Clinical Observations.

BY

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II.—ŒSOPHAGOTOMY.

M. C., aged 45, was admitted into the hospital on the 22nd July, 1861. She stated that six days before the time of her application, while eating mutton-broth, she had suddenly felt inability to swallow, together with severe pain, from which she concluded that a piece of bone had stuck in her throat. Under this impression, she had applied for assistance, and been treated by the introduction of probangs or other instruments, without success, so that her distress remained unrelieved, and became complicated with fits of dyspnoea, which repeatedly threatened to prove fatal. On examination, I found her in the state described, with a very anxious expression of countenance, and slight general fulness of the neck, which was not discoloured or otherwise altered, but felt somewhat tender under pressure. Having introduced the long curved forceps, without being able to touch the foreign body, but feeling satisfied, from the circumstances just mentioned, that there was one present; and fearing, that if allowed to remain, it would cause suppuration, if indeed it had not already done so, I considered it necessary to adopt the only effectual mode of affording relief, by performing the operation of œsophagotomy.

With this view, having administered chloroform, I made an incision as if for ligature of the carotid artery, exposed the edges of the sterno-mastoid and sterno-thyroid muscles, and then opened the deep fascia of the neck, from under which a small quantity of purulent matter escaped. Introducing my finger through the narrow passage thus detected, I carried it upwards and backwards to the posterior part of the gullet, where a piece of bone was felt protruding from the canal. The requisite dilatation having been made, I guided in a pair of polypus forceps, and extracted a piece of mutton bone, extremely thin, but nearly an inch square.

The operation was performed on a Thursday, and on Friday the patient seemed to be doing well; but on Sunday, I was told that she had become delirious on Saturday, and appeared to be sinking. Upon visiting her, I found the hands blue and perfectly cold, with the faintest possible thrill instead of a pulse, so that the case had certainly a most hopeless aspect. It occurred to me, however, that the symptoms might possibly proceed from hunger, as the patient, during a whole week, had not been able to swallow at all, and since the bone was removed had done so very imperfectly, from the milk and other fluids given to her escaping in great part by the wound; I therefore, by means of a catheter, introduced from the mouth into the œsophagus, immediately injected some beef-tea, with wine. In the course of half an hour, there was, in all respects, a decided improvement, which, through a continued employment of the same means, repeated regularly at proper intervals, gradually increased, until recovery was completed at the end of a fortnight.

Lectures

ON THE

DIAGNOSIS AND TREATMENT OF DISEASES OF WOMEN.

DELIVERED AT ST. MARY'S HOSPITAL MEDICAL
SCHOOL.

BY

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DISORDERS OF MENSTRUATION (*continued*).

GENTLEMEN,—There are two classes of cases, under one of which all disorders of menstruation likely to present themselves for examination can be included—1. Those in which there is a *minus* state of the discharge; and 2. Those in which the quantity being excessive, or above what usually obtains, it may be considered as being in a *plus* state.

1.—MINUS CONDITIONS OF THE CATAMENIA: DIS- CHARGE EITHER ABSENT OR LESS THAN USUAL.

a. The series of cases which may be first examined are those in which *menstruation is not, and never has been, present*. We are here concerned, not with those cases in which there has been a slight sanguineous discharge from the generative organs, but with those in which there has been none at all. The first point which it is necessary to determine, in endeavouring to ascertain the cause of the non-appearance of the menstrual secretion, is, Are the organs essential to the performance of this function actually present? If the *ovaries be absent*, no menstrual discharge can take place; and the like holds good if, the ovaries being present, the uterus be absent. Cases coming under either of these categories are exceedingly rare. The absence of the ovaries would coexist with absence of the external signs of puberty. The breasts, under such circumstances, would be small and undeveloped. Absence of sexual desire and of other feminine characteristics might be expected to be observed. Women who have had the ovaries artificially removed when young are said to have acquired a masculine voice, and even a profusion of hairs on the chin and face, resembling the beard of the man. *Absence of the uterus*, or what practically amounts to the same thing—extremely rudimentary formation of this organ—is, there is reason for believing, an occurrence of rather less rarity than absence of the ovaries. In a case which came under my own observation, the catamenia were quite absent; the sexual inclination was very slight, but still present; and the breasts rather small. The ovaries were probably present; but, on physical examination, no uterus could be detected.

