SOME REMARKS ON
CHRONIC CONGESTIONS OR ENGORGEMENTS OF THE UTERUS, LEADING TO DISPLACEMENT; AND THEIR TREATMENT BY LOCAL DEPLETION.

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IN a brief note published in THE LANCET of the 13th inst. I stated my satisfaction that Dr. Alfred Meadows, from his report of an interesting case of retroversion of the uterus (in the previous number of that journal) cured by "local depletion alone," had independently arrived at the conclusion which I had come to, and practised upon for many years, as to the true character and treatment of certain displacements of the uterus; in corroboration of which I purposed briefly reporting in THE LANCET a few cases from my note-book. Before, however, commencing to give the details of these cases, I will shortly state the circumstances which induced me to adopt the method of local depletion of the uterus by means of the lancet, in preference to the application of leeches.

When elected physician to the Brighton and Hove Dispensary, in the year 1855, I was struck with the number of women suffering from uterine maladies, which appeared to depend in a great measure, if not entirely, upon congestion or engorgement of the uterus; and as the application of leeches would involve not only considerable outlay to the institution, but much difficulty and expense in their employment, I determined to see if as much relief could not be obtained in such cases by free puncturing of the uterine cervix with a very fine lancet, affixed upon a long handle, so that it could with facility be used through the medium of the glass speculum of Ferguson. Mr. Coxeter made for me such an instrument, and I have continued to use it in nearly all cases where local depletion was required for the last fourteen years.

This lancet is very finely constructed, and about one-third the width of the ordinary lancet for venesection. It is made to screw into an ebony handle about seven inches in length, and when not in use is protected from injury by a cap which screws over it like that of a caustic-holder, and which, on removal, can also be screwed on to the lower end of the handle, thus lengthening the latter for use nearly two inches. This uterine lancet can be seen at Mr. Coxeter's, near University College Hospital, and also a small case for holding spare lancets.

With this instrument I usually make from four to six punctures, varying from an eighth to a sixth of an inch deep, into the congested lips and adjacent parts of the cervix uteri, and promote the discharge of blood from the punctures by the frequent injection of warm water through the speculum by a glass or vulcanite syringe. Very little pain is produced by the punctures; often, indeed, so trifling that the patient is unaware at the time of the nature of the operation.

The benefit of this treatment is often experienced by the patient before she has risen from the operating couch, and after a few repetitions—at intervals of five or seven days—long-standing cases of uterine congestion and (so-called, but often mis-named) uterine ulceration have been permanently cured; and I do not hesitate to declare that I have never witnessed any ill-effects result from this mode of depletion of the morbid uterus. I adopt it in my private practice, and never have recourse to leeches, unless the prejudice of my patient to the use of the lancet in this form cannot be overcome.

Usually those cases of uterine congestion which, in my opinion, demand depletion are associated with an abraded or granular state of the cervical lips—mistaken very frequently for ulceration,—and for which the ordinary treatment is the application of caustic or nitrate of silver; but so thoroughly does this so-called ulcerated state depend upon engorgement or congestion of the uterus, that I have frequently seen it cured by the local abstraction of blood alone in the manner above indicated. I have also used this method of local depletion in the early stage of the affec-

tion known as "pelvic cellulitis"; and I hope to be enabled to publish the notes of two or three such cases where the inflammatory condition appeared to have been arrested by this plan of treatment adopted almost exclusively; and in other similar cases, but where the disease was more advanced, I have grounds for believing that the subsequent suppuration was of less extent, owing to the local depletion.

In endometritis, whether specific or not, I have also employed this remedy preparatory to other treatment, and I have felt convinced that the disease was thus rendered less severe, and its subsequent course much shortened by it, and thus probably prevented from spreading through the Fallopian tubes, and involving the broad ligaments and ovaries in the affection.

I do not presume to claim any originality in advocating local depletion of the womb by the lancet or knife, but to testify to the importance of my method by deep puncture in preference to the plan of scarifying the surface of the congested cervix, by which only the superficial vessels are unloaded.

I will now, without further preface, briefly describe two cases of uterine displacement which were cured by this method of local depletion with the lancet.

