

now well known that the ligature will arrest a fit which is due to a cerebral tumour as effectually, and more frequently, than one of any other kind.<sup>a</sup> In the case which I have reported improvement set in after perseverance in Brown-Séquard's mixture. The frequency as well as the violence of the attacks diminished under its continued use. Great personal disfigurement was the result of the large doses of the iodide and bromide of potassium, and the combination of either arsenic or strychnin did not seem to lessen the amount or size of the acne. The patient is now able to discharge the duties of an official post with complete efficiency.

ART. XVIII.—*Report of the Gynæcological Department of the Rotunda Lying-in Hospital, Dublin, for the year ending November 3, 1887.*<sup>b</sup> By ALFRED J. SMITH, M.B., M.Ch., M.A.O., R.U.I.; Assistant Physician to the Rotunda Lying-in Hospital, Dublin.

IN submitting the Report of the Gynæcological Department of the Rotunda Hospital for the year ending November 3rd, 1887, I wish to return my sincere thanks to Dr. Macan, the present Master of the Hospital, for the privilege of so doing.

*Gynæcological Wards.*—The gynæcological wards contain 30 beds; 450 patients were received during the year, being an increase of 106 over the previous twelve months. I have divided the various diseases into three classes—extra-uterine, uterine, and miscellaneous, and I have tabulated under each head the diagnosis with result, showing mortality per centage.

TABLE I.—*Extra-uterine Diseases.*

Diagnosis	No.	Cured	Relieved	Died
Hæmatoceles -	9	9	—	—
Extra-uterine Fœtation -	2	1	—	1
Para-perimetritis -	24	22	—	2
Parametritis Posterior -	10	—	10	—
Ovarian Tumour -	11	7	3 <sup>c</sup>	1
Abscess of Ovary -	1	1	—	—
Hydrosalpinx -	1	—	—	1
Total -	58	40	13	5
Mortality -	—	—	—	8.6 %

<sup>a</sup> Gowers. *British Medical Journal*. 1880. Vol. I., p. 394.

<sup>b</sup> Read before the Section of Obstetrics of the Royal Academy of Medicine in Ireland, on Friday, February 10, 1888.

<sup>c</sup> Left Hospital before operation.

TABLE II.—*Uterine Diseases.*

Diagnosis	No.	Cured	Relieved	Died
Retroflexions . . .	48	40	8	—
Retroversions . . .	39	36	3	—
Prolapse . . .	6	2	4	—
Inversion . . .	1	1	—	—
Hyperinvolution . . .	1	—	1	—
Endometritis Catarrhalis . . .	57	51	6	—
Fungus Endometritis . . .	4	4	—	—
Endocervicitis with Erosion . . .	34	34	—	—
Fibroid Tumours . . .	8	—	7	1
Fibrous Polypi . . .	8	7	1	—
Sarcoma Uteri . . .	2	—	2	—
Sarcinoma Uteri . . .	30	—	30	—
Dysmenorrhœa . . .	8	6	2	—
Stenosis of Internal Os Uteri . . .	1	1	—	—
Extensive Laceration of Cervix . . .	1	1	—	—
Total . . .	248	183	64	1
Mortality . . .	—	—	—	·4 %

TABLE III.—*Miscellaneous Diseases.*

Diagnosis	No.	Cured	Relieved	Died
Incomplete Abortion . . .	18	18	—	—
Missed Abortion . . .	1	1	—	—
Vesico-Vaginal Fistula . . .	3	1	2	—
Vaginitis . . .	11	8	3	—
Vaginal Abscess . . .	5	5	—	—
Thrombosis Labiorum . . .	3	3	—	—
Labial Abscess . . .	4	4	—	—
Lacerated Perinæum . . .	4	4	—	—
Cystitis . . .	5	—	5	—
Incontinence of Urine . . .	1	—	1	—
Ascites, Carcinomatous . . .	1	—	—	1
Irreducible Abdominal Hernia . . .	1	1	—	—
Ruptured Abdominal Hernia . . .	1	1	—	—
Phlegmasia Alba Dolens . . .	6	6	—	—
Albuminuria . . .	3	—	3	—
Jaundice during Pregnancy . . .	2	2	—	—
Syphilis . . .	2	—	2	—
Mastitis . . .	8	8	—	—
Chlorosis . . .	12	12	—	—
Leucocythæmia . . .	1	—	—	1
Acute Pharyngitis . . .	2	2	—	—
Pneumonia . . .	3	3	—	—
Pregnancy . . .	37	37 <sup>a</sup>	—	—
Convalescence after Labour . . .	20	20	—	—
Total . . .	154	136	16	2
Mortality . . .	—	—	—	1·3 %

<sup>a</sup> Transferred to labour wards.

