

27th.—For many days the patient has been very importunate to go home to settle business, &c., evidently having something on his mind. There is still a dull pain in the head at times. The facial paralysis is about the same. He is gaining strength rapidly in body and mind. He believes that he has his own head and eye; remembers the night of the accident, and says that he had been drinking but was not intoxicated. His brother, who has seen him frequently, thinks that but for some loss of memory his mind is as good as ever. At his earnest and repeated request he is discharged.

*Remarks.*—The patient doubtless fell from the steps (he remembers being at the top of them), striking on the back and right side of his head, as shown by the depression found in the former and the swelling in the latter situation. The force was transmitted to the left base, which was probably fractured through the middle fossa. The bleeding from nose, ear, and mouth, and ecchymosis of upper lid, leave little doubt of the existence of a fracture of the base; and the nature of the paralysis shows that a part at least of it must have been in the left of the middle fossa. The nerves were doubtless lacerated or interfered with after leaving the brain, but before quitting the skull. The temporary strabismus of the right eye must have been owing to some irritation of the sixth nerve. The mental phenomena were very interesting; for even while complaining bitterly that neither his head nor his eye was his own, the patient was quite aware of the absurdity of most of his conversation, often saying that he felt childish.

The treatment consisted of quiet, cold applications to the head, low diet and the use of powerful purgatives and stimulating enemata.

#### THE TREATMENT OF ENDO-METRITIS BY INTRA-UTERINE SCARIFICATION.

[Extracts from a Paper read before the Norfolk (Mass.) District Medical Society, Nov. 14th, 1866, and communicated for the Boston Medical and Surgical Journal.]

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THE object of the present essay is not to inquire into the pathology of endo-metritis, nor to discuss special affections resulting from chronic inflammation of the lining membrane of the uterus, to which intra-uterine scarification has proved serviceable, but to set forth concisely the means and method of its accomplishment, and the principles upon which it is based; that a more extended observation may establish, or otherwise, its claim to be regarded not merely as a *new*, but a recognized principle of treatment in uterine surgery.

The means by which it is accomplished is Lallemand's urethra-tome, modified by the addition of a probe-point, and an elevation (D) two and a half inches, from the point, about the average length of the cavity of the healthy womb. It consists of a steel tube

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(slightly curved between the point and the elevation), fenestrated on one of its sides, in the distal end of which is an inclined plane. A knife (D), half an inch long and one sixteenth wide, on the end of a staff, which, when pushed forward, rises on the inclined plane through the fenestra. A sliding knob (B), by which the staff is fixed and the depth of the incision regulated; and a set knob (A), which holds the knife concealed while the instrument is being introduced.

COPMAN & SHERIDAN, BOSTON.

As the necessity of the case requires that the scarificator be passed to the fundus of the uterus, it is to be presumed that those who condemn the common use of the uterine sound, will, for *apparently* more cogent reasons, condemn the former. But, inasmuch as the scarificator and sound are nearly identical in form, and as the use of either requires the same delicacy of touch, and alike definite conception of the relative size and position of the uterus, and as the pain and danger of inflammation consequent upon the use of the one (the knife being always concealed), is no greater than that of the other, the testimony of Dr. West with regard to the sound will apply with equal force to the scarificator. "The introduction of the sound causes some pain, though this is generally by no means severe, and is almost always of short duration; and *in no instance* that has come under my observation have dangerous consequences resulted from its use, though awkwardness and foolhardiness have, I know, done mischief with this, as with almost every instrument that has been ever invented."—WEST *on the Diseases of Women*, p. 28.

As a general rule the passing of the scarificator, other things being equal, will be the most readily and safely effected, in proportion as the uterus retains its normal position, and vice versâ; consequently, if it be deviated or flexed, the first indication will be to reduce it by elevating the fundus, and there to retain it with the cervix resting against the left index finger, along which the instrument is to be guided through the os into the cervical canal. Should its point, as frequently happens, become arrested at the junction of the cervical and uterine canals, the obstruction is not to be overcome with force, but the fundus is to be again elevated, at the same time the scarificator is held gently but steadily between the thumb and finger, against the point of resistance; or the end may be obtained by pressing the *side* of the scarificator with the index finger firmly enough against the wall of the cervical canal to draw the cervix downwards, by which the longitudinal axes of the body and neck are made to correspond; in other words, the crooked canal becomes straight. \* \*

The point of the scarificator having reached the fundus, loosen the set knob, push forward the staff, and having secured it, incise the membrane, by drawing the knife, steadied by the finger, the whole length of the uterine cavity, repeating the operation as many times as the case in the opinion of the operator may require. Occasionally the operation is followed by a free flow of blood, but more commonly it is scanty, continuing for a couple of days and corresponding in quantity to the usual amount of healthy menstruation for a similar period. The pain is slight if the knife is *sharp*; but if dull, is proportionate to the degree of pressure requisite to make the incisions.

