MIDWIFERY AND GYNECOLOGY.

UNDER THE CHARGE OF

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MASSAGE IN GYNECOLOGY.

PROFENTER (Braumüller, Wien, 1887) here considers the effect of massage in subacute and chronic inflammatory processes in the female pelvis. In a short preface Prof. Schultze, of Jena, states that he has tested the results of the method and found them good, and he believes "that the method of Brandt gives valuable results in stretching and slackening old parametric exudations, as well as restoring fixation in prolapsus uteri." He points out, also, that the treatment requires very accurate diagnosis as well as great expenditure of time. In the introduction Profenter gives the history of the application of the method. It is due to a Swede, Brandt, who was not a medical man, and who, apart from professional instruction, gained much insight into pelvic disorders. In 1847 he treated prolapsus recti in a soldier by rubbing up, as it were, the sigmoid flexure. He next turned his attention to prolapsus uteri, and cured, it is said, three cases in a few weeks. The method was then extended to retroflexed and fixed uteri, chronically inflamed ovaries, and chronic cellutic and peritonitic adhesions, all with good results. Profenter studied Brandt's results for a week, found them good, and had his scepticism removed. Cases are then recorded. Of these a selection is appended. It must, of course, be noted that the massage is local and manual, and is not to be confounded with the general massage of the body practised in Weir Mitchell's treatment.

Case 1. Chronic parametritis posterior, chronic ovaritis, and slight cystitis. Oct. 23, patient has pain on micturition. Bladder washed out from October 24th to November 10th: rest in bed; alterative tampons also tried.

November 18th, *status præsens* as follows: Movement of the uterus to the front restricted; left uterosacral ligament shortened, thickened, and painful on pressure; left ovary slightly painful on pressure. The treatment consisted in systematic stretching of the shortened ligament, and massage of the left ovary. On December 4th, the uterus had its fundus to the left of the median line, and movement, even to the neighborhood of the symphysis, was painless.

Case 12. Chronic parametritis and perimetritis. Condition under narcosis: Marked induration of the broad ligaments. The patient complained of pain of the left side and head; pain on micturition and defecation, with hysterical attacks eight days before menstruation. By massage the exudation disappeared, and the uterus and ovaries became normal.

Case 16 was one of complete prolapsus uteri. The uterus was replaced and anteфлекed according to Brandt's method, and apparently cured in a month.

[Massage has often been recommended in text-books, especially for old inflammatory exudations. Freund has also recommended it in such cases, and

it is undoubtedly worthy of trial. Schultze's recommendation is of high value as he is known as one of the most careful observers of chronic inflammatory exudations, and his work on their relation to uterine displacements is of the greatest value. One is inclined to doubt the value of massage in prolapsus uteri most].

INSANITY AND OÖPHORECTOMY.

LESZYNSKY (*N. Y. Med. Journ.*, June 25, 1887) gives an account of two cases in which oöphorectomy was performed for insanity. While he admits that we may have reflex irritation from a diseased uterus or ovary, he points out the preponderance of psychical causes and criticises the practice of oöphorectomy in the insane, alleging that "the premature and indiscriminate removal of the ovaries in cases of insanity and other neuroses, has of late become so frequent and flagrant a procedure as to demand an emphatic protest against such reprehensible measures, and such illegitimate practice."

Leszynsky would only advise oöphorectomy when a distinct pathological condition was present, and had a preponderating influence. The effect of septicæmia in mania is well known. Clouston, in his *Mental Diseases* (London, 1883) says, "I believe that some day we shall hit on a mode of producing a local inflammation or manageable septic blood poisoning, by which we shall cut short and cure attacks of acute mania." (*Op. cit.*, p. 190.)

ON EXTRAPERITONEAL EXTIRPATION OF THE UTERUS.

FRANK (*Arch. f. Gynäk.*, Bd. xxx. Heft 1) describes a series of extraordinary cases where he performed what he terms extraperitoneal extirpation of the uterus. In this paper he does not detail his method specially, but he evidently in certain cases, by a process of enucleation, removes the greater part of the uterine substance without opening the peritoneal cavity—i. e., he leaves the peritoneum intact. The summary of his chief cases fully justifies the term "tumor operations," applied by Stratz (*Centr. für Gynäk.*, April 23, 1887). In regard to risk of bleeding, Frank alleges that the traction on the uterus hinders it. The suturing of the peritoneal folds also checks it, and, if necessary, ligatures can be passed up as far as the Fallopian tube angle, so as to control the ovarian artery, or iron solutions can be applied.

Frank alleges that the enthusiasm for total extirpation of the uterus is greatly diminished. When the disease has advanced so far as to affect the body, the parametrium is sure to be infiltrated too. He advocates his operations not so much in carcinoma as in old adherent displacements, pruritis uterinus, and adenomatous degeneration.

