are conversant with the subject. We are, indeed, everywhere reminded that the science which takes care of health is only in its infancy. It is a new arm of the public service, civil as well as military.

33. In no other country is it so easy to count in men and money the disastrous differences between an army lost, and the gain of an army saved. In the former order our experiences all over the world are unbounded; but China alone has witnessed, within the last few years, our complete success in the care of the soldier's health. The sanitary arrangements in our last campaign in that country were more of Lord Herbert's ordering, and they were, I repeat, complete.

34. Notwithstanding protests innumerable, extending over the official lives of the old surgeons of our fleets and armies, the entire organisation of our medical departments was, up to the late war with Russia, solely directed to the alleviation of sickness and wounds,—of the "sick and hurt," as they were termed. Not a chapter, not a word, obtained a place in our "Regulations," by way of instruction for the young surgeons in the science of prevention of disease, endemic and epidemic; indeed, the old surgeons of the sea and land forces had too often to acquire such practical knowledge as they could attain to, at the expense of the seamen and soldiers under their care.

35. If we are to retain our hold of India to any good purpose, we must have the climate and the people, as far as may be, on our side; the cause of health and the cause of good government being one. Neither must the strength of the British garrison there be counted by the muster-rolls, but by its soundness in health, and consequent real efficiency in moral and sanitary aspect,—the moral power in armies being, according to Napoleon, as two to one compared to the physical power.

CLINICAL NOTES.

No. I.

FUNCTIONAL DISEASE OF THE COLON:

CATARRH; FLATULENT DISTENSION; FERMENTATION;
CHRONIC MUCO-COLITIS.

BY S. O. HABERSHON, M.D.,
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SOME morbid conditions of the colon have scarcely received the attention which they deserve; and they are often referred to the stomach. I do not allude to acute inflammatory change as seen in the coats of the cæcum, nor to acute disease of the colon such as is present in dysentery, in acute ulceration, in diphtheritic inflammation; nor to fibroid and cancerous diseases. These diseases have their distinctive symptoms; whilst others less severe in their character are often overlooked, or they are misunderstood. One of these ailments is, I believe correctly, designated chronic muco-colitis, or *catarrh of the colon*.

In the year 1859 Dr. A. Clark described, in THE LANCET, some instances of mucous discharge from the rectum; but in the cases to which I allude the whole of the large bowel is affected, and the abnormal discharge just referred to is not always a prominent symptom.

The indications of this affection of the colon may be briefly enumerated. The action of the bowels is irregular, the evacuations being at the commencement hard and consistent, but afterwards semi-liquid: this alternation often takes the form of constipation followed by diarrhoea; at other times small scybalous masses only are passed, with a considerable quantity of gas; and thirdly, the ejecta may consist only of mucus, gelatiniform in appearance, or of long worm-like masses, resembling entozoa. These discharges are in some cases unusually offensive in their character, and thus induce increased distress to the patient. In rarer instances the evacuations present a frothy yeast-like appearance, as if the faecal contents of the colon had undergone fermentation. Another symptom, and a very characteristic one, is flatulent distension of the colon; this distension comes on several hours after a meal, and is often a source of annoyance to the patient during the night. Pain may be entirely absent, but attacks of griping pain often come on in the course of the colon (not always in a fixed position), and leave some tenderness. If the irritation extend to the rectum, then pain during defeca-

tion and tenesmus are of a more marked character. The general strength is not much impaired, and the patient states that he would be quite well if the bowels were quiet; but more frequently there is pallor, and an inability to bear wonted fatigue. The nervous system is manifestly not in its full vigour, and the vaso-motor nerve is so sensitive in its sympathetic connexions that, when the bowels are acted upon, there is often a sense of great prostration produced, or even syncope. In other cases there is general depression, almost amounting to melancholia, and there is inability to take active exercise, or to grapple with the worry and fatigue of ordinary life. The tongue is clean, the pulse quiet, but compressible, the appetite good, and the stomach is apparently equal to primary digestion. In men, the bladder sympathises, and there is sometimes the frequent desire to pass urine; in young women, I have frequently found this state of the colon associated with dysmenorrhœa and ovarian irritation. In young children this sympathy is shown by muco-purulent discharge from the vagina, and by external irritation and erythema. Again, in advanced life, it seems to perpetuate and to aggravate, if it do not induce, that most troublesome form of hyperæsthesia, pruritus of the external sexual organs.

