constantly observed to lie in the streets; and that the habits of the people were offensively unclean. It was then arranged that a deputation should wait on the Health Committee to represent this state of matters, and to consult with them on the general subject; also to urge that, if they had not sufficient powers to meet the necessities of the case, they should seek those powers as early as possible.

That conference, held on October 6th, was largely attended by the members of the Health Committee, with their superior officers, by a deputation from the Liverpool Select Vestry, and by one from the adjoining township of Toxteth Park, where relapsing fever is now making itself felt in an epidemic form. Dr. Buchanan, Medical Inspector of the Privy Council, was also present. It is to be hoped that the result will be the more effectual cleansing of the streets, the more thorough disinfection of houses after the removal of fever-cases, and pressure brought to bear on the magistracy to punish those who offend against the sanitary acts by permitting overcrowding in their dwellings.

ON UTERINE PATHOLOGY AT THE CHANGE OF LIFE AND AFTER THE MÉNOPAUSE.*

By EDWARD JOHN TILT, M.D., M.R.C.P.

I AM able to confirm the general belief among medical men that the change of life is a perilous period for those who approach it in a diseased state, particularly if they be suffering from any form of uterine disease; for this will be made worse, will become less amenable to treatment, and will unduly prolong the time required for the change of life, by checking that physiological process of ovario-uterine involution which is intended to ensure for the future an almost complete immunity from uterine irritation, congestion, and inflammation, hitherto the most frequent of diseases of the womb. Thus a fibroid of the size of the thumb stuck into the substance of the womb, a small polypus hanging from the cervical canal, hypertrophy of the cervix, and its habitual state of congestion, will check uterine involution. I find that, as the rule, when ulceration appears at the change of life, the patient has previously suffered from it; but sometimes the change of life brings to a crisis an habitual congestive or subacute inflammatory state of the womb, which had lasted for a long time without having been recognised, and ulceration ensues.

I can also confirm the belief in the powerful curative influence of the ménopause in severe cases of the most common forms of uterine disease; for I have notes of some forty patients who for many years before the ménopause were confined to the bed or to the sofa by chronic uterine inflammation, who made marvellous recoveries so soon as the change was effected, and who are now more or less actively engaged in those social duties and pleasures from which they had been divorced for ten or fifteen years. Out of many similar cases in which recovery was neither rapid nor perfect, I cannot call to my recollection a single instance in which considerable improvement did not follow judicious treatment. Twenty-six women ceased to be troubled with habitual leucorrhœa. Thirty-five women no longer suffered from uterine flexions and versions; although, on examination, I have found that these misplacements persisted to almost the same extent. This is a striking proof that the severe symptoms often attending uterine misplacements depend on concomitant inflammation and neuralgia, and that it is wrong to chiefly direct the treatment of such cases to mechanical measures—a position that I have maintained to the best of my power in my writings during the last twenty years. These are my reasons for believing that the ménopause not only greatly helps us to cure intractable cases of uterine disease, but is also an effectual means of curing many diseases of the womb that have never been detected.

From what I have stated, it naturally follows that, after the ménopause, congestive and inflammatory affections of the sexual organs are much less frequent and less severe; and that, when these organs assume great activity, it is a lower type of activity, denoting a deterioration of plastic force; the womb, the ovary, and the breast being more frequently than had previously been the case the seats of cystic, fibrous, and cancerous growths. Turning aside from these heteromorphous products, I proceed to sketch the modifications impressed by the ménopause on the more frequent diseases of the reproductive organs; and it will be more practical to notice these affections in the order of their relative frequency.

First in this order comes vaginitis, often originating in, and attended

by, slight ulceration of the cervix, but sometimes unaccompanied by any uterine lesion whatever. Those who have previously suffered much from uterine disease are unusually liable to vaginitis after the ménopause; and four patients have been thus occasionally troubled for several years, in whom there is no disease of the womb. Vaginitis oftener coincides with hypertrophy or displacement of the womb. Sometimes it seems to me to be the result of a tendency to malnutrition of most of the mucous membranes; and I have occasionally traced it to too frequent connexion, long after the ménopause. I must also mention that vaginitis accompanies a distressing kind of neuralgia of the sexual organs. I allude to leucorrhœa to say that I only restrain it when very abundant, and never when it occurs critically at monthly intervals.

