or three hours after inversion occurred, and he (Dr. Kidd) had since attended that lady in three or four confinements.

DR. M'CLINTOCK said there was a case of inversion in which Dr. Johnston effected the reduction of the womb during Dr. Shekleton's

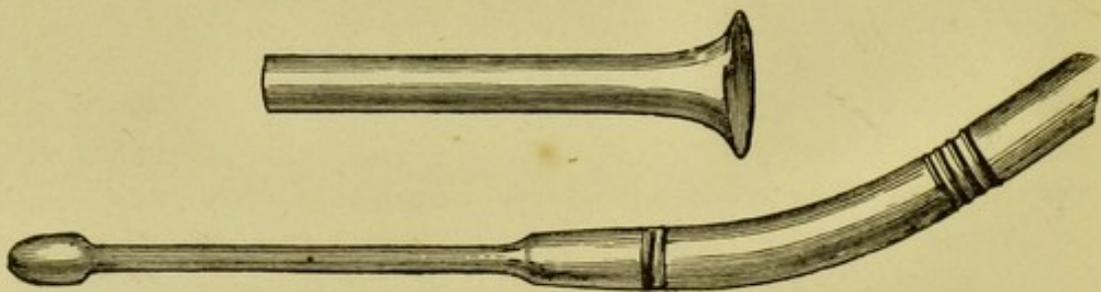
mastership of the Rotunda Hospital. The patient recovered and subsequently conceived. She came in with symptoms of miscarriage, at an early period of his (Dr. M'Clintock's) mastership. The interval between the reduction of the uterus and conception was about three years. There was another case bearing on the point which had come under his observation in private practice a few years ago, where about the fourteenth day after delivery the uterus, which had become completely inverted, was reduced. That lady was confined, not many weeks ago, and had a safe lying-in, without any recurrence of the displacement.

DR. JOHNSTON observed that in the case he had mentioned he reduced the inversion with the patient lying on her side in the regular obstetric position.

Saturday, June 28th, 1873.

LOMBE ATTHILL, M.D., Vice-President, in the Chair.

The VICE-PRESIDENT (Dr. Atthill) exhibited an instrument he had devised for the purpose of facilitating the application of caustics, such as nitric acid and other agents, to the interior of the uterus, in cases needing intra-uterine medication. It consisted of a canula of platinum two inches in length, of the size of a No. 8 catheter at the distal extremity, but enlarged to that of a No. 10 catheter at the end next the handle, which end is also furnished with a narrow disc to prevent the canula slipping into the uterus—an accident very liable to occur when the uterus is enlarged and the cervical canal patulous. To this canula is adapted a



curved stilette, ending in a bulb, which fills the extremities of the canula accurately; the stilette is fitted to a boxwood handle eight inches in length. The canula fixed on the stilette may be passed into the uterus, just as a sound ordinarily is, and the index finger of the left hand being kept in contact with the disc, so as to prevent its slipping out of the cervical canal, the stilette is withdrawn. A speculum is then to be introduced, and a long uterine probe, with a little cotton rolled round it, dipped into the agent selected, is to be passed through the canula into the uterus. The probe and canula can be withdrawn together. In many cases the speculum could be introduced first, and the canula inserted

through it. The introduction of the canula was, he stated, seldom a matter of difficulty, for in general the cervical canal was, in suitable cases, patulous.

The Vice-President pointed out that this simple method enabled the practitioner to carry the caustic to any portion of the interior of the uterus decided on, without its being weakened by coming into contact with any other part, and at the same time protected from its action any portion of the cervical canal which it was deemed wise to avoid, and stated that he had derived the most satisfactory results from this method of treatment, and had succeeded in effecting a cure by means of it in cases in which he had failed to do any good by applications made in the old way.

DR. CRANNY exhibited, as a recent specimen, the uterus of a woman from whom a tumour had been removed on 16th June, in the Rotunda Hospital. She was about forty-seven years of age, the mother of five children, the youngest being six years old. She had always been regular up to five months ago, when she began to suffer from severe floodings, which had continued ever since. She was admitted on the 12th June in a very anemic state. On examining, *per vaginam*, there was a fulness anteriorly of the uterus, the os patulous, the sound caused such severe hæmorrhage that the perchloride of iron had to be used to control it. The tumour, which had been removed with an ovum forceps, was of a soft, friable nature, having a membranous capsule, and was apparently malignant. The specimen showed its base, situated at posterior wall, perfectly circular, with sharply defined margin, and about two and a half inches in diameter. Another smaller growth was placed near the fundus. No hæmorrhage followed the operation, but she sank in about thirty-six hours.

ON THE
DIAGNOSIS AND TREATMENT
OF
UTERINE POLYPI.

By THOMAS MORE MADDEN, M.D., M.R.I.A. ;
Examiner in Midwifery and the Diseases of Women and Children,
Queen's University, Ireland ;
Physician, St. Joseph's Hospital for Children ;
Ex-Assistant Physician, Rotundo Lying-in Hospital.

THE subject of this communication affords a striking illustration of the progress of our art. Within the recollection of some here present the diagnosis of an intra-uterine polypus was considered as impossible, and its removal by a surgical operation was never dreamt of ; whilst now any educated obstetric physician has it within his power to pronounce on the nature of such a case with absolute certainty, and to attempt its cure, with a fair prospect of success, by a rapid and almost painless and bloodless operation, by which he may rescue a fellow-creature from an otherwise inevitable death.

The uterine polypi that have come under my observation, and the history of some of which I now purpose to communicate to the Society, varied in form and size from the small, gelatinous, pea-shaped polypus, growing near the os, to the intra-uterine fibroid, as large as the mature foetal head, attached to the fundus uteri, and requiring the application of the midwifery forceps to complete the operation for its removal.

The minute theoretical classification of uterine polypi adopted by some recent writers, one of whom speaks of no less than ten different forms of this disease, appear to me very useless. In the cases I am about to

describe, however, three distinct classes were distinguishable, viz.:—mucous, fibroid, and cystic polypi.

The first are developed from the uterine mucous membrane, or from the cervical glands; the second or fibroid, fibrous, or muscular polypi, are formed within the pseudo-muscular substance of the uterus, and may be interstitial, sub-peritoneal, or sub-mucous in their origin. The latter are also divisible into intra-uterine and extra-uterine polypi, or those which protrude through the os into the vagina.

The distinction made between intra-uterine tumours and intra-uterine polypi is quite untenable, as their structure is identical; either may be encapsuled, and their symptoms cannot be distinguished. In fact an intra-uterine fibroid polypus is but a more advanced stage of a sub-mucous tumour, which has lost its sessile form, from its own weight, as it grows downwards, becoming constricted at its point of projection from the uterine wall, so as to constitute a pedicle.

The age at which uterine polypi are most frequently observed is a disputed point. In the cases noted in the following table it will be seen that this disease manifested itself, in most cases, at the period in which the functional activity of the uterus was about ceasing, and from that time onwards.

Cases of Uterine Polypi.