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Five years have now elapsed since the practice was first adopted, and in the very many instances in which the operation has been performed, I cannot call to mind a single case followed with inflammation to any extent, and in two only has hæmorrhage required interference. I therefore regard the mere incising of the lining membrane of the uterus a safe operation. \* \* \* \*

Scanzoni, West, Tilt, Hodge, and indeed most writers upon uterine therapeutics, speak of depletion by scarification, but limit it to the mouth and neck of the womb. Though the effects of inflammation of the uterine and cervical lining membranes are modified by the anatomical peculiarities of each, yet they are governed by the same laws, and to a great extent are amenable to the same principles of treatment. If depletion by scarification is productive of good in inflammatory affections of the cervical membrane, it is a legitimate inference that depletion by scarification of the lining membrane of the uterus will be followed by a corresponding amelioration of symptoms.

We are taught by writers to believe endo-metritis to be a rare form of disease. In the absence of positive evidence its frequency might be inferred, from the fact that a large proportion of patients refer their ill-health to pregnancy, labor, abortion, interrupted menstruation, &c.; changes affecting far more directly the body of the uterus and its lining membrane, than the cervix and lining membrane of its cavity, and giving rise to amenorrhœa, dysmenorrhœa, menorrhagia, hæmorrhage, &c. \* \* \* \*

An inflammatory condition of the lining membrane causes also an enlargement of the womb, either by deposition of fibrin (usually called hypertrophy), or by arresting involution of the organ after labor or abortion: the increased weight of which causes deviations of various kinds and degree. These, excepting in extreme cases, or sudden dislocation from falls, blows, &c., the pressure of tumors, or distended adjacent organs, are to be regarded as *symptoms* no less than lumbar and hypogastric pains, leucorrhœa, &c., and are to be treated as such. That the severity of symptoms generally depends upon the amount of inflammation, rather than the displacement, is evident from the fact, that if the former is removed, the latter will cause little or no inconvenience; whereas merely retaining the uterus

in its normal position by artificial supports, is at best only a temporary alleviation and in the end a positive injury. In virgins especially should they, as well as the speculum, be ignored, for those cases are rare indeed in which an ordinary degree of tact cannot diagnose by the touch the nature of the disease, and guide the application of remedial means.

Depletion, though the most important, is by no means the sole object to be attained by the treatment now proposed, neither is it intended to exclude other remedies either general or local, but to act in concert with them. \* \* \* \*

At a future time I purpose to consider the subject more fully in connection with dysmenorrhoea and sterility.

### Bibliographical Notices.

*Revue des Cours Scientifiques de la France et de l'Etranger*, 29 Septembre, 1866. Art. I.—*Société Médicale de Massachusetts (Etats Unis de l'Amérique du Nord)*. Discours par le Docteur B. E. COTTING. *La Maladie considérée comme faisant partie du plan de la Création*. Traduit de l'Anglais par GASTON GARNIER.

Nor many years ago, perhaps a dozen, one of the learned Board of Examiners of the College of Surgeons in London, saw fit to question a candidate from Massachusetts concerning tomahawk wounds, beginning thus:—"If, Mr. —, a man were travelling from Boston to some town in the interior of the State, and an Indian, crouching in the jungle, should throw his tomahawk," &c. The story is told that, some thirty years since, in a certain learned society in the city of Paris, a Report of the Massachusetts General Hospital, having been cited, was pronounced fictitious, the savans present declaring that there was no such place in existence as Massachusetts. We have heard much (at least in our own Legislature and pulpits\*) of the widespread fame and commanding influence of Massachusetts. We are proud of our State Medical Society. But in view of facts like those just cited, if we are lions, let us roar gently.

We have rarely met with the name of the Massachusetts Medical Society in any British or foreign medical literature. Much more seldom have we remarked any reference to its transactions in any French journal; and we do not remember, up to the present time, to have heard that one of its annual discourses had been honored with translation and re-publication in Europe. We therefore congratulate the members of the Society, and Dr. Cotting in particular, upon producing something which has awakened attention, and which has appeared sufficiently interesting and important to deserve the honor of unsolicited translation and publication in one of the foremost scientific, as well as

\* "I verily believe that Massachusetts has put more ideas, and more vital ones, into the civil polity, and daily life, and the general mind of this country, than any other State. \* \* \* It is the force of her ideas, which may be hated, laughed at, out-voted, but yet are invincible and triumphant over all odds."—Rev. Dr. PUTNAM's *Thanksgiving Sermon for 1866*.