Lectures.

CLINICAL LECTURE ON SOME OF THE RESULTS OF EXTENSIVE LACERATION OF THE CERVIX UTERI.[1]

DELIVERED AT THE COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

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CASE I. CHRONIC OVARITIS, DUE, APPARENTLY, TO LACERATION OF THE CERVIX, BUT UNRELIEVED BY AN OPERATION FOR THE CURE OF THE LATTER.

GENTLEMEN, — The first patient whom I bring before you to-day is Margaret A., a native of the United States, and thirty-two years of age. She has been married ten years, and has had three children and one miscarriage. Her last pregnancy was four years ago, at which time her youngest child was born, the miscarriage having occurred before that. Let us now get at the history of the case.

How long have you been sick?

"Four years."

Then you have never been well since the birth of your last child?

"No."

Had you any special trouble in your labor when this child was born?

"No."

In what way have you suffered?

"With pain all through my body."

Where do you feel the pain most severely?

"In the lower part of the bowels and down the limbs."

What else troubles you?

"My head."

In what way?

"I have such severe pain in it that my eyesight is often affected."

What else do you suffer from?

"That is all."

Are you regular in your monthly sickness?

"The flow is too profuse."

How long does it usually last?

"Five or six days, and I lose a great deal every time."

Do you have much pain also at this time?

"Yes, I suffer a great deal."

At what time in the period does the pain come on?

"Before the flow."

How long before?

"About a week."

Do you suffer more before the flow makes its appearance or after it commences to come?

"Before the flow comes."

Do you have much backache?

"Yes."

And is it increased at this time?

"Yes, very much."

Do you have the whites?

"Yes."

Does your bladder give you any trouble?

"Not often."

Do you have any trouble with your bowels?

"Constipation."

[1] Reported by P. Brynberg Porter, M. D.

This is a very straightforward history. The patient was quite well up to four years ago, when she gave birth to her last child, and as she has never been well since it would seem evident that something must have occurred at that time which has seriously interfered with her health. She appears to be very weak, her countenance indicates that she is a constant sufferer, and she herself has told us that she has pains all over her. Her general condition is undoubtedly very much depreciated, and it is therefore incumbent on us to find out what it is that has so impaired her health. Among the special symptoms here you will remember the headache, so severe that it often interferes with vision, and an ante-menstrual pain (coming on a week before the catamenia), which is much more severe than that during the actual flow. There is also one point about the case to which the patient has not alluded in the account that she has given of herself, but which is one of considerable importance. Some time ago she applied at one of the hospitals of this city for relief from the very same symptoms of which she complains to-day. On making an examination, the surgeon in charge discovered a very bad laceration of the cervix, with marked eversion of the lips. Believing that this was the primary cause of all her trouble, he very properly performed an operation for the repair of the cervix, and it was such a complete success that to-day it is scarcely possible to see that anything has ever been the matter with it, unless a very critical examination is made of the part.

The fact unfortunately remains, however, that, notwithstanding this successful operation, the patient is certainly no better than she was before it, and she even thinks that she is not so well. Yet the gentleman who had charge of the case did perfectly right, and acted precisely as I would have done, and, indeed, have often actually done, under the circumstances. But suppose now that this patient had been a lady of wealth and influence in the community, and had applied to any one of you for treatment. You would probably have told her that you could offer her an excellent prospect of recovery if she would have the laceration of the cervix operated upon. Yet when the operation had been performed she would have been just as bad off as before, and it is altogether possible that some unpleasant reflections might have been made upon your skill as a practitioner. The point that I wish to impress upon you here is that in cases such as this you must never promise too much to your patient. It is always safest to say to her that while the operation upon the cervix offers her the best chance of relief, and it is quite probable that it will result in her complete recovery, it is not impossible that it may do no good whatever, so far as the relief of her symptoms is concerned. You will thus have protected yourself, and prevented misunderstanding on the part of your patient, in case relief is not afforded, as sometimes happens. In the present instance, as has been mentioned, the patient thinks she is even worse than she was before the operation, but it is altogether probable that this is not really the case. I will now show you why it was a perfectly justifiable operation, and, indeed, one that was apparently strongly demanded.

When a vaginal examination is made in this case, a distinct mass is felt behind the cervix, and hence it has been supposed by some that have seen the patient that she was suffering from retroflexion. When conjoined manipulation is resorted to, however, it is found that

the *fundus* is in its normal position, and hence the idea of retroflexion must be excluded. But to make the matter doubly sure, I had the patient placed in Sims's position and introduced the uterine probe, when it passed up for three inches in the natural curve of the organ. Then, while the probe was still in the uterus, I passed my finger back of the cervix and ascertained that the same mass could still be felt there. When investigated more carefully, it was found to consist of two distinct parts, one on either side, and there was extreme sensitiveness not only of the masses themselves, but also of the tissues around them. In order to discover whether they were movable and distinct from the uterus, I placed two fingers between them and the cervix, and, pushing them up with one finger, I found that they were distinct. The diagnosis is, then, chronic ovaritis, with prolapse of the ovaries into Douglas's cul-de-sac. As I have before remarked, the term *chronic ovaritis* is a very unsatisfactory one, but with our present knowledge it is the best that we have to indicate chronic engorgement and hyperplasia of the ovaries, with not infrequently the presence in them of a large number of small cysts. Here the ovaries are about the size of an English walnut.

