

instance has a bad symptom followed, nor have I even once been compelled to abandon the attempt. But I am far from throwing doubt on the accuracy of the statements made by others, who have recorded the occurrence of alarming symptoms, or even of death, as consequent on the attempt to dilate the cervix uteri; and I am quite prepared for the possible occurrence of such, for all are aware that cases must occur in which the most trifling exciting cause will be followed by serious symptoms, though no grounds existed beforehand for anticipating the occurrence of such. But these are exceptional, and I believe, as a rule, that when serious symptoms arise, either during the process or in consequence of dilatation of the cervix uteri, they do so either because an unsuitable subject has been selected in whom to practise the treatment, or an unwise method adopted for carrying it out. On examining the records of the cases in which serious or unpleasant symptoms followed the attempt to dilate the uterus, I find they have generally occurred when practised—

"1st. Either for the relief of dysmenorrhœa depending on the existence of a narrow cervical canal;

"2d. When the cervical canal is encroached on by a fibroid of large size and unyielding structure;

"3d. When the process has been attempted to be carried out rapidly by means of metallic dilators, or,

"4th. When it has been protracted over several days.

"I have therefore, in order to guard as far as possible against the serious results recorded by others as following attempts to dilate the uterus, laid down for myself the following rules, which I can recommend with confidence to others.

"1. Never to dilate the cervix uteri for the cure of dysmenorrhœa or sterility depending on a narrow cervical canal or conical cervix.

"2. Never to dilate in cases in which a large and dense intra-mural fibroid presses on and partially obliterates the cervical canal.

"3. Never to use metallic dilators of any kind, but to choose for the purpose either sponges or sea-tangle-tents, which expand slowly and gradually.

"4. Never to continue the process of dilatation for more than forty-eight hours. I prefer, in the few cases I have met with in which, after the lapse of that time, the cervix was not sufficiently opened to suit the purposes I had in view, to postpone all operative interference for some weeks, rather than risk the result by prolonging the dilating process.

"With respect to the first of these rules, I look upon the treatment of what is termed 'mechanical dysmenorrhœa' by dilatation as being altogether a mistake. I doubt if any permanent benefit has ever resulted from it; while in several cases grave symptoms, and in one death, has to my knowledge followed the attempt. Equally, it is of importance not to prolong the dilating process. My own experience in the treatment of uterine disease requiring dilatation leads me to this conclusion, that unpleasant symptoms are likely to occur in a direct ratio to the length of time over which the process of dilatation extends. Again, I have known death to follow the attempt to dilate the uterus in a case where a large fibroid of dense structure, giving rise to menorrhagia, and causing intense pain, was developed in the uterus, and encroached on the cervical canal. In such cases, dilatation is doubly objectionable, because the process is useless as well as dangerous: useless, because you will generally find that any attempt at operative interference from the interior of the uterus will be impossible; and dangerous, because inflammation is liable to follow, and that too in patients in the worst possible condition for resisting the attack."—*Brit. Med. Journ.*, Aug. 12, 1876.

42. *Uterine Fibroids*.—"In the treatment of uterine fibroids," Dr. LEWIS ARMSTRONG remarks, "we have made progress, but not as yet to a satisfactory extent. This much we know for certain, that many such cases, if menorrhagia be not excessive or pain intense, are best left alone; and it is astonishing in how many instances, even where menstruation is profuse, this course proves to be a wise one, treatment being restricted merely to what is absolutely necessary to prevent the flow being excessive. But, unfortunately, exceptions are of but

too frequent occurrence; and how are we to treat these? The removal of large fibroids by abdominal section has been successfully practised, but the risk of life involved in the operation is great; and the attempt to remove smaller ones by means of the *écraseur*, after dilatation of the cervix, is, I can vouch from personal experience, a difficult and eminently hazardous process. Again, curettion is tedious, unsatisfactory, and often dangerous.

We have, however, at our command a resource which, if not all that we desire, is still generally efficient in controlling hemorrhage, often sufficient to arrest the growth of the tumour, and sometimes apparently capable of reducing its size. I allude to the hypodermic injection of ergot, which, if it has failed in this country to produce the almost marvellous results ascribed to it by Hildebrand, is, if properly carried out, a safe as well as an efficient remedy. In my first cases, the results obtained were not only uncertain, but unsatisfactory, for troublesome sores sooner or later formed at the seat of the injection. Of late, however, I have obtained much better results. In not one of ten cases recently under my care, in which I fairly tested this treatment, has the hypodermic injection of ergot been followed by the formation of an abscess or sore; in all it had more or less effect in restraining hemorrhage: in one, the injection was repeated almost daily for five months, with the effect of absolutely restraining excessive menstruation, but with no other beneficial result, for the bulk of the tumour remained unaltered, and the pain was as intense as ever. Still it was no small matter to have transformed a profuse and exhausting flow, which formerly lasted for twelve or fourteen days, into one of moderate character and of but two or three days' duration. It is evident, then, that in ergot, employed hypodermically, we have a powerful agent, one capable of exerting a marked influence on uterine fibroids, but still uncertain in its action, and not altogether to be relied on.—Address before Obstetric Section Brit. Med. Assoc. *British Med. Journ.*, Aug. 12, 1876.

43. *Pelvic Hematocoele successfully treated by Drainage.*—Mr. J. K. THORNTON relates (*Med. Times and Gaz.*, June 10 and 17) two cases of this, and calls attention to the following points: "1. That it is advisable in some cases, when the effusion is so large or its situation such as to render the chance of spontaneous evacuation dangerous, to open pelvic hematocoele, though no serious symptoms are present. 2. That free incision and drainage are preferable to puncture in all cases, when possible. 3. That it is not advisable to puncture per rectum, unless compelled to do so by the relations of the effusion. 4. That it is not advisable to use injections in early stages after opening."

44. *Certain forms of Ovarian Disease.*—"Information is specially needed," Dr. ARTHUR remarks (Address before Obstetrical Section Brit. Med. Assoc.), "with respect to some forms of ovarian disease. Some patients suffer for years from pain and tenderness of the ovary, from mammary pain and nausea of a most distressing character. Such I have seen reduced to a condition of actual despair; for all treatment seems useless, so utterly inefficient does it prove. In these cases, the ovaries are in general plainly enlarged, but the exact pathological condition of them is in many cases unknown. Here is an affection most deserving of investigation, both as to its causation, pathology, and treatment. I know of no form of disease which produces more real suffering, equally of mind and body. An American surgeon, Dr. Battey of Georgia, convinced of the inadequate results produced by ordinary treatment, has recommended the extirpation of the ovaries in such cases, arguing that, from the results on animals, the operation would be safe as well as justifiable in the human female. I confess that to my mind his views contain much of truth, and that, were I satisfied that I did not endanger life, I would in some cases sanction the operation; and I think we may possibly yet see it practised even amongst ourselves, as I believe it has been in America. But such a practice would, after all, be a lamentable confession of the inadequacy of medicine to cope with what should be a curable disease. Let us hope that, as light is let in on these obscure questions, this reproach will be removed."—*Brit. Med. Journ.*, Aug. 12, 1876.