When the malady which I have thus briefly described is acute in its character, the catarrh of the colon manifests itself by diarrhoea, the evacuations containing much bilious-coloured mucus, and by sympathetic irritation of the adjoining structures. The chronic form of catarrh consists in a disordered condition of the mucous membrane, and is sometimes the sequel of the acute attack, or of more severe forms of inflammatory disease. The mucous membrane sometimes presents cicatrices, but the disease has then supervened upon dysenteric affection. More frequently grey zones are observed around the follicular glands, the pigmentary deposit showing the former congestion of the vessels; the mucous membrane is thickened, and if the mucus be examined by the microscope, corpuscles of various size will be observed, and sometimes the secretion has an evident tendency to fibrillate; small scybala are often found in the sacculi of the intestine; the muscular coat is weakened and the bowel distended sometimes to a great extent, the larger calibre of the intestine requiring proportionately increased power for the propulsion of the contents. The transverse colon is sometimes noticed to make a curvature downwards, and forms almost a second sigmoid flexure. But these pathological changes of structure and secretion do not guide to the full explanation of the symptoms; or the contents of the intestine undergo fermentative changes with the evolution of gaseous products, and this distension becomes the cause of pain, and of the distressing symptoms already enumerated.

This condition of catarrh of the colon is augmented by hepatic congestion; the inferior mesenteric veins and the hæmorrhoidal veins become distended, and the morbid activity of the mucous membrane is thereby increased.

The constant use of powerful drastic purgatives is a fertile source of disease of the colon: the oft-repeated irritant effect produces persistent congestion. Neglected constipation is another cause of catarrh of the colon. Hæmorrhoids, also, becoming inflamed, transmit irritation continuously upwards to the sigmoid flexure, and to the colon. Other sources of aggravation or of predisposition are frequently present; and I have found this catarrhal state in ague, in gout, and in diabetes. The habit of taking snuff, and of smoking to excess, may also induce it.

The condition I have been describing is widely different from the serous diarrhoea so often observed in disease of the kidney; and although it may be present as the sequel of dysenteric disease and ulceration, it may be quite independent of such changes. It is distinct, also, from the diarrhoea which accompanies atrophy of the mucous membrane of the small and large intestine, as well as from that connected with lardaceous disease of the bowel. As far as this state is constitutional in its character, it is relieved by general treatment; but it often assumes a troublesome persistency as a local catarrh. The colon is so far removed from the stomach by the whole length of the small intestine that it is difficult to apply local agents by the ordinary means, and I find great benefit from the use of enemata.

If the catarrh have flatulence as one of its prominent symptoms, the injection of powdered charcoal with thin gruel often affords considerable relief; at other times borax similarly employed is of service. But where the catarrhal irritation is in the rectum, a dilute solution of nitrate of silver may be used as an injection with great benefit, two to five grains to the ounce.

As to internal treatment, the indications appear to be the removal—1st, of portal congestion; 2nd, of retained scybala;

3rd, of offending mucus; 4th, to check fermentative action in the contents of the bowel; and 5th, to strengthen the patient if there be any constitutional weakness.

Whatever means of relief are used, little effectual benefit can be expected unless the patient is willing to follow a carefully regulated diet, and to avoid the use of stimulating drinks, especially ardent spirits. Nitro-hydrochloric acid appears not only to lessen the quantity of mucus, but to act beneficially upon the excretory glands. Small doses of blue-pill, combined with rhubarb pill, quinine, and henbane, act more powerfully upon the abdominal glands; but if the mercurial be continued, it tends to augment the malady by inducing greater relaxation of the mucous membrane. Some are partial to the use of taraxacum; but its good effects are quite problematical; and if there be diarrhoea, gallic acid or quinine, with Dover's powder, and ipecacuanha, with krameria or similar astringent products, are of service.

To check the flatulent distension of the colon from gaseous evolution, creasote and carbolic acid hold a deservedly prominent position; and when there is also diarrhoea, *carbolate of lime* may be given internally with marked benefit. The carbolate of lime as prepared by Mr. Squire, of Oxford-street, is perfectly white, and the smell is not so strong as the ordinary carbolate of lime used as a disinfecting agent. I have generally given it in one-grain doses combined with henbane; and I may remark that in the diarrhoea of phthisis, where there is evidence of fermentative changes in the colon, I have repeatedly used the carbolate of lime with good effect. By these and other means the troublesome affection I have described will in most cases yield; but no mere medicinal treatment will suffice unless the patient be a willing and persevering co-operator in carrying out the necessary hygienic and dietetic measures.

Brook-street, Grosvenor-square, December, 1867.

ON A PECULIAR FORM OF FLEXION OF THE CERVIX UTERI.