Possibly some of you may doubt the correctness of this diagnosis; and so, although no diagnosis is perhaps absolutely certain unless we can actually see the part that is affected, I will endeavor to prove it to you. In the first place, we have the presence of these two abnormal masses behind the uterus. Secondly, they are exquisitely sensitive, and the neighboring parts in the pelvis are also sensitive. Thirdly, there is a sinking sensation on the part of the patient when pressure is made upon them. She almost fainted away when the examination was made. Fourthly, the absence of signs of fibroid. These are the physical signs. Let us now glance at the rational ones.

In the first place, why does she suffer so acutely a week before menstruation begins? Because she is the subject of painful ovulation, rather than of painful menstruation. In the second place, she suffers from very marked nervous derangement, as indicated by the severe headache, the chills, and other neurotic troubles to which she is subject; and which she would not have if these masses behind the uterus were accumulations of inflammatory lymph, for instance.

But what, you may ask, has the laceration of the cervix had to do with all this? You will almost constantly find that where the cervix is lacerated badly the reflex irritation due to it results in disordered circulation, innervation, and nutrition in the pelvic tissues, and that, consequently, the ovaries become more or less involved. It is also a fact that where this is the case these organs very frequently become restored to their natural condition after the laceration of the cervix has been remedied by operative procedure. But although this is the rule, there are, unfortunately, many exceptions to it; and hence, as I have previously suggested, we should never be too confident of a successful result in such cases, and always qualify whatever prospect of relief we hold out to the patient with the possibility of failure. Again, therefore, I would warn you against promising too much in the condition known as chronic ovaritis, even when it is apparently dependent upon a laceration of the cervix. In such cases it is always well to take the position of the dentist when he is called upon to treat a facial or supra-orbital neuralgia, which has, indeed, had its origin in a carious tooth, but which may perhaps have existed for ten years. He may treat the tooth itself successfully; but the nerve beyond may have at length become permanently affected, and hence the patient will continue to suffer as before.

I need not say much about the course of treatment that is now to be adopted in the patient before us, as I have so frequently and so recently spoken upon the subject. I will only suggest, in dismissing the case, that she should have a very full diet and appropriate tonics, and, indeed, that her system should be built up by every possible means. She should have complete freedom from all burdensome occupation, and should seek a change of scene and air, if it is in her power. In the winter season I not infrequently get very excellent results by sending patients suffering from chronic ovaritis to the milder climate of South Carolina, Florida, or Bermuda; where they should ordinarily remain for the months of February, March, and April. In addition, counter-irritation should be kept up by means of the use of tincture of iodine, and a prolonged course of electricity should be tried. Will such a plan of treatment cure this patient? I should certainly not be willing to promise that it will; but, at all events, it is the best with which I am acquainted that offers her a chance of recovery or relief.

To-day a wealthy lady came to my office whom I had not seen for two years. At that time I found that there was anteflexion of the uterus, and at the same time chronic ovaritis. I frankly told her that I could at once restore the uterus to its normal position, but that I would not promise to give her relief from her sufferings, on account of the poor prospect of treating the diseased ovaries successfully.

So when I made an examination in her case again to-day, I found, indeed, that the uterus was perfectly in position, but that the ovaries were in the same condition as before; that is, inflamed, enlarged, and down in Douglas's cul-de-sac, just as those of the present patient are. During all this time, she told me, she had continued to suffer in the same way as before she had consulted me. But she did not think for a moment of casting any reflections upon my skill as a gynæcologist, for the reason that I had frankly warned her that I feared that little could be done for the relief of her suffering. This, I assure you, is the only way to retain the confidence of this class of patients, whose cases, unfortunately, are at best very unsatisfactory ones to treat.

HABITUAL MISCARRIAGE DUE TO LACERATION AND EVERSION OF THE CERVIX UTERI.

CASE II. The next patient is Catharine P., born in Ireland, and thirty-five years old. She has been married twelve years, and has had five children and five miscarriages. Three of these miscarriages have occurred within the past year, and yet she looks like a perfectly healthy woman. She comes to us not because she is suffering very much, but in order to find out why it is that she should have these repeated miscarriages. Let us question her a little more particularly in regard to her condition and history.

You do not feel sick at all, do you, Mrs. P.?

"No, except that I am rather weak."

How long is it since you had your last miscarriage?

"Two months."

Is there anything else the matter with you besides this weakness of which you speak?

"I have a discharge."

A bloody one?

"It is blood mixed with matter."

Is there anything else that you complain of?

"I am subject to diarrhœa."

How long have you had it?

"For four or five years."

What else?

"I have a pain sometimes in my right the hip."