Number of Case	Patient's Name	Age	Social Condition	No. of Children	How long since birth of last child	Prominent Symptoms	Nature of the Polypoid Growth	Observations
1	Mrs. H.	38	Married.	None.	—	Menorrhagia and leucorrhœa.	Fibroid polypus.	Five Tumours removed from anterior wall of uterus. Recovery.
2	E. H.	50	Widow.	Five.	Eighteen years.	Uterine pain; hæmorrhage and leucorrhœa.	Fibroid polypus.	Removed by ecraseur. Recovery.
3	M. B.	26	Single.	—	—	First felt tumour in abdomen 12 months before leucorrhœa, no hæmorrhage.	Fibroid tumour.	Treated by bromide and iodide of potassium. Iodine paint locally; tumour somewhat smaller.
4	Mrs. R.	44	Married.	Six.	Four years ago.	Tumour in abdomen; offensive leucorrhœa.	Fibroid, polypoid tumour of uterus.	Tumour very large, would not submit to any operation.
5	B. L.	40	Married.	Three.	Six years ago.	Abdomen distended by the uterine tumour; no menorrhagia; some leucorrhœa; no pain; menstruation every three weeks.	Large fibroid uterine tumour.	The external application and internal administration of iodine for some months; result not known.
6	Mrs. M.M.	40	Married.	Three.	—	Menorrhagia.	Fibroid polypus growing from anterior wall of uterus, and projecting through the os.	Removal by steel wire ecraseur; recovery.
7	Mrs. Q.	60	Widow.	Five.	Fifteen Years ago.	Metrorrhagia for five years; offensive leucorrhœal discharge for three years, and uterine colic.	Fibro-cellular polypus growing from posterior lip of os uteri.	Removal by ecraseur with steel wire; recovery.
8	Miss M.	48	Single.	None.	—	Constant leucorrhœal discharge; symptoms of retroflexion; slight metrorrhagia.	Small mucous polypus from anterior lip.	Removal by torsion; nitric acid applied recovery.
9	Mrs. H.	29	Married.	None.	—	Intense uterine colic and metrorrhagia.	Large fibroid polypus from anterior wall, near fundus.	Steel wire ecraseur employed on two occasions; uterus tightly contracted on tumour; rather less than half removed; death.

Cases of Uterine Polypi—(continued.)

Number of Case	Patient's Name	Age	Social Condition	No. of Children	How long since birth of last child	Prominent Symptoms	Nature of the Polypoid Growth	Observations
10	J. D.	60	Married.	Ten.	Fourteen Years ago.	Incontinence of urine; incessant leucorrhœa; no pain, no hæmorrhage.	Large fibroid polypus growing from fundus uteri.	Removal by ecraseur; recovery.
11	M. M'C.	40	Single.	None.	—	Severe uterine hæmorrhage and fetid leucorrhœal discharge for two months. Menorrhagia for three years.	Large fibroid polypoid tumour in vagina wall, growing from anterior uterine wall above os internum.	Removed by steel wire ecraseur.
12	Mrs. M.	30	Married.	Five.	Polypus detected when in labour.	Menorrhagia.	Sessile intra-uterine polypoid tumour attached to anterior wall.	Refused to submit to operation. Treated by preparation of iodine, locally and constitutionally. Recovery.
13	Miss M'C.	40	Single.	None.	—	Menorrhagia and leucorrhœa.	Large fibroid polypus attached to fundus uteri.	Cauterized with acid nitrate of mercury. Solution of iodine in glycerine repeatedly applied to tumour. Preparations of iodine internally. Marked improvement.
14	M. B.	40	Married.	Two.	Immediately.	—	Labour arrested by large cystic uterine tumour.	Forceps applied; cyst ruptured. Recovery.

SYMPTOMS OF POLYPUS OF THE UTERUS.

The earliest evidences of the complaint in the majority of cases of polypus of the uterus are menorrhagia or persistent metrorrhagia, and a profuse or fœtid leucorrhœa. These symptoms indicate the necessity for a local examination, by which alone the nature of the case can be diagnosed with certainty.

In only one of the following cases of fibroid polypus was there any well-marked vascularity of the tumour itself, so that the hæmorrhage must have probably resulted from the accompanying uterine congestion and ovarian irritation.

The enlargement of the uterus, produced by the development of a large polypus, gives rise to a sense of weight and fulness in the pelvis, and some degree of pain, varying from the most intense uterine colic to a mere soreness or dull aching in the lumbar region, which is more commonly complained of.

In these cases the uterus is almost invariably displaced according to the size and situation of the tumour, and we have to encounter the symptoms of pressure on the bladder or rectum, &c., resulting from the degree of ante or retroflexion, or version, that may be present.

The patient's general health soon becomes impaired; she is weakened by the hæmorrhagic and leucorrhœal discharges. She is, therefore, anemic, her pulse is quickened, she suffers from cardiac palpitation, loss of appetite, dyspepsia, and irritability of stomach, so that distressing retching is a very constant symptom of this disease.

TREATMENT OF UTERINE POLYPI.

The treatment of uterine polypi may be considered under two heads—First, the surgical or curative, and secondly, the medical or generally palliative, though sometimes curative, management of the disease.

The former is comparatively recent in its application to intra-uterine polypi; for although Ambroise Paré, in whose works may be found the germ of many recent medico-chirurgical discoveries, described this disease and the mode of treating it by excision, by the ligature, and by the potential cautery with nitric acid, and actually devised and depicted a most ingenious dilator, for expanding the orifice of the womb, so as to remove intra-uterine polypi:—*De verruscarum cervicis uteri curatione.*—*“Ergo curandarum verrucarum tria erunt velut summa capita, vinculum, sectio*

et cauterium. . . . Ne aut repullulent instillabitur oleum de vitriolo, AQUÆ FORTIS sive chrysulca, aut capetelli ex qua cauteria potentiali concinnamus."^a

The method of treating uterine polypi so explicitly pointed out by the "Father of French Surgery," fell into oblivion till M. Levret in 1749 revived the use of the ligature for the removal of uterine polypi from the vagina.^b

This operation, which was practised from the time of Levret to that of Dr. Gooch, by whom it was modified and improved in 1829,^c and continued in use till a very short time past, was obviously very restricted in its application, as well as rude and imperfect, when compared with the modern procedure, by which we can now expand an undilated cervical canal, and remove a tumour, however large, from any part of the uterine cavity.

The removal of a polypus from the uterus may be either the easiest or the most difficult operation in surgery, according to the form and situation of the tumour. Thus the small polypi growing from the vicinity of the os or cervical walls may be readily twisted off with a forceps, or destroyed by the mere pressure of a sponge tent. On the other hand, the removal of a large intra-uterine fibroid polypus from the fundus uteri of a sterile woman, is an operation requiring as much skill and delicacy of manipulation as any within the domain of surgery. The credit of suggesting the dilatation of the os and cervix uteri for this purpose by means of sponge tents is conceded to the late Sir James Simpson, by whom it was claimed in a paper "On the Detection and Treatment of Intra-uterine Polypi," published in the *Edinburgh Monthly Journal of Medical Science* for January, 1850, in which he says:—

"In 1844, in a communication laid before the Medico-Chirurgical Society of Edinburgh, I proposed a means of safely opening up the cavity of the cervix and body of the uterus to such an extent as might enable us to introduce a finger into the uterine cavity, for the purpose of diagnosis in this and other diseased states of the organ. The means described consisted in the introduction of sponge tents into the os and

^a Ambrosii Paræi—"De Hominis Generatione," caput xlii, *vide* "Gynæciorum, sive de Mulierum Affectibus et Morbum, Veterum et Recentium Scriptorum Auctoribus. Opera et Studio Israelis Spachii. Lib. i., p. 439. Folio. Argentinæ: 1597.

^b "Observations sur la Cure Radicale de Plusieurs Polypes." Par André Levret, Professeur de Accouchemens. Paris: 1749.