Another congenital defect—*viz., absence of the vagina*—may prevent the appearance of the menstrual flow; but absence of the vagina usually betokens absence or very rudimentary formation of the uterus. There are very few instances in which the flow does not appear *because* the vagina is deficient—a fact important to be borne in mind in reference to proposed operations for the removal of the defect in question.

Absence of any one of the parts of the generative apparatus just referred to—of the ovaries, uterus, or vagina—is rare; and absence of the catamenia from either of the conditions in question is also, therefore, an altogether exceptional occurrence; but it is not so uncommon to find that the uterus and ovaries, although actually present, retain their infantile conditions; that degree of development necessary to the establishment of the catamenial function failing to take place. There may be no defective condition of the bodily health to be detected, and yet from month to month there is no appearance of the discharge. The “proper” age is gone by, and the friends of the patient become seriously uneasy. There are a few cases of this kind in which the vagina is healthy, the uterus present; the only thing wanting, in fact, is the discharge. It has turned out, in a few such cases, that the cause, so far as capable of being ascertained, has been a slightly defective condition of the development of the uterus; this organ being found normally constituted, but retaining to too great a degree its childlike condition. Dr. Simpson has called particular attention to the connexion of this condition with “amenorrhœa”, in his recently published lectures. The signs of ovarian activity are generally absent, or, if present, only to a very slight degree. These cases give no occasion for anxiety as regards the immediate effect on the patient; but the prognosis may be serious as regards her matrimonial prospects. It is, in a word, uncertain what course will be taken with the generative organs—whether they will remain in this functionally idle condition, or not; and, if not, when and how the appearance of the secretion will take place. The diagnosis, then, is a matter of extreme importance; much may depend upon it; and the nature of such cases cannot be too carefully scrutinised.

For the purpose of ascertaining, firstly, whether the vagina and uterus be actually present, and, secondly, if present, whether they present or not that imperfect degree of development alluded to,—it will be necessary to examine physically the condition of the external generative organs, and of the vagina and uterus.

Retardation of Puberty. In many cases there is no appearance of the catamenia because there is retardation of puberty; and this may be unassociated with any defective condition of the bodily health. In considering this part of the subject, we have to determine what are the circumstances which, in a given case, will enable us to determine that this, and this only, is the cause of the non-appearance of the menses. The general signs of the arrival of puberty in the woman are thus eloquently enumerated by Brierre de Boismont:—“L'époque de la puberté est enfin arrivée. Une révolution immense s'opère dans l'organisation de la jeune fille. A ses formes grêles et allongées ont succédé des contours pleins et gracieux. Sa démarche, incertaine et languissante, devient ferme et animée. Le doux éclat de ses yeux révèle le feu dont elle est pénétrée. Des changements non moins remarquables ont lieu dans l'économie. . . . La poitrine, étroite et resserrée, s'agrandit et s'évase. Les poumons respirent plus à l'aise; le cœur, plus développé, lance avec force le sang dans les innombrables vaisseaux du système circulatoire. Le tissu cellulaire apparaît à son tour pour former ces courbes admirables qui constituent la beauté de la femme. De tous les organes qui res-

sentent l'influence de la puberté, l'utérus et ses annexes sont ceux où elle est le plus prononcée. Réduits à un petit volume, la matrice, les ovaires, les trompes, et les seins prennent un accroissement considérable. Les os, les muscles participent à ce développement général. Le moral lui-même offre des différences non moins tranchées. La jeune fille, jusqu'alors véritablement enfant dans ses goûts, ses inclinations, ses penchants, éprouve une complète métamorphose; inquiète et rêveuse, elle ne sait à quoi attribuer les sentiments nouveaux qui l'agitent; tous les sens sont en éveil; une douce chaleur la pénètre; un prurit inaccoutumé se fixe aux organes de la génération; le plus important phénomène de la puberté, son complément indispensable, celui qui transforme la jeune fille en femme, la première éruption des règles, se manifeste.” (*Op. cit.*, p. 1.)

