

## PART IV.

### MEDICAL MISCELLANY.

---

*Reports, Transactions, and Scientific Intelligence.*

---

#### ROYAL ACADEMY OF MEDICINE IN IRELAND.

---

President—WALTER G. SMITH, M.D., F.R.C.P.I.  
General Secretary—J. A. SCOTT, M.D., F.R.C.S.I.

---

#### SECTION OF OBSTETRICS.

President—M. J. GIBSON, M.D.  
Sectional Secretary—GIBBON FITZGIBBON, M.D.

*Friday, May 22, 1914.*

THE PRESIDENT in the Chair.

#### *Exhibits.*

#### *Uterus Removed for Concealed Accidental Hæmorrhage.*

DR. JELLET said the specimen shown was removed from a patient, aged twenty-five years, who was admitted to the Rotunda Hospital on the 9th of May, 1914. This was her sixth pregnancy. The previous history was one abortion, one premature, and three full term, all with normal labours. On the day of admission she had some hæmorrhage, and was plugged by a doctor in Dublin before being sent into hospital. When admitted she looked fairly well, with a pulse of 104. The plugs were removed, and as there was no subsequent hæmorrhage the patient was left alone. After three hours a little blood came from the vagina, and the patient was emphatic that the uterus had got much larger. It was then nearly up to the ensiform cartilage. She was an extremely anæmic woman, and appeared not to be able to stand any loss of blood. Examination showed the membranes presenting through the cervix, and as the conclusion had been formed

that the patient could not afford further loss of blood and was suffering from concealed accidental hæmorrhage the abdomen was opened and the uterus removed. Everything went on satisfactorily afterwards. Examination of the specimen showed that the diagnosis of concealed accidental hæmorrhage was right. The specimen was described and the features of interest were pointed out.

SIR WILLIAM SMYLY said the specimen was, so far as he knew, unique, and suggested that it ought to be put up in a permanent form. He had no doubt that the treatment described was the correct one. He agreed with a remark that had been made that uterine hæmorrhage could always be stopped by removing that organ, and thought it was perfectly right to do so if the hæmorrhage could not be stopped in any other way.

DR. SHEILL said the operative treatment was undoubtedly correct. He pointed out that in spite of the blood-pressure at the site of the blood clot the wall was thicker there than on the other side, and he was, therefore, disposed to the view that although the treatment carried out was the correct one plugging might also have been satisfactory. Another point of interest was that the placenta was bent over, and appeared to have been in that state for some days. He would like to know whether the hæmorrhage had started some days before it was noticed.

THE PRESIDENT referred to his experience in five cases of severe concealed accidental hæmorrhage. He said that in every case a certain amount of blood had escaped externally, the uterus had increased in size, was hard and tender, and the patients' condition could not be accounted for by the amount of blood lost externally, nor by any other acute abdominal attack. He considered that the hæmorrhage in these cases could not be controlled either ante-partum or post-partum except by hysterectomy. When such a rapidly over-distended uterus is emptied, post-partum hæmorrhage leads to the death of the patient.

#### *Tubercular Tubes.*

DR. SPENCER SHEILL showed a specimen of tubercular tubes removed from a patient who was married five years, had no pregnancy, and enjoyed fair health. She developed symptoms of endometritis, and curettage was carried out by a

doctor in England with no good result. When he (Dr. Sheill) was consulted he diagnosticated tumour and recommended immediate operation. There were no special points of interest in the operation except that it was fraught with difficulty due to old adhesions. The two specimens shown were removed, one consisting of the right tube and ovary, and the other of the right tube only. He spared the second ovary, with the intention of suturing it to the cornu of the uterus, but it was found adherent to the back of the uterus, and he was obliged to leave it. A point of interest in connection with the case was that the patient's sister consulted him seven years ago, and he diagnosticated tubercular tubes, and advised operation which was refused, and she died of consumption two years ago.