One could understand this operation in certain cases of carcinoma uteri. Marion Sims, in one of his last papers, records a case of carcinoma uteri where he curetted thoroughly, so that he could have inverted the thin peritoneal sac of the uterus and ligatured it. He did not do so, and adds that he nearly performed a brilliant operation (quoted from memory).

ON A CASE OF SPONTANEOUS INVERSION OF THE UTERUS.

DR. N. T. BRENIS (*Edin. Med. Jour.*, July, 1887) records a case of spontaneous inversion of the uterus, following the expulsion of a fibroid polypus.

The remarkable feature in the case is that, after attempts at manual reinversion had failed, reinversion was brought about by the repeated use of the hot douche. He considers that the hot water acted by lessening the bulk of the organ, and bringing about contraction of the longitudinal fibres, with widening of the constricting ring.

THE APPLICATION OF COCAINE IN PLASTIC GYNECOLOGICAL OPERATIONS.

KÜSTNER (*Verh. der deutschen gesellschaft für Gynäk.*, Erst. Koupres, 1886) considers here the effects of cocaine as a local anæsthetic in some of the plastic operations in gynecology. Fränkel limits the use of cocaine to short operations, only to those needing merely an incision or scissor's cut; while Schramm would employ it in all plastic operations. Küstner takes an intermediate position, and thinks the value of cocaine can best be estimated by trying it in painful plastic operations, viz., those at the posterior commissure. He tried it, therefore, in 42 operations, as follows: 5 posterior colporrhaphies, 31 partial plastic operations in the perineum, 4 total plastic operations in the perineum, 1 hymen excision, 1 cyst excision on the left side of the vagina.

The parts to be operated on were first disinfected, and then repeatedly brushed with a 20 per cent. solution until the mucous membrane was somewhat pale. Poisoning never occurred. The results were as follows: In 8 cases, bad; the patients complained of great pain; in 23 cases it worked well, and in 10 there was complete anæsthesia. Küstner recommends cocaine strongly in plastic operations.

[Cocaine cannot replace general anæsthesia, as we must remember that the patient is still conscious in cocaine operations. What most women in this country object to is not only the pain but the exposure, and results such as Küstner's would cause mutiny in an English hospital.]

THE CONSTITUTIONAL TREATMENT OF PUERPERAL SEPSIS.

RUNGE (*Arch. für Gynäk.*, Bd. xxx. Heft. 1) here gives the results of the form of treatment he recommends in puerperal septicæmia. This consists in the administration of large doses of alcohol, the use of tepid baths, and abundant nourishment, with abundance of antipyretics. He holds further, that as the disease goes on the body becomes more capable of resisting, and points out that while local treatment can limit further entrance of the poison we can do nothing against what is already absorbed. One must, therefore, strengthen the resisting powers of the organism. The alcohol lessens the destruction of albumen in the body, and hinders cardiac failure, while the baths help digestion, and increase appetite. They are not used to keep down temperature. The temperature of the water should be 72°-75° F., and the bath should last for five to ten minutes. Collapse can be prevented by alcohol.

Three cases are narrated with one death.

[Runge uses local treatment, too, and therefore the treatment he recommends is what most men would employ in this country, with the exception of the tepid baths, which seem dangerous and troublesome, unless for reduction of high temperature. There are better means of improving the appetite and heart than this.]

ON PLACENTA PRÆVIA.

BAYER (*Verhandlungen der deutschen Gesellschaft für Gynäkologie*) advances a new theory of placenta prævia cases, in order to harmonize them with opening up of the cervical canal during the later months of pregnancy. The following is a *résumé* of his views:

He first states Matthew Duncan's view in regard to the hemorrhage in placenta prævia. According to Duncan, the lower portion of the uterus forms in advanced pregnancy a part of half a sphere, of which the internal os is a pole. During labor this segment of a sphere becomes converted into a cylinder with consequent dilatation of the placental site and separation of the placenta. As the normally placed placenta is separated (according to Bayer and others) by uterine retraction which arrests bleeding during the separation, the bleeding in placenta prævia is caused by the expansion of the lower uterine segment. Of course, during this expansion the internal os also opens up. As Duncan holds that the internal os only opens up during labor, he logically holds any bleeding during pregnancy as accidental.

Since Duncan's paper was written, the development of the lower uterine segment has become known as the development of a special zone between the contracture ring and Müller's ring. The development of the lower uterine segment (from the cervical canal) explains, according to this writer, the bleedings in placenta prævia during pregnancy.