These are the general, and for the most part outward, signs of the arrival of puberty. There is another series of symptoms, however, to the presence or absence of which considerable importance must be attached in the determination of the present question,—Is the absence of menstruation caused by retardation of puberty? The series of symptoms referred to are those known under the term *molimina menstruationis*.

The chief symptoms of the menstrual molimen—the attempt at menstruation, the evidence of ovarian activity—are as follows:—A sensation of weight and fulness in the pelvis and its neighbourhood, together with “bearing-down” or a dragging sensation; pains radiating from the loins downwards towards the perineum, and occasionally extending down the thighs; tenderness over the hypogastric and inguinal regions; a feeling of heat in these regions so intense as to be described as “burning” by some patients. Irritability of the bladder, frequency of micturition, or inability to evacuate the bladder, are more rarely observed. The digestive system sympathising, there are diarrhœa, or constipation, sickness, inappetency; fretfulness, or change of temper and disposition, may also be observed; in short, many of those symptoms usually classed under the denomination “hysterical” may be present. The local symptoms are the most constant. When symptoms of the above character present themselves at intervals of three or four weeks, persisting in each periodic recurrence for two, three, or four days together, in a young woman who presents outward signs of having arrived at puberty, they are evidence of the existence of ovarian action, and constitute the menstrual molimen. The characteristic point about these symptoms is their periodicity; this, indeed, constitutes their diagnostic value.

With reference, then, to the arrival of puberty, we have first to look for the *outward* evidence of the same in the form, development, etc., of the body generally, and of the external sexual organs in particular; we have to seek for *internal* evidence of the functional activity of the reproductive organs, in the symptoms or signs described under the term *menstrual molimen*.

If both internal and external evidence be wanting, we may conclude that the case is one, purely and entirely, of retarded puberty; that is to say, if we have previously satisfied ourselves that the sexual organs are present, and presenting their normal physical conditions. It may be, perhaps, necessary to state that the presence of the menstrual molimen does not indicate anything more than that the ovaries

are present. The uterus may be, and coincidentally with such presence of the ovaries, so defectively formed that menstruation is not possible.

We may now return to the point previously under discussion. If the individual exhibits other characteristic evidences of having arrived at puberty and no menstrual discharge has been observed, the case must fall under one of the three following heads:—

Either, *There is no secretion of the menstrual fluid;*

Or, *The menstrual fluid is secreted but not evacuated—retention;*

Or, *The woman is pregnant.*

These several conditions must, in the first place, be separated one from the other; and we may afterwards proceed to consider the circumstances which give rise to the two conditions first in the list.

It is possible for a woman to become pregnant in whom no catamenial discharge has ever been observed, as several well-authenticated cases prove. (Montgomery, *Signs, etc.*, p. 77.) In such cases, either conception takes place at the exact time when the function of menstruation is about to be established, and the pregnancy is then the cause of the absence of the menstrual flow; or, an instance is before us of a peculiar idiosyncrasy, now and then, but rarely observed, owing to which no menstrual secretion ever occurs; although this circumstance proves no bar to the woman's fertility. It is a mistake, then, to suppose that it is impossible for the woman to be pregnant, because the menses have never made their appearance. It is in young women who have married early and before the arrival of the catamenia that instances of this kind are likely to be met with, and in whom also the real state of the case is most likely to be overlooked. It will be remembered, in investigating a possible case of this exceptional character, that if pregnancy be present there will be a complete absence of the periodic menstrual molimina, a circumstance which will assist in distinguishing the case from one of retention of the menses. In both, the abdomen may be enlarged and the uterus increased in size.

But the woman may have been married for some years, and no discharge ever observed. Puberty, with all its external manifestations, this one excepted, is present. Here also pregnancy is possible, as has just been stated. Some women bear children, but never menstruate; of which fact we are assured on the authority of several well known writers and observers. In these cases, however, the signs of ovarian activity were probably not wanting upon the occurrence of conception, though this circumstance is not alluded to in many of the instances of pregnancy without previous menstruation which are on record. The diagnosis of pregnancy will be hereafter fully considered; it is only necessary, at present, to warn the observer of a possible contingency.

