Lectures.

INTRODUCTORY CLINICAL LECTURE ON DISEASES OF WOMEN.¹

DELIVERED AT THE COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK, OCTOBER 6, 1882,

BY PROF. T. GAILLARD THOMAS, M. D.

PROFESSOR THOMAS, on the occasion of his first appearance before the class after resuming the professorship of clinical gynecology, was received with great enthusiasm, and having explained the condition of health which led to his resignation of the chair, and expressed the very great pleasure which he felt in returning to his old place, he proceeded as follows:—

"In the olden time, on account of the shortness of the course, I was obliged to do a thing which I disliked very much, and that was to hurry over my cases in order to present to my classes as great a variety of different conditions as was possible in the limited time at our disposal. But now, thanks to the change in the college system, which has extended the term of lectures to seven months, I shall be enabled to go on more leisurely, and so will have abundant time to investigate each case with thoroughness, an improvement which I trust will prove as beneficial to you as it is satisfactory to myself. I shall, therefore, endeavor to introduce as few cases as I can at each of our sessions, and will devote the most careful attention to every one that I bring before you.

"The clinic will be worked upon an honest basis, and my purpose will be to teach you all that I can about the methods of studying gynecology, so that when you go out into actual practice you may at least have a reliable foundation for your future studies. It will only be a rudimentary foundation at best, however, for the most that any of you can expect to learn here will be how to study. But that is a great deal, I assure you, and there will be need of honest application on your part in order to acquire it. In what I say to you I shall try to teach you only what I really know, and talk very little about what I do not know. The one great subject of all my instructions will be diagnosis, and my main object will be to teach you how to examine cases. In a course like this, treatment must necessarily be a secondary consideration, and you will have plenty of time and opportunity to study that when you leave the college.

"In the practice of a gynecologist in a large city most of the cases come from the country, and why? Because the great mass of country physicians have not paid enough attention to the subject to be able to make a diagnosis in the diseases peculiar to women. Yet the diagnosis is all important. When such a case presents itself, too many a medical man will say to himself, 'I don't like gynecological practice, and I will send the patient away.' Patients are thus frequently put to the expense of time and money involved in a visit to some, perhaps, distant city, and consulting a specialist, which might all have been spared if the family physician had known what he ought to have known. In no field, I assure you, can you afford more relief from suffering, and in none (to put the matter on the lowest footing) can you do more lucrative work, than in gynecological practice. I would advise all of you, therefore, to try to meet with

all the difficult cases that you can, and to go away from the college with the idea of always making an honest attempt, at least, to find out the nature of the difficulty. As I remarked before, all that you can be taught here is how to study. If you will learn this, when you go into practice, and are called into consultation with older physicians, you may very likely make a mistake in diagnosis, but they will at all events acknowledge that you know how to investigate a case, and confess to themselves that you will probably succeed in your profession.