Anything else?

"No."

With regard to the tendency to diarrhœa mentioned we need not now concern ourselves; but we desire to pay special attention to the repeated miscarriages, on account of which the patient has come here to consult us. In the first place, I would remark, then, that the only possible way to put a stop to habitual miscarrying like this is to discover the *cause* of the trouble, and treat that. What, we next ask, are the most prominent causes of this? Some of them are entirely local, while others are general. Some, I may mention, do not concern the mother, nor yet the fœtus itself, but the secundines alone. Of all the causes of habitual miscarriages, however, syphilis (either in the mother or father, or both, and either in the secondary or tertiary form) is perhaps the most frequent. In every case where a patient has aborted a number of times in succession you must make a very careful examination to see whether this disease may be present. When this is the cause of the miscarriages the fœtus dies early.

Among the other more common causes of abortion are affections of the chorion, like hydatids, and dropsy of the amnion. When the latter exists, the serous cavities of the child, as well as the placenta, are apt to be affected in the same manner. Not infrequently the cause is associated with the uterus itself. Thus, the organ may remain in its normal position until the third or fourth month, and then retroflexion, for instance, may take place. When this is the case it will usually be found that the displacement existed before the pregnancy commenced. None of the above causes are found in the present case, but an examination per vaginam reveals the existence of quite a prominent cause of habitual miscarriages, which has not as yet been mentioned. This is extensive laceration of the cervix uteri, with eversion of its lips. It is not difficult to see why this should be so when we remember that in this condition the nerves of the part are completely exposed to every sort of irritation. It is an undoubted fact, however, that many women go to full term, notwithstanding an aggravated laceration and eversion of the cervix.

Having found this condition of affairs present here, and there being apparently no other cause for the miscarriages that have been noted, I would advise that an operation for the repair of the cervix should be undertaken as soon as possible. If this should not put a stop to the constantly recurring miscarriages, we would be forced to look for some other cause of the trouble; but, at all events, such an operation would undoubtedly relieve the bloody leucorrhœa, as well as others of the symptoms of which the patient complains. It is never safe to promise too much in cases of this kind, as disappointment is so common; and all that you can tell your patient is that you will give her the best possible chance that you can of giving birth to children at full term.

Original Articles.

ON SUBSTITUTES FOR ADHESIVE PLASTER.[1]

BY ADDINELL HEWSON, A. M., M. D.

I HAVE the authority of one of the most zealous and truthful recorders of facts in his day and generation for the assertion, which he had heard made at the beginning of this century by the greatest American authority on surgery at that time, which assertion was that "one might as well attempt to improve on the Bible as to attempt to improve on the machine-spread adhesive plaster then made." This plaster was the emp. resina (of the London and United States Pharmacopœias), the empl. lethargynæ resina (of the Dublin), and the empl. resinosum (of the Edinburgh), either of which was well spread on linen cloth ready for use, requiring mere cutting into strips of the desired length and width and heating by the contact of its free surface with that of a heated body, — a bottle or tin can filled with boiling water. The basis of all these plaster compounds was that of the officinal lead plaster of all the pharmacopœias, with the addition in each of resin in varying proportions: thus, of one to five (Edinburgh), of one to six (United States and London), and of one to seven (Dublin). The resin used is the residuum after the distillation of the volatile oil of turpentine from various species of pinus and abies, and the purpose of its addition is to make the emp. plumbi more adhesive. It at the same time makes a more brittle plaster, which, in cold weather, is not desirable; hence another addition of the emp. saponis compos. in the Dublin Pharmacopœia was made, consisting of equal parts of soap plaster, letharge plaster, and resin. The frequent occurrence of erythema and erysipelas as well as suppurative inflammation with the use of any one of these plasters led many to recognize long since the presence of the resin as a source of such mischiefs. Thus Boynton, who has immortalized himself by his method of treating varicose and other forms of ulceration of the limbs by strapping, early abandoned the use of any one of these plasters, and had one made containing six drachms of resin to the pound of lead, the smallest amount of resin which he found could be used to make a sufficiently adhesive plaster. Yet with such a composition unfavorable cases did occur even in Boynton's hands, and it would seem that even he was compelled to accede to Physic's dictum, at least as to the essential ingredients of the sticking-plaster. Indeed, it would seem that the ingredients considered essential for such a plaster were always the same, not only in Physic's day, but as long a time before as since, for I find them in the formulæ of all the old thesauri of the last century as well as in those of the modern pharmacopœia. The defect was nevertheless recognized, and some attempts were made, unsuccessfully, to remedy it; and yet at the present time it is not recognized by the majority, by such even as Professor Lister himself, for he uses seven parts of resin to five of paraffine and one of carbolic acid for impregnating the cotton cloth with which he envelops a wound in his antiseptic dressing.

It is hardly necessary for me to cite any facts to sustain the assertion that all forms of products from turpentine are capable of exciting erythema and erysipelas in the skins of some individuals. I do not sup-

[1] Read before the Academy of Surgery, Philadelphia.