Prolapsus uteri.—The first was a long-standing case of prolapsus uteri. The lady, thirty-one years of age, consulted me on the first occasion on the 15th August, 1859. She stated she had suffered from the affection for nearly ten years, ever since, indeed, the birth of her only child, now nearly ten years of age; and it appeared to me, from the description she gave of the symptoms she experienced about a month after her confinement, that the prolapsus was due to imperfect involution of the uterus, upon which a chronic inflammatory condition and hypertrophy of the organ resulted. She had never again been pregnant, and her catamenia, though usually regular in returning, were occasionally very profuse and menorrhagic in character, and at other times very scanty. The sense of bearing down was so distressing that she usually wore a perineal band for support, and even with this she could not walk a hundred yards without distress and a feeling of faintness. Her husband was an Indian civil officer, her child being born in Calcutta, but during the preceding ten years she had been obliged to come to England on three occasions for the benefit of her health, in the hope of being cured of the "bearing down of the womb," as she termed her malady. She had consulted many men of eminence without receiving any positive or permanent benefit, and at the time she called upon me—from Southampton—she was on the point of returning to India, hopeless of ever being cured; but on the eve of embarking she received a letter from her husband, who was in Calcutta, desiring her to consult me before going out, and if necessary to remain under my professional charge for some time. She came to Brighton, and I saw her for the first time on the 15th August, 1859, as before stated. On examination I found the os uteri low down, within an inch of the ostium vaginae, and the whole cervix and body of the uterus exhibiting evidence of long-standing hypertrophy. The speculum indicated an engorged state of the cervical tissue, with swollen granular lips, and slimy mucous discharge issuing from the os uteri. The uterine sound determined a depth of three and a half inches of the uterine cavity, and, from the pain in introduction and the blood which followed its withdrawal, it was evident that chronic endometritis complicated the case.

I depleted the womb in the way I have described in the first portion of this paper, and had the satisfaction of being told by my patient that she felt relief even before leaving my house.

Two days afterwards I again saw her, and she assured me that she was still feeling the benefit of the treatment.

On the 22nd of August I repeated the depletion, and for three months subsequently every fifth or seventh day, allowing an interval of three days before the expected monthly epoch, and from three to five days afterwards. Her improvement was steady and progressive, and I had the satisfaction of pronouncing her quite cured on the 28th of November.

She returned to her husband in Calcutta in the following month; and in the ensuing spring (May, 1860) I received a letter from her stating that my prophecy that she would again become a mother was likely to be fulfilled, as she was then nearly three months advanced in pregnancy, and that

her husband had determined that she should return to Brighton to be attended by me in her accouchement. She consequently came to Brighton in the summer of 1860, and I delivered her on the 24th of November of a fine boy at full time, which she was enabled to nurse.

I may merely add to this report of the treatment, that the only medicine prescribed during the time was sulphate of magnesia in infusion of roses, as a gentle aperient; and the only additional local application consisted of a solution of nitrate of silver (two scruples to one ounce of water) to the abraded uterine lips and congested canal of the cervix, though I truly believe these conditions would have subsided without such application.

It was the improved state of health of the previous case, on the lady's return to Calcutta, which induced the husband of the following case to bring his wife to Brighton to be under my professional care.

Retroversion of the uterus.—Mrs. C—, a delicate-looking person, thirty-six years of age; married five years; *never pregnant*; catamenia, both before and since marriage, always painful but regular, with the exception of a period of four months during which they were absent owing to an attack of dysentery in Calcutta. She states that ever since her marriage she has suffered from pain in the region of the womb and lower part of the spine, with more or less leucorrhœal discharge and irritability of the bladder. She has been treated both in India and in England for uterine malady, but without any positive benefit; but the improved health of her friend Mrs. S—, the subject of the preceding case, determined her to consult me, and she came to England for the purpose.

On examination I found she was the subject of retroversion of the uterus, complicated with retroflexion of the cervix; but I thought it probable that the latter condition might have been consequent upon the protracted existence of the former. The cervical tissue was very sensitive to the finger, and its tissue thickened; the surface was purplish, and the lips of the os uteri abraded and granular-looking. On separating the lips of the os the cervical canal was observed to be very vascular, and on the inner edge of the anterior lip a small polypoid growth was perceptible, which I removed with the polypus scissors, free bleeding resulting. On using Simpson's sound much pain was induced, the interior being highly sensitive, and on withdrawal of the instrument blood followed. The depth of the uterine channel was nearly three inches and a half. Notwithstanding the flow of blood by the excision of the small polypus, I nevertheless felt it necessary to deplete still further the congested organ by puncturing it. As in the preceding case, my patient felt relief before she left my consulting-room. No medicine whatever was prescribed, as my patient had grave repugnance to physic, and, as she was in the habit of using cold water enemata when constipated, I did not think it necessary to insist on any other aperient.

