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LECTURES.

CLINICAL LECTURE DELIVERED AT THE UNIVERSITY HOSPITAL.

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Perimetritis. — This patient is thirty-five years of age, and has been married for eleven years. She had her first and only child soon after her marriage. Since the birth of that child she has had four miscarriages, and has been a constant sufferer from cramps, dysmenorrhœa, pains in her back, leucorrhœa, dysuria, hysteria, painful defæcation, and pain in her sexual relations. Three months ago her monthlies ceased altogether. Her abdomen and breasts began to swell, and she had so much pain that she was obliged to call in a physician. He prescribed for her pills of iron and aloes, which very soon brought on her menses. She says that this physician told her that her chronic symptoms were due to some sort of inflammation of the womb.

The case looks very much to me like one of pelvic cellulitis. I shall at once proceed to make a vaginal examination. I find the cervix slightly lacerated, a result, undoubtedly, of the first labor. This laceration of the cervix — the purse-string of the womb — has been the cause of all her abortions. The cervix was not strong enough to retain the products of conception within the womb, and so they were aborted. This laceration is greater on the right than on the left side. Behind the cervix my finger impinges upon a very painful spot, — a tumor, — almost too elastic for a deposition of lymph, and yet I must examine further before I exclude that possibility. I insert one finger into the vagina, and with my other hand on the outside I make suprapubic pressure. My hand touches my finger in the vagina; there is no womb between them. There is evidently a state of retroversion or retroflexion. The woman is very brave and stands pain heroically. What is the tumor which lies behind the cervix? Is it an ovary prolapsed, or a deposition of lymph, or the fundus of the womb? I can trace the womb up a considerable distance with my finger in the vagina. Here is the eleventh finger of the gynæcologist, — a prolongation

of the index finger some would call it, — the uterine sound. I am going to pass it into the womb and see what the state of affairs is in the cavity. But this requires caution. The woman tells me that she menstruated only two weeks ago, but still I want to be on the safe side, and so put the possibility of pregnancy out of the question. Let me examine her breasts. The glands are not enlarged, and there is no more areola than is natural in a brunette. Pressure fails to show any secretion of milk in the breast. I think it will be altogether safe to pass the sound.

Ocular examination shows me that the cervix looks directly at me, bearing the relation to the vagina of a stopper to a decanter; this means that the womb is directly in the axis of the vagina, whereas it should be nearly at right angles to that channel. There is, I find by the course pursued by the sound, slight flexion and slight retroversion to the right. The sound entered with great ease. I can move the womb in all directions but one; moving it upwards gives rise to great pain. This means an adhesion posteriorly; the womb is bound down by the adhesion. I am making my examination with great gentleness, and yet it gives rise to considerable pain.

I will tell you the conclusion at which I have arrived in my own mind with regard to the case. Remember that I may hereafter be led to change my mind in this regard. There is without doubt an adhesion which binds the womb down in its position of retroversion. This adhesion has been the result of a perimetritis or pelvic cellulitis. The doubt which I feel is with regard to the tumor which I feel in the vagina. If this tumor were free to move it would not be nearly so difficult to form an idea as to its nature, but it is bound fast in its place. From its elasticity it gives to my finger the impression of a fluid. This being the case, I am led to tell you that I do not believe it to be a prolapsed ovary, but a quantity of lymph, not pus, the result of the perimetric inflammation, which was first effused and then imprisoned.

What shall be the treatment? The main symptoms to be met are the inflammation, the pain, and the loss of appetite. The first thing that must be done is to put the woman to bed and keep her quiet. Then flying blisters should be applied locally over the abdomen. The substances which I always use to raise blisters are cantharides and collodion. These should be first painted on a spot about the size of a silver dollar right over the womb. As soon as the blister begins to draw a mush poultice should be applied. The loose skin over the blister should be cut open, and if the skin comes away it will be necessary to put cotton over the raw surface. When three days have passed I shall order another blister to be put upon the left side of the abdomen, then another on the right, then begin again with a blister over the womb.

