pseudo-menstruation which frequently follows ovarian operations, and this lasted for three days.

On September 18th, she left the hospital quite well; and the house-surgeon's note is: "Patient bright and cheerful; memory quite returned; and she is able to reply intelligently to questions put to her."

I saw her on October 13th, when she told me that she was quite well, and was going to her home in Peterborough in a few days.

A CASE OF PERSISTENT OVARIAN MENORRHAGIA: OÖPHORECTOMY: RECOVERY.*

By JOHN MEREDITH, M.D. EDIN.,

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IN May 1877, I had to attend a young woman aged 20, on account of excessive menstrual discharge, which had been going on for some weeks.

The previous history of the case was briefly this. The patient, as a girl, had always been considered delicate up to the menstrual period (which, with her, began when she was fifteen), although she was well-formed and tall. Once the courses became established, she began to gain strength and fatten. The catamenia were regular, but scanty, only about three diapers at a period; still she felt well, and gave this no particular thought. Her parents are healthy, and so are her brothers and sisters. One day in March of the year mentioned (1877), whilst menstruating, she assisted to lift a book-case. She felt the effort affecting her; and the discharge, instead of terminating at the expected time, went on day after day.

When I saw her, she was in an exhausted condition from the loss, and suffering pain, etc., in the lower part of the abdomen, indicating the presence of a certain amount of local inflammatory action. After the administration of opiates, this condition of irritability subsided; and after a while I obtained permission to make a digital examination of the vagina and cervix uteri.

The information I got from this was, that there was no appreciable difficulty in introducing the finger; the os uteri was patulous, with a blood-clot in it, and the cervix elongated. There was nothing special to note in regard to the condition of the uterus—no marked version or flexion. Now, a very natural question suggested itself, and I have no doubt it arises at once in your minds: namely, Was not the case one of miscarriage? A question which I put to the patient sometime afterwards, bearing on this, was met by a negative answer—just what I might have expected. But my duty was to arrest the hæmorrhage and bring about recovery, if I could. To this end I administered ergot, acids, bromide of potassium, chlorate of potash, digitalis, and cannabis Indica. The last-named three, in combination, seemed to answer well for a while; then there would be a relapse. Cloths dipped in vinegar and water were applied over the vulva and lower part of the abdomen; cold water, vinegar and water, and carbolic acid solution were at intervals injected into the vagina; and, of course, absolute rest in bed was enjoined, with everything cold in the way of food and drink.

In spite of everything, the discharge continued more or less until July. At times, there would be nothing but a pink sanguineous staining on the cloth. The patient soon learnt to dislike this appearance, as she had always a good deal of backache with it, from which she was only relieved after the expulsion of blood-clots. The explanation of this, I take it, was that the clot formed in the os uteri, and, owing to the flow not being enough at times to carry itself off as a whole, the fibrin separated at the uterine outlet and in the uterus as well, staying there gathering in volume; while the liquor sanguinis escaped, and produced the stains mentioned. The fibrinous part in thickening rested upon the walls of the os, distending it, and, as in labour or any other form of tension at the os uteri, the discomfort was referred to the sacral region—the region of backache with many women. After going on in this way for a time, I decided to apply pure carbolic acid to the interior of the uterus. I did this in the usual way, by means of a piece of cotton-wool wrapped round an ordinary uterine sound. The result was satisfactory for the time; the discharge stopped for five months, the patient recovered strength, and was able again to go about and enjoy herself.

In the beginning of 1878, the menses reappeared, but nothing much to complain of at first; then the loss assumed a more persistent character. Drugs seemed to have very little influence now; nor had the intra-uterine application of carbolic acid the same arresting influence as at first; still it exercised a certain amount of staying power. Thus, matters went on unsatisfactorily to all concerned. Towards the end of 1878, the loss was not very great; still it recurred at short intervals;

but, on Christmas-eve, she got excited with some of her friends, and then it came on profusely. There was always tenderness over the ovaries, at times more over one than the other, and, of course, the usual sympathetic tenderness along the spine.