Podendal inflammatory lesions stand next in order of frequency, such as follicular inflammation of the mucous membrane, prurigo, eczema, and boils either coming to a head or curing by resolution. These complaints may appear for the first time at or after the change of life; but they often existed long before, and are then greatly aggravated.

Hard hypertrophy is the most frequent of cervical diseases, and is evidently a legacy of a previous period. Hypertrophy may last for years after cessation, without symptoms, or it may lead to vaginitis and ulceration; but I never knew it to turn to cancer. I have only twice seen soft hypertrophy to begin at the change of life; the cervix being much enlarged, soft, and baggy, as if it were made of erectile tissue; and through the speculum a ragged wound was seen to freely pour out blood. In one of these cases, the lesion was not detected; for the practitioner considered the repeated flooding to be climacteric menorrhagia. The other case had been considered cancer—erroneously, of course; for I cured it by nitrate of silver.

Ulceration of the cervix had been the undetected cause of the sufferings of some women for many years previous to the ménopause, when my advice was asked. Others had been long before cured of ulceration; but it relapsed at the change of life, or three or four years afterwards. A patient, who had a first and a very severe attack at cessation, has a slight return of it every year.

I have already noticed the relation between hypertrophy and vaginitis with ulceration. I have repeatedly seen the insertion of a small polypus at the os uteri to be the centre of a patch of ulceration of about the size of a shilling; and, in four cases, inflammation and ulceration of the cervix were caused by marriage during the change of life. Whenever ulceration occurs after the ménopause, it is unusually chronic and hard to cure—a fact noted by Dr. H. Bennet, and which tallies with Mr. Erasmus Wilson's experience of cutaneous affections at the change of life, testifying to a lack of that power to speedily repair mischief which is so characteristic of childhood.

I have had only one case of acute internal metritis after cessation, for the treatment of which I had the advantage of Dr. Barnes's advice; and, although we checked the blood-flow by injecting perchloride of iron into the cavity of the womb, the patient died, exhausted by previous loss of blood, vomiting, pain, and want of sleep. I have met with three cases of chronic internal metritis at the change of life; they were characterised by the recurrence, at successive menstrual periods, of bearing-down pains, followed by the expulsion of pus from the womb. If muco-pus be thus abundantly secreted in the uterine cavity when the cervix is strictured or bent at a right angle on the body, it is advisable to facilitate the exit of the retained fluid by means of a wax bougie or sound. These cases have been described by Dr. Matthews Duncan as "leucorrhœa of old women"; but I think he has exaggerated their frequency and their danger—judging, at least, from a letter in which he tells me that, "if not cured, they end in malignant ulceration of the womb;" whereas I have seen nothing to warrant so portentous a prognosis. From these cases there is but a step to others in which the closure of the mouth of the womb also coincides with an abundant secretion of muco-pus in the uterine cavity. The womb may then enlarge, and decrease, to enlarge again after a few months, with more or less pelvic pain, nausea, and disturbance of general health. In three cases of this description, I did not feel justified in re-establishing the permeability of the cervical canal by any operation; and, under the influence of rest, purgatives, and liniments to the epigastric region, the fluid collected in the womb was absorbed; and the patients have passed several years without a return of the occurrence. Such cases teach us, however, that even after the ménopause we should maintain the permeability of the cervical canal by proper measures, whenever we find it necessary to apply strong caustics to the os uteri. Three of my cases show that a long continued sero-sanguinolent uterine discharge may have no serious import. In one case, the lady was remarkably healthy, and menstruated regularly up to her death, at eighty-three. Six years before she died, I found considerable enlargement of the vaginal blood-vessels, the mucous membrane itself being very pale; and no sign of uterine disease except the sero-sanguinolent discharge. The

* Read in the Midwifery Section at the Annual Meeting of the British Medical Association in Newcastle-upon-Tyne, August 1870.

application of a solution of nitrate of silver did no good, nor did injections; and the case was left to itself without ill effects. Another strong lady ceased to menstruate at fifty; and, when fifty-two, she was suddenly told that she was on the eve of being deserted by a man who had lived twenty-five years with her as a husband. This brought on delirium, which lasted a fortnight, and a muco-sanguinolent discharge from the womb, which has now lasted three years without impairment of health. Neither in this case nor in a third could I discover any organic lesion to explain the discharge.

