RETROSPECTIVE ADDRESS

OF THE

PATHOLOGICAL SOCIETY OF READING.

Read September 27th, 1871.*

By WILLIAM ROYDS, L.R.C.P.Lond.

III. OBSTETRIC CASES.—With the usual candour for which the Society is so deeply indebted to Mr. Walford, he brought forward some of his unsuccessful cases.

Intrauterine Cancer: Hemorrhage.—The first was a patient, in her thirty-fourth year, whom he had attended in several confinements, and for whom he had more than once to remove the placenta by the hand.

In August, 1870, he again saw her, with threatening of miscarriage at the fourth month. On account of a shivering fit and quickened pulse, he thought it right to empty the uterus, which he did on the 1st of September. On the 7th, hæmorrhage took place, requiring the introduction of a plug. This was removed on the 8th, and she seemed on the road to recovery; but the same night the sponge, which he used as a plug, had to be replaced. Hæmorrhage, nevertheless, continued to some extent, and the patient sank and died on the 9th. The condition, as revealed by a *post mortem* examination, seemed to Mr. Walford to justify his returning the cause of death as "cancer of the mucous membrane of the uterus and hæmorrhage."

Abortion.—Another case of Mr. Walford's was an abortion at six weeks in a woman aged 41, the mother of eight children, who had been accustomed to nurse her children two years. The ovum, with its membranes entire, escaped unexpectedly. An examination of the specimen showed small masses of effused blood in the placenta, constituting apoplexy of that organ, which Mr. Walford concluded to have been the cause of the death of the ovum.

Mr. Walford makes the following remarks in connection with this case. "From the nature of the case I regard it as the effect of weakness; and the history of the patient confirms this inference. She had been accustomed to nurse her children two years—for an obvious purpose—and some may think she did so successfully; certain it is that she did so more successfully than many. From some amount of observation, I am of opinion that weakness is the cause of over-fecundability. Professional observation testifies to the fertility of certain constitutions. A writer in the *Edinburgh Medical Journal* establishes the proposition that twins are a consequence of debility, and that among the imbecile they are of frequent occurrence." From this Mr. Walford was led into an eloquent lamentation over the numbers of increasing families physically below par, the offspring of weakly mothers, which he considered materially diminished the average duration of life in the nation at large, and contributed considerably to the high rate of mortality, especially amongst the children of the lower classes. As a hopeful remedy, he suggested the observance of what he had seen stated as a law of nature—that conception does not take place more than fourteen days after the commencement of menstruation; and with this law of being he thought it became us as patriots to indoctrinate our countrymen.

Rupture of Uterus.—Mr. Walford showed a specimen of ruptured uterus. Mrs. —, aged 37, was in labour with her ninth child. Labour had commenced about 7 A.M. He found her at 1 P.M. on the bed moaning more than usual. The os was of the size of a florin, hard and unyielding. The placenta was not within reach. He left her, and soon after he did so, she began to soil the napkins with blood. At 7 P.M. he found the os much in the same state, the patient moaning constantly, the pulse feeble, and the discharge of blood going on constantly. He ruptured the membranes, and saw her again at 8.45 P.M. Her general condition was unchanged. The drain of blood went on, the os had dilated, and it was a question with him whether it was not his duty to turn and deliver. He never once perceived her to have a good uterine pain. On passing his fingers around and within the os, a gush of blood came past them. His conviction was, that the hæmorrhage was "accidental" in its origin, and that in the failure of the rupture of the membranes to arrest it, and in the absence of uterine pains in connection with the feeble state of the circulation and the distress of system as manifested by the moaning, it was his duty to turn and deliver. Accordingly, he did so without difficulty. The child was dead, and had been so some time. Some stimulant with ergot was given, and he proceeded to remove the placenta, which was accomplished natu-

