be no doubt that the drug had a direct influence in checking the attacks. In the present instance, this could hardly be due to the elimination of any material from the blood, since there was no uræmic element in the causation of the convulsions. Nor did the effect upon the pulse, as shown by the sphygmograph, appear to be sufficient to make the explanation probable that its mode of action was by causing relaxation of any arterial spasm. As an oxytocic, the pilocarpine appeared in this case to be absolutely without any effect.

No further convulsions occurred after delivery, and the patient recovered well.

INTRA-UTERINE MEDICATION.

By CLEMENT GODSON, M.D.,

Assistant Physician Accoucheur to St. Bartholomew's Hospital; Honorary Secretary of the Obstetrical Society of London.

It is with a feeling of anxiety that I see, in the *BRITISH MEDICAL JOURNAL* of August 30th, a series of abstracts of papers which were read at the annual meeting in Cork, advocating the treatment of certain uterine complaints by means of medicaments applied to the cavity of the body of the womb. This *JOURNAL* has such an enormous circulation among all classes of the profession, that the mere heading will attract the notice of many who have but little time to do more than glance at the contents of the papers; and I fear that, having ascertained that carbolic acid, iodine, etc., are useful agents in the treatment of uterine discharges, many will fly to put their efficacy to the test, without having learnt to discriminate the class of cases applicable to them, or having attained the skill necessary to employ them. There is much in fashion. A century ago, every one was bled; now, venesection is hardly ever practised. We have passed from one extreme to the other. A few years since, in gynaecological practice, division of the cervix by the metrotope was constantly performed by some physicians; now, this operation is but rarely undertaken; indeed, we hear, at least in one quarter, that sewing up the gaping os uteri is all the rage. Lately, there has been a discussion on the use of the forceps and its alternatives in lingering labour, before the Obstetrical Society of London. Many eloquent discourses have been contributed, and the subject has been ably discussed by several of our eminent leaders in the school of midwifery. But, to sum up the whole, at what have we arrived? The general impression gained, is that the forceps is used far less frequently than it might be with advantage to both patient and practitioner. The result of this will be, unless I am much mistaken, that an authority has been granted for the frequent use of the instrument, and that we shall find the evil effects of this from its indiscriminate and unskilful employment. In the out-patient female department of St. Bartholomew's Hospital, where I see from fifty to seventy new patients per week, I have unusual opportunities of observation. After having made an examination, I am frequently led to inquire: Were you delivered with instruments in your confinement? And, in nine cases out of ten, the answer is in the affirmative. The reason why I put the question was that I found the cervix deeply fissured up to its junction with the vaginal wall, along which extended a cicatrix. This is a clinical fact, which testifies to the truth of the remark made by Dr. Henry Bennet in his speech, and objected to by Dr. Barnes in his reply, at the Obstetrical Society's discussion.

But, with respect to uterine medication, the results are likely to be much more serious; and I have already met with instances. If an application to the cavity of the body of the womb be required, there should be an amount of *endometritis* calling for it; but, in how many cases of discharges from the os uteri does the exudation come from above the canal of the cervix—the so-called internal os? I venture to say, in very few. The probe, covered with cotton-wool saturated with carbolic acid, is passed along the cervical canal up to the fundus uteri, and in many cases good results are obtained—not because the fundus uteri has been reached, but *because the application has been made to the canal of the cervix*; and, had a zinc-alum point been placed in this situation, and the uterine cavity have not been reached, the result would have been equally satisfactory, without the risk of danger possible to occur from probing the cavity of the womb. This brings me to the nature of the evil consequences.

One which I have met with is abortion. The possibility of existing pregnancy has not been thought of. The patient may have gone but a few days over her time for menstruation, and, not having been very regular previously, little heed is paid to this. Nevertheless, she may have conceived immediately after her last period, and, if even she have not quite reached her next menstrual epoch, she may yet be pregnant when the application is made. Another danger is that of inflammatory mischief in and around the uterus. It is well known how the simple passage of the ordinary uterine sound is liable to give rise to this. Surely, then, a

probe saturated with carbolic acid or other agent is equally if not more likely to produce such results.

The points, therefore, that I would urge upon my professional brethren are these. Before deciding to make applications to the cavity of the body of the womb, be satisfied that this part is affected by disease, and that it is not the cervical canal only that is involved. Without having determined this, it would be just as irrational to pass a medicated bougie into a man's bladder for every purulent discharge escaping from the meatus urinarius.

The papers to which I have referred, as published in the *JOURNAL*, fail to my mind to show sufficiently clearly the symptoms which give proof of the existence of endometritis. Then, the application should never be made to a sensitive uterus in which inflammation is likely to ensue, or pelvic inflammation or abscess may result; and a probe should never be passed into the uterus of a childbearing woman about the time of an impending menstrual period; indeed, it would be well to make a rule not to probe the cavity within a week of the catamenia, but to limit the time for intra-uterine medication to the fortnight subsequent to the cessation of the flow.

OÖPHORECTOMY PERFORMED SUCCESSFULLY FOR MENSTRUAL EPILEPSY.

By LAWSON TAIT, F.R.C.S.Ed.,

Surgeon to the Birmingham Hospital for Women.

THE case of E. E. has already been published in the *Obstetrical Journal* for May 1873, and in my book on *Diseases of Women*, as a typical case of ovarian atrophy arising from exanthematic oöphoritis: a disease to which I was the first to call attention many years ago, as occurring very frequently as a sequel of scarlet fever and small-pox.

Her history after May 1873 is, that the efforts to induce the return of the menstrual flow by means of galvanic pessaries were persevered in, after several relapses, till at last everybody concerned was wearied of them. The patient ceased her attendance at the hospital, and I heard of her only occasionally to the effect that her epilepsy was becoming worse and worse. One of my critics, in alluding to this case, broadly stated that I had mistaken a bad case of hysteria for one of epilepsy. I wish he had seen the poor woman as I saw her on February 5th, 1877, in an attack of epileptic mania, covered with bruises of all kinds. I urged her friends to commit her to an asylum; but to this I could not persuade them, as for at least one week in every month she was quite rational and comparatively free from fits. During the other three she had fits almost every day; and during the menstrual week, when a faint show generally appeared for one or two days, her fits were incessant and her delirium uninterrupted.

This state of matters lasted till August of this year, when her friends, completely worn out by her, seemed at last to agree that she should be placed in an asylum. Before doing that, however, I urged them to let me cut out the ovaries, in the hope that this might arrest the disease by removing what I believed to be the cause. To this they readily consented, and I performed the operation on August 11th. There was no particular difficulty about the operation, save that the patient was very fat. The ovaries when removed presented all the characters of the atrophy peculiar to inflammatory change of their true gland-structure. (*Diseases of Women*, p. 215.) Mr. Alban Doran has favoured me with a report upon the ovaries removed, which completely confirms the views of the pathology of this case which I have expressed in my former publication of it. "The elongated cells of the stroma are larger than in normal ovaries; and there are few vessels, the hypertrophy of the walls of those that remain, and the bundles of fibrous tissue, point to a cirrhotic

Ovaries showing naked eye appearances of atrophy resulting from exanthematic oöphoritis, removed from case of menstrual epilepsy.

change following the exanthematic oöphoritis." One of the ovaries is now in the Museum of the College of Surgeons.

The result of the case so far is very satisfactory, for the fits have entirely ceased. Three days after the operation, there came on the

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.,

President-Elect, West Somerset Branch of the British Medical Association.

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.