^c Dr. Gooch "An Account of some of the most Important Diseases of Women," p. 250. London: 1829.

cavity of the uterus, so as gradually to dilate these parts to the degree required." Before the general adoption of this suggestion, even so recently as 1850, the same eminent authority asserted in the above-quoted paper:—"Intra-uterine polypi are generally considered at the present day as placed beyond the pale of any certain means of detection, or any possibility of operative removal." This discovery is spoken of by the most recent authorities as "making the commencement of a new era in uterine surgery." It is, therefore, not a little curious to find that the very same method of dilating the mouth of the womb was known and described at least two hundred and thirty-four years ago. Thus, in "The Method of Physic, containing the causes, signs, and cures of inward diseases in man's body from the head to the foot," by Philip Barrough, and "most humbly dedicated by the author to his singular good lord and master, Lord Burghley," the eighth edition of which was published in 1639, the writer—speaking of the treatment of contraction of the cervical canal and os uteri giving rise to mechanical dysmenorrhœa, and producing sterility, &c., in the chapter entitled "Of Straightness of the Matrice"—says: "And when the places do seem to be softer to the feeling, then you must put a dry sponge, that hath a cord hanged at it, into the straight place, to the intent to make it wider, which, if it fall out, you must put in another that is thicker. Therefore, you must have many and sundry dry sponges ready." This ancient gynæcologist next refers to the possibility of these sponge tents producing inflammation in the mouth or neck of the matrice, and discusses its treatment, after which he continues—"When the inflammation is ceased, and the place is open, annoint upon a sponge a cerot made of oill of roses and goose grease, and use it untill it be healed, making the place a little sounder; but yet you must alwaies put in sponges untill the end of the cure, lest that the mouth of the womb do gather together againe."^a

This coincidence in no degree detracts from the merit of Sir James Simpson, to whom suffering humanity, as well as medical science, owes so much on other scores, as the first modern gynæcologist, to make a practical application of sponge tents in the treatment of a disease previously regarded as beyond the reach of curative treatment. I may, however, take this opportunity of observing that the number of such coincidences between long forgotten ideas and modern medical discoveries is

^a "The Method of Physick." By Philip Barrough, 8th ed., p. 198. London: 1639.

far greater than could be readily credited by those who share in that neglect of the lessons to be gathered from the experience of the past, as embodied in the works of the older medical writers, and in that contempt for their opinions and observations which is, unfortunately, so prevalent at the present day.

The treatment of uterine polypi has been greatly facilitated by Dr. Kidd's method of rapidly dilating the cervical canal, by introducing at a single operation a considerable number of the late Dr. Sloane's sea-tangle tents. Sometimes, though rarely, however, this operation seems to produce considerable uterine irritation.

Once the passage has been thus sufficiently dilated the removal of intra-uterine polypi may be effected in various ways, viz., by the ligature, by torsion, by excision, by the curved scissors, or knife, Dr. Aveling's polyp-trite, Simpson's polytome, the galvano-electric cauterly, Dr. M'Clintock's hemp saw, or lastly, and most generally, by the ecraseur. In the following cases the strong steel wire ecraseur was commonly employed, in preference to Dr. Marion Sims' ingenious chain ecraseur. The manner of employing this instrument is so fully described in all the recent text-books of gynæcology, that I shall only observe that in the majority of cases, these polypi being attached to the anterior wall of the uterus, it is easier, to secure them with the ecraseur when the patient is placed on her back than when she is put in the left lateral semi-prone position, generally adopted in this country.

Immediately after the operation the uterine cavity should be swabbed out with strong nitric acid, applied on cotton wadding. The local use of fuming nitric acid in uterine diseases has been introduced into modern practice on the high recommendation of Drs. Ringland, Kidd,^a and Atthill,^b and the adoption of the recommendation has been productive of the greatest advantage in a number of cases in which I have seen it tried. Dr. Roe some time ago, in a debate on an interesting paper of his on the Use of the Perchloride of Iron, read before our Society, mentioned that this application of nitric acid was spoken of by Ambroise Paré, and I have just quoted the passage in which he briefly alludes to it.

The after-treatment of a patient from whom an intra-uterine polypus

^a Dr. Kidd "On Uterine Polypi."—*Dublin Quarterly Journal of Medical Science*, February, 1869.

^b Dr. Atthill "On the use of Nitric Acid in the Treatment of Uterine Disease."—*Obstetrical Journal of Great Britain and Ireland*, June, 1873.

has been removed by the ecraseur is very simple, consisting of tepid vaginal injections of infusion of chamomile twice a day, together with the observance of an antiphlogistic regimen, and rest in bed for about a week.

MEDICAL TREATMENT IN CASES OF POLYPUS OF THE UTERUS.

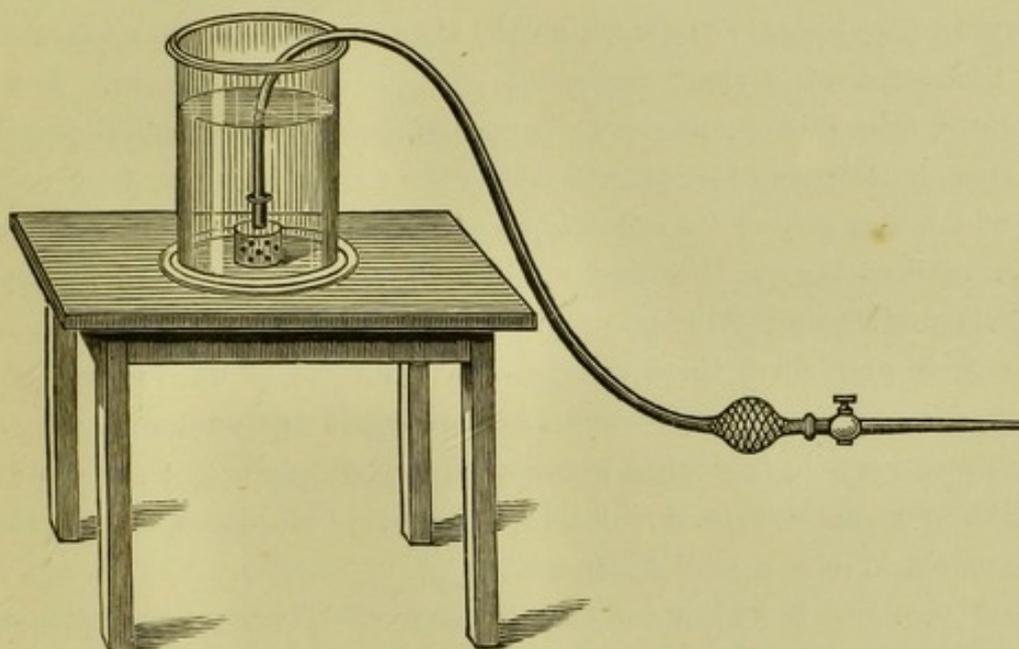
The medical or constitutional management of these cases has by no means kept pace with the recent improvements in their surgical or local treatment. It is obviously desirable to remove uterine polypi by the ecraseur, or other surgical means, whenever it is possible to do so, but there are some instances of this disease in which operative interference of any kind is not available, or will not be submitted to, and notwithstanding the opinion to the contrary expressed by some distinguished recent authorities, I am convinced by experience, that even in such cases we may sometimes succeed in arresting the progress of the disease, alleviating its symptoms, and restoring the patient to comparative health and comfort by purely medical treatment.