By GRAILY HEWITT, M.D., F.R.C.P.,

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In the course of the last few years I have met with several cases in which dysmenorrhœa, and, in married women, sterility, have been obviously due to a peculiar form of flexion of the uterine canal, arising from a bending of the cervix uteri at the point where the vagina and the cervix join. The lower or vaginal part of the cervix has become curled upwards and forwards, the os uteri looking, not downwards, but upwards towards the os pubis, in the manner represented in the accompanying sketch. The sectional outline here shown is from a

typical case of the kind, the subject of which is an unmarried lady placed under my care by Dr. Hudson, of Cork-street. She has suffered more or less uninterruptedly during nearly two years from scanty menstruation, the discharge being often postponed, and having the appearance of retained blood. Further, she had been the subject of severe sickness, quite uncontrollable by ordinary remedies, occurring at the menstrual periods, and often continuing for some days afterwards. The frequency and severity of these attacks had brought her into an extremely feeble state of health. The condition of the uterus—a condition, indeed, precisely such as the symptoms de-

scribed led me to anticipate—was that depicted in the above illustration. The body of the uterus was a little thrown forwards (anteflexed), but the remarkable feature was the flexion of the cervix at about its centre. The sound could be introduced—as, indeed, is the case in most instances of this kind—by attention to the direction of the curvature of the canal.

In this case, and in many others of the same kind, this form of uterine flexion is productive of serious inconvenience. It does not always occasion dysmenorrhœa; frequently the circumstance that it interferes with impregnation is the occasion of its discovery. Many such cases have been treated as cases of stricture of the cervix, which, indeed, in one sense, they may be truly regarded as being; and it is hardly necessary to remark that stricture, in the true sense of the word, may be associated with this flexed condition of the cervix; but, in the cases which I have seen, there has generally been no difficulty whatever in passing the sound into the uterus when the operation is gone about in a proper manner. The closure of the canal and the obstruction are due to the flexion, the opposite walls being thereby closely approximated, and the canal *virtually* closed.

Flexion of the canal may occur also opposite the internal os, at the junction of the cervix and body of the uterus; and this is, indeed, its most common seat; but, in instances of the latter kind, the dislocation, forwards or backwards, as the case may be, of the fundus uteri, is more marked than in the particular class of cases to which attention is here specially directed.

These cases of flexion of the cervix low down have been treated in a variety of ways; sometimes by incision of the cervix, sometimes by amputation of the vaginal portion, the latter procedure getting rid of the part below the seat of flexion altogether. These methods of treatment I have myself also practised; but, latterly, I have attempted, and with some success, to rectify the state of the cervix in a more natural manner.

Occasionally the vaginal portion is unduly long and tapering. In these cases of “conical cervix,” as they have been termed, removal of the superfluous portion should be a preliminary; but it is plain that the chief object in view is to straighten the canal and to keep it so. This is not to be done at once, or by a single operation, but it can be accomplished in a more gradual manner; the basis of the principle of the treatment being the soft, pliable, and mouldable nature of the tissues of the uterus and its cervix.

A short account of the manner in which the case above related was treated will most expeditiously explain the method I have adopted in this and other similar instances.

Within the vagina was placed an oval gutta-percha ring $2\frac{1}{2}$ in. long by $1\frac{1}{2}$ in. wide. The upper half of the ring was closed by a diaphragm of gutta-percha, perforated, and supporting within the cavity of the cervix uteri a straight ebonite plug, the part within the cervix measuring $1\frac{1}{4}$ in., expanding below in a sort of shoulder, which rested on the diaphragm in the ring before described. When introduced, the effect was necessarily to maintain the canal of the cervix rigidly straight. The instrument was introduced just after a catamenial period; it was worn for three weeks, and removed the day before the next expected period. The patient menstruated the day following its removal, profusely, and with very little discomfort. There was no sickness whatever, and a few days later she described herself as feeling better than she had done for many months. The instrument will have to be worn again once or twice, for periods of two or three weeks each, at intervals during the next few months; and it is expected that at the end of that time the relief will have become permanent. In the annexed drawings are depicted the apparatus necessary.

The plug used in the above case was a little shorter than that here represented (at B). The two parts—the support and the plug—are made separate for facility of introduction; but in several cases I have connected the two parts immovably before introducing it.* The apparatus thus described has been worn by some patients for two or three months uninterruptedly and without inconvenience; but it is advisable to remove it during menstruation, when the canal is small. Much depends on the manner in which the instrument is adapted by the size of its different parts to particular cases. It acts as a kind of splint, and, if properly adjusted, is productive of no inconvenience. The patient is able to take moderate exercise, and, after a day or two, is generally unconscious of its presence. The extremity of the plug should only reach as far as the internal os, or at most just a little within it.

* For further particulars concerning the construction of this plug-pessary see the new edition of “Diseases of Women,” p. 453.