

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

SYPHILITIC AFFECTIONS OF THE UTERUS.

BY HENRY LEE,

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CASE 1.—Several years ago Mr. Cadge of Norwich sent to this hospital a gentleman and his wife. The wife had repeatedly miscarried. They both went through a mild, sustained course of mercury. After this they had healthy children; after a time, however, they came again, when the wife had again repeatedly miscarried. She then went through a second mercurial course, and then again had a healthy child. Whether there were any more children I have not had the means of ascertaining.

CASE 2.—The wife of a gentleman who had previously been under my care for syphilis came with a most irritable and distressing rash over the lower part of her body and in the axillæ. The eruption was composed of a very large number of minute red pimples, and the intervening portions of skin were also red. This condition gave her no peace day nor night, and made her life almost intolerable. It had existed for some weeks, and, as happened in the following case, she could not refrain from scratching. This lady informed me that she had been under a very prolonged treatment for disease of the womb, and for weeks together occasionally had kept her bed with profuse menorrhagia. Two of her children had been treated for hereditary syphilis before they attained the age of puberty. After a sustained course of mercury, which she thoroughly carried out with the assistance of her husband, who had undergone the same treatment, she appeared perfectly cured, and subsequently had a very fine, healthy child.

CASE 3.—A lady, who had been under very prolonged treatment for displacement of the womb, came under my care for a most distressing irritation on the lower part of the body. This was accompanied by a profuse eruption of bright-red pimples, from which a transparent fluid exuded. This irritation had long continued, and had made her life quite miserable. She felt as if she "could scratch herself to pieces." Her husband, who had been previously under my care, and two of her children were treated for syphilis. Both before and after the appearance of the eruption she had constant aching and sense of bearing down in the back, accompanied by a chronic discharge. Any pressure in the neighbourhood of the womb gave pain. Under a mild course of mercury lasting for three months her symptoms disappeared, and she considered herself quite well, but for some time slight brownish discolourations came on the face. These were persistent for a time, but have now entirely disappeared. The children which she had after the mercurial course were comparatively healthy. In all these cases, with the exception of the children, the mercury was given by means of the calomel bath. The action of this upon a patient's system is regulated by the quantity of calomel used in each bath. As a rule, the bath should be used every night, so that the action may be sustained. This requires to be especially noted, because I find that in some institutions where the calomel baths are supposed to be administered, one, two, or three baths a week are often deemed to be sufficient. But a more serious evil than this sometimes occurs, a sweating bath is given in addition to the calomel bath. The sweating weakens the patient, and washes off the calomel. In one instance I have direct evidence that the sweating baths were given as calomel baths without any calomel at all. Short inhalations of the vapour of calomel increase the efficacy of the baths; but if this is done it should be when the vapour is thoroughly mixed with common air, and the calomel used should contain no free hydrochloric acid; this irritates the mucous membranes. If calomel, as usually obtained, be sublimed, and a piece of moist litmus paper held in the vapour, it will indicate the presence of a free acid. When pure calomel is used, and inhalation is not desirable, one or two drachms may be used at each bath to begin with. It is of great advantage if the patient can sleep in the cloak used for the bath. If taken in the bedroom, if small, this should be fairly ventilated.

Savile-row, W.

TREATMENT OF OBSTRUCTIVE DYSMENORRHOEA.

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IN the recognition of obstruction from cervical stenosis as the chief cause of dysmenorrhœa will be found the key to the pathology and successful treatment of this condition in the great majority of cases. Thus in my hospital practice during the past twelve years nearly 11 per cent. of this form of dysmenorrhœa, or of sterility similarly caused, have come under observation in a total of 9000 gynecological cases. Of all the ailments of female existence, few give rise to more persistent suffering, or produce more disastrous effects on the general health, and also more especially on the cerebro-nervous system, or even on the moral constitution of the patient, than does well-marked obstructive dysmenorrhœa. The latter consequence is evident in many cases of alcoholism, which in women may very frequently be dated from their first painful menstrual period, for the relief of which stimulants are too often improperly administered and repeated in increasing doses, until finally, in many cases, the victim of dysmenorrhœal alcoholism becomes a habitual and, perhaps, an incurable drunkard.

It is not my purpose here to refer to the successive improvements which have since been effected in the methods of carrying out the dilatation of the cervical canal, which as a general rule (not without some exceptions, however) is obviously the most rational plan of treatment for the cure of dysmenorrhœa occasioned by stenosis of this passage since the introduction into practice by Simpson and Sloan of sponge tents or laminaria bougies for that purpose. No greater improvement has occurred in our branch of surgery than the replacement of these oftentimes unsatisfactory, possibly hazardous, and always painful procedures by the more effective means now at our disposal for the rapid expansion of this canal. Of these, perhaps, the best known and most generally employed are either Hegar's, Duke's, or Lawson Tait's dilators. I now desire to call attention to another instrument which I have designed for the same purpose, and which, I venture to think, may be found to supply a want still recognised by some gynecologists—namely, that of a reliable and effective means of securing the rapid and permanent dilatation of the cervical canal in the treatment of stenosis giving rise to the morbid conditions now under consideration. This instrument differs from other dilators in several respects, and, above all, in one which I consider most important—viz., in producing expansion of the canal from within outwards—in other words, in imitating the natural process of expansion from the uterine cavity downwards to the os uteri; whereas most other dilators, such as Hegar's, act in the opposite direction. In my own hands the utility of this instrument, the expansion effected by which should be cautiously carried out and carefully be measured by the affixed index, has been fully tested in a very large number of cases of obstructive dysmenorrhœa in hospital and private practice. I may add that my dilator, which does not occupy more room than the ordinary sound when introduced, may also be used with advantage for the dilatation of the female urethra in many cases in which this procedure is indicated. This instrument has been carefully made in accordance with my directions by Messrs. Arnold & Sons, West Smithfield, London.

TREATMENT OF STRANGULATED HERNIA.

BY BENJAMIN WALKER, L.R.C.P. EDIN., M.R.C.S., &c.

As a contribution to the above I send two cases, in one of which ice was used and successfully, and I should explain its action, as Dr. Rayne does, "by causing a contraction of the bloodvessels, whereby the size of the tumour is diminished," and by giving tone to the parts. I also believe greatly in the power of hyoscyamine to relieve involuntary muscular fibre spasm, and attribute the reduction to that as much as to the ice, though it was not efficacious till the ice had been applied six or seven hours. No ice was available in the second case. I think highly of its use; that it