These are much below the real number; and I may here mention that, when attending, some months ago, a married woman who died from tertiary syphilis, her friends were very importunate for me to suppress the real cause of death, on the grounds that it might lead to forfeiture of the burial-club money. I certified the death as due to tertiary syphilis; but now that this word is so familiar to the public, or even its abbreviation (syph.), it would be well if practitioners could, by some modification of our death-registration system, be spared the invidious choice of stating the cruel truth, or of suppressing it at the risk of giving an incorrect certificate.

My own experience is, that the cases of constitutional syphilis which come under my care in the hospital are just as severe as those I remember to have seen when I attended the hospital twenty years ago as a student. Among the patients at the Seamen's Dispensary, very severe forms of primary and secondary syphilis come before us, being much aggravated by the dirty habits of merchant seamen, want of facilities for cleanliness on board ship, and neglect. In private practice, indurated sores and very severe constitutional symptoms are seen by me daily, and I have observed that, besides merchant-seamen, labourers of all kinds, carters, cabmen, and others, suffer very severely from syphilis. It is also very prevalent among mere lads of all classes, some of whom suffer most severely in the attempts to conceal the matter from their parents.

It appears to me only what we might expect, that syphilis should prevail to a great extent in our large seaports. That it did so in Plymouth and Devonport, Portsmouth, Cork, and Queenstown, years ago, is clear; and it is equally clear that, in those ports, it has been considerably reduced among the common prostitutes, the sailors, soldiers, and civil population. It still prevails largely in London, Liverpool, Dublin, Belfast, Kingstown, Leith, Hull, and other ports, and there is no proof of any reduction. As throwing some light upon the reason of its prevalence and severity in Liverpool, I hope in another paper to give some information respecting the number and condition of prostitutes in this town.

A CASE OF CHRONIC HYPERPLASTIC ENDO-METRITIS (ENDOMETRITIS FUNGOSA): WITH REMARKS ON THE TREATMENT OF METRORRHAGIA.*

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IN the present communication, I wish to call attention to a form of disease which, so far as I know, has as yet not met with more than a passing and brief mention in any of our English text-books on the diseases of women. It nevertheless seems to me to present features peculiar and distinctive enough to make it worthy of separate recognition. My attention was called to it by a case under my care in the London Hospital. At the time when the patient was under treatment, I was not acquainted with any account of the disease; I was then only aware that the case was an unusual one. Since then, on reading Olshausen's paper on the subject, I recognised that his description applied to my patient. I will first give an account of the case, and then comment upon it. (I narrate the case from notes by Mr. Laphorne Smith.)

J. R., aged 44, a paper-ruler's wife, was admitted into the London Hospital on March 27th, 1878. She gave the following history. Her previous health had on the whole been good, except that she had had several attacks of "rheumatic fever". She first menstruated at the age of thirteen, and was always regular, without pain (except during pregnancy), until her present symptoms began. She was married at the age of twenty-six, and had three children; the last eleven years ago. There was a good deal of flooding after the last delivery; but her confinements were otherwise natural. She did not suckle any of the children. During the last two years, she had suffered at times from amenorrhœa, lasting from two to eight months at a time, and followed by a copious loss of blood from the womb. In September 1877, after four or five months' amenorrhœa, there was considerable flooding. She subsequently did not menstruate for two or three months, after which she was regular till eight or nine weeks ago, when there was another profuse hæmorrhage, lasting a week, and followed by "green waters" for two or three days. For four months she had been suffering from "falling of the womb", which was for eight weeks accompanied with retention of urine, needing the use of the catheter. She had been, up to the time of admission, under the care of Mr. Mahony of the Commercial Road, with whom I saw her in consultation. He had employed

the remedies usual in cases of uterine hæmorrhage, and the patient had kept her bed a good deal. She did not know whether or not she had been pregnant during these periods of amenorrhœa, but did not think so. She never had any leucorrhœa, nor any urinary or rectal trouble. She had slight pain occasionally in the right side of the abdomen, but no other pain. Hæmorrhage recurred five days before admission.

