

ceps the labor appears to be arrested and the woman's voluntary powers cease to act, consequently unless one feels convinced that the case will be terminated, speedily by instrumental interference, it is better not to attempt it. I have frequently endeavored to extricate the head by passing two fingers into the rectum, but have failed in this maneuver for the reason that the force necessary to be employed is likely to injure the soft parts. The proper management of the perinæum is very important. I have been practicing for years a form of attenuation from the very moment that the head commences to impinge upon the outlet, and I believe that I have greatly assisted the efforts of the woman. If the head is still within the uterus at this point, it is good practice to make a sweep with the finger and push the os over the occiput. I generally deliver the patient on the left side, as that position is better for the touch and use of the hand, but sometimes I have thought I found good results from placing the woman on her back and allowing her to have a few pains in that posture. I am confirmed in this opinion by the experience of a case to which I was called the morning before I left home by Dr. George B. Reynolds, of Baltimore. The head had remained at the outlet for more than three hours without making the slightest progress, when the Doctor fortunately changed the position of the patient, and the labor was quickly terminated.

In conclusion, I would state that the great advantage of the procedures briefly suggested in this paper is, that should they fail, they do not interfere with the after-use of the forceps, but rather prepare the way for their easy application. Moreover, I hold that, if properly employed, they prevent those two *bêtes noir* of modern obstetrical literature, lacerations of the os and perinæum. In addition to this, I believe that post-partum hæmorrhage, that worst complication of midwifery, may also be averted, for it is the weary, out-worked uterus that floods, not the fresh and vigorous organ.

In making these suggestions, I do not wish to be understood as recommending an imitation of the *lesser labours* of the French, where the accoucheur, with rolled-up sleeves, presents himself in front of the patient, and with a great flurry and show of manipulation leads the bystanders to believe that he himself is doing the parturient work—but a scientific employment of measures which experience has proved to be both rational and useful in furtherance of the greatest physiological process known to mankind.

THE VALUE OF GYNÆCOLOGICAL TREATMENT IN HYSTERIA AND ALLIED AFFECTIONS.

BY PHILIP ZENNER, A.M., M.D., CINCINNATI, O.

[Read in the Section of Obstetrics and Diseases of Women, June, 1883, and referred for publication.]

That lesions of the female genitalia are sometimes productive of hysteria or allied affections; that the removal of the local lesion sometimes alleviates or cures the nervous disease is proven by past experience. Happy results thus obtained in the manage-

ment of cases usually so intractable naturally inspire the hope that a like cause for these diseases will always be found and tempt one to the institution of like measures in their treatment. And in practice we actually see that it has become only too fashionable to institute gynæcological examination or treatment on account of the presence of some nervous affection. These efforts might be deemed laudable were it not that they have also their shadow side, that such measures may injure as well as benefit. That gynæcological examination or treatment may be productive of injury, that harm has been done in this manner should be fully recognized, lest injudicious measures throw entire discredit on the value of the assistance often afforded by the gynæcologist in the management of nervous diseases.

On account of the practical value of the questions in issue, it may not be unprofitable to consider the ætiological relationship of disease of the female genitalia to hysteria and allied affections, and the good or ill effects which may attend local therapeutical measures. Should the paper call forth the views and experience of eminent men here present, it may lead to valuable results.

Hysteria is a disease of the nervous system, perhaps affecting the entire nervous system; at least the great nervous centers are particularly involved. It depends upon peculiar pathological conditions of those centers which the microscope or other tests at present in our possession do not reveal. We therefore term it a functional disease. That a peculiar condition of the nervous system underlies the development of hysteria is seen in the fact that it usually occurs in individuals predisposed to such affections. The predisposition is generally of hereditary transmission. It is sometimes favored or acquired through false systems of education, the evils and abuses of modern society, the drain of exhausting diseases, the deprivations and toils of poverty or the like. How important a part the predisposition plays in the causation of the disease must never be forgotten when we consider the practical subjects prophylaxis and therapy.

The predisposition alone seems sometimes sufficient for the development of the nervous malady, though usually some exciting cause calls forth its first manifestations. Most frequently this is of psychic origin, emotional excitement, fright, or the slower action of some strong and absorbing passion. Not uncommonly the exciting cause appears to be some peripheric source of irritation, producing the disease in a reflex way.

The preceding remarks will enable us to consider more intelligently its ætiological relationship with diseases of the uterus and ovaries. The latter may in a reflex way, through irritation of the genital nerves, be the exciting cause of the disease in those already predisposed to it. Or they may through protracted pain or hæmorrhage, through depriving the patient of fresh air or exercise, in short through these injurious influences on general system at the same time produce the predisposition and be the exciting cause of the existing nervous malady.