It is impossible to consider in detail all this long list of cases, but I shall bring only under your notice those possessing special features.

*Hæmatoceles.*—Out of a total of 450 cases, hæmatoceles occurred with great relative frequency in exactly two per cent. of the entire number, the characteristic symptoms being sudden collapse, with pain in the abdomen, subnormal temperature, and a very persistent reddish discharge per vaginam, with the formation, after a time, of a well-marked tumour of the posterior *cul-de-sac*, displacing the uterus forwards. It usually occurred in women who had reached the period of greatest uterine activity, between the ages of twenty-five and thirty-four. The treatment consisted in strict rest in bed in the acute stage; no medicines were given except opium for pain, and an aperient mixture to keep the bowels open, and at a late period quinine and iron to counteract anæmia. Aspiration was employed in two cases as an aid in diagnosis; both these patients derived much benefit from the lessening of the tension in the tumour. In neither case did any reaction follow the operation. All ended in recovery.

*Extra-uterine Fœtation.*—Of the two cases of extra-uterine fœtation, one died. The fatal case was that of a woman, aged thirty-four, who had five children, the youngest of whom was eight and a half years old, and who was admitted into hospital Feb. 28th, 1887, in a very anæmic condition. Her changes had ceased two months previously; she had enjoyed good health until three weeks before admission, when, as she was walking across the kitchen, she was suddenly seized in the right side by a dull aching pain, and she fell in a state of collapse on the floor; a profuse metrorrhagia set in. On examination a large fluctuating tumour was found to fill the posterior *cul-de-sac*. The uterus had a length of 10·5 cm., and was displaced forwards towards the left side; secretion well marked in the breasts. The tumour was aspirated, and four ounces of dark blood drawn off, the second syringe-ful being quite bright and arterial. On removing the canula a jet of blood escaped from the puncture, which was, however, easily controlled by an iodoform plug. The patient died eleven days after of peritonitis, and a *post mortem* by Dr. M'Kee showed that the whole of Douglas' pouch was filled with clots, which had formed a tolerably compact globular mass adherent to the posterior wall of the uterus. In this mass of clots, immediately in front of the rectum, there was a cavity in which lay a fœtus apparently of the third month, its exact rela-

tion to the peritoneum could not be made out, but it seemed free in the pelvic cavity.

*Pelvic Cellulitis.*—Of pelvic cellulitis we had 24 cases, with a mortality of 2, or 8·5 per cent.; of these 16 followed after childbirth; 5 gave a history of exposure after menstruation; 2 resulted from treatment; and 1 from gonorrhœal injection; only two of these cases were delivered in the hospital. The mode of termination shows some interesting facts—14 ended in absorption, and 10 in abscess. Of the latter, 6 pointed over Poupert's ligament, and were opened under ether; 1 became absorbed; 2 opened into the rectum; and 1 into the bladder. The case of absorption is one of singular interest. A patient, aged twenty-five, III.-paræ, was admitted on October 23rd, 1886, six weeks after confinement, with an extensive effusion in right iliac fossa. On Nov. 6th a distinct fluctuating abscess was palpated, pointing over Poupert's ligament, and preparations were made for opening it; the operation was, however, unavoidably postponed. The following morning the tension was less marked, and the temperature had fallen, and each succeeding day we found that the abscess gradually grew smaller, and the patient's condition improved; no pus passed through rectum or bladder; the patient was discharged December 28th, the pelvic effusion having entirely disappeared.

*Posterior Parametritis.*—Posterior tender ligaments were frequently met with, the prevailing symptom being severe rectal pain on defæcation; the uterus, with ovaries and tubes, were generally found normal, but sweeping the finger along the posterior *cul-de-sac* from side to side caused excruciating pain, as did also the displacement of the cervix forwards. In some cases the ligaments were quite short, tense, and thickened, while in others nothing pathological could be made out. The line of treatment was as follows:—Hot vaginal douches, 110° F.; puncture of cervix and glycerine plugs, with the internal administration of  $\frac{1}{16}$  gr. of perchloride of mercury three times a day. This painful affection seems very persistent, and does not yield readily to treatment.

*Tubes.*—It is curious that only one case of serious tubal disease, justifying operation, occurred during the year.