I hasten to notice the neuralgic affections of the sexual organs. In the first place, there is the sudden increase of sexual desire, which, when at the change of life, may be compared to the last waking up of a soon to be extinguished flame—a psychical phenomenon promoted by ovario-uterine irritation. Neuralgia may assume the form of a frequently recurring itching or aching of the pudenda, without any appreciable morbid lesion—a neuralgia which yields less to remedies than to those nutritive transmutations brought about by time. Thirdly, there is a most lamentable form of what I take to be ovario-uterine neuralgia, of which you will find two good instances, described as abdominal neuralgia, by Dr. Handfield Jones, in his work on *Functional Nervous Diseases*; and you will find other cases in the new edition of my work on *Diseases of the Change of Life*. In these cases there is a frequently recurring burning sensation in the vagina and pelvis, with a variable amount of tenesmic action, which shifts from the neck of the bladder to the womb, and from the womb to the rectum, causing exhaustion and loss of power, referred to the epigastric centre of the ganglionic nervous system; and, by reacting on the brain, it determines sleeplessness or pseudo-narcotism, despondency, apathy, and other forms of cerebral neuralgia, which often render life intolerable. I have seen strong-minded women, previously in good health, suffer as much as those who were habitually weak and nervous; and, although I have always found this neuralgia to be allied to a certain amount of vaginitis, the cure of this has only alleviated the neuralgia. Vaginal injections sometimes brought on an attack, and had then to be given up. Fatigue and vexation always brought on or aggravated the neuralgia. Rest, reclining in the recumbent posture, with the feet higher than the pelvis, belladonna and opium suppositories in one or the other passage, often assuaged the attack; but the cure of the complaint is to be sought in whatever can strengthen the system—the ordinary tonics, and nerve tonics like arsenic and strychnia, change of habits and of scene. I have only met with half a dozen cases of this description; but, as women know so well how to conceal their sufferings, I believe somewhat similar cases to be not uncommon.

I conclude by mentioning the ovaries, to confess that I have still much to learn respecting the part they play in the morbid phenomena that I have described as occurring at and after the change of life. From what we positively know of their ruling power over menstruation, and of their influence to bring on diseases of women at previous epochs, it is fair to suppose that, when the irritation and congestion of the ovaries are no longer relieved by the menstrual flow, they then aggravate and delay the cure of the most common uterine diseases, cause a temporary return of passion, and give rise to suffering in the ganglionic and sensory nerves, of the kind which I have just described.

CLINICAL MEMORANDA.

LONG CONTINUED CONSTIPATION OF THE BOWELS.

E. T., a female servant, aged 24, of well-nourished appearance, came under my care, stating that for eight weeks she never had a motion of any sort from the bowels. During the first four or five weeks, she felt a little pain and sickness of stomach occasionally. During the last fortnight, these symptoms increased so that every meal was rejected almost as soon as taken. She had never consulted any medical man until she sent for me at the end of eight weeks; but she had taken twenty-four pills (which she had procured at some druggist's) during the last fortnight, and had taken some castor-oil this day (July 4th, 1870). I at once administered an enema, consisting of a pint of warm water, through an O'Beirne's long tube, passed up its whole length (about sixteen inches). In fifteen minutes, no effects being produced, I repeated the operation; and in about ten minutes there came a chamber-pot full of hardened faeces, bits of rhubarb, and all sorts of heterogeneous things. After this, I repeated the enema, with successful results, although the defecations were not quite in such quantity. Having prescribed some mild aperient pills for bed-time, I left her feeling well and comfortable; and next morning I found her quite convalescent, after having made a good breakfast.