"General practitioners too often, as I have said, do not make diagnoses in these cases. Let me illustrate this by an example. A woman comes to a physician with a tumor hanging down into the vagina. This may be either a fibroid polypus attached to the cervix uteri, or it may be an inverted uterus, as I now show you by a couple of rough diagrams on the blackboard. If it were the former it would be right to put the wire of an écraseur around its neck and remove it; but if it were the latter, the most disastrous results would, of course, be likely to ensue. Now the general physician, all for the want of a little attention to such matters, often cannot tell the difference between a fibroid polypus and an inverted uterus, and visions of suits for malpractice and ruined reputation rising before his mind, he sends the patient off to some noted gynecologist. Yet see what an opportunity for making reputation he has lost, for the fame of his skill, if he had undertaken the case, might have spread far and wide through the neighborhood. Very likely when such a case presented itself this physician would put his finger up the vagina and feel the tumor, but not knowing how to pursue his investigations any further he could not decide as to its character. Now if you were to confine me to a digital examination per vaginam I would not be able to make out the nature of the case any more than he could, but with the other means for investigation at my command I can make a positive diagnosis in any such case. If the general physician has mastered these means, the only reason why he cannot find out what the tumor is because he does not try. Yet if a gynecologist of high reputation should cut off an inverted uterus under the impression that it was a polypus, he would suffer much more severely than if a general practitioner should do such a thing. Both have to take the same risks. Now, as to the question of diagnosis. If the tumor were an inverted uterus we ought to be able by conjoined manipulation to detect an "abdominal ring," while there would be an entire absence of the body of the uterus in its ordinary position. In order to secure sufficient relaxation of the parts to make the examination satisfactorily it might, perhaps, be necessary to resort to anæsthesia. Having found such a depression or "ring" we should conclude that it was probably an inverted uterus, although we should still not feel sure of the diagnosis. If, on the other hand, the tumor were a pedunculated fibroid we should certainly find another mass corresponding with the body of the uterus above. Furthermore, if it were a fibroid we ought to be able to pass the sound beside its neck up into the cavity of the uterus; while, if it were an inverted uterus, it would, of course, be totally impossible to pass the sound. Then we should naturally inquire into the history and rational symptoms of the case, and should, perhaps, be informed that the patient had been suffering from hæmorrhage and pain for five

¹ Reported by P. Brynberg Porter, M. D.

years. In answer to our inquiry as to what happened five years before she would, no doubt, reply that she had had a child at that time, and had never had any since. The rational signs would thus be found to support the physical ones, and the conclusion at which we would finally arrive should be that the tumor was an inverted uterus, and not a fibrous polypus.

"The methods of investigation which I have here indicated should always be resorted to in every instance, and in this clinic I will try to show you how to begin in each case, and then how to conduct the examination until you can finally draw your deduction from the premises established. This is simply making a diagnosis, which may be defined to be a logical deduction from given premises, these premises being the rational and physical signs of the case. One point, however, I would wish you to remember always, and that is that a diagnosis is never certain. We draw the most logical deduction that we can from the premises in any given case, but even the most skillful and experienced of us are, of course, liable to make mistakes.

"Another thing that I want to teach you is, how to make gynecological examinations in your offices. In the first place have all your preparations made in advance, including a special table for the purpose, so that you will not at the time have to clear off all the papers from your writing table, and thus give your patient the impression that such examinations are made very seldom by you. Have everything arranged as comfortably as you can, and she will feel reassured, instead of being rendered nervous and apprehensive. I need hardly say that no man who is not a gentleman should undertake the practice of gynecology. In no department of medicine is it so essential that the physician should conduct himself so entirely beyond reproach, and guard his lips so carefully against the slightest suspicion of vulgarity. Another point of the greatest importance is, that you should be perfectly clean and neat in your persons. Want of cleanliness in gynecological practice is, in fact, a crime. Every particle of dirt under the finger nails carries danger and death with it, and whoever puts his hand up into a uterus to remove a placenta, for instance, or even a finger into the vagina to examine such a case as I have been supposing, is likely to give the patient septicæmia if his nails are not perfectly clean. You may say that these are small points to dwell upon; but certainly nothing is insignificant which is thus capable of producing disease and death.

"At the clinic I will show you very little through the speculum, for the reason that in a room like this it is utterly impossible to see anything at all in this way. At one time I tried the plan of letting a few come down and look; but aside from the disturbance which this occasioned in the lecture-room, it was worse than useless for the students, who were able to see just enough to so completely confuse and perplex them that they were much more liable to make mistakes than if they had never had any such opportunity. In all cases, therefore, where the abnormal condition present can be seen only inside the vulva I shall make no attempt to show it to you; but in all other instances, where the patient is willing to have the exposure made, I shall be happy to show you whatever I can."

FIBROID OF THE UTERUS.