DR. GIBBON FITZGIBBON said he did not altogether agree with Dr. Sheill's method of treatment of tubercular tubes. In a somewhat similar case he cleared out the pelvis, taking tubes, ovaries and uterus, as he did not see how one could expect the tubercular disease to be restricted to the tubes alone. He considered it better for the patient to clear out the uterus in order to avoid the risk of leaving tuberculous infection in the uterus. He was reluctant to try conservative operations in tubercular disease of the tubes where it was so extensive as in the specimen shown.

SIR WILLIAM SMYLY said he agreed with Dr. Sheill in leaving the ovary. Pelvic tuberculosis, he believed, had never been proved to be primary. It was looked upon by the best pathologists to be always secondary, and at the meeting of the German Gynæcological Association in Munich it was positively stated by the Reporters that such a thing as a primary pelvic tuberculosis had never been met with—i.e., if a thorough examination of the patient's body was made one would be bound to find tuberculosis in some other part. He did not, therefore, think that by taking out the tubes the patient would be prevented from getting pulmonary tuberculosis. He believed that the removal of the tubes, when full of pus, was absolutely necessary for the health of the patient, but he did not consider it necessary to remove the uterus, ovaries, or other organs. He pointed out that the direction in which the infection spreads was always downwards, and it never extended along the mucous membrane upwards, but always in the direction of the stream. It was,

therefore, an infection from the blood, and not from the air. Some time ago it was stated that the opening of the abdomen cured tubercular disease, because the patients remained well for years, but he suggested that if the history was studied it would be found that they were just as well before the operation as they were afterwards. On the whole, he did not think that pelvic tuberculosis was a very dangerous disease, but one which ran a chronic course.

DR. JELLETT agreed with Dr. Sheill as regards saving the ovaries, but at the same time he considered pelvic tuberculosis was most dangerous. Within the last six months he had seen a great deal of pelvic tuberculosis; in fact more than many gynæcologists in England considered existed in the whole British Isles! He considered that pelvic tuberculosis, which was operated upon, offered a good prospect of cure, but that when not operated upon it leads to serious results. He mentioned a case on which he had operated recently in which the patient had no symptoms, but had a very large necrotic mass lying in Douglas' pouch behind the uterus with complete destruction of the appendages. Where necrosis had started he considered the condition dangerous. When operating in the early stage of tubercular tubes he thought the uterus should be left unless it was affected also, and, as the ovaries were very rarely affected, they should also be left.

SIR WILLIAM SMYLY, subsequent to Dr. Jellett's remarks, said that he held that cases of tuberculosis of the tubes were serious, and ought to be operated upon, but he did not think that tuberculosis of the other pelvic organs was serious.

DR. SOLOMONS said cases are sometimes met with where part of the tube is healthy and may be preserved. The only reason he could see for removing all the organs was the eugenic one. He inquired if the fact that the patient's sister had died of consumption was the only reason why Dr. Sheill diagnosticated tubercular tubes.

DR. ROWLETTE said that they were not in a position to judge what proportion of cases of tuberculosis of the genital organs became dangerous, and from the results of *post-mortem* examinations the question seemed to be similar to that of tuberculosis of the lungs. It might be concluded regarding pelvic tuberculosis as with pulmonary that a very considerable proportion of cases got better without treat-

ment, but it was true that the disease, in a certain number of cases, became dangerous to life. Referring to treatment, it was not the custom to try to eradicate the disease by the knife in other parts of the body, and he did not see why this should be attempted in the pelvis. It was almost certain that when tuberculosis was found in one part of the body it was also present in another. He could not agree that in a case of pelvic tuberculosis one would be justified in clearing out all the pelvic organs, and even if it were necessary to remove the uterus it would scarcely be necessary to remove the ovaries, as it was rarely found that any traces of tuberculosis existed upon the surface of the ovary.

THE PRESIDENT said that pelvic tuberculosis was a disease which generally tended to become cured. Examination of a considerable number of tubes which he had removed showed that the great majority were inactive. In cases of tuberculosis of the endometrium he had advised sanatorium treatment with good results. If he were called upon to treat a patient with tubercular tubes, and decided on operation, he would not remove more than the tubes if possible.