Moreover, in this, as in all other uterine complaints, the local surgical measures required should invariably be conjoined with appropriate constitutional treatment. I need not dwell further on this point, having recently discussed it in a memoir read before this Society.*

The remedies which I have found most serviceable in these cases were the bromides of ammonium and potassium, and small doses of the tincture of iodine, or of the weak solution of metallic iodine, which I recommended in the treatment of other chronic uterine diseases in the paper just mentioned. To produce any beneficial effect in so chronic a disease, these medicines must be persevered in for some months at a time, and this can be done only by administering them in very small doses. The local application of iodine to the tumour itself, when practical, is an essential and often most efficacious part of the treatment of uterine polypi. This was accomplished in one of these cases by Dr. Savage's method of injecting a small quantity of tincture of iodine into the uterine cavity, and in others by brushing over the tumour with a solution of ten or twelve grains of iodine in an ounce of glycerine. In both cases the os must be dilated, the operation should be repeated at distant intervals, and its effects very

* On the Constitutional Character and Treatment of the Diseases of Women connected with Chronic Inflammation of the Uterus. By Thomas More Madden, M.D., Dublin Medical Journal, 1873.

carefully watched. I must observe that this operation is by no means suitable, or even safe, in all cases. I have tried the effects of the perchloride of mercury in several cases of intra-uterine polypoid disease, and have in some instances found the patient's general health benefited, and the local symptoms improved under the influence of a mild mercurial course. With regard to the curative action of this remedy, my experience is the same as that of Dr. Routh, who says:—"I have seen cases of uterine fibroid where, I think, the enlargement had diminished under its use. I do not say that it has entirely disappeared."^a



Improved Uterine Irrigator.

Amongst the means by which the uterine congestion, which is almost always present in cases of polypus, can be lessened, none are so beneficial as tepid or cold local injections when properly used. To produce any marked service, however, the injected fluid must be used for a considerable period at each time, and this cannot be done when the ordinary vaginal syringe is employed, as the position of the patient is so irksome during its use, and the fatigue of working the instrument is so great as generally to prevent its employment for any length of time continuously. To obviate these difficulties, Dr. Graily Hewitt has devised an improved form of vaginal syringe. I myself, however, prefer the one now exhibited to the Society. This instrument has the following advan-

^a Lectures on Fibroid Tumours of the Uterus. By C. H. F. Routh, M.D. P. 99. London: 1864.

tages—it is very portable, can be easily used wherever a vessel of water can be obtained, and is capable of sending a gentle continuous stream of plain or medicated warm or cold fluid into the vagina (or even into the uterus, if that should ever be desirable for any special purpose, for which a special tube is attached), for any length of time that may be advisable, and in any position that the patient prefers, without giving her the least fatigue.

During a recent discussion in this Society there was some debate as to the efficacy of the mineral springs, and especially of the iodated and bromated waters, to which I had called attention in the memoir above referred to, and also in my work on the Continental Spas, as applicable in the treatment of various forms of chronic uterine disease. I may, therefore, take this opportunity of expressing my conviction—founded on my own experience of spas, which has been freely borrowed by others, and which was gained by extensive personal observation of the effect of the mineral springs of this class in Germany, Switzerland, and France on patients undergoing “the course,” as well as in cases in which I have since then prescribed these waters—that in cases of uterine polypus in which, for any reason, operative interference is not available, we may possibly succeed in removing every apparent symptom of the disease by sending our patient to a suitable iodated or bromated spa, such as Kreuznach, Wildegg, or Schinznach.*

Last summer I had a lady under my care, who, unquestionably, suffered from a large intra-uterine polypoid tumour, by which her health was seriously impaired. Notwithstanding the hæmorrhage and leucorrhœa however, she refused to allow any attempt to be made for its removal. She was induced to visit Kreuznach, where she remained for some time, using the baths and drinking the water. She returned home after a lengthened tour, during which she visited some other spas of the same class, and has continued apparently quite well till very recently.

I shall now briefly describe some of the cases of this kind (several specimens and drawings, for the later of which I am indebted to the kindness of Mr. William Johnston, are now exhibited), that have come under my observation:—

CASE I.—Mrs. M^cM., aged forty, a cachectic-looking woman, who had

* On the Spas of Germany, Switzerland, France, and Italy, in the Treatment of Chronic Diseases. By Thomas More Madden, M.D. London, Newby: 1st edition, 1865; 2nd edition, 1872.

had three children, consulted me, complaining of severe menorrhagia, of two years standing. She had also constant dull pain in the back, irritability of the bladder and dysuria; she had no leucorrhœa.

The uterus was retroflected, and a small polypus, about the size of a bean, was discovered protruding between the lips of the os; this was twisted off with Dr. M'Clintock's forceps, and the retroflexion being remedied by a pessary, all the symptoms subsided, and she was soon convalescent.

CASE II.—Mrs. H., aged thirty-eight, who had been ten years married, and was sterile, a few months before she was placed under my care commenced to suffer from severe menorrhagia, and when I saw her was extremely weak and blanched from loss of blood. Her pulse was rapid, feeble, and irregular. She also complained of constant leucorrhœa, bearing down of the uterus, pain in the back, and incontinency of urine.

She now came up to town and consulted a very eminent physician, who kindly sent her to me to have the uterine polypus, which he at once diagnosed, removed. There was a large tumour protruding through the os, and above this there appeared to be other similar growths.

On the following morning, Dr. Kidd affording me the assistance of his great operative skill, which was fully displayed in this case, the patient was placed under chloroform by my pupil, Mr. Flanagan, and the parts being exposed by the duck-bill speculum, and the uterus drawn down by a strong vulsellum, the pedicle of the tumour was divided by a steel wire ecraseur, and in the same way the other polypi now exhibited were removed from the uterus. The weight of these five growths was 1,022 grains. The uterine cavity was then cauterized with strong nitric acid. The patient was put to bed and syringed twice a day with tepid infusion of chamomile, and in about a week's time she returned home to the country, and is now perfectly well.

CASE III. (reported by Mr. Maberly)—J. M'M., aged forty, mother of three children, came to the dispensary complaining of pain in the back extending down the right leg. There was also dysmenorrhœa, and for the past three months her menses had become so profuse as to incapacitate her for earning her livelihood. She was admitted into the chronic ward, and a large pedunculated fibrous tumour protruding through the os and attached to the anterior wall of the cervix was removed by the

ecraseur. The patient was discharged convalescent a few days afterwards.

CASE IV.—I was called at night to visit a lady who had just arrived in Ireland and was suffering from profuse menorrhagia and uterine colic. She was about twenty-nine years of age, was exceedingly anemic and hysterical, and, though ten years married, had no children. She had suffered from menorrhagia and severe dysmenorrhœa for nearly three years, and during the past year the hæmorrhage was almost continual, and the pain could be allayed only by frequent hypodermic injections of morphia. She had thus been confined to bed under medical care for a considerable time, and had had the first gynæcological advice in London in consultation.

I found the cervix elongated, the os small, the body of the uterus greatly enlarged and anteflected. After this examination I had to restrain the uterine hæmorrhage by sponge plugs saturated with the solution of perchloride of iron.

My diagnosis was that these symptoms were caused by some intra-uterine tumour, probably attached to the anterior wall. This view of the case, which was somewhat controverted by her former medical advisers, was confirmed by a most experienced gynæcologist, Dr. Johnston, whose opinion I obtained in consultation. With his sanction, the fuming nitric acid was applied within the uterine cavity, and produced for the time the happiest effect. The hæmorrhage ceased and the pain subsided. The displacement was treated by a Hodge's pessary; tonics were prescribed, and she removed to one of the suburbs, where the next monthly period passed over with less pain and loss of blood than she had experienced for some years.

A month later, however, all the former symptoms returned in an aggravated form. The hæmorrhage became alarming, and her intense uterine sufferings necessitated the repeated use of chloroform. The retching was uncontrollable, her strength was failing, and it became evident that some effort must be made to remove the tumour.

Dr. J. A. Byrne now saw her with me, and we introduced nine laminaria tents into the uterus; five of these, however, I was obliged to withdraw the same evening, and, hence, we found the uterus so insufficiently dilated the next day that the operation had to be postponed. On the 28th of October, the tents were re-introduced, and, on the following morning, Drs.