*Abdominal Section.*—There were 15 abdominal sections, as follow:—

TABLE IV.—*Abdominal Section.*

No.	Sent by	Name	Age	Married or Unmarried	Remarks	Result
1	Dr. M'Cormack, Corofin	Annie M.	25	Unmarried	Ovarian Tumour	Recovered
2	"	A. P.	40	Married	Fibroid Tumour; Ovaries removed	"
3	Drs. Walsh and Gunning	K. L.	30	"	Ovarian Tumour; complicated encysted Peritonitis	Died
4	"	Mary T.	29	"	Ruptured Abdominal Hernia	Recovered
5	"	M. Mac.	33	"	Ovarian Tumour	"
6	"	L. G.	40	Unmarried	Fibroid Tumour; Hysterectomy	Died
7	Dr. M'Cormick, Mayo	C. L.	28	Married	Ovarian Tumour	Recovered
8	"	A. D.	40	"	"	"
9	Dr. Smith, Kinnety	M. W.	34	"	Double Hydrosalpinx; extensive adhesions; Rectum opened	Died
10	"	M. J.	35	"	Large double Abscess of Ovary	Recovered
11	Dr. Craig, Derry	M. M'G.	28	"	Collapsed Ovarian Tumour, with encysted Peritonitis	"
12	"	M. A.	47	"	Peritonitis (Carcinomatous); Patient lingered 3 weeks	Died
13	"	M. L.	—	"	Irreducible Umbilical Hernia; 7 months' pregnancy	Recovered
14	"	M. M'H.	46	"	Ovarian Tumour	"
15	Dr. Davis, Donabate	M. A.	60	"	"	"

Abdominal sections were performed eight times for the removal of ovarian tumours—once to remove the ovaries in a case of uterine fibro-myoma, once to perform hysterectomy, twice for the radical cure of hernia, once for the removal of a double ovarian abscess, and once in a case of peritonitis, which proved to be carcinomatous, making in all fifteen, with four deaths.

Case No. 4 has many points of interest. The patient, aged twenty-nine, had undergone abdominal section, two years previously, for abscess of the upper wall of the bladder. A hernia had formed in the old incision. She was repeatedly advised to undergo operation, but refused. One evening, about 7 o'clock, the hernia burst, and seven hours afterwards, at 2 a.m., she was carried into hospital. We found coils of the ileum lying on the abdomen, rolled up in a dirty chemise, and matted with the hair of the pubes. The intestines were carefully washed with a 1 per cent. warm carbolic solution, several tags of strangulated omentum were ligatured and removed, the abdominal opening enlarged, and the intestines returned; but the adhesions around the margins of the opening were so extensive that Dr. Macan thought it better to postpone the operation until daylight, and, accordingly, placed a large flat sponge on the intestines, and closed the wound for the night. Next morning it was reopened, the adhesions separated, and the abdominal wound closed by interrupted sutures. The patient recovered without any bad symptoms. Within the last few days the patient has been again operated on for recurrence of the hernia.

The diagnosis as to the nature of the abdominal tumour in Case No. 11 was difficult. The history was as follows:—Mrs. M'G., six weeks after her last confinement, noticed a swelling in her abdomen. She consulted her medical attendant, who tapped her. Within two weeks from tapping it increased so much in size as to measure 83 cm. round umbilicus, and 87½ cm. below. On inspection, abdomen was prominent in the front, not bulging at the sides; percussion gave a tympanitic note in front and low down in the flanks; the intermediate portion dull; area of tympanites, on front of abdomen, moved as the patient lay on one or other side, or changed her posture; on succussion a distinct splashing was heard; by palpation a positive tumour could be made out, and its margins distinctly felt. Patient's evening temperature, 102° F.; no history of rigors. The operation revealed a collapsed ovarian tumour, surrounded by an encysted peritonitis; there was an escape of gas

on opening peritoneum, the fluid was sero-sanguineous in character, and the thickened peritoneum was at first mistaken for cyst wall, and a considerable portion was detached before mistake was detected. The ovarian pedicle was ligatured and returned; the peritoneal cyst cavity was washed with weak carbolic solution, thoroughly dried and dusted with iodoform. Patient made an uninterrupted recovery.

*Uterine.*—Under the head of uterine diseases, the cases possessing features of exceptional interest were those of fibrous polypi, carcinomata, and disease of the endometrium.

*Polypi.*—In one case of fibrous polypus from the posterior lip of the cervix there was such extensive adhesion between it and the posterior vaginal wall as to prevent the application of the ecraseur, or the twisting of the pedicle. On attempting to remove it piecemeal, with Schultz's double spoon, a dangerous hæmorrhage set in, which was, with difficulty, controlled by plugging. A secondary hæmorrhage followed, when the plug was removed twenty-four hours afterwards. In another case, where the polypus from the anterior lip had undergone sarcomatous degeneration, Schroeder's high operation for the removal of the cervix was performed. This patient presented herself for examination, two months after the operation, with a small nodule in anterior lip, about the size of a marble, which was removed, and microscopic examination showed a recurrence of the disease.