"Having now said all that I wish in the way of preliminary advice, I will introduce our first patient, and you

will have occasion to notice to-day, as you will on many subsequent days, that I have a definite system by which I examine every patient that comes before me. This system I should like you to adopt also, because I believe it to be altogether the best that you can possibly use. It is not only here at the clinic that I resort to it, but also in my entire private and hospital practice.

"The patient's name is Helen McK. She is a native of the United States, thirty-five years of age, and unmarried. Judging from her appearance, she is evidently by no means a well woman. Her complexion, you notice, is of a light straw color, and she is apparently somewhat emaciated. Let us then proceed to get at the history. How long have you been sick? 'Ten years.' How have you suffered during that time? 'From pain in my back and sides, and, in fact, all over.' What else have you suffered from? 'Nothing else,' she replies. Well, you say at once, this is not a case for this clinic at all. Yet when we begin to cross-examine the patient in regard to the functions of the uterus, we find that this is her appropriate place. But why should we question her about her uterus when there is nothing in the symptoms to point towards that. I see but one reason why we should do so, and that is the pallor of her skin, indicative of anæmia. Let us, then, continue our questions. Are you regular in your monthly sickness? 'I lose too much blood.' How long does your sickness last? 'One week.' Do you ever have what is called a flooding? 'No.' But you do lose enough blood to make you feel wretched and weak? 'Oh, yes.' Here, therefore, is an important symptom, which she did not mention at all at first, menorrhagia. In answer to further questioning she states that the pain during menstruation is exceedingly intense; that it comes on one day before the flow, and ceases two or three days before the latter stops. She has no leucorrhœa. This case illustrates the method of examination very well. The patient gives us practically no symptoms whatever until she is drawn out; and this is frequently the case with those who have the most serious uterine disease, such as cancer in its advanced stages. Just before I went out of town for my summer vacation a lady came to me from a distance suffering from what she said was sciatica. I questioned her carefully about every organ, commencing with the head; and when I came to the uterus she told me that there was a most offensive discharge, which she said she had not happened to think of mentioning before. Then making a physical examination, I found that almost the whole substance of the uterus was eaten away by cancer, and nothing but a hollow shell left. Yet she had been under treatment for a whole year in the West, and had never said anything about the offensive discharge to her physician.

"I will now tell you what the examination by touch reveals in the case before us. The uterus was found to be pushed slightly to one side, but otherwise apparently perfectly normal, when the finger was passed into the vagina. By conjoined manipulation, however, a hard, movable mass, larger than an egg, was detected on the right side of the uterus. This is undoubtedly a fibroid, and it is this which occasions the patient's suffering. By disturbing the innervation of the uterus it gives rise to the hystericalgia, or uterine neuralgia, the pain of which is so intense. Then, again, the fibroid interferes with the circulation of the uterus,

and thus keeping the endometrium in a markedly congested state, causes the menorrhagia to which your attention has been directed. The pain in the right and left sides of which the patient complains is probably due to intercostal neuralgia, which no doubt results entirely from the bad blood state of the woman.

"This case serves to show, then, the method which I hope you will adopt in your examination of patients. In many instances where we would not expect to find any uterine disease it can be detected in this way. Begin, therefore, at the beginning, and inquire about every organ; just as a magistrate, in looking for the perpetrator of some murder, will make as many arrests as possible, in the hope of fixing the crime upon some one of the individuals.

"A word now in conclusion in regard to the condition of the endometrium. In cases of this kind we are exceedingly apt to have the lining membrane of the uterus covered with little fungoid growths, which give rise to very profuse hæmorrhages; and their existence has already been proved here by the use of the copper wire curette, an instrument with which I would advise that the whole cavity of the uterus be gently scraped, for the purpose of removing all these small excrescences. It is often astonishing to see to what an extent hæmorrhage can be controlled by this simple means."

Original Articles.

AUTOPSY OF A CASE OF TRANSPOSITION OF THE VISCERA.¹

BY H. AUGUSTUS WILSON, M. D.,

Pathologist to the Presbyterian Hospital and Ophthalmic and Aural Surgeon to St. Mary's Hospital, Philadelphia.