urally. He then thought it right to make sure that there were not any clots in the uterus to hinder its effectual contraction, and, on removing one large one and some smaller ones, he found his hand in the middle of a laceration, through which he could reach the intestines and omentum. A few minutes after ten, the patient expired. The uterus was found to be fatty, and presented a rupture some inches in length, with the appearance of several smaller lacerations of its tissue. Mr. Walford advanced the theory that the rupture of the diseased uterus had resulted from its own contractions, and that the hæmorrhage which had occurred was an evidence of that catastrophe. The opinion, however, which found most favour with the Society, and was ultimately accepted by Mr. Walford, was, that the rupture had occurred during the operation of turning, which had been rightly resorted to for the purpose of emptying the uterus of what proved to be a dead child; the hæmorrhage being looked upon as an indication of the presence of a dead foetus.

Membranous Obstruction of the Vagina.—Dr. Reid read notes of a case of a woman in her first labour in whom he found the vagina obstructed just within the vulva by a tough fibrous membrane, which he believed to be the unruptured hymen. It had a central aperture through which he was able to pass a female catheter. He incised the membrane, and it proved no obstacle to a natural delivery. After two days its outline was scarcely observable.

Treatment of Puerperal Convulsions.—The vexed question of the treatment of puerperal convulsions, with or without bleeding, was raised by Mr. Davis, who communicated a case which had occurred in his practice. Some weeks previously to her confinement, his patient, a woman aged 28, had suffered from cedema of the legs, and the urine had been observed to be thicker and less copious than usual. She was, however, relieved by aperients and mild diuretics. On March 1st, Mr. Davis was summoned to attend immediately, as the patient was said to be in fits. He found her comatose. The pupils were dilated; the pulse small, weak and frequent; the face puffy; the upper and lower extremities anasarcaous. The os uteri was just commencing to dilate, and appeared dilatable. The urine was highly albuminous. She had a very severe recurrence of convulsions whilst Mr. Davis was in attendance. He at once proceeded to administer chloroform, and, his assistant keeping the patient completely under its influence, he gradually dilated the os, turned and delivered of a dead child. She had but one slight return of convulsions after delivery, although she remained comatose for many hours. The coma gradually disappeared, however, and she recovered; the urine, highly albuminous at first, returning by degrees to its natural state.

Much discussion followed the reading of this case. Chloroform and bleeding were looked upon as the two remedies, generally speaking, between which a choice was to be made. Bleeding was especially advised by one member in cases in which, from the evidence of the breath, free ammonia was judged to be present in the blood. In that case it was supposed that, by thus diminishing the amount of the poison in the system, the patient's chance of recovery was improved. Other advantages of bleeding were believed to be, its action in diminishing congestion, and so relieving the kidneys, and averting the tendency to apoplexy which sometimes occurred in the fit; and its power of facilitating and hastening labour, which was an important indication. Chloroform was believed, although otherwise a most useful palliative, to be contraindicated in those cases in which there were was much ammonia in the blood; but, inasmuch as the means of discovering this fact, simple as it is said to be, may not always be in readiness, it seems desirable that some other indication should be looked for to discriminate between the cases in which chloroform may, and those in which it may not, properly be used.

Removal of the Uterus.—Mr. Maurice presented an uterus, considerably enlarged, which he had removed entire from a woman aged 43. She was the mother of six children, and stated that, from the time of her first confinement, which was a tedious one, twelve years ago, the womb had occasionally come down. About a month or so after she had recovered from her last labour, she began to feel uneasy. She had no pain at first, but a burning sensation across the lower part of the abdomen. This was followed by a pain in the back. The womb was at times prolapsed, but was readily returned, and gave so little inconvenience that she never sought any advice. She continued to menstruate regularly up to January last, when she had excessive hæmorrhage, which never entirely left her. In March, she was taken with complete retention of urine for three days, and excessive loss of blood. At this time, she found that the womb was becoming gradually more prolapsed, and did not go back at all. In April it was protruding considerably beyond the vulva; and in the middle of June, while she was straining at stool, the whole uterus suddenly protruded, and she lost a considerable quantity of dark blood. The patient was admitted into the hospital on June

* Concluded from page 604 of last number.