When admitted, she was slightly wasted and markedly anæmic. The heart's apex-beat was in the normal position, and its action was regular; but a soft systolic murmur was heard over the apex. There was no œdema of legs or feet, or signs of anything abnormal about the lungs. The uterus was low in the pelvis, large, but regular in shape, slightly retroverted and retroflexed. The cervix was thick, but otherwise healthy; there was no erosion nor abrasion. The body was so large, that the presence of a fibroid growth seemed at first probable.

She was kept in bed, and given a mixture containing ergot and ammonia. On April 2nd, this was changed for a mixture containing ergot, strychnia, and digitalis. The hæmorrhage, however, did not abate. On April 4th, a sponge-tent was put into the cervical canal. On the evening of this day, the temperature, which until then had varied between 98° and 100.5°, reached 102°. On April 5th, the cervical canal was dilated sufficiently to admit the finger; but it was found that a complete exploration of the uterine cavity could not be made without anæsthesia. On the introduction of the finger before ether was given, an irregular piece of pale tough membrane, about a square inch in superficial extent, smooth on one side and rough on the other, came away. This was, unfortunately, accidentally thrown away, and therefore was only examined with the naked eye. Under ether, the uterus was ascertained to be movable, equally enlarged, and its cavity dilated. Its interior was found to be lined with a soft velvety flocculent layer, feeling as if thrown into thick folds. No polypus, polypoid growth, or solid product of any kind, was present. Strong nitric acid was applied to the interior of the uterus with a swab. No ill effects followed this proceeding. The temperature sank to 98.4° on the day following the putting in of the tent. On April 6th, it rose to 101.2°, and the next day fell to 99.5°; it never afterwards exceeded 100°. Slight brownish discharge lasted for about a fortnight after the application. On April 22nd, she was allowed to get up; and on May 3rd she returned to her home. The uterus was still enlarged, and was acutely retroflexed; it was quite movable. There was no tenderness. She felt well, had no pain, and no discharge.

On September 15th, she attended, and said she had not menstruated since being in hospital. On November 23rd, she said she had menstruated twice since the last note, scantily and with very little pain, the flow lasting between four and five days.

May 14th, 1879. She had been regular up to March, scantily; had seen nothing since then. She was now attending at the London Hospital on account of dyspeptic troubles—bad appetite and constipation; but there were no uterine symptoms. She had no discharge. She complained of abdominal pains when the bowels were confined, but not at any other time. No treatment was carried out for the retroflexion, because it did not appear to be causing any symptoms.

REMARKS.—The important points about the case are these: the hæmorrhage; the enlargement of the uterus, with expansion of its cavity; the swelling, softening, and easy detachment of its lining membrane; and the removal of symptoms by the application of nitric acid. I would remark, with reference to this particular case, that the hæmorrhage did not depend either upon the mitral disease or upon the retroflexion; for, after the hæmorrhage had ceased, the retroflexion was still present, and so was the mitral murmur.

The fullest account of this disease is that given by Olshausen (*Archiv für Gynäkologie*, Band viii, 1875, S. 97). Before expressing any opinions about it, I will briefly sketch its clinical characters. I shall best do so by abridging the account given by the author to whom I have referred.

The chief symptom of the affection is hæmorrhage. This may begin as gradually increasing menstrual losses, or as irregular hæmorrhages progressively becoming more severe, or as profuse bleeding suddenly taking place. Sometimes there is leucorrhœal discharge in the intervals of hæmorrhage, sometimes not; but often a thin reddish discharge from the uterus. There is, as a rule, no pain, other than a slight aching about the pelvis, except that sometimes blood in the uterine cavity seems to provoke uterine contraction. The losses of blood lead to anæmia, which may reach a high degree, and then produce other symptoms such as anæmia usually does—dyspepsia, disturbed sleep, œdema of legs, etc. Vaginal examination shows nothing strikingly abnormal. Olshausen says the cervix is found usually rather soft, and the os wide and gaping; but these conditions may sometimes be due to antecedent labours, and are not distinctive enough to be of service in diagnosis. The uterus is, as a rule, normal in position. It is usually somewhat

* Read before the East London and South Essex District of the Metropolitan Counties Branch.