Finding that I was unable to afford the relief I wished, I urged the patient to go to the Women's Hospital at Birmingham, to be under the care of Mr. Lawson Tait, with whom I had had some correspondence regarding the case. Accordingly, on January 15th, she went thither. She was thin, weak, and anæmic at the time. A few days afterwards, I had a note from Mr. Tait, saying that he could find nothing amiss with the uterus, only that the fundus was a little enlarged, nothing more.

A few days after admission, nitrate of silver was applied to the cavity of the womb, and repeated three times between that and February 15th. On the 19th, the loss ceased, and no further application was made. The patient had mixtures given her, consisting of ergot, bromide of potassium or chlorate of potash, and, after the cessation of the discharge, dialysed iron.

She left the hospital, apparently recovered, on March 1st, and went to a convalescent home, where she stayed for a good while, and was much improved. In due course, she returned home to Wellington. On the night of her return, the discharge began again.

I knew nothing of her return, or of the recurrence of the discharge, until she had been at home for some weeks. During the interval, she tried the effects of medicines which some neighbours procured for her—getting into a sort of desperation-state, which we can all pardon under the circumstances. I now tried the effects of cold water hip-baths, and with some apparent good results. Mustard poultices over the ovaries were followed by no marked benefit. Swabbing the interior of the uterus produced some relief. After a time, I introduced a piece of nitrate of silver into the cavity of the uterus, and left it there. This altered the character of the discharge; but, in spite of all, the loss persisted. I frequently left her alone, desiring her to keep still and take no medicines at all; the result was the same, always losing.

On July 9th last, I gave her a hypodermic injection of ergotine, which was followed by a stoppage of the discharge for about three weeks. On August 5th, I again sent her to the Women's Hospital at Birmingham, under the care of Mr. Tait. At the time, the patient was anæmic, thin, and weak, and hardly able to stand.

I shall give the history of the case, after the patient reached the hospital, from Mr. Tait's own report, who has kindly sent it to me to lay the result before the members of the Branch.

The patient was admitted into the hospital on the 5th of August last. On the 8th, oöphorectomy was performed by Mr. Tait, in the presence of several medical practitioners. Both ovaries were removed, and the pedicle of each tied by a special knot—"Tait's knot". The ovaries were found enlarged and flabby, with traces of lymph in their neighbourhood. The patient made a good recovery. The temperature did not once rise above 101°, although the pulse was 134 on the third day. The patient returned to her home a few weeks ago, able to walk a mile or more with ease; and is in every way improving, gaining strength and feeling well. It is hardly necessary to say that there has been no menstrual appearance since.

OBSTETRIC MEMORANDA.

TREATMENT OF THE VOMITING OF PREGNANCY.

WHEN Dr. Copeman published his method of curing the sickness caused by pregnancy, he not only conferred a boon on womankind, but taught the profession a wholesome lesson, encouraging all to discard tradition and authority in favour of an enlightened common sense. The *modus operandi* of his treatment could not be explained. As all women do not suffer from sickness during pregnancy, and as the gravity of the sickness varies in the same woman during different pregnancies, and knowing that dilatation of the cervical canal stops it, it would seem that the primary cause lies in the state of the cervix, and the secondary cause in the cavity of the uterus.

In July 1878, I met with a case where the sickness was so grave that no food whatever could be retained. I was inclined to try Dr. Copeman's method, but was a little afraid of causing abortion by the procedure. Having a decided dislike to the treatment of cases of abortion, and in no wise desirous of the credit of having brought it on, finding that she had a good deal of leucorrhœa, and observing the parts about the os uteri to have a red eroded appearance, I resolved to try the effect of the application of lunar caustic, under the impression that the primary cause of the sickness might be connected with the eroded state of the cervical mucous membrane. I applied it, and the vomiting ceased, greatly to my satisfaction and to the astonishment of the patient. I

* Read before the West Somerset Branch.