

examination by concentrated light with a bi-convex lens obliquely and laterally,—ophthalmoscopically; and the production of the phosphenes.

In the above cases you have seen most of these conclusions brought to test practically, and the present state of these eyes and the future promise thus established. The results of operation in the three cases operated on show how this cure is ultimately and practically most useful. In one patient I chose linear extraction; in another, simple flap extraction; and in the third, a flap with excision of a portion of the iris: all with good results. I have passed the limits of a clinical lecture, and in the next I will draw your attention to the considerations which governed that choice, and which make it reasonable to believe that the variation has conducted in each case to success. I do not wish you to think ophthalmic surgery peculiarly complicated or difficult; but it requires peculiar care and patient clinical insight.

REMARKS

ON THE

OPERATIVE AND MECHANICAL TREATMENT OF PROLAPSUS UTERI.

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THE object that I have in bringing under professional notice this subject, is not to discuss the advisability or otherwise of any particular mode of treatment for prolapsus uteri, but to adduce instances corroborative of the assertions of Mr. Baker Brown—that the effect of the operations now resorted to for its cure is usually permanent, and that the parts subsequently admit of childbearing; the impression that is generally received being that, when a cure does take place, it renders future deliveries difficult, if not impossible, unless attended with laceration of the recently united parts, and that a cure is generally only of a temporary duration.

In the cases of prolapsus uteri upon which I have operated, the uterus had become entirely and continuously extruded from the body, causing all those feelings of pain, discomfort, and misery attendant upon such a condition, and was the result of delivery, though attended with little or no laceration of the perineum.

I will narrate the following case as a sample of six others that I operated upon in the Birmingham Workhouse Infirmary during the years 1860 and 1861, and which were similar to it in all respects, save in their more advanced age:—

E. S— was admitted Dec. 11th, 1860. Upon examination the uterus was found to be completely extruded; and she stated that it was constantly so, having gradually come into that condition after giving birth to a child six months previously. There was no laceration of the perineum to be seen, and the labour appeared to have been an ordinary one. She was operated upon, and the result was successful. For two years she worked at her employment, enjoying perfect health. She was then again delivered, the labour lasting about twenty hours, and unattended with more pain or difficulty than usual. About six months afterwards she was examined by Mr. Valentine Blake, surgeon to the Lying-in Hospital, who, in a letter to me, states that upon examination he found that the parts were in a perfectly sound condition. In this case the two elliptical incisions recommended by Dieffenbach were used, as they were in two previous instances. From consideration, however, that these incisions tend only to prevent the effects which *might* arise from passing a stool when the sphincter ani is *not* divided, or from movements of the thighs when they are *not* tied together, I have discarded them, and with benefit.

The above case precisely corresponds with that of another young woman upon whom I had operated, and who was afterwards delivered of a child.

The general plan of the operation—the removal of mucous membrane from the lateral and posterior surfaces of the vagina, and the insertion of deep and superficial sutures—was conducted similarly to the method adopted by Mr. Baker Brown. But in the substance composing both these sutures, and where they are attached to, I differ entirely. Instead of twine sutures, I have always used silver wire, of a sufficient size that it may not cut the tissues, and freshly annealed that it may be of such pliancy as to be easily managed. The purpose of the deep sutures is to

adapt the vivified surfaces to each other, so that they may unite by firm and immediate intention. Silver wire does this as well as twine, and at the same time is superior to it in not absorbing any of the secretions—freshly poured out or not,—so becoming of itself a local irritant or fetid stringy mass permeating tissues that are endeavouring to unite, and requiring besides to be removed on the second day, lest, as Mr. Baker Brown says, “further retention produce sloughing and suppuration.” The object aimed at will, I think, be more certainly attained by the employment of silver wire, since, from the harmlessness with which its presence is tolerated by the tissues, it does not require to be removed for ten days, thus allowing time for large surfaces to become united.

The utmost possible cleanliness being desirable about these parts, after making many trials of glass in various shapes, I now use on each side three glass rods of about one inch in length, having—as suggested to me by Mr. Blake—a central nick where the wire is to be attached; and, undeterred by any fear of damaging the supports of my fabric, or the fabric itself, I am able to refresh the patient each day by copiously syringing the parts. A further advantage to be derived from using *pieces* of glass rod is, that the pressure required is diffused more equally, and to where it is wanted.

The plentiful administration of opium to the patient is not so much for the purpose of securing rest, as to prevent action of the bowels; in order that there may be no disturbance, from the passage of a stool, of the parts around the pared edges whilst they are uniting. That such a disturbance—however slight it may be made to be—is certainly best to be avoided in the amount of union that will occur where the deep sutures remain but two days, can hardly be doubted; but then, if, as Mr. Baker Brown says, “the bowels are to be constipated for two or three weeks after the soft parts have united,” what is the use of “completely dividing the sphincter ani on both sides”?