enlarged; but the degree of increase in size varies. It may be very slight; but the organ may be so big that its long diameter is equal to that of one three months pregnant. Its shape is not altered. The introduction of the sound is easy, and not more painful than in health, but usually provokes bleeding, which may be considerable. It shows a lengthening of the uterine cavity, proportional to the increase in size of the organ. When the cervical canal has been dilated by tents and the finger is introduced into the uterine cavity, its entrance may be hindered by a thick soft spongy mass occupying the internal os. If it be not so, and the finger without hindrance reach the fundus, nothing abnormal is felt in the uterine cavity, except that this cavity is enlarged, and its lining membrane is thick, soft, uneven—feeling, says Olshausen, like a soft cushion, into which the finger can be pressed. Bischoff compares it to soft moss. The mere introduction and withdrawal of the curette, without any intentional scraping, will bring away shreds of membrane; while, if it be drawn along the uterine wall with some little pressure, large and thick pieces of the membrane lining the uterus will be withdrawn. If the operator have been at all doubtful of the conclusion arrived at from the sense of touch, this behaviour of the lining membrane under the curette will, according to Olshausen, make the diagnosis certain. The curette, he says, gives rise to only slight hæmorrhage. Its use is painful, but the pain is seldom severe; he does not think anaesthesia required. (Bischoff, it may be mentioned, usually finds chloroform desirable.) It is necessary, for cure, to continue scraping until no more membrane is withdrawn by the curette. The bits of membrane removed are seen to be quite alike, all the pieces resembling each other, both in an individual case and in different cases. They are smooth on the inner surface, and rough on the outer, where they were attached to the uterus. Microscopic examination shows them to consist of a hypertrophy of the uterine mucous membrane, with increase of all its elements, moderate dilatation of gland-tubes, enlargement of vessels, and cellular infiltration of connective tissue.

Although in my case a microscopic examination of the bit of membrane removed was unfortunately not made, yet I think the clinical features of the case correspond accurately enough with this description.

It is not my intention here to discuss the pathology of the disease. It is, however, necessary for me to briefly state the reasons which I think justify us in regarding this group of morbid phenomena as a distinct form of disease, deserving of separate description and study. *In limine* I would point out that, in cases such as have been described, the condition of the uterus is certainly not that of health. In a healthy uterus, the lining membrane does not come away in thick flakes with the mere introduction of the finger or the curette. Indeed, it would be very difficult, if not impossible, with the most dexterous manipulation of any instrument, to get the healthy mucous membrane away in large thick strips. The question which is naturally suggested by the description of the phenomena of my case is this, whether the swollen, softened, easily detached membrane lining the uterus was not really the decidua of an abortion. Olshausen remarks on the resemblance between the two conditions. With reference to this possible fallacy, it must, therefore, be mentioned that this author states that he has met with similar thickening and softening, both clinically and *post mortem*, in women past the childbearing age. Therefore it seems certain that it may occur independently of pregnancy. (It may be added, that supposing, in my case, the repeated hæmorrhages separated by intervals of amenorrhœa to have been really so many unnoticed abortions, a fresh pregnancy following immediately upon each abortion, then such a condition, leading, as it must do, to great anæmia and debility, calls quite as much for cure as cases of evident disease.) Whether a name implying a process of inflammation is rightly applied to the disease, is a question into which I shall not go, but will adopt, without expressing any opinion as to its fitness, the name used by Olshausen, to whom belongs the credit of having given the first full description of the disease.

Olshausen, Bischoff, Routh, and Matthews Duncan, following in this respect Récamier and Nélaton, describe this disease along with other conditions producing similar symptoms. Thus Duncan says*: "In his (Olshausen's) description, and in some others, there is a tendency to neglect the slighter forms of the disease, and to consider only the prolonged and severer, where hypertrophy of the mucous membrane occurs. This hypertrophy is general, or exaggerated in parts, which project into the enlarged tender cavity of the uterus, like polypus or molluscum; and this gives some of its various names to the disease—endometritis polyposa, vel tuberosa, vel fungosa. But the majority of cases are comparatively slight, and uterine hypertrophy may be incon-

siderable or absent. When uterine hypertrophy is present, it is owing to, and caused by, the growth of the mucous membrane, which can easily be felt to be morbid, soft, thickened, and with prominences of various sizes, if the cervix is dilated by a tangle-tent to admit of the passage of the finger." Olshausen, in his paper, describes cases such as mine, in which there was general thickening and softening of the lining membrane of the uterus, and cases in which there were distinct polypoid projections, under the common title of endometritis fungosa; but he separates the two classes of cases, applying the term *chronic hyperplastic endometritis* to the former.