Bayer then considers the opinions of those who hold that the lower uterine segment is derived from the uterus by stretching and thinning. If the placenta is inserted over the os internum, it must, as growth of the segment goes on, either be separated or grow with it. As the lower uterine segment does not take part in uterine retraction, but is, as it were, in a condition of paralysis; and as, if uterine, its circulation must be abundant, fatal hemorrhage should take place during placental separation.

Bayer then states his opinion that the presence of the placenta in the lower uterine segment is an impossibility, at least for those that end favorably. In the uteri he has examined, he has never found the placental site below an evident contracture ring or in a properly formed lower uterine segment.

Bayer alleges that the idea of the cervical canal opening up in some cases and its remaining intact in others, explains the clinical features of placenta prævia as well as the anatomical relations he has observed.

From observations of about 20 cases, he asserts that defective development of the supravaginal portion in the cervix is a typical occurrence in placenta prævia, that in the worst cases the internal os remains intact until labor begins, and that a lower uterine segment does not, therefore, develop. When the placenta dips near the os internum, Bayer believes that if the cervix opens up to form the lower uterine segment, the placenta will thus be carried out, as it were, from the dangerous area when the placenta covers the os internum. Bayer holds that the cervical canal may not open up, that these form the cases where we have no bleeding until the full time; in others, he holds it does open up and we, therefore, have bleedings during pregnancy which leave traces in the placenta and membranes there. In his cases these changes were found in the placenta, in only the latter class.

A CONTRIBUTION TO THE ANATOMY OF THE POST-PARTUM UTERUS, WITH
SPECIAL REFERENCE TO PLACENTA PRÆVIA.

HART (*Edin. Med. Journ.*, July, 1887) describes the relations of the anterior uterine wall in a woman with placenta prævia, who died immediately after delivery. The placenta was attached to the anterior uterine wall, and it was, therefore, examined by the microscopic sections, so as to ascertain the various relations of peritoneum, cervix, etc. He found the cervical canal $1\frac{1}{2}$ inches long, with a distinct os externum, and a distinct upper limit to it. Between the thick retracted wound and this upper limit of the cervical canal, was a thinner portion, with peritoneum separated, and with placental remains in its upper half. This he believes to be the lower uterine segment.

He therefore asserts that this preparation shows these portions of the uterine wall: 1. A thickened retracted portion, with peritoneum adherent. 2. A thinner portion, with peritoneum separated—lower uterine segment. 3. Cervical canal. He believes that the placenta should be defined as prævia, when attached in part to the lower uterine segment, and that it is separated during labor by the expansion the lower uterine segment then undergoes. He holds that the peritoneum over the lower uterine segment is separated in the same way, and that the diminution in area occurring about the contraction ring can only separate the placenta. He therefore alleges that he has demonstrated what Bayer terms a "physiological impossibility," viz., placenta in lower uterine segment.

INTERNAL PUERPERAL ERYSIPELAS.

WINCKEL (*Verh. der Deutschen Gesellschaft für Gynäk.*, 1886) first alludes to a previous communication given by him at Munich on puerperal erysipelas, where he pointed out that the spread of erysipelas took place through the lymphatics of the vagina, uterus, and pelvis, with those of the abdomen and chest; that in all lymphatic forms of puerperal fever we must seek for chain micrococci in the exudations, in the pleura, peritoneum, and in the joints. He pointed out further, the frequency of pneumonia in puerperal erysipelas, and urged that we have in it a poison different from that of puerperal fever. Gusserow also holds the same opinion in relation to puerperal fever and erysipelas.

Winckel now gives a more complete research on this interesting subject. In January, 1886, a patient was admitted to hospital with a parametric exudation, suppurating, and passing through the ischiatic notch. Aspiration of this with a purified Pravaz's syringe gave pus which contained the erysipelatos micrococci of Fehleisen. A pure cultivation of them was obtained, and erysipelas conveyed to a rabbit by it. On February 27, 1886, a primipara was delivered normally. The pulse, however, was high on Winckel's first visit (120), and remained above 100 for the next two days, there being no elevation of temperature; on the evening of the third day the temperature was 100° F.; next morning, 102.5° F., and pulse 144. Pressure on the uterus caused a flow of badly smelling lochial secretion. On the posterior commissure, fourchette, and the inner surface of the left labium minus, was a puerperal

ulcer. During the night there were great pains in the abdomen, and there developed peritonitis, with erysipelas on the nates. Her after-condition was briefly as follows: February 7th, midday—pulse 128, dicrotic; temperature 102° F.; respiration 42, and superficial. Pains felt over sacrum and epigastrium. There was impairment of percussion noted over the bases of both lungs, but no cardiac murmurs. Tympanites was very great, and fundus uteri two finger-breadths above symphysis. The spleen was enlarged, the sacral regions erysipelatous; no œdema or other change in the legs. Left labium minus swollen, ulcerated; discharge slight and mucopurulent. Bladder contained nearly a pint of clear urine, and the lips of the cervix uteri were covered with croupous exudation passing into the cervical canal. It was impossible to make out any parametric exudation separate from the peritonitic one.