DR. SHEILL, replying, said as regards tubercular tubes it was not known whether the disease was primary or secondary, and an opinion, therefore, could not be formed as to whether it was desirable to remove other parts or not. The patient from whom the specimen was removed was troubled with pain in the region of the appendix. Referring to Dr. Solomons' remark regarding diagnosis, the presence of tuberculosis in a member of the family acted as a hint, but was not taken as conclusive evidence of disease existing in this patient. In addition to the operation of laparotomy being apparently a cure in cases of abdominal organs there was another reason which influenced him in deciding to operate—viz., the patient suffered from clammy sweats, which indicated active disease. Since operation these symptoms had disappeared. Had he found other organs diseased he would have removed them also.

*Clinical Report of the Rotunda Hospital for the Year ending  
October 31st, 1913.*

DR. H. JELLETT introduced this Report. It was published in the numbers of the Journal for July, August and September, 1914.

DR. SHEILL said it seemed a pity that two of the cases of Cæsarean section went septic, and as the point was an important one against such a valuable operation he would like to know if there was any apparent reason for the sepsis in these particular cases. He considered that the account given in Case I.—Inversion of the Uterus—was a severe criticism of the nursing staff. He looked upon the use of bullet forceps on the cervix as a bad practice, and suggested the use of an instrument which took a softer grip. Referring to the case of twins, one of which was a shoulder presentation, he asked if the word “neglected” was left out intentionally; he suggested that the second child should have been placed in position and not allowed to come to the stage of neglected shoulder presentation. He inquired the reason why sterilisation was performed in one case of Cæsarean section.

The result of the case of symphysis pubis appeared to him to prove the point against the argument of crippling the patient. Other points of interest in the report were the result of hysterectomy at term, and that only seven cases of post-partum hæmorrhage were recorded.

DR. SOLOMONS was sorry to notice that the Abderhalden test for pregnancy had not been tried. Looking at the Table—“Prolapse and Presentation of the Cord”—the results at first sight seemed unsatisfactory from the fœtal point of view. He wished to know if reposition of the cord had been tried. The number of destructive operations was greater than in other years. He asked if, in performing craniotomy, the Master still used the old Auvard’s instrument. He expressed surprise to find in the gynæcological report that five ventral herniotomies were done. The number of myomectomies was a matter for congratulation, and he thought that this conservative operation was the one of all the operations which made gynæcology a separate subject. He noted that there were fifteen interpositions of the uterus reported, and he wished to know if there were any post-operative results forthcoming. Referring to the treatment of cystocele, he inquired what treatment was adopted in young women where one did not wish to tie or resect the tubes. He noted in the gynæcological mortality table that there were three cases in which the septic cases of outside practitioners had been admitted and plucky attempts made to save life at the expense of statistics.

DR. FITZGIBBON congratulated the Master of the Rotunda on the morbidity. The two deaths among the Cæsarean section cases were unfortunate. He referred to two cases of contracted pelvis in which external podalic version was performed, and inquired if it was for the contracted pelvis this was done and if the patient's measurements were known before this method was adopted.

THE PRESIDENT asked why classical Cæsarean section had not been considered in some of the cases of unavoidable hæmorrhage. Version had been performed in both the intern and extern departments when the patient was collapsed. He considered that the vaginal plug and abdominal binder afforded the best treatment for placenta prævia when the patient is collapsed. That there was no case of accidental hæmorrhage in the hospital during the year he did not consider at all curious, as his experience had been that these cases were comparatively rare. He suggested that many cases of unavoidable hæmorrhage are considered to be accidental owing to the patients not being thoroughly examined under an anæsthetic.

He would like to know why podalic version was performed in the two cases of contracted pelvis—one with a true conjugate of 7.6 cm.; the other 7 c.m.—and whether there was any particular cause for the septic infection after Cæsarean section in two cases?

He considered the Table on "Eclampsia" useless. The severity of the cases could not be recognised from the number of fits alone. Information regarding the condition of the patient—the blood-pressure, the pulse-rate, the urine, and the amount of morphine given to each patient—would not have required much space, and would have made the Table instructive.