M'Clintock, Byrne, and myself, proceeded to remove the tumour. The uterus, however, was still so firmly contracted around the growth that great difficulty was experienced in the application of the ecraseur. We had succeeded in removing two sections, forming a third of the tumour, when, unfortunately, the patient became so collapsed from the chloroform, that, although her pulse, at last, was again faintly perceptible, her condition was so precarious that any further operative proceedings, at that moment, were out of the question. Drs. M'Clintock and Byrne having taken a part in this operation, is a sufficient proof that everything that skill and experience could suggest was done to remove the sole cause of this poor woman's past sufferings.

For five days after the operation she progressed favourably. On the seventh day, however, she had a slight rigor, and her pulse rose to 100. On the eighth day the symptoms of metro-peritonitis were well marked, and the following morning she died.

The uterus, enclosing the remaining portion of the tumour, is now exhibited to the Society.

CASE V.—J. D., a farmer's wife, from Ballycannon, aged sixty, was admitted into the Rotunda Hospital, August 7th. She insisted that her changes had not ceased till two years previously. Immediately after that period she began to suffer from incontinency of urine, and had now lost all power of retaining her water. *She had no uterine hæmorrhage*, and complained of no pain. The uterus was found completely anteverted and enlarged, and there was a tumour, as large as a turkey egg, attached posteriorly. This, which proved to be a fibroid polypus, was removed with the ecraseur by Dr. Denham, then Master of the Lying-in Hospital, assisted by Dr. Guinness Beatty and myself. After the removal of the tumour all the symptoms of displacement subsided, and the patient returned home cured.

CASE VI.—I was asked by a midwife to visit a woman, in Frenchman's-lane, who had been in labour from Saturday evening until I saw her on Tuesday morning. The membranes had ruptured early, but the head had made no advance for many hours, although the pains had been strong. She was then in a low typhoid condition. The pains had ceased. Her pulse was weak and rapid. There was an offensive vaginal discharge, and the parts were hot and dry. The os was fully dilated, and the head very high up and prevented from entering the pelvic cavity by

a cystic tumour, the size of my closed hand, growing from the posterior uterine wall, and obstructing the passage. Finding it impossible to push this above the head, I applied my long forceps with some difficulty, and used as much force to effect delivery as I deemed safe. But, as I seemed to make no impression, I was about to abandon the attempt, when the obstruction suddenly yielded, a quantity of gelatinous fluid escaped, the head came down, and the patient made a good, though slow, recovery.

CASE VII.—I was requested to see a lady in consultation with Dr. Boyle, of Rathgar. She had been for some hours in the second stage of labour, the funis was prolapsed, and the head making no advance, we delivered her by the forceps. The placenta being adherent, on introducing my hand to remove it, I found a large sessile tumour growing from the fundus. There was severe *post-partum* hæmorrhage. Several months subsequently, I again saw this lady, as the tumour at each monthly period enlarged to the size of an orange, and grew painful, and then became much smaller. She also suffered from menorrhagia and leucorrhœa. As she refused to submit to an operation, she was treated by the local application of tincture of iodine in the manner already described, and by the internal administration of small doses of iodine, together with the regular use of astringent vaginal injections. Under this treatment, the menorrhagia, after some months, diminished, and the size of the tumour decreased at each menstrual period. She was now recommended change of air, and left me decidedly improved, though not perfectly cured, by the treatment.

CASE VIII.—Miss M., aged forty-eight, suffering from constant pain in the back, leucorrhœa, with occasional attacks of metrorrhagia, first consulted me about five years ago. These symptoms commenced on the cessation of her changes. On examination a small polypus was found growing from the anterior lip of the os uteri. It was at once removed by torsion, and from that time she has had no return of these symptoms.

CASE IX.—I was requested to see an unmarried woman, about forty years of age, suffering from severe uterine hæmorrhage, residing in Sussex-terrace. For upwards of three years she had complained of menorrhagia and uterine colic. These symptoms had so increased as to

confine her to bed for the past couple of months. She was in a state of extreme exhaustion from the loss of blood, and on examination I found a very large globular tumour in the vagina. The leucorrhœal discharge was extremely fœtid, and the hæmorrhage after examination necessitated plugging. A few days afterwards I induced her to enter the hospital, which I had then just left, where I had an opportunity of seeing the tumour, which weighed about twelve ounces, and was so large that the midwifery forceps had to be applied to remove it from the vagina, separated by a Dr. Atthill's ecraseur, by Drs. Johnston and Denham. The patient was soon convalescent, and when I last saw her, a few months ago, was in excellent health.^a

CASE X.—E. H., aged fifty, a widow, was admitted into hospital suffering from hæmorrhage. Six months before admission she noticed some enlargement of the abdomen, and subsequently had severe uterine pain, hæmorrhage, and offensive leucorrhœa. On examination a large polypus was found in the vagina, the pedicle being attached to the interior wall of the uterus. This tumour, which was as large as a small pear, fibrous in structure, and irregularly nodulated, and the pedicle of which I found unusually dense, was removed by the ecraseur under the supervision of Dr. Johnston, Master of the hospital. The patient made a rapid recovery.

CASE XI.—An unmarried lady, aged forty-two, two years before I saw her had to undergo much bodily fatigue and mental anxiety. Shortly afterwards she commenced to suffer from menorrhagia, and latterly was hardly ever free from hæmorrhage, the effects of which were evident in her anemic appearance. She had also leucorrhœa, pain in the back, sickness of stomach, was subject to attacks of fainting, and was now confined to bed in a very low, hysterical condition.

The os was small, the uterus was anteflexed, and occupied, as I found, on dilating the os, by a large sessile tumour growing from the anterior wall. It was evidently not then a case for operation, and having the acid nitrate of mercury at hand I applied this caustic cautiously to the tumour. Next day she complained of uterine pain and tenderness on pressure. This was developed into an alarming attack of acute metritis,

^a This case is referred to by Dr. Atthill, in his "Lectures on the Diseases of Women," p. 96, and is also reported by Dr. Cranny in the first volume of the Transactions of the Dublin Obstetrical Society, p. 147.

which fortunately yielded to treatment. The hæmorrhage now ceased for nearly three months, but then returned. The os was again dilated, and the tumour painted over with the solution of iodine in glycerine on three or four occasions. She was put on five drop doses of tincture of iodine, with cod-liver oil, three times a day, and sent to a watering place, and from that time, as she passed out of my care on regaining comparative health, the disease appears to have been arrested.

CASE XII.—Mrs. J., a widow, aged sixty, who had ceased to menstruate shortly after the birth of her last child, eighteen years previously, applied for advice, suffering from metrorrhagia at irregular intervals. In her own words “her changes had returned” five years ago. She also complained of a very foetid leucorrhœal discharge. A week before I saw her, a very severe attack of uterine colic occurred, and on examination a large pedunculated tumour, growing from the posterior wall of the uterus, was found in the vagina. This was removed by the ecraseur, and was a deeply congested fibro-cellular polypus, the size of a small jargonelle pear. Considerable hæmorrhage followed, which was arrested by the application of the acid nitrate of mercury.

The VICE-PRESIDENT (Dr. Atthill) considered that the question of the treatment of fibrous tumours of the uterus by medical means ought never to be entertained, if it were possible to remove them by a surgical operation. He believed that it was a more dangerous procedure to dilate the cervix frequently—for the purpose of facilitating the injection of fluids or application of caustics or iodine—than to remove a tumour by operation. Personally, he believed patients were more likely to die from the effects of prolonged manipulation than from the actual operation. Two patients from whom he had failed to remove tumours, and who had consequently been subjected to rather protracted operative measures, had died; while in all the cases in which he had successfully removed the growth, no unfavourable results ensued. If, therefore, medicinal applications are to be made to the uterus, they should not be done by repeated dilations of the os and cervix, but through a tube such as that he had just exhibited. He (the Vice-President) thought that prolonged irrigation of the uterus

and vagina with cold fluids, by means of a douche, such as that shown by Dr. Madden, was objectionable. He had seen a case which very nearly proved fatal, from an acute attack of pelvic cellulitis, ending in the formation of an abscess, in a lady who had used injections of cold water into the vagina for the purpose of checking profuse menstruation. He, therefore, recommended that fluids so employed should be of the same temperature as that of the body.