THE comparatively rare occurrence of the phenomena, an instance of which I am about to relate, will be, I think, sufficient excuse for occupying the time of the College. I regret that I am not able to offer a more complete record of the case; but a careful dissection was impossible without taking an unwarranted risk of septic poisoning, as the abdominal cavity was filled with fetid pus.

Frank M., aged twenty-one, died at the Presbyterian Hospital of purulent peritonitis. I shall ignore in this paper the pathological conditions found at the post-mortem examination, inasmuch as they have no bearing upon the subject under consideration.

The patient had been aware since boyhood that his heart was misplaced, and upon one occasion a physician told him that that was the reason he was left-handed. He had never been very strong; but it does not appear that he ever had any serious affection; the cause of which could be assigned to his misplaced viscera.

In 1878, when he first came to the hospital, Dr. James Markoe, under whose care he was, noticed that not only was his heart perceptible in the fifth interspace of the right side, but also by percussion ascertained that this organ occupied the same relative position upon the right side that it should upon the left. He found also that the liver and spleen were transposed, but no further changes seem to have been noticed.

At the time I made the post-mortem examination, I found externally nothing to indicate the great changes in the positions of the internal organs, except that the

right testicle was suspended at a lower level than the left. When I had opened the thorax and abdomen and laid bare the organs contained therein, the appearance to me was as though I was looking at the body reflected in a mirror. It was like the photographer's negative.

The heart first attracted my attention, and was found to be normal in every respect, but occupying, as already noted, a position upon the right side. It looked as though it had been pushed over to its present position without changing materially its relations with other organs. The right side was the pulmonary side and the left the systemic side, and in this respect the organ performed its function in a normal manner. The aorta starting from the left ventricle followed a somewhat irregular course, crossing over the right bronchus and going from there to the right side of the vertebral column, along which it descended upon the right side. The branches given off from the arch of the aorta were the two coronary arteries unchanged, the innominate going up the left side of the neck and giving off the left common carotid and left subclavian. While coming from the right portion of the arch were the right common carotid and right subclavian.

The lungs were reversed. The right lung was found to be smaller, to allow space for the heart. It had two lobes.

The left lung corresponded in appearance to what is commonly the right lung, was shorter than its fellow, being pressed up by the liver, was broader, and had three lobes.

In the abdominal cavity the liver occupied the left hypochondriac and partly the epigastric regions, the large lobe to the left and the smaller ones to the right, the gall-bladder and everything else similarly changed.

The stomach and intestines were transposed. The stomach was partly in the right hypochondrium and partly in the epigastric region. The pylorus extended forward and downward toward the middle of the abdomen. The spleen was on the right side, and attached to the greater curvature of the stomach.

The cæcum was situated in the left iliac fossa, and the colon ascended on the left side and crossed from left to right side of the abdomen. From there it descended and terminated in the sigmoid flexure upon the right side.

As already stated, the man was naturally left-handed. Hyrtl was the first, I believe, to advance the theory that we are normally right-handed because of the more direct flow of blood to the brain upon the left side. And this theory would be substantiated if all cases where the heart and great vessels were transposed were left-handed; but such is not the case. A few years ago a theory was advanced that right-handedness depended upon natural selection. But the easiest explanation is that from earliest infancy we are instructed to use the right hand always in preference to the left. When a person with transposition of the viscera is left-handed we may call it a coincidence. In any other view, it would be extremely difficult to account for the far larger number of persons whose organs are arranged normally and yet are left-handed. In the cases that are noted in the journals I have not been able to find statistics enough to draw any inferences, for, when this condition is noted, right-handedness appears to be as frequently met with as left-handedness in cases where the viscera are transposed.

Peacock, in his monograph on Malformations of the

¹ Read before the Philadelphia College of Physicians, October 4, 1882.