The distinction between the two forms of disease had been previously pointed out by Routh (*Obstetrical Transactions*, vol. ii, p. 130), who says: "It would appear that, in these obstinate cases of menorrhagia, there are two conditions of the uterine mucous membrane which require to be removed: one is the presence of polypi of various sizes and number, which grow from its surface; the other is a softened state of the mucous membrane, probably inflammatory in character, and which bleeds upon the slightest touch, in many cases upon the slightest movement of the patient." I would draw attention to the remarkable parallelism between the case I have narrated above, and the second of the cases given by Routh in his paper.

Bischoff describes, under the name of endometritis fungosa, four different forms of disease of the lining membrane of the uterus: one dependent upon œdema of the normal tissue, with the formation of very vascular granulation-tissue; one invariably a sequence of abortion, which he calls the decidua form; diffuse adenoma; and diffuse sarcoma ("Die sogenannte Endometritis fungosa", *Correspondenz-Blatt für Schweizer Aerzte*, Jahrg. viii, 1878).

Récamier and his followers used the curette without previous dilatation of the cervix and exploration of the uterine cavity; therefore, I do not see how they could form any exact idea of the condition of the interior of the organ. Nélaton, however, narrates a case (*Gazette des Hôpitaux*, 1853, No. 17) in which strips of thick membrane were brought away with the curette. From his description, the case would seem, like my own, and the second of Routh's cases, one of those described by Olshausen. There is unquestionably a clinical resemblance between these cases of general thickening, softening, and ready detachment of mucous membrane, and the cases in which distinct local "fungosities" are met with, so that they cannot be distinguished from one another until the uterine cavity has been explored. Still, progress in diagnosis, and, therefore, in treatment, consists in the differentiation from one another of classes of disease at one time thought alike; and, therefore, I think it is well, where we have a distinct point of difference between two morbid conditions, not to lose sight of it, even though their clinical histories may seem to us much the same. And it is obviously desirable to separate cases which can be easily cured from those, such as adenoma and sarcoma, in which cure is difficult and relapse likely to take place.

As to the etiology of the disease, we know very little. The ages of Olshausen's patients ranged from twenty-one to seventy-six. He has met with it in the unmarried, in the sterile, and in those who have had children; but, from the frequency of its occurrence in the latter class of patients, it would seem that childbearing disposes to it. It also follows some acute general disease; Dr. Duncan gives two cases following typhoid fever.*

Nor do we know much of its natural history. Whether it has any tendency to recovery, or whether it may ever spontaneously disappear, we do not know; because it has in most cases only been found out when the uterine cavity was explored with a view to active treatment. This much, however, is certain; that it may lead to losses of blood so profuse and frequent as to seriously weaken the patient; and, when such is the case, treatment is certainly called for. It does not appear to have any relationship with malignant disease, but, on the contrary, is capable of cure.

The treatment of this affection is at first that proper for uterine hæmorrhage, the cause of which we do not know; and it is for this reason that I have entitled this part of my paper, "Remarks on the Treatment of Metrorrhagia".

A patient, the subject of this morbid condition, consults her medical adviser for metrorrhagia. He examines the uterus, and other organs of the body, and finds nothing to account for the hæmorrhage, except that the uterus is rather large. He thinks of an incomplete abortion, a

* Slavjansky (*Archiv für Gynäkologie*, Band iv, S. 285) has described a condition presenting some resemblance to this, which he found almost invariably present in women who had died from cholera: but during life the uterine symptoms were quite insignificant as compared with those of the cholera; and there is no evidence that uterine symptoms with any special frequency remain or arise after recovery from cholera. Therefore it seems to me that the condition described by Slavjansky is more correctly to be regarded as a part of the morbid anatomy of cholera, than as a separate disease of the uterus coinciding with it.