DR. KIDD said he had never seen much benefit from the medicinal treatment of fibroid tumours of the uterus. When these tumours set up an inflammatory action, and the surrounding tissues become infiltrated with the products of inflammation, properly directed treatment will cause absorption of these, and so the tumour will appear to be lessened. But he had never seen any case in which the tumour itself had been actually diminished in size. This, he believed, was as true of the waters of Kreuznach as of other forms of treatment. These waters have a very high reputation, and patients suffering from fibrous tumours are constantly sent to Kreuznach. He visited Kreuznach last year, and had a long conversation with Dr. Præger, one of the leading physicians there, and found he held the same opinion as to the benefit to be derived from the use of the waters as he himself did, and which he had already mentioned. Of the various drugs that have been recommended, Dr. Kidd thought the chloride of calcium makes the patients more comfortable than any other, especially when it acts a little on the bowels. Chloride of calcium was first recommended by the late Dr. Rigby, and it is spoken of very favourably by Dr. M'Clintock; but, though it alleviates the sufferings of the patient, he, Dr. Kidd, had never seen any case in which it caused absorption of the tumour. These tumours often become less in size, and sometimes almost quite disappear when menstruation ceases; but this cannot always be waited for, and then surgical treatment, that is, the actual removal of the tumour, is the only treatment to be relied on. Unfortunately, it is not always possible to accomplish this; if not, the application of nitric acid will often check hæmorrhage. Dr. Kidd referred to the position of the tumour in one of Dr. Madden's preparations, and also in Dr. Cranny's. In each, the tumour grew from the posterior wall of the uterus and bulged out the anterior wall. At previous meetings of the Society he (Dr. Kidd) had alluded to this bulging out of the wall of the uterus opposite to the seat of the tumour. If this be a law, it will prove a matter of great practical value, and enable us to make the diagnosis between a pedunculated intra-uterine and an interstitial tumour, by the sound alone, before proceeding to dilatation. If there be a tumour growing, say from the posterior wall of the uterus, it will cause a bulging forwards of the anterior wall, and the sound can be

passed along the side that is bulged out; whereas, if the tumour be an interstitial one, the sound will pass, not along the bulged out wall, but along the opposite one.

DR. HENRY KENNEDY thought that there must be at least some cases of uterine fibroid tumours in which medicinal treatment was useful. If medicines were so powerful, as was known, in the dispersion of superficial tumours, he did not see why they should not be of use in some uterine tumours, which were of various kinds, and differed in quality, structure, and density.

DR. CHURCHILL had never seen medicines or applications of iodine do any good in the treatment of polypi. He had, however, seen large fibroids enucleate themselves. He thought that the points started by Dr. Kidd were of extreme value, and likely to prove of great importance. Dr. Churchill then alluded to the curious circumstance (which, he stated, he was unable to explain) that the introduction of even a single tangle tent through the os internum sometimes produced very severe effects. He narrated a case in point, which nearly proved fatal, peri-uterine inflammation having been set up, with the formation of an abscess between the rectum and vagina. He was constantly in the habit of introducing a tent through the os externum and keeping it in the canal, by means of a plug, for twenty-four hours, without the slightest inconvenience or risk; but when once passed beyond the inner os, a region of danger was entered upon.

DR. MORE MADDEN, in reply, said that, in the foregoing paper, he had, in the first place, pointed out the antiquity of certain commonly supposed recent improvements in the surgical treatment of uterine polypi. Secondly, he had exhibited to the Society an improved form of uterine irrigator, which he ventured to think, from sufficient experience of its use, would be found very serviceable in the treatment not only of this but also of all other uterine diseases in which the syphon-syringe is now generally employed; and, thirdly, he had given the result of his own experience of the advantages of medical treatment, in some instances, of polypus of the uterus. In so doing he had not placed medical treatment in opposition to surgical treatment in these cases. Both had their own definite range of utility. But speaking, as he did, with unfeigned respect for the opinions of obstetricians so justly eminent as Dr. Atthill, Dr. Churchill, and Dr. Kidd, who differed from his views on this point, he (Dr. More Madden) could not lightly abandon his own opinions, founded on practical experience, and he was very glad to have them so strongly supported as they had been by so judicious and experienced a physician as Dr. Henry Kennedy. He still thought that the medical and constitutional treatment of cases of

uterine polypi had been too generally neglected of late years; and whilst he attached fully as much importance to the surgical treatment of this disease as any gentleman present could do, and always resorted to surgical interference in every appropriate case, he would, in conclusion, again venture to remind the Society that, unfortunately, there were many cases of polypus of the uterus in which operative measures were not applicable, and that in these remedial treatment is oftentimes most serviceable.

A CASE
OF
O V A R I A N D R O P S Y ,
WITH
U N U S U A L Q U A N T I T Y O F F L U I D .

BY DR. E. G. BRUNKER.

ROSE ROONEY, a married woman, forty years of age, was admitted to the Louth County Infirmary on the 19th of July, 1872, labouring under ovarian dropsy. Her appearance on presenting herself was most extraordinary, from the enormous size of the abdomen, the circumference of which measured sixty-three inches (five feet three inches). Her countenance did not exhibit any sign of distress. Breathing free, functions of bowels and kidneys healthy, slight emaciation. She appeared to have no source of complaint but from the vast distension of the abdomen. She stated that the abdomen had been gradually increasing in size for some years, and that, notwithstanding, about a year before she came to the infirmary, she gave birth to a healthy child, at full time, who survives. Since the birth of this child she says she occasionally, but not regularly, menstruates. The patient was placed in the recumbent position, the abdomen projecting considerably over the edge of the bed, and the operation of paracentesis performed, when *ten gallons* of a dark, oily fluid were drawn off. No distinct tumour could be detected when the abdomen was emptied. No bad symptom whatever supervened, and the patient, of her own accord, returned home on the 2nd of August, having been but fourteen days in the infirmary.

As it was evident that the abdomen was filling up and would again require to be tapped, she was advised to return for that purpose before it became as much distended as before.

Rose Rooney was re-admitted to the infirmary on the 6th of June, 1873. The abdomen was about the same size as on the former occasion, being five feet three inches in circumference. She still retained a healthy appearance, did not suffer from dyspnœa, was able to lie down flat in bed, and made no complaint but of the bulk and weight of the abdomen; no swelling of legs.

She was placed in the same position as formerly, and the same quantity (ten gallons) of oily fluid, but of lighter colour, drawn off. No tumour could be detected. The abdominal walls were, of course, extremely flaccid, and were supported by a broad firm roller. No occurrence of syncope.

She says, since her return from the infirmary, in August last, she has led a very active life, and enjoyed good general health, even occasionally menstruating.

On the second day after the operation, on visiting, I found her sitting up in bed, quite free from any uneasiness or pain, with fair appetite; sleeps well. On the fourth day she was ordered some beef tea. Bowels have acted daily. Urine perfectly healthy. I expect she will shortly be able to return home.