27th. She was in a miserable condition, extremely emaciated and blanched. The uterus had apparently been first retroverted, and then had become completely prolapsed. The fundus was lowermost, and the os was reached by passing the finger between the vulva, which could not have been had the case been one of inversion, as was at one time supposed. Any effort to return the mass being evidently useless, and the utility of the proceeding, if successful, more than doubtful, a ligature was passed round it and gradually tightened. Two days afterwards, the ligature having broken on being tightened, the chain-*écraseur* was applied in the same groove, and the organ entirely separated, without loss of blood or much apparent suffering to the patient. Her recovery was uninterrupted, and she was discharged from the hospital minus her womb, but otherwise in much better plight than when she entered it. An examination of the specimen did not show any sign of the presence of the ovaries; and it was a matter of some surmise what had become of them.

IV. MISCELLANEOUS CASES.—*Recovery after Swallowing a Large Dose of Chloroform.*—This case, related by Mr. George May, is interesting on account of its comparative rarity and the improvement which followed the treatment. The patient was an adult male, and the quantity of chloroform swallowed about two drachms. Almost immediately he made himself vomit by passing his finger into his throat; nevertheless, within about ten minutes, he became unconscious. Mr. May saw him in about half an hour. He was then perfectly insensible, breathing stertorously; the face was livid; the pupils widely dilated, and not contracting on exposure to light; the pulse was full and slowly rising until it reached 120 per minute. The stomach-pump was at once used. An hour after he had swallowed the chloroform, the pulse rapidly fell to 70, and became almost imperceptible; the pupils at the same time contracting. The respirations were 20 in the minute, and at times almost ceased. The countenance was pallid. Half an ounce of sal volatile, with two ounces of water, was injected into the rectum. Decided improvement followed; the pulse at once improved; sensation returned; in two hours after swallowing the chloroform, the patient gave signs of reflex sensibility; and in three hours he had recovered consciousness.

Vaccination.—Towards the end of the session, the subject of vaccination was brought before the Society by Dr. Phillips. He laid stress upon the operation being simply the substitution of a mild disease, modified by its transmission through the system of the cow, for a more virulent form of the same affection, and to that attributed its power as a prophylactic. At the same time, he duly cautioned us against any further modification of the disease, such as might result from its transmission through any but the most perfectly healthy human system. He made some reference to revaccination, which he thought need be but once performed after the age of puberty, and that if a person be found insusceptible, we may safely assume that he is so to the influence of small-pox. He quoted the evidence afforded by observations at the Small-pox Hospital, the failure of which, to have weight with any intelligent mind, seems almost incredible. In the operation itself Dr. Phillips strongly recommended, where practicable, the use of liquid lymph, preferring tubes to points, and thought that the best method of performing the operation was by first moistening the part with the vaccine matter and then making punctures or scratches through it. He referred to the subject of vaccino-syphilis, which cases recently investigated had shown to be no myth; and, whilst contending that it was no argument against vaccination, he held that it was a strong argument in favour of extreme care in the method of performing the operation, and especially in procuring lymph unmixed with any other matter from the vaccinifer that might by possibility communicate the syphilitic virus.

In continuation of the subject, Mr. Crisp read an elaborate paper, embodying the results of very careful and complete observations on upwards of three hundred cases of revaccination. Two had been inoculated; and of these one, a lady, aged 40, took perfectly on being vaccinated, and in the other three fair vesicles were found. In three who had had small-pox, no good results followed vaccination. With regard to the method of vaccination and its effect upon results, he stated that arm-to-arm vaccination was done in 195 cases; capillary tubes were used in 85; and points in 25. The results of arm-to-arm vaccination were hardly appreciably better than those done with tubes. Points did not produce quite so good results; but the difference was very trivial. This he attributed mainly to using four or more well and recently charged points in each case. Fifty-one of his cases were revaccinated from the arms of children who had been, or who were stated to have been, vaccinated previously; although, in none of them was there evidence of the first operation having been perfectly successful, and the vesicles of the second operation were perfect. The resulting