*Carcinomata.*—Of the total number of cases 30, or 6·6 per cent., were carcinomata uterina—a most painful fact; and this return, when compared with previous years, shows a remarkable increase. Fifteen of the cases occurred in women about the age of forty-five, 10 were aged thirty or over, 1 was twenty-eight, and 1 so young as twenty-six. The cervix was attacked in 15, the fundus in 6, and both cervix and fundus in 6. Unfortunately, the disease was too far advanced when the patients were admitted into hospital to justify any radical operation; nothing was left to be done, except to palliate the urgent symptoms by curetting down to the healthy tissue, and thoroughly cauterising with Paquelin's cautery, the bimanual being made from time to time to avoid opening peritoneum. Hæmorrhage was easily controlled by plugging. The effect of this operation is most remarkable, causing immediate relief from pain, taking down the temperature, and getting rid of the foetid discharge—in fact, making a previously miserable existence for a time bearable.

*Endometritis.*—The various cases of endometritis were treated by curetting and injections of equal parts of liniment and tincture of iodine, as described below in cases of incomplete abortions.

*Emmet's Operation.*—Emmet's operation was performed only once.

*Endocervicitis with Erosion.*—In endocervicitis with erosion the cervix was bathed, twice a week for three minutes, with pyroligneous acid, which was carried into the uterus on a Playfair's probe, armed with cotton wool. Puncture and excision of cervix were found necessary only in obstinate cases.

*Miscellaneous.*—Among the miscellaneous groups the treatment of incomplete abortion and the plastic operation about vagina and perinæum are of interest.

*Incomplete Abortion.*—The routine treatment in incomplete abortion consisted in washing out vagina and uterus with warm Vartry water through a Bozeman's catheter; the uterus was drawn down by an American forceps, and the perinæum held back by a Fritsch's speculum; the entire decidua was curetted until the curette scraped against the muscular tissue; the uterus was then again washed out, and a Braun's syringe of equal parts of liniment and tincture of iodine was injected. Great precautions were taken to insure a good return, by drawing the canula backward and forward so as not to increase intra-uterine tension and force any through the tubes. The patients were generally confined to bed for three days, the hæmorrhage stops at once if thoroughly curetted, and in not a single case of the entire 18 had we any reaction.

*Vesico-vaginal Fistulæ.*—Vesico-vaginal fistulæ are fortunately much less frequently met with than formerly. All the three cases, which were sent up to us, were caused by prolonged labour, during which no instruments were used. In one case, a mother of five children, the urethra was completely slit up, and the anterior vaginal wall was absent, with extensive prolapse of bladder. The lesions were so extensive that no plastic operations succeeded. Plastic operations about vagina and perinæum were performed six times; the interrupted silk suture was employed in one case; in the remaining five the continuous catgut stitching the freshened surface in terraces. Only in one instance, after this method, had we imperfect union, due either to lacing the ligatures too tight, or to the cutting through of the deeper stitches while stitching the superficial lesions.

*Puerperal Women.*—The twenty cases of puerperal women repre-



sent all those transferred from obstetrical wards whose convalescence exceeded eight days.

*Curetting.*—The uterus was curetted 105 times, including incomplete abortion, 18; carcinoma, 30; and endometritis, 57, without any reaction following, showing that, when properly performed, this operation is entirely devoid of danger.

*Some Methods of Examination.*—The bimanual method of examination is practised and taught with the patient in the dorsal position on a Schroeder's chair. The uterine sound has been found most useful during the year as a valuable aid in diagnosing many diseases of the endometrium; it detects with accuracy the patulous condition of the internal os, whether the mucous membrane be over-sensitive, thickened, or roughened, and will demonstrate its tendency to hæmorrhage if that condition be present.

Schultz's pelvic diagrams are used to encourage accuracy of diagnosis, and Wyder's transparent plates as illustrations of pathological conditions.

*Antiseptics.*—Antiseptic solutions are employed only where the hands or instruments have been engaged in septic cases. The stages of disinfection practised are, for the hands—

1st. Thorough scrubbing for a couple of minutes, with carbolic soap and a nail-brush, in a 5 per cent. carbolic solution.

2nd. Rinsing in fresh carbolic solution.

3rd. Soaking for one minute in 1-500 corrosive sublimate solution.

All instruments are disinfected by boiling in a 5 per cent. carbolic solution. For some time past irrigations of ordinary Vartry water have been employed in all ordinary operations about uterus and vagina, such as curetting in the case of incomplete abortions, and as good results have been obtained as where solutions of carbolic acid or corrosive sublimate were used for this purpose.