Doubtless an important element in these cases is the deleterious influence of the mind's dwelling upon

the local disorder, which only too often has been intensified by local treatment.

But are local lesions a very frequent cause of hysteria? There are some who still hold that hysteria is always dependent on the disease of the female genitalia. But the facts that the disease occurs also in men; that it occurs in children before puberty; that frequently the most careful gynæcological examinations, and even post-mortem inspections, have revealed no pathological changes in those organs, and that it has been found where the uterus was congenitally missing, remove all reasonable grounds for such views. It is even doubtful whether hysteria is very frequently due to such causes. Let us examine the grounds which have given rise to this belief.

A close relationship between genital functions and nervous diseases is seen in the frequent development of the latter in important periods of sexual life. The time of puberty and the climacteric periods are especially favorable for the outbreak of nervous diseases. The periods of gestation and lactation have, though less frequently, a similar record. During menstrual periods, existing nervous manifestations are usually aggravated. But we would little understand the great economy of nature, should we attribute these disturbances to mere local causes. The great changes in sexual life are changes, not in the local genitalia alone, but in the entire organism. And because the nervous system is unusually impressible at periods of such physiological importance, we must not falsely conclude that local pathological changes should produce trouble of like consequence.

It is an undoubted fact that hysteria and uterine diseases very frequently occur together. But we must not thence hastily conclude that the one must be dependent on the other. Probably, as a rule, this is a mere coincidence, a like soil being favorable for their growth. Both occur frequently in those who have borne children; both are common in weakly individuals, these conditions being favorable for the production of uterine disease, as well as for the development of hysteria.

We must not even draw too hasty conclusions from the favorable results of therapy.

Doubtless, in many cases reported as cured by gynæcological treatment, the rest, hygienic measures and constitutional treatment did much to bring about the happy result.

If, for the above reasons, we would warn against too hasty conclusions as to ætiological relationship, we can speak far more emphatically of the frequent inutility or needlessness of local treatment. It is no uncommon thing in practice to see uterine lesions disappear without improvement of the nervous symptoms, as also the cure of the nervous disease while the lesions in the genital organs remain. The great significance of such facts cannot be overlooked. As it is very interesting in itself, allow me, in this connection, to mention a case reported by Rosenthal. In a woman who had never menstruated, and with monthly recurrences of attacks of hystero-epilepsy, after everything else had been tried, Battey's operation was performed. For five months the attacks were very light, but after that lapse of time they be-

came as severe as before. The shock of the operation probably caused the temporary improvement. But the "unsexing" the woman had no influence on the hysterical seizures.

The lack of therapeutic success by no means proves the absence of ætiological relationship. While a local disease may have been the predisposing or exciting cause of the nervous affection, the latter, depending on now existing changes in the nervous system, has become independent of the peripheral lesion, and is unaffected by its removal.

For this very reason must our therapeutical measures usually be directed to the condition of the nervous system, more than to the possible sources of peripheral irritation.

My first experience of this kind led me to hope for very much from local treatment. The patient was under my charge, while interne in the Cincinnati Hospital, in the service of the late Dr. M. B. Wright. She had been suffering for months with constant headache immediately following a lying-in. An examination revealed ulceration of the cervix. During the treatment of the latter condition the headache disappeared. At the time, I attributed the cure of the headache altogether to the local treatment. But it should not have been forgotten that while in the hospital the woman had rest, good nourishment, and tonic medication.

A second case was one of severe migraine, of four years' standing, immediately following a confinement. An examination revealed slight displacement and endo-cervicitis. A pessary was introduced. The patient subsequently became pregnant, and during her pregnancy was entirely free from headache (a not uncommon occurrence in cases of migraine). But after delivery the headaches soon re-appeared, and now, after a lapse of three years, are as severe as they ever were. A recent examination by a prominent gynæcologist failed to detect any uterine lesion. The entire history of the case indicates that the uterine lesion was probably the exciting cause of the migraine, but the cure of the nervous disease did not follow the removal of the cause.

A third case I shall mention is that of a woman 37 years of age, who suffered from migraine from girlhood. Uterine symptoms for many years. Some operation was performed four years ago; physician told her it was for intra-uterine tumor. Since that time her condition has been much worse. The headaches, previously occurring only in paroxysms, have become continuous and of great severity, and many other hysterical manifestations have appeared. Nothing abnormal can be detected in the pelvic organs. Here the change for the worse dates directly from the operative interference, and appears to be due to local measures.

I might add details of other cases in which gynæcological interference had entirely negative results.