The plan that I have adopted has been, immediately after the operation, when there are feelings of uneasiness and smarting, to administer one grain of opium, and induce sleep, so that the patient upon awaking may be refreshed, and only to repeat the opium in case of want of sleep. In one case, from first to last, there was no opium taken. On the third morning after operation I administer an enema of warm water, and to ensure the bowels being regularly opened, and that the stools may be soft and passed easily, one teaspoonful of milk of sulphur is taken by the mouth every evening. I divide the sphincter ani on both sides most completely, and subcutaneously if possible. The result of this treatment has been that the patient has passed her stools easily, and almost unconsciously for a short time. The sphincter ani has regained its original power in a few weeks, while all the effects of a mild opium-poisoning are avoided. I should add that Mr. Blake, after many trials of these plans, both in the lying-in hospital and in private practice, fully, I believe, coincides in their efficacy.

Mr. Baker Brown, in the last edition of his work on the “Surgical Diseases of Women,” says—“Let all pessaries as mechanical supports to the uterus, of whatever their form, be avoided.” That those pessaries which—as he says, *all* do—produce irritation, excoriation, and leucorrhœa, are incompatible with perfect cleanliness, or which stretch and tend to keep up relaxation of the canal, are to be avoided, few will deny. But “Zwanke's pessary” causes none of these evils. It acts, so far as I can make out, by forming an artificial floor, upon which the uterus, when no longer suspended in the pelvis by the tonicity of its ligaments, may rest, being itself supported by the soft parts on the inside of the ischium, more especially by the levator ani.

In one case—not included in the before-mentioned six—the uterus shortly after operation was felt to be high up in the pelvis, and only just within reach of the tip of the finger; but upon the patient resuming her usual household duties it gradually descended, until it was found to rest upon the perineum, when, fearing a similar result to what had occurred after two operations in another institution, I applied a “Zwanke's pessary,” and with the most perfect success.

In a case upon which I recently operated, not being satisfied with the amount of union that had taken place, I made use of a triangular piece of wood, fashioned according to the surface of the parts, and having a broad slit extending one-third of its length down the middle, that it might embrace and press upon the perineum on each side of the labia, and suspended it by slightly elastic straps to a belt fitting round the hips. After wearing this for four months, I now find the uterus to be in its natural site, a fair perineum,* and all the previous uterine

* The perineum was in this case slightly lacerated.

symptoms gone. She states that at the end of a day's work, without this compress, she feels a "weakness," but nothing more, about the lower part of the abdomen, and that the way in which it seemed from her sensations to act was "by pressing the parts together, and to support them when they had to withstand unusual pressure, as in lifting."

A case occurred some years ago in which I attempted to almost occlude the vagina. The patient, aged thirty-six, the mother of nine children,—the eldest twenty-one and the youngest nine years,—had had prolapsus uteri, gradually increasing in the degree of pain and discomfort it occasioned, since the birth of her second child, so that when she came under my care at the Birmingham Workhouse Infirmary in May, 1861, she complained that life was a burden to her, and was willing to submit to anything that offered some chance of relief. Menstruation not having ceased, I was obliged to provide for its escape by leaving a strip of mucous membrane in the lower or posterior part of the vagina, whose lateral walls were denuded of their covering as high up as the meatus urinaris, and as far back as I could get—I should say about two inches. The result of the operation is that the uterus can be felt by a bougie resting upon a thick cushion—of about an inch in depth—formed from the union of the lateral walls of the vagina, through which there is a small passage allowing the menstrual flow, and that all her ailments due to the prolapsus uteri have entirely ceased.

Birmingham, March, 1864.

ON A

NEW METHOD OF USING ARSENIOUS ACID IN THE TREATMENT OF LEPROSY.

By WILLIAM COLLES, L.R.C.S.I.

AS THE LANCET, in its extended circulation, reaches to many parts of the globe where leprosy is prevalent, I desire here to record the results of my experience in the treatment of that disease, acquired during a residence of three years as medical officer at the Civil Station of Pubna, in Bengal.

It is generally known that a great variety of cutaneous diseases are confounded by the Bengalese under the common term of leprosy; therefore, in order to demonstrate the efficacy of the remedies I employed, I have in the following cases stated a few of the more prominent and characteristic symptoms with which my patients were affected.

CASE 1.—A few weeks after my arrival at the station I was requested by a wealthy indigo-planter to do all in my power to cure a Bengalee, who for sixteen years had been his cash-keeper, but whom he should be forced to discharge, owing to his having three years previously been attacked with leprosy, the symptoms of which so increased in severity that he had latterly completely lost caste, and was shunned as unclean and a pariah by the other natives who held respectable appointments in the indigo factories.