effects from using this lymph was in every way as satisfactory as those arising from the use of any other lymph. Mr. Crisp did not, however, give us any evidence of the protecting power of vaccination thus performed; and although the observations on this point are necessarily few, as far as they do go, they have not been such as to encourage vaccination with matter taken from revaccinated persons. Mr. Crisp's cases afford interesting evidence of the relative value of vaccination, well and ill performed, in conferring protection against a second attack of the vaccine disease, and presumably of small-pox. Dividing his cases into four classes, ranging from those in which three or more perfect marks existed to those in which there were no detectible marks, he found a steady decrease in the good results from Class I to Class 4. He further noticed that, although the females were found to have on an average half a good cicatrix more than the males, the resulting good effects of revaccination were as nearly as possible exactly the same in both sexes, from which he drew the deduction that the softer sex is of the two the more amenable to vaccine influence.

By a recent change in our arrangements (a change which I regret that the attendance at this meeting does not more fully justify) my retrospective address becomes one of inauguration of the coming session. I trust it may be not less successful than the one on whose work it has been my lot to dwell.

It is usual on these occasions to say something of the advantages of societies like ours. Small need, however, that I should enlarge upon such a topic to my seniors, who have many of them long had personal experience of its benefits, and who still show by their constant attendance at its meetings that their interest in the Society and its work does not flag.

As a means for the spread and cultivation of medical knowledge amongst us, the Society is valuable, and scarcely less valuable is it in its capacity of bringing us together to enjoy friendly intercourse and to cultivate that kindly feeling for which the profession in Reading has the fortune to enjoy a good name, and specially to give scope for the display of friendliness by the senior to the younger members, for which, as one of the latter, I owe a debt of gratitude that I am glad of the opportunity of acknowledging.

Here we may all of us bring our professional joys, and double or more than double them by sharing; and here we may divide and minimise the sorrows of our unsuccessful cases, by sharing them too with those well used to sympathise.

Let us still continue to seek, here and elsewhere, that strength which union may give to fight the battle of our lives against disease and death, and each endeavour to add the result of his experience, be it much or little, to the common armoury from which all may draw as need requires, remembering, as our observations and opinions are here sifted and shaken, that "Truth's like a torch, the more it's shaken it shines."

THERAPEUTIC MEMORANDA.

TREATMENT OF CANCRUM ORIS.

I OBSERVE an abstract of a lecture on a fatal case of cancrum oris in a child two years and seven months old, by Dr. W. O. Priestley, at page 577 of the JOURNAL for November 18th. I do not pretend to say that any kind of treatment or application whatever could have saved the child's life, she being in so very weak and emaciated a state as she was when Dr. Priestley first saw her; but it is with regard to the local treatment and remedies used in this case that I beg leave, with all due respect, to object—viz., that the solution of chlorate of potash and borax was not sufficient to check or stay the severe nature of the gangrenous ulcer in the child, although no doubt a very useful application in more simple cases. Of all the local remedies or applications that I have ever resorted to in such cases, I have never found any application so useful or so effectual as hydrochloric acid. Neither nitric acid, nitrate of silver, nor chlorate of potash, nor any other remedy that I ever tried or used, except hydrochloric acid, did I ever find to be of the least use to check cancrum oris. I have almost never found hydrochloric acid to fail to check the progress of this dreadful disease at once, and bring on a most rapid and healthy action in the part. Nor does it cause so much pain or suffering to the little patient as one would suppose, seeing that the gangrenous spot is almost entirely without feeling at this time. This acid is easily applied to the ulcer by means of a feather or a small camel-hair brush. I have cured many cases of cancrum oris by this means.

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Union Hospital, Drogheda, Ireland, November 23rd, 1871.