* West's *Lectures on the Diseases of Women*, edited by Duncan, 4th ed., 1879, p. 130.

polypus, cancer of the body, etc.; but from digital examination, he can get no information to guide him. In such a case, if hæmorrhage be not great, it is not necessary to do more than keep the patient at rest, freely open the bowels, and give ergot. The degree of hæmorrhage which we ought to consider profuse depends, not upon whether the patient thinks it excessive or not, nor even upon the absolute amount of blood that has issued from the vagina (supposing that this point could be ascertained), but upon the effect of its loss upon the patient. If she be evidently becoming anæmic, her mucous membranes getting pallid, then the hæmorrhage, even though it may be described to us as only slightly exceeding the patient's customary menstrual loss, yet demands treatment; and conversely, if, although the patient complain of profuse discharges of blood, yet her complexion and mucous membranes remain florid, and her bodily functions be well performed, no interference involving even a slight risk should be resorted to. It is usually desirable to make a vaginal examination, unless there be strong reason against it (as in the case of a young unmarried woman), because uterine hæmorrhage, not enough *per se* to produce grave disturbance of health, may yet be an early symptom of disease, such as cancer of the neck, or polypus, in which the sooner local treatment is carried out the better for the patient. But, should vaginal examination reveal nothing, we should not go further till we have objective evidence that the hæmorrhage needs to be stopped.

Artificial dilatation of the cervix is sometimes, though seldom, followed by ill consequences; and, therefore, we should not expose our patient to the risk of those evils, unless we are satisfied that the disease is injuring her health to such an extent that it is worth her while to incur the possibility of ill results. We are not at present in possession of any data from which to state in what cases it is that dilatation is not well borne, or in what proportion such cases are met with; these are points that yet have to be made out. But, speaking generally, I believe that, in the large majority of cases, this process is accompanied with a good deal of pain and some pyrexia; sometimes by much retching; occasionally perimetritic inflammation results; and death has been known to follow. The pain and pyrexia usually subside when the dilatation is finished, and the risk of more serious consequences is small; still, it is large enough to be kept in mind, and to induce us to refrain from this measure, unless we ourselves are quite certain that the disease present is impairing health.

The treatment practised and advocated by Récamier and his followers for hæmorrhagic endometritis was to scrape out the interior of the uterus with the curette. Various kinds of curettes have been devised, the latest, and probably safest, of which is the "dull wire" curette of Dr. Thomas of New York. Published cases show that, by this means, conditions presenting similar symptoms to the disease in question, may be cured. But this does not seem to me the best possible practice. The first thing, in my opinion, should be to ascertain as accurately as possible what is the morbid condition we are dealing with. The hæmorrhage may, for instance, be caused by a small fibrous polypus, in which case the curette would be quite useless, and might be injurious. And, according to Aran (*Maladies de l'Utérus*, p. 478), who speaks from experiments on the dead body, it is not possible with the curette to be sure of touching every part of the inner surface of the uterus. It therefore seems to me but a haphazard practice to scrape the uterine wall without having first found out what is the morbid condition present; for such treatment may not be suitable to the case, and if it be, we may fail in carrying it out successfully.

If, in a case of the kind, the general measures to which I have referred, which cannot make the patient any worse, fail to check the hæmorrhage, the next step should be to dilate the cervical canal, either with sponge or laminaria tents, until it is big enough to admit the finger. Then the cavity should be digitally explored, and treatment suitable to the condition present carried out. If chronic hyperplastic endometritis be the cause of the hæmorrhage, it is to be recognised by the enlargement of the uterine cavity, the thickening and ready detachment of its lining membrane, and the absence of any other morbid condition.

The treatment recommended by Routh and by Olshausen is the removal of the diseased lining membrane of the uterus with the curette. This measure has in their hands proved very successful. In my case, the application of strong nitric acid alone effected a cure. It would obviously be going too far to say, from one case, that the application of nitric acid will cure every case of the kind. But, in some of the cases in which the curette was used, a relapse took place; therefore this mode of treatment is not invariably successful. Bischoff, on account of the possibility of a relapse, thinks it desirable, after the use of the curette, to apply some mild caustic to the uterine cavity. It appears to me that, by passing a swab charged with nitric acid through the dilated cervical canal, and pressing it against the interior of the uterus, we are at least as likely to modify the nutrition of the lining membrane as if

we scraped it off with a curette; that we are more certain of reaching every part of the internal surface; and that this treatment involves a less degree of rough interference with the uterine cavity than does the use of the curette. These considerations, joined to the favourable result of the case I have narrated, would induce me, should another case of the kind come under my care, to treat it in the same way.