This man, aged about forty, and slightly built, presented symptoms which evidently proved he was suffering from elephantiasis tuberculosa, as described in Mr. Erasmus Wilson's work on "Diseases of the Skin." On his forehead, above the left eyebrow. The integument, to the extent of five or six square inches, was raised about half an inch above the level of the sound skin; its surface, of a darker colour, was greasy, shining, and tuberculated with rounded elevations, varying from a quarter to half an inch in diameter. Its pores were unusually distinct, and appeared like the skin of an orange. The entire of this portion of integument, and the others I shall have occasion to mention, were completely anæsthetic. Diseased patches were also on the cheeks and parts of the corresponding alæ of the nose; both of the ears, more particularly the lobes, were considerably enlarged—a very common symptom of the disease. There was a large patch on both of the arms and of the thighs, and one on the right side of the chest, where the nipple was double the diameter of the left. The diseased portions of the cheeks presented exactly the same appearance as the forehead, but were elevated only a quarter of an inch above the healthy surface. The patches on the trunk and extremities were raised but from one-tenth to one-eighth of an inch, and were scarcely at all tuberculated. At the time I first saw this case I had no knowledge of leprosy whatever, nor had I any book to guide me in its treatment

except a short article in No. VIII. of the "Indian Annals of Medical Science," where Dr. F. J. Mouat recommends the use of a native remedy, oil of chalmogra, which was objectionable from the slowness of its action, as the Bengalese become impatient and dissatisfied unless an early and marked improvement be effected in their diseases. On this account I determined to confine my operations in the first instance exclusively to the local treatment of the thickened integument on the forehead, and directed an ointment composed of ten grains of arsenious acid and an ounce of simple cerate to be smeared on its surface every night and morning. This process having been carried on for about a week without producing any perceptible alteration, I ventured to double the quantity of arsenic in the ointment, and by persevering in its use for another fortnight, it gave rise to a crop of pustules very similar to, but of a smaller size than those produced by the potassio-tartrate of antimony ointment, and the part became slightly softened. To please my patient, however, I was desirous of a more rapid and decided improvement, and to attain this object I determined to apply an ointment, highly vaunted for the cure of bronchocele in the Indian journal already quoted, and composed of fifteen grains of biniodide of mercury and an ounce of simple cerate. I hoped this remedy might exert on hypertrophied skin some of the beneficial effects that resulted from its application over hypertrophied thyroid glands, and the result by far exceeded my most sanguine expectations. The diseased patch, while still covered with the pustular eruption, was smeared gently with the mercurial ointment, and when I saw my patient on the following morning its surface was covered with large vesications; and, although not much inflamed, it was painful; it had recovered its sensibility. But the subsidence of the inflammation and desquamation of the cuticle displayed changes still more striking: the elevated skin had become gradually depressed almost to its original level, and its surface had resumed nearly its natural aspect. Having gained such unexpected advantages from the use of these ointments, I again submitted the same surface to their operation, and had the pleasure of finding, at the close of the second desquamation, that this portion of diseased skin was completely cured. The other patches were successively treated on the same plan, about six square inches of surface being acted on at a time. The arsenical ointment usually produced its characteristic eruption in about a fortnight; whenever it failed to do so, the proportion of arsenic was increased from twenty to thirty grains to the ounce of simple cerate. The biniodide of mercury ointment invariably gave rise to the results already detailed. Several of the patches were only once submitted to their action. By a persistence in these methods during five months the disease was altogether removed, to the intense gratification of the patient, whose countenance had become so altered, from contentment and the disappearance of the frowning mass above his left eye, that had I not witnessed his treatment it would have been impossible for me to have recognised in him the leper who presented himself before me at our first interview. He returned to his master's residence near Commercolly, where two years subsequently I had the pleasure of seeing him in perfect health, and without the slightest trace of leprosy. I believe that the permanence of his cure depended on an extensive absorption of arsenic into his system, whereby the blood-poison from which the disease originated was destroyed. Twice or thrice during the course of his treatment he complained of a burning pain in the region of his stomach, which ceased on suspending the use of the ointment for five or six days. No medicine whatever was administered internally.

CASE 2.—This patient, aged about forty, had been twenty years suffering from elephantiasis anæsthetica. When I first saw him he was feebly making his way to the Pubna Dispensary, his strength being so much reduced by the long continuance of the disease, that he was obliged, at every thirty yards' advance, to sit down and rest himself. His object in coming to the dispensary was for the relief of inflammation round the ungual phalanx of one of his great toes. The native doctor of the dispensary found the bone loose, removed it, and told me the man was in the last stage of leprosy. On examination I found him weak and emaciated to the lowest degree. The entire skin of his face and forehead was quite anæsthetic. It was darker than natural, extremely thin as if atrophied, and drawn tightly over the bones of the face; its attenuation being peculiarly marked in the lower eyelids, where its thickness scarcely exceeded that of letter-paper. The lining membrane of the lids was remarkably pale; the mucous membrane of the mouth was drier than natural; the senses of smell and taste were lost; but the sight was perfect. Large portions of the integument on the arms and thighs, and the entire of that