Retention of the Catamenia is occasionally found to be the cause of the non-appearance of the secretion in the usual manner. The ovaries and the uterus discharge their functions regularly, but there is no outlet for the secreted fluid. The uterus becomes enlarged, an abdominal tumour is felt, and the woman is often, under these circumstances, supposed to be pregnant. The ordinary history of such a case is as follows:—Puberty arrives, and with it the indications of activity on the part of the generative organs,

and recurrences of the menstrual molimina are observed from month to month. The pain and discomfort at these periods are at first inconsiderable, but after a time they increase in intensity; a sense of fulness and weight in the pelvis remains also in the intervals between the menstrual attempts. The symptoms become gradually more severe in character, and the patient is never thoroughly easy and comfortable. The bowels become constipated; there are frequency of micturition, permanent and severe pains in the loins, all periodically increased in severity. The health, at first perhaps robust and in every respect good, fails; the appetite is lost, and nutrition greatly interfered with. And now the uterus, increasing in size from retained catamenial secretion, forms a readily detected tumour in the hypogastric region. The supposition that the pregnancy exists is, apparently perhaps confirmed by the presence of those gastric symptoms usually associated with pregnancy, such as vomiting and nausea. The breasts also sympathise, and become painful and tumefied. The intensity of the symptoms observed varies much in different cases; and the degree to which the uterus becomes distended is open likewise to great variation; for there is reason to believe that in some instances a portion of the menstrual secretion is from time to time absorbed, and a large accumulation thus prevented. When the distension of the uterus reaches a certain point, pains in the back resembling labour pains, and, doubtless, due to contractions of the uterus, are observed. The termination of these cases when left alone is various. The uterus may relieve itself by expelling the accumulated fluid into the peritoneum; or the fluid may be evacuated by the bladder (in one case cited by Meissner, a woman aged 42 had for several years regularly menstruated through the bladder); or by the rectum. The accidents liable to occur in consequence of this retention, form a most interesting, and as yet imperfectly explored, field of study. The elaborate work of Bernutz and Goupil (*Clin. Méd. sur les Maladies des Femmes*), recently published, contains what is at present known on this subject.

The diagnosis is arrived at by a consideration of the symptoms and by physical examination. The characteristic points, so far as the symptoms go, are, the presence of puberty, generally complete absence of menstrual discharge, presence of periodic attacks gradually increasing in severity, of the kind already described, and increasing fulness in the pelvic region, evidenced by the difficulties in micturition and defæcation; all these symptoms, be it observed, occurring soon after and within the first year or so after puberty has arrived. If the woman be married, it will, in the large majority of cases, but not in all, be found that sexual intercourse is performed with difficulty, or that it cannot be performed at all. The physical signs to be hereafter more fully investigated are, presence of a tumour in the hypogastric region, discoverable by examination of the abdomen, and the want of an outlet for the menstrual fluid, discoverable by an examination of the vagina.

From pregnancy without previous menstrual discharge, this condition is distinguished, firstly, by the symptoms, the periodic molimina being absent in pregnancy; and secondly, by examination *per vaginam*, which, in the case of retention, would discover to us the existence of atresia of this canal, mper-

forate hymen, or closure of the canal of the cervix uteri. The rare case of absence of the uterus, the ovaries being well developed and in activity, is to be distinguished from retention by the fact that the menstrual molimina, though present, would be imperfectly marked and wanting in intensity; in addition to which a simultaneous examination through the bladder and rectum would fail to detect the presence of the uterus in its normal position. Practically, this question is hardly likely to arise.

The only other condition to be eliminated from the consideration is non-secretion of the catamenial fluid. Here the menstrual molimen (possibly) and puberty are present; but no discharge appears. The absence of all signs of accumulation in the uterus, of the symptoms of fulness and pressure observed in the case of retention, and of the physical signs before referred to as observable when the case is one of retention, sufficiently characterise it from one of the latter description. The examination *per vaginam* detects no atresia of this canal, and sexual intercourse is not impeded. It is not sufficient to determine that the vaginal canal is free; for although the retention is mostly due to obstruction in the situation; it may be situated in the cervical canal of the uterus itself, as in a case of Dr. Oldham's cited by Dr. Churchill. The latter condition existing in connection with retention is, however, very rare. The diagnosis of pregnancy from non-secretion of the catamenia rests on the absence of the molimina in the former, and on the absence of a pelvic tumour in the latter condition. If it have been ascertained that retention is present, the cause of the retention will next occupy attention. This question will be more conveniently considered in connection with the physical examination of the vagina.