In a recent number of the *Berliner Klinische, Wochenschrift* (No. 10), Peretti, physician to an asylum for the insane, gives the details of a number of cases in which gynæcological examination or treatment were directly productive of injury. In some, local treatment, in others a mere examination

either were the direct exciting causes of an outbreak of insanity, or greatly aggravated the condition of those in whom the disease already existed. In proof of the direct relationship between the gynæcological measures and the mental condition, he mentions that the patients usually had delusions or hallucinations of a sexual type, in which the examining physician was the central figure. In these cases proper constitutional treatment, without gynæcological interference, led to a full recovery.

Let us briefly consider in what way local measures may be productive of injury. We have above briefly referred to the great influence of the mind in the production of nervous diseases, and this is doubtless the chief source of injury here. To a sensitive maiden nothing is more distressing or humiliating than such examination, and the matron often experiences the same feeling. Besides, there is the deleterious influence produced by the knowledge of the presence of such lesions. There are no other diseases which cause the mind to dwell so persistently on the diseased organ as those of the genital organs. This fact is universally recognized, and in just such cases this influence of the mind is especially injurious. It is always an important part in the treatment, to divert the thoughts from the genitalia, as far as possible.

There is this further consideration that local measures may do harm in the same way as local lesions, that is, in a reflex way by irritation of the genital nerves. It is probably in this way that the aggravated condition of the third patient mentioned above, after an operation is to be explained.

These possibilities of injury should never be forgotten when resorting to such measures in the individual case. Playfair states that he has often known the condition of hysterical patients to be aggravated by injudicious gynæcological interference; and Freudenburg declares beginning nervousness to be rather a contra-indication to the institution of local measures, adding that more harm is done by the latter, than by their complete omission.

What, then, can be said as to the propriety of such interference in these cases?

Fortunately, according to the bulk of experience hitherto, an ætiological relationship appears to exist, and beneficial results from local measures seem to be obtained principally in displacements, metritis, and like conditions, where the lesions generally cause decided local symptoms and in themselves demand local treatment. The propriety of such treatment in these cases can not be questioned. But we can not too strongly condemn the promiscuous gynæcological examination of girls or unmarried women, merely because there are nervous symptoms.

And even when local lesions are present, if their treatment seems to aggravate the nervous symptoms through the influence of the mind, in a reflex way, or in whatever manner, it should be discontinued. It will always be necessary to individualize, and success will largely depend upon the wise choice and judicious management of the physician, at least until the time when a fuller knowledge will enable us to know more definitely where an ætiological relationship

exists, and where local treatment must be of benefit.

In the meantime it must be remembered that the general treatment, the toning up of the nervous system, is always the most important object. In fact the duty of the physician demands much more than the mere treatment of existing nervous manifestations. He should attempt to prevent the disease, to eradicate the predisposition upon which it depends. He must warn society that the idle lives of its fashionable ladies, with just such employments or amusements as heat up an already wayward imagination, or foster the morbid feelings in their nature, must produce hysterical affections in them, just as overwork, intense application to business, and, even more, the unfortunately common habits of public and private gambling, are leading to immense mental injury among men.

The physician should follow the history of the predisposed individual and attempt to prevent the development of the disease. He should inculcate the practice of proper hygienic regulations in childhood, point out a system of education that will soundly develop body and mind, and lead to habits of self-control and unselfishness, but especially at the period of puberty, by suggesting useful employment or earnest study, should he guard against means that heat a naturally too fervid imagination, and, above all, try to keep the thoughts from the genital functions.

When the disease already exists, proper moral, hygienic and constitutional treatment, hydrotherapy, etc., and, in very obstinate cases, the plan of treatment brought forward by our eminent countryman, Weir Mitchell, will often lead to happy results.

ON THE PATHOLOGY OF PHTHISIS PULMONALIS AND ITS LARYNGEAL COMPLICATIONS.

[Read before the Philadelphia Pathological Society, at its semi-annual Conversational Meeting, Oct. 22, 1883.]

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In bringing the much discussed subject of the pathology of phthisis again before the Society an apology is perhaps owing which will be found in the renewed interest which the investigations of Koch in the ætiology of this disease have aroused. It is, however, not the purpose of this paper to discuss the bacillus theory of tuberculosis nor to enter in detail into the pathology of phthisis. The main object is to sketch the laryngeal complications of phthisis, and point out their difference from those noticed in tuberculosis. This can, however, not well be done without first considering, in a general way, the differences between the two diseases themselves, and I will, therefore, in a few words relate my individual views on this subject—views which are not quite in accord with those of many of the authors on pathology, but which have forced themselves upon me by pathological study and clinical observations. Let us briefly review first the characteristics of the disease known as *tuberculosis*. It may be defined as an auto-infectious disease manifesting itself primarily in the production of minute neoplasms, which may be localized in one