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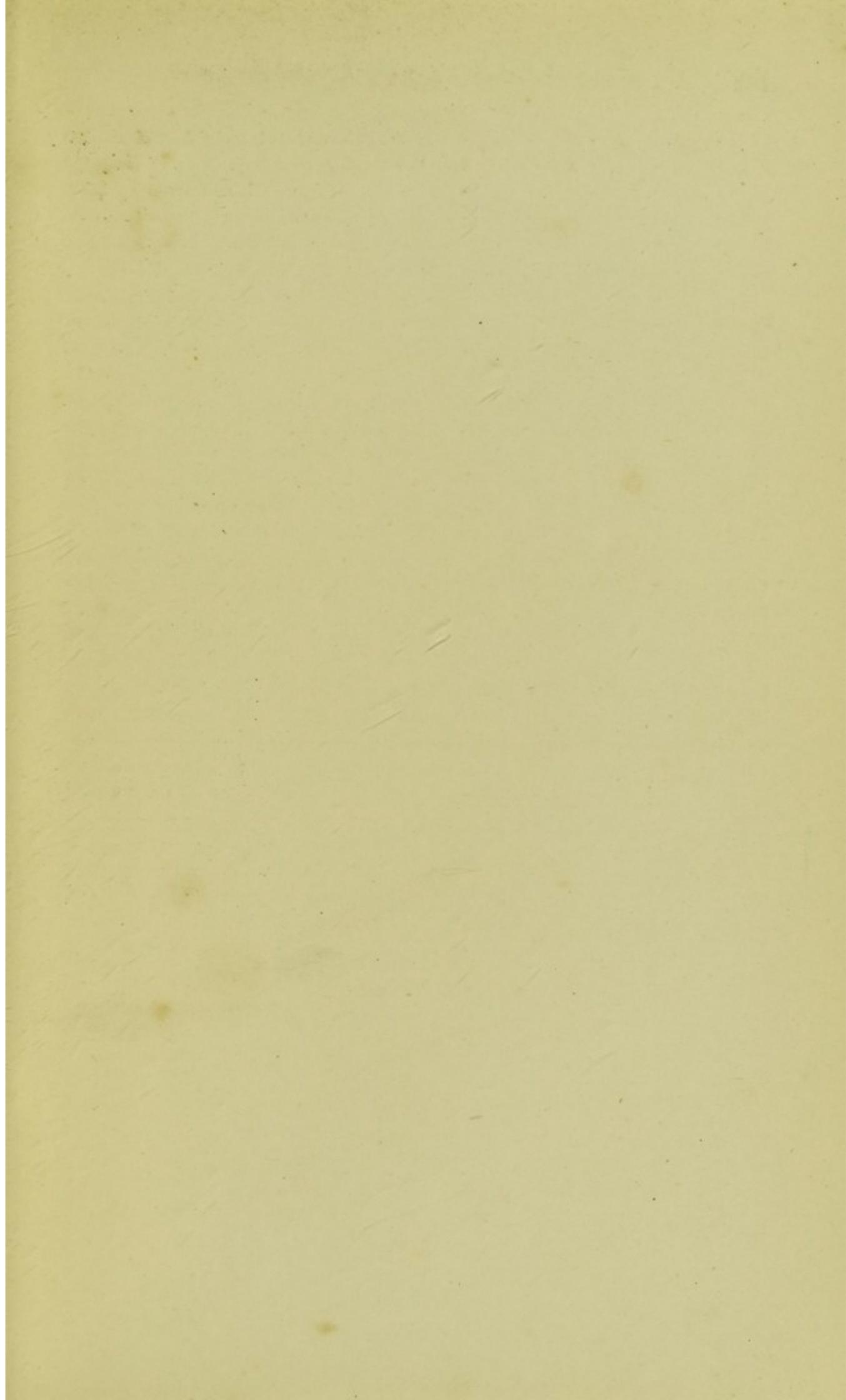
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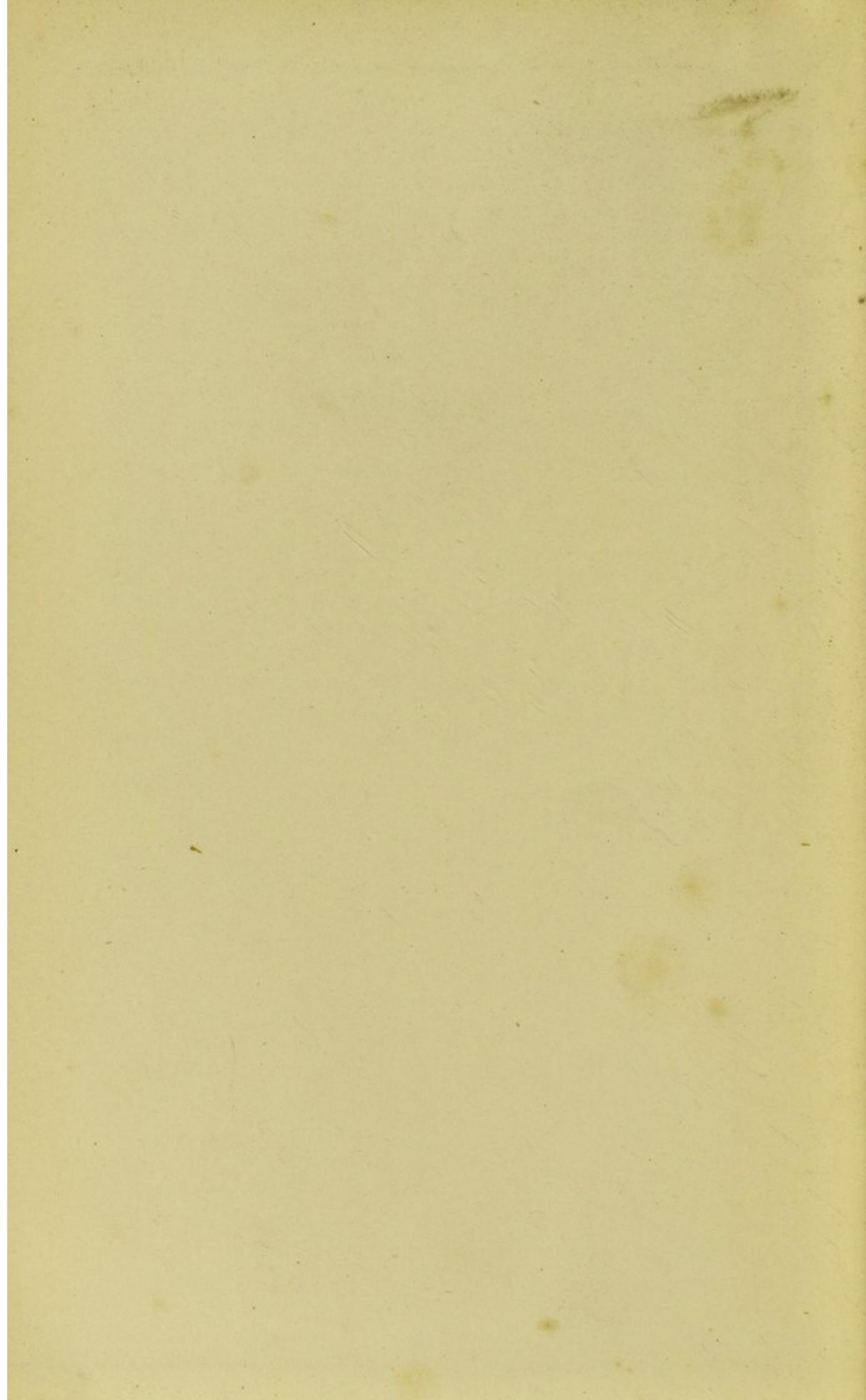
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