Having thus disposed of retention and pregnancy as possible causes of absence of the catamenial discharge, and having determined that neither of these conditions is present, we adopt the alternative that the menstrual discharge does not appear because it is not secreted. The causes of this non-secretion will next be considered.

INFLUENCE OF THE CLIMATE OF CALIFORNIA ON PROLIFICITY. Dr. Keeney, U.S.A., in his official report, says:—"It is a notorious fact, that when females from the Atlantic States arrive on this coast, those who have been barren for years, and those who have never borne children at all, no sooner become acclimated, than the uterine organs assume a new tone, and conception immediately follows. This change of the uterine functions is not temporary, but is continuous, and the once sterile female may calculate with the greatest certainty that the end of every eighteen months will bring an offspring. The American cow, after reaching this coast from the plains, will bring forth a calf every ten or eleven months, and this calf will bring forth young when two years old. Sheep breed twice, or more frequently bring forth two at each birth than one. Swine have five litters in two years. If I were to advance an opinion of my own on this great procreative tendency of both man and beast on this coast, I would attribute it in a great measure to this bland and stimulating climate. The climate has certainly the effect on females who come here, of producing an immoderate action of the catamenial functions; and on man, of arousing his dormant venereal propensities. But I will not attempt to offer any further cause for this, but will leave it for the more scientific."

Addresses and Papers

READ AT

THE TWENTY-NINTH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in CANTERBURY, JULY 23rd, 24th, and 25th, 1861.]

ADDRESS IN SURGERY.

BY

GEORGE H. HOFFMAN, Esq.,
MARGATE.

MR. PRESIDENT AND GENTLEMEN,—The Committee of Council of the Association have honoured me by a request to deliver the "Address in Surgery" at this meeting.

There are many members of the profession in the county of Kent much better qualified than myself to speak on points of surgery. But I have been induced to undertake the office, from the consideration that these meetings of the profession are really intended to bring us into personal communication; to engender good and kind feelings between us individually; and to enhance the value of our social position by empowering us to act together in respect to points affecting our relation to society at large as well as to each other, and to science. The prominent objects of this Association are discussed at the previous meetings. The purport of this "Address" I take to assume the character more of a formal proceeding than of one essential to the furtherance of the immediate objects of the Association.

I am told that it is competent to me either to take a general view of the progress of surgical science during the last year; or to select for my subject any particular branch of surgery.

Having been attached for many years to the Royal and National Hospital for Scrofula at Westbrook near Margate, my more obvious course is to sketch out certain points illustrating the treatment of scrofula in this institution, rather than to attempt a detail of the novelties in general surgery, to the knowledge of which every one present has, equally with myself, facilities of access.

But the subject, even when so circumscribed, offers a wide field; and, were I to attempt to include the whole of it, I should be compelled to occupy an unreasonable time in presenting what would be but a dry *resumé* of well known facts. I have therefore determined to touch only those points on which there exists some difference of opinion; or on which I may possibly have something either novel or suggestive to put forward. My observations must therefore assume a desultory character, and appear, to a certain degree, unconnected in their parts. But I throw myself at once on your indulgence. I am not in the habit of addressing a scientific audience. I promise not to detain you very long.

At starting, I have the pleasing office deputed to me, through the liberality of the directors, of inviting all who may be so disposed to meet at the Institution itself. These gentlemen, well knowing that the best interests of the hospital will be furthered by publicity among the profession, have authorised me to invite such as feel interest in the subject, to lunch at the Board-room of the Hospital tomorrow at noon, when the cases may be inspected and the treatment verified or criticised.

In anticipation of such a visit I may say a word about the Hospital. It was founded by Dr. Lettsom in 1792. It now contains two hundred and seventy beds. The site was selected on account of the salubrity of the