Todmorden, October 1870.

CHARLES W. THORPE.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

NEWCASTLE-ON-TYNE INFIRMARY.

CASE OF ANEURISM OF THE FEMORAL ARTERY TREATED BY RAPID PRESSURE.*

(Under the care of Mr. JOHN RUSSELL, Surgeon to the Infirmary.)

MATHEW POWELL, aged 38, was admitted May 16th, 1870. He had been a puddler and furnace-man since he was fourteen years of age. The work was very hot, and entailed the lifting of great weights. He had enjoyed good health. About twenty years ago, being then eighteen years of age, he first noticed a swelling in the left groin, of about the size of a hen's egg, following upon a fall against a pig of iron. He felt no pain, pulsation, or other inconvenience. A year ago, he strained himself whilst lifting a pig of iron. From this time, the swelling gradually increased, attended by pain. Pulsation was not noticeable till November last. It commenced suddenly while he was lying in bed. From that time, the tumour increased rapidly in size, with much pain around the hip and leg, and loss of sensation on the inside of the knee and leg.

On admission (May 16th), he had a tumour in his left groin, presenting the usual signs of an external aneurism. The affected extremity was well nourished. There was no œdema. The upper border of the tumour extended quite up to Poupart's ligament; the lower border, about five or six inches below the ligament. In size, it was about as large as a clenched fist.

After two days' rest in the recumbent posture, digital compression was made and continued by the resident staff of the Infirmary (eight in number), in turns of twenty minutes each, for twenty-four hours, commencing at 2.40 P.M. The pulse was quiet; temperature of both limbs 90 deg. The temperature of both limbs gradually fell; the temperature of the affected limb, however, never fell below 84 deg. The patient complained of intense pain; and, during the compression, took two grains of opium and two grains and a half of morphia, until the pupils became contracted. The pressure was exerted over the external iliac artery. The tumour was slightly harder, but the pulsation was unchanged. A liberal diet was now ordered, and thirty drops of tincture of perchloride of iron were given three times a day.

May 31st. Continuous and complete compression by a common horse-shoe tourniquet on the left common iliac artery was commenced at 10.45 A.M., the patient being deeply under chloroform. At this time, the temperature in both limbs was 86 deg. Pulse 76. The temperature was taken every hour, and in the affected limb never fell below 82 deg. Great difficulty was experienced in compressing the common iliac artery, owing to the slipping of the instrument. Carte's compressor and two other instruments were used; but the common horse-shoe tourniquet was found to answer best. The patient was muscular, and the artery appeared to lie very deep.

At 3.15, the tourniquet was relaxed. Pulsation was much less, and the tumour harder.

At 5 P.M., it was again relaxed. The pulsation was as before. The ether-spray was now used for about ten minutes.

At 6 P.M., the pressure was relaxed. The pulsation was less. Distal pressure was now applied in addition, immediately below the tumour.

At 7.30 P.M., his breathing was very difficult, and his pulse flagging. The tourniquet was relaxed over the abdomen, to relieve the breathing, the distal pressure being maintained. The pulsation was almost imperceptible to the touch and eye. In a few minutes, the pressure was reapplied, and at 7.55 it was removed altogether. The pulsation was now almost imperceptible, and in about five minutes ceased entirely. The tumour felt quite solid and incompressible.

The patient bore chloroform very well. The quantity used was thirty-five drachms. The chloroform was dropped upon a single strip of bandage, and the patient was kept deeply under its influence. Enemata of beef-tea and brandy were given frequently. The tumour was carefully watched until 10 P.M., when faint pulsation was noticed. At midnight, it was still pulsating slightly, but was very hard. About 4 A.M., pulsation ceased entirely for three hours, when it returned, but very slightly.

June 1st, 9 A.M. He complained of great pain in the thigh and leg,

* Read before the Surgical Section at the Annual Meeting of the British Medical Association in Newcastle-upon-Tyne, August 1870.