

## HYSTERECTOMY FOR PROCIDENTIA—REPORT OF A CASE.

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THIS case is of interest chiefly on account of the unpromising condition of the patient, and the mental and physical improvement following the removal of the uterus.

S. C.; 50 years old. The subject of chronic mania. She has been an inmate of the Eastern Kentucky Lunatic Asylum for ten years, during all of which time she has been noisy, destructive and exceedingly filthy in her speech and habits. She required hypnotics almost every night, and even then obtained but a few hours' sleep. She had been suffering from prolapse of the uterus for some time.

When I first examined her, I found the uterus entirely outside of the vulva, the vaginal walls inverted, thickened and hard, with several large ulcers, caused by her continued picking at the mass. The os was closed, as was also the cervical canal. A large rectocele and cystocele were present.

As the patient was weak and exhausted by loss of blood from the vaginal ulcers, an attempt was made to give her some relief by returning the uterus, keeping her in bed and making use of tampons and hot douches.

She was so restless and excited that, after a few days, she was allowed to get up, and her condition became as bad as before. After a few weeks I tried to close the vagina, leaving only opening sufficient for the secretions to pass. She freed her hands from the camisole, in which she was confined, a few nights afterwards, and took out the stitches, so that this operation was a failure. After allowing the parts to heal, on March 1, 1893, assisted by Drs. Clarke, Barron and Atkins, I removed the uterus. There was little hope for the patient's recovery, as at the time she was very weak and emaciated, though still as excited and filthy as ever.

The bladder was the seat of several large pockets, one of which emptied itself during the operation. Strong ligatures were used on the tubes and ligaments,

and the uterus removed with little trouble. It was slightly larger than normal. The patient's temperature never rose above 102° F., and always fell one or two degrees after she received a temperature enema. The rectal tube was required often during the first three or four days.

At the end of six weeks she was up, and looking better than she had done for months.

During the whole time she was in bed, apparatus for keeping her quiet was necessary.

About two months after the operation she began to improve rapidly, so that in a short time she became quiet and clean in her speech and person. Her mental condition has also improved more than we were justified in hoping.

There has been no recurrence of either rectocele or cystocele, nor any sagging of the vagina.

At present her health is good; she has not required a hypnotic for nearly five months, and is as quiet and well-behaved a patient as we have in this Asylum.

***Surgical Treatment of Goitre by Esothyropexia.***—Dr. Poncet, of Lyon, gave a lecture before the Paris Academy of Medicine, in the name of Dr. Jabouloy, in which he advocated a new method of treating goitre by operation. It consists, after a median incision has been made, of drawing forward and fixing a more or less considerable part of the goitre, which after a variable time atrophies. This method has the advantage of complete innocuity and absence of hemorrhage. It is simple, rapid, and especially indicated in goitre complicated with attacks of suffocation. The author has applied it with success in fourteen cases. The atrophy of the goitre is realized in from four to six weeks.

Under the influence of esothyropexia, the atrophic goitre and in goitre exophthalmic (four operations), the general phenomena tend to disappear. At the same time the mental state in many degenerative goitres is modified. The intellectual functions improve after a longer or shorter time.

The cure of goitre demands five to six weeks at least.  
J. C.