In the Report he noticed that it was stated that eight patients had more than one douche. His experience was that repeated uterine douching for sepsis was bad treatment except in cases of putrid endometritis. He inquired when and why repeated douchings were ordered? He noticed that hysterectomy had been performed for two cases of sepsis, and would like to know the result, as his own experience had not been satisfactory.

He got the impression from the Report that operation in pyæmia had been reserved by the Master of the Rotunda

for cases with thrombosed veins, and he would like to hear his reason for this. He asked what was Dr. Jellett's experience after Wertheim's interposition.

The Table on "Destructive Operations" showed that amputation of the arm was done before decapitation. He looked upon the prolapsed arm as a great help in facilitating the decapitation. It was recorded that trachelorrhaphy was done only twenty-three times, and that amputation of the cervix was done one hundred and thirteen times. He would like to know whether it was found that the latter was more likely to prevent pregnancy. It was obvious that the Master of the Rotunda preferred shortening of the round ligaments to ventral suspension, and inquiry was made as to why he performed ventral suspension except when pregnancy was not possible.

DR. JELLETT, in replying, said that he had definite rules regarding the choice of ventral suspension or of Alexander's operation. If he opened the abdomen for a pelvic condition he invariably finished the operation by a ventral suspension. If a patient was sterile, or if there was any suggestion of disease of the appendages, he also performed a ventral suspension. In other cases of uncomplicated backward displacement he preferred Alexander's operation. He did not consider that amputation of the cervix interfered in any way with pregnancy, but then he never performed Schröder's operation. Interposition was a most valuable operation, but it was incompatible with pregnancy, and so could not be done in younger women. Where this was so, he thought there was no other treatment for cystocele than an anterior colporrhaphy, with such other vaginal plastic work as was necessary. He considered that discomfort after interposition usually resulted from having interposed a uterus that was too large, and in such cases he now always excised a wedge-shaped piece before finishing the interposition. In one case he had to operate a second time on account of discomfort, and removed such a piece, the patient subsequently becoming quite comfortable. In the presence of a small uterus, and indeed in all cases, it was preferable to associate interposition with shortening of the utero-sacral ligaments. One saw cases of pyæmia in which there was no pelvic thrombosis, and in one such case he had got good results by simple ligature of the ovarian vein. He



was asked why version was done in contracted pelvis. Personally, he was not in favour of the operation, and he saw that in one of his cases the reason for it was that the hand was prolapsed beside the head. The number of destructive operations was unavoidable, as in all of them the child was dead, and there was difficulty in its delivery. He considered amputation of the arm in neglected shoulder presentation an incorrect procedure as a rule, but in one case in which the child was macerated he found it impossible to deal with the case in any other way. Under ordinary circumstances, however, the presence of the arm was an advantage, as it enabled the neck to be brought within reach for decapitation. The two deaths in the cases of Cæsarean section were due to peritoneal infection.

#### LITERARY NOTE.

MESSRS. J. & A. CHURCHILL announce for autumn publication the following new books :—"The Anatomy of the Human Skeleton," by J. Ernest S. Frazer, F.R.C.S. ; with 219 illustrations, many in colours ; now ready. "Medical Diagnosis," by Arthur Latham, M.D., F.R.C.P., and J. A. Torrens, M.B., B.S., M.R.C.P. ; with about 100 illustrations, some in colours. "The Chemistry of Cyanogen Compounds and their Manufacture and Estimation," by Herbert E. Williams. "Bricks and Artificial Stones of Non-plastic Materials, their Manufacture and Uses," by Alfred B. Searle.

#### THE ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH, THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH, AND THE ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

THE following candidates, having passed the requisite examinations of the above Board on October 3rd, 1914, were admitted Diplomates in Public Health :—Hira Singh Anand, M.B., Ch.B. Edin., India ; Cromwell Gamble, M.B., Ch.B. Edin., Ireland ; James William Edington, M.B., Ch.B. Edin., Dowlan Coldingham ; Stephen Ramchandra Rao, F.R.C.S. Edin., &c., India ; Lakshmi Prasad Chaliha, F.R.F.P. and S.G., &c., India ; John Hamilton Boag, M.B., Ch.B. Edin., Edinburgh.