As concerns internal treatment, one twenty-fourth of a grain of the

bichloride of mercury, with ten grains of the muriate of ammonia, should be given thrice daily in the *mistura glycyrrhizæ composita*. If the tumor should turn out to be a prolapsed ovary, I doubt if we can ever get it up again. There is no use for the common pessary in such a case. If I had the material here I could make a very excellent pessary from cotton which could be so adjusted as to hold the womb up. This cotton should be dipped in a solution of from one half to one grain of morphia in one drachm of glycerine. The morphia will allay the inflammation, and the glycerine will set up a copious watery discharge from the vagina. You will ask me, no doubt, why I do not at once put the woman upon iron. As a rule, I do not begin the treatment with iron in these cases. I first try always to get the better of the inflammation, and I then place the woman upon the following mixture:—

R̄ Hydrarg. chlo. corros.		gr. i.
Liq. chlo. arsenitis		f ʒss.
Mist. ferri chlor.,		
Acid. muriat. dil.		ʒā f ʒij.
Syrup.		f ʒij.
Aquæ		ad f ʒvi. M.

S. One tablespoonful after each meal.

Iron sends the blood to the womb. As regards the prognosis, it is good so far as the prolongation of life is concerned. I am not prepared to say, however, that the woman will recover entirely. I might put her under ether now and forcibly lift up the womb, but the case is scarcely serious enough for such a heroic procedure.

Amenorrhœa from Arrested Development.—This puny little thing, who would generally pass for a stunted child of twelve years of age, tells me that she is twenty-one years old. Her mind corresponds in development with her body. I might be inclined at first to suspect the presence of rickets, but a careful examination of the patient puts that disease out of the question. The girl does not know how old she was when she began to walk, and can give me, in fact, but little of her early history. She says that her appetite has generally been quite good. She has come here to be treated for amenorrhœa. Her mammary glands and external genitals are entirely undeveloped. Her physical condition is wholly infantile, in fact. She has never seen her monthlies, and suffers from a good deal of weakness. The same cause which has produced her weakness has occasioned the absence of the monthlies.

The girl has been attending the dispensary for some time past. We ordered for her when she first came twenty-five drops of dialyzed iron and a tablespoonful of cod-liver oil three times a day. This medicine she says has done her a great deal of good. Her occupation consists in the painting of flowers. The paints used for that purpose very often contain arsenic. I cannot say, however, that she shows any symptoms traceable to this poison.

In looking still deeper for the cause of her present condition, we might find that her ovaries are undeveloped. Should such prove to be the case, and were it necessary that she should marry and have children; if, for instance, she were the only child of a wealthy family, then it might be right for me to make an examination of the parts. If I then found that both ovaries were undeveloped, or that there was only one ovary and that undeveloped, I should act in the following manner: I would irritate the womb by the use of sponge tents, and in that way endeavor to hasten the development of the organ. I am not warranted in so acting in this case. The examination would cause a great deal of discomfort and pain, and could only be conducted under ether. In closing, I should say to you that this case is one of exceeding rarity and interest.

THE VALUE OF ANATOMICAL APPEARANCES.¹

BY R. H. FITZ, M. D.

THE object of the present paper is to refer very briefly to some of the general points to be borne in mind in making an autopsy, and to consider the group of changes found in a very common form of death,—that from suffocation.

In the medico-legal examination of the dead body, the end sought for is a knowledge of the condition of the various organs of the body, that an opinion may be formed as to the cause of death.

The evidence offered is physical, relating to form, density, color, etc., and its appreciation necessarily implies a familiarity with the physical properties normal to the part in question.

The first stumbling-block is here met with, and often proves a serious one. The obstacle becomes the greater from the fact that even normal conditions may be materially modified by the presence of alterations resulting from a series of processes,—chemical and other,—which are generally grouped together under the head of post-mortem changes. How important these are is often seen in the difficulty of distinguishing between a hypostatic patch and the discoloration due to a bruise, upon which distinction is to depend our opinion as to the ante- or post-mortem origin of an injury. Similar doubts also arise in the examination of the internal organs, and whether a redness is the sign of an inflammation, or an opacity the result of a degeneration, often becomes a matter of vital importance.

It is not only the normal properties of organs and tissues which may be thus modified, but serious pathological changes may also become obscured. I need only refer to the difficulty of deciding whether a heart or a kidney has been the seat of a granular or fatty degeneration occur-

¹ Read before the Massachusetts Medico-Legal Society.