OFFENSIVE LEUCORRHOEA ASSOCIATED WITH ACUTE ANTEFLEXION.

By GRAILY HEWITT, M.D., F.R.C.P.,

Emeritus Professor of Obstetric Medicine, University College.

THE following case is one of great interest, both from a theoretical and from a practical point of view. A.B., single, aged 27, was brought to me for consultation on October 8th, 1890. She is a general servant, and has worked extremely hard. She is very conscientious, and during the last year she has frequently sat up at night to do extra work; namely, washing. During the last two years her health has been failing. The symptom which is the most distressing is the presence of a terribly offensive odour and discharge from the vagina. This has existed for nearly two years, being always very much worse during the week following menstruation. She is now obliged to have repeated change of linen, and the greatest difficulty is experienced in getting rid of the offensive smell from the rooms used by the patient. She looks ill and pale, there is pain at the epigastrium, also pain in the pelvic region, and she can only sit on the edge of a chair. On examination it is found that the uterus is large and broad, and anteverted. The body of the uterus forms a retort-shaped mass, which lies low down behind and below the symphysis pubis. By means of the sound the uterus can be straightened, but doing this occasions much pain. The size of the uterus is that of a small orange.

The diagnosis formulated was: retention of menstrual *débris* with decomposition of same due to a pouched anteverted uterus.

Treatment: Insertion of a cradle pessary and plenteous carbolic injections of hot water. Diet: Milk in large quantity.

October 15th. Much better as regards pain and offensive leucorrhœa. October 31st. Very much better. Wearing cradle, which controls the position of the uterus satisfactorily. The last period more as it should be. Has now begun to do a little. April, 1891. The offensive discharge has now ceased, the position of the uterus good. Local treatment continued. Takes food well, and in all other respects material improvement.

Whatever view may be taken of the above case, it is the fact that the reposition of the uterus at once produced an alteration in the vaginal discharge. The patient had previously been treated by injections, etc., unavailingly. By elevation of the body of the uterus the contents of the organ (retained menstrual products) more easily escaped, and their decomposition was prevented. The intensity of the anteversion in this case was very noticeable, and I have never seen such acute anteversion except in cases where very unusual exertion, or a violent shock from an accident had been experienced. It is my belief that retention of menstrual products in cases of acute anteversion is common. The rarity of the case above related is the long-continued putrescent character of the discharge.

The explanation of the putrescence is probably the detention of menstrual shreds in the cervical canal in contact with air passing into the vagina, or even possibly passing into the uterus. As regards the presence of air in the vagina, it occurs to me to mention that some years ago I saw a case in which, whenever the patient sat down to table flatus was expelled from the vagina in a most annoying manner. It was found that the uterus was large and heavy, and markedly anteverted. The vagina was distended like a ball. The opinion formed was that the air entered the vagina consequent upon exaggeration of the displacement, and a sort of suction action set up thereby. At all events the reduction of the anteversion put an end to this disagreeable symptom. There was no such escape of flatus in the case above related, but the putrescence implies rather free admission of air into the vagina, which admission was probably favoured by the anteversion.

THE prizes awarded to the successful students of the London School of Dental Surgery were distributed by Archdeacon Farrar at a *conversazione* held in the Royal Institute Galleries on July 22nd.

A CASE OF ACROMEGALY.

By A. A. KANTHACK, M.B., B.S., F.R.C.S., ETC.,

Member of the Leprosy Commission, Simla (Purjab).

HOSHNAKI, a Ghirth by caste, aged 16-18 years, comes from the Kangra Valley. He has a slight cystic goitre, more marked on the left side—an exceedingly common affection in this valley—is 5 feet 4 inches high and of only moderate muscular development. The most striking part of his body is his left foot, which is much enlarged. The second toe is immensely hypertrophied, all constituents—bones and subcutaneous tissue—being much increased, but chiefly the latter. The third or middle toe is likewise considerably enlarged, and the other toes are all thickened. The right foot is just commencing to be affected, all the toes becoming thickened, and thus looking “stumpy.” His left hand is apparently normal, but his right hand is beginning to show early signs, all the

fingers becoming thickened, due to increase of the subcutaneous tissue, and already recall to one's mind the condition of the fingers described by Virchow as “*tatzenartig*” (paw-like). The lower part of his face is broadening out and the angles of the lower jaw becoming prominent. He himself has noticed these changes.

Otherwise his limbs are perfectly natural. It is very interesting that this patient is suffering from goitre, as by several authors absence of the thyroid gland has been considered of etiological importance. Here, on the other hand, we have a hypertrophy of the thyroid. This condition of things has, however, also been noticed in some other recorded cases of acromegaly. A hereditary taint could not be traced, as was the case in Virchow's case—Mennig.

I give the various measurements of the affected parts:

(a) Height, 5 ft. 4 in. (160 cm.).