CHOREA SANCTI VITI, OR ST. VITUS'S DANCE:

ITS TREATMENT WITH THE BATH MINERAL WATERS.

By A. B. BRABAZON, M.D.

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I WILL preface my remarks on the above mentioned subject with an apology to the numerous readers of the JOURNAL, for inflicting upon them the results of observations, which have nothing to recommend them but a truly honest desire to place before them what I consider sufficient grounds whereon to rest a simple, agreeable, and generally available mode of treatment, for an affection or disease which is always troublesome, and occasionally intractable. While engaged in the consideration of the subject, I was irresistibly led on to seek information regarding the early history of "Chorea Sancti Viti". An historical sketch of the disease, interesting though it might be, would occupy too much space in the JOURNAL, to the exclusion of more valuable material; but I would strongly recommend to those interested a perusal of the historical sketch of this and other analogous diseases, given in Hecker's *Epidemics of the Middle Ages*, translated from the German by Dr. Babington and published by the Sydenham Society in 1844.

I have traced the history of this very extraordinary affection so graphically described in those pages, and extending from a date almost prior to the Christian era, down through the middle ages, to the present time, through all its varied phases of development, as the dancing mania, or Chorea Sancti Viti, through the bacchanalian orgies dedicated to St. John the Baptist, the tarantism of the Italians, the ecstatic movements of the dancing dervishes of Asia Minor, witnessed by myself, the "convulsionnaires" in France, the hysterical results of camp meetings in America, and of religious revivals in our own country; and I have come to the conclusion that unhealthy, morbid, mental excitement now, as in past ages, is powerful to produce evil effects; and the fact that such effects are now only met with in isolated cases—though these cases are sufficiently numerous—is due, *not* to want of material on which to work, but to the removal of the superstitions of the dark ages, to the advance of civilisation and education, and to the teaching of sound and practical religion, instead of enthusiastic spasmodic fanaticism.

The earlier writers on the Bath mineral waters are, as far as I have been able to ascertain, silent on the subject of St. Vitus's dance, or chorea, with one exception. I have in vain searched for a record of any such case in the works of Drs. Wilkinson, Barlow, Lucas, Charlton, Phillips, Wm. Falconer, and Gibbs. The single exception is Dr. Peirce, who mentions five cases of Chorea Sancti Viti to show "How many strange infirmities our crazy carcasses are here liable to"; of these patients four were males and one a female—the latter did not use the baths. The ages of the males were thirteen, fifteen, and twenty-four, the female was under fifteen; all the males are reported to have been cured. To come down to our own period, in Dr. R. W. Falconer's treatise on the *Bath Mineral Waters*, he states that, in chorea or "St. Vitus's dance", bathing and douching down the whole back is productive of good results. In Dr. Tunstall's essay on the *Bath Mineral Waters*, of which an edition revised by Dr. Carter has recently appeared, chorea is referred to under its common name of St. Vitus's dance; and it is therein stated, "the Bath waters are so useful in themselves, that there is no need to enlarge upon auxiliary remedies, such as strychnine and sulphate of zinc." In my paper on the "Uses and Abuses of the Bath Mineral Waters", published in the BRITISH MEDICAL JOURNAL, 1878, I gave the statistics, as far as was possible with the means at my command, of the curative effects of these waters in chorea. I recorded sixteen cases of this disease discharged from hospital during the year ending May 1877. My remarks are to the following effect. "The total percentage of 'cured' is 75 per cent. The results of treatment of this troublesome disease by mineral baths were to me quite unexpected; and, had I not the opportunity of personal observation in many cases, I should have been sceptical."

I regret that the individual history of patients admitted into the Bath Mineral Water Hospital, as regards the previous subjective symptoms, is generally very imperfect and obscure, being dependent upon the brief and usually *ex parte* statements of friends and professional advisers