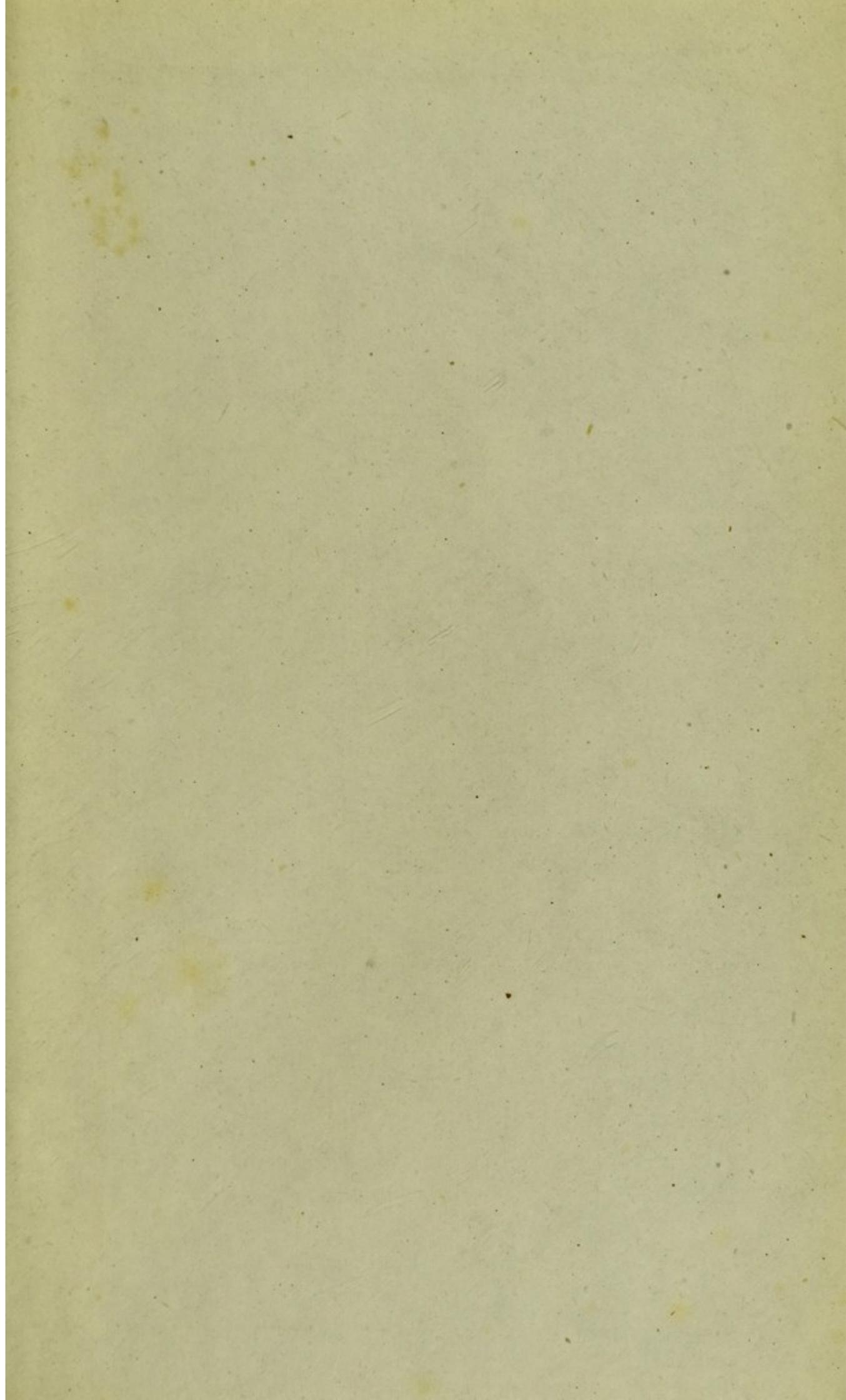
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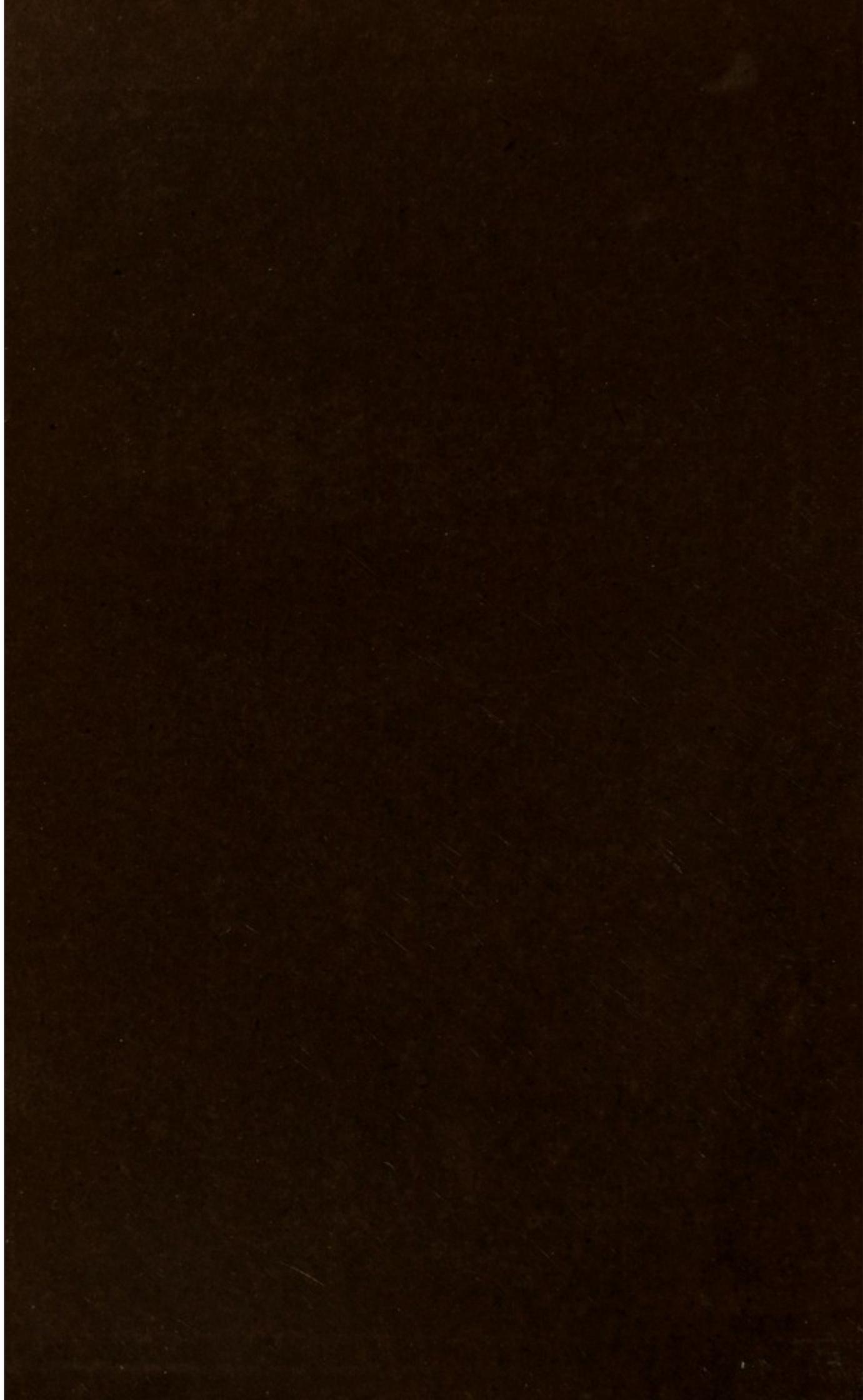
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BOUND BY
L. FALCONER
Sackville-street,
DUBLIN.