My patient's first visit to me was on the 21st April, 1860. On the 25th April she again saw me, and assured me she felt much better. However, I repeated the local depletion with still further relief. In consequence of the sudden illness of a relative in the north of England she was obliged to leave Brighton at this time, and I did not see her again until the 19th June following—a period of nearly two months. She then assured me that though she had undergone much fatigue at the bedside of her sick and dying relative, she, notwithstanding, suffered less from her uterine ailment; and certainly her appearance was more healthy. The uterus also was less congested, and its position more normal, and the cervix was not so sensitive to the touch.

Blood was again abstracted with the lancet. On the 25th June improvement was steadily going on. Bleeding by puncture to the extent of half a fluid ounce was nevertheless practised.

On July 2nd my report states:—"Has been steadily improving. Uterus resuming its normal position. Uterine lips and cervical canal much less vascular." From this time (July 2nd) until August 13th the case progressed most satisfactorily, but on the latter day she took a long walk over the Brighton Downs, ascending a considerable hill, and in consequence she had a return of pain in the pubic and sacral regions, extending down the thighs. The removal of blood locally on the 20th gave her much relief,

and on the 1st September she was sufficiently strong and well to walk without fatigue a distance of two or three miles, though at the time she first consulted me she could not walk a hundred yards without subsequent pain and distress.

On September the 5th the uterine fundus had assumed nearly, if not quite, its normal position, and the uterine sound indicated a depth of two inches and a half only, instead of three and a half, as at her first visit to me. There still existed, however, a slightly retroflexed state of the cervix uteri, which I considered, if not removed, might occasion a recurrence of her former condition as well as prove a bar to impregnation. I therefore introduced a sponge tent, removing it the following day. Some pain attended its presence in the uterus, but soon subsided after withdrawal. No further treatment was on this day undertaken. On the 12th September, finding that the retroflexion was less, I introduced a second tent with additional benefit, and on the 25th September my report in my case-book is as follows:—"This patient is quite recovered. The uterus has been materially straightened by the use of the sponge tents, and she has quite lost all uneasiness and bearing-down sensations in the uterine region." I consequently discharged her cured.

On the 20th November she returned with her husband to Calcutta; but I had the satisfaction of learning from her husband that this lady was safely delivered of a child, at the full time, on the 14th of July, 1862, which, unfortunately, was born dead; but she again became pregnant, and her husband had the great satisfaction of communicating to me her delivery of a living daughter at the full time on the 21st March, 1864. I probably may be pardoned the following quotation from the husband's letter:—"I need not say how very happy we both feel, and how grateful to you for your kind care and skilful treatment of Mrs. C—'s case."

Old Steyne, Brighton, August 29th, 1870.

ON DISLOCATIONS OF THE WRIST.

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To the question, which is so often raised, Do we meet with cases of dislocation of the wrist in practice? the correct reply is, almost without exception, that under that head have been described instances of fracture, impacted or otherwise, of the lower extremity of the radius. In the museum of the hospital (Series iii., No. 78) we have the radius of a young man which had been broken three-quarters of an inch above its carpal articular surface. The posterior or dorsal margin of the upper fragment is driven into the cancellous tissue of the lower one. Their palmar margins are in contact, but a projecting angle is here formed at the line of fracture. In another specimen the projecting angle is on the dorsal aspect (No. 89). In other cases (Nos. 94, 95) the line of fracture is just above the epiphysis.

But in speaking of the "wrist" let us inquire what is meant by the term. If we refer to the movements of the hand we must include at least six articulations. (1) The rotation-joint, or that between the radius, ulna, and inter-articular fibro-cartilage. (2) The flexion-joint, or that which allows the hand to drop towards its palmar aspect—namely, between the radius and interarticular fibro-cartilage on one side, and the scaphoid, semilunar, and cuneiform bones on the other. (3) The extension-joint, or that which allows the front of the hand to be raised towards the dorsal aspect—namely, between the scaphoid, semilunar, and cuneiform bones on the one side, and the trapezium, trapezoid, and magnum and cuneiform on the other. (4) That between the pisiform and cuneiform bones, which favours palmar and volar flexion. (5) The carpo-metacarpal joints, in which the movement is very limited. (6) The trapezio-metacarpal joint, which gives to the thumb the freedom of action of a ball-and-socket joint, and enables it to be brought into every degree of opposition. The arching of the hand downwards is a combined movement of all the joints, including that at the bones of the forearm.

That dislocations are uncommon is due to the fact that