Diagnosis.—Erysipelas of nates; vulvar ulcers; metrolymphangitis; diffuse fibrinous peritonitis.

Prognosis.—Bad.

The patient went on from bad to worse, the lung-mischief increased, with sickness and abdominal pain. Death took place on the forenoon of February 9th. Before the body had cooled, blood was aspirated from the right side of the heart for examination as to microorganisms.

On *post-mortem* examination the following conditions were found: Diphtheroid superficial defect at vaginal entrance; diphtheroid endometritis; superficial necrotic metrolymphangitis; purulent salpingitis of the outer tissue of the right tube; right-sided ovaritis; diffuse purulent peritonitis, with considerable mucopurulent and hemorrhagic exudation; undoubted cloudy swelling of the sub- and retroperitoneal connective tissue; double pleurisy (beginning) with spread to diaphragm and purulent affections to subpleural lymphatics in part.

Marked swelling of the intestinal tract was also present, with marked anæmia of the abdominal organs.

The uterus was barely the size of a man's fist, with purulent points in its walls. The uterine cavity was the size of a hen's-egg, and contained about a teaspoonful of dirty reddish-brown fluid. The placental site had been on the anterior wall, and on section there, spongy and purulent foci were seen. The pleural sac contained a little cloudy, grayish-red fluid; anterior mediastinum had œdematous swelling, and there was some fluid in the pericardium.

The blood taken shortly after death from the right side of the heart was found to contain Fehleisen's micrococci; these were cultivated, and when inoculated into a rabbit's ear gave it erysipelas. Erysipelatous micrococci were also found in the peritoneal and pleuritic exudations. They were also cultivated from spleen, lungs, uterus, kidneys, liver, and heart-muscle. Microscopic examination of the organs gave diplococci, as well as chain cocci. The kidneys contained many micrococci colonies.

Inoculation experiments on animals gave further proofs, but rabbits, guinea-pigs, and rats showed less reaction than white mice, which, after inoculation, showed severe general symptoms, dying in periods varying from six hours to seven days. Alcohol was found to inhibit the growth of the micrococci, but liquor ferri sesquichlorati was found fatal to them.

The following is a summary of the chief points in this most valuable paper:
a. Clinical points.

1. The most frequent originating points in five-sevenths of all puerperal erysipelas cases are the genitals and nates—Hugenberger, 13 out of 15; Gusserow, 7 in 14; Winckel, 30 in 42.

2. Primiparæ are affected three to four times more frequently than multiparæ.

3. Puerperæ with vulvar wounds are specially predisposed.

4. Severe operative cases are affected more frequently than others.

5. The children of erysipelatos puerperæ remain erysipelas-free.

6. The greater the number of severe puerperal fever cases, the greater the number of erysipelatos ones.

b. Bacteriological points.

7. In pus from a parametritis (Case 1) and in all the organs and tissues of a fatal case of puerperal erysipelas, were the characteristic erysipelas cocci found.

8. The cultivations gave positive results agreeing with those of Fehleisen.

c. Points made out by experiments on animals.

9. Erysipelas was caused in different animals by cultivations of erysipelas cocci, obtained from the tissues of the puerperæ who died.

10. By injections of these cultures inflammatory affections were obtained.

11. In the blood and organs of the animals so infected the cocci were found.

12. As in the case of other microorganisms, different animals reacted differently to the cocci. The most easily poisoned are white mice.

Winckel uses the term internal puerperal erysipelas. For puerperal sepsis, he suggests, "spaltpilzvergiftung," and for internal puerperal erysipelas, "erysipelätöse spaltpilzvergiftung."

[This paper is an important one, inasmuch as it is an investigation in which Koch's cultures for microorganisms causing a disease, are fully demonstrated. It also seems to follow that infection takes place by touch—hence the importance of purified hands.]

CATTLE-HORN LACERATIONS OF THE ABDOMEN AND UTERUS IN PRENANT WOMEN.

HARRIS (*American Journal of Obstetrics*, July, 1887) gives here the known cases of cattle-horn lacerations of the pregnant uterus in women. The remarkable fact comes out that the results as to the mother's life, of what may be termed "bovine Cæsarean section," are better than those obtained by surgeons, unless in quite recent times. The bad results obtained by tumor operators in Great Britain and America he quite rightly attributes to delay in operations and to useless and hurtful trials to deliver by craniotomy. Thus the record of Cæsarean operations performed by medical men in the United States for the last seven years is not so good as in bovine Cæsarean section, the former having a mortality of nine in eleven cases, the latter of four in nine.