LECTURE

ON THE

CLINICAL IMPORTANCE OF ACQUIRED DEFORMITIES OF THE UTERUS.

Delivered at University College Hospital.

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GENTLEMEN,—The discussions which have recently taken place on the subject to which I now propose to direct your attention, invest it with great interest and importance. The doctrines which are enunciated in the work published by myself a few months ago, and which lay claim for the acquired deformities, flexions, and changes of place of the uterus, a degree of clinical importance which they have not usually received, have, as might have been expected, undergone much criticism. The questions at issue cannot be settled in a moment; nor is it a matter of wonder that in this, as in all other affairs, the "influence of authority" should for a time delay the reception by the professional mind of ideas not in consonance with those more generally accepted.

Changes in the "place" of the uterus are very familiar, prolapsus in its various forms being well known; but changes in the "shape" of the organ, although known frequently to exist, have not been thought to be of primary importance; nor have they been associated—certainly not on a large scale—with the discomforts with which patients affected with these, together with other affections (*e.g.*, inflammation) of the uterus, are troubled.

The statement which I have put forward, to the effect that "patients suffering from symptoms of uterine inflammation (or, more properly, from symptoms referable to the uterus) are almost universally found to be affected with flexion or alterations in the shape of the uterus, of easily recognised character, but varying in degree," and which has been questioned, is one the truth of which can be verified only by observation, it being a question of fact. The "fact" is, however, most important; and it is the expression of observations and a patient and continuous inquiry which I have carried on for some years past. Other unprejudiced observers will, I am quite sure, find the statement to be substantially correct. It is essential to draw especial attention to it, because this fact is a part of the basis of the system of uterine pathology which I have adopted.

The statistics which I have collected within the walls of this hospital, and to which I would in the first place refer, bear out the statement in question. During a period of over four years, I saw here 1,205 patients. Of these, there were 624 cases presenting uterine symptoms, and in which an examination was made; 397 (or 63.6 per cent. of the cases examined) were found to be affected with alteration in the shape or position of the uterus; the remaining 36.4 per cent. being cases of pelvic cellulitis, cancer, fibroid tumours, hæmatocele, hypertrophy of cervix uteri, and certain other minor disorders. And it resulted further that, while menorrhagia, leucorrhœa, and amenorrhœa were exceedingly common, these three disorders collectively, *unassociated* with flexion or change of position of the uterus, only amounted to 4.5 per cent. (included in the 36.4 per cent. above mentioned) of the 624 cases. Dysmenorrhœa is not mentioned as a distinct disease at all, for the reason that, in every case where it existed and the patient was examined, the uterus was physically changed as regards shape. Nor does "inflammation of the uterus" pure and simple come into the category—not because it was not present, but because it was common, associated with leucorrhœa, menorrhagia, flexions, etc. Further particulars concerning certain other cases, ninety in number, where an examination was not made, and where, consequently, the diagnosis was less exact, will be found in the new edition of my work.

It has been objected, that these statistics are not exact; and further, that they have been constructed to support a foregone conclusion; further, that it would have been easy to deduce a different conclusion from them—giving prominence, for instance, to inflammation of the uterus, instead of flexions. As to the accuracy of the observations that flexions were found to exist in so large a proportion of the cases, I shall not seek to prove it in any other way than by reasserting it; the observations having been made in a public hospital, extending over a space of more than four years; the record made at the moment, open to criticism as regards accuracy by others present, and duly preserved.

As to the "fact", then, that these alterations in the shape of the uterus are frequently found to be present in patients applying for relief from uterine suffering, simple denial of its accuracy will not suffice. To refute it, statistics and observations on an equally extensive scale must be adduced. The argument that these statistics were concocted to support a foregone conclusion is difficult to meet; for the same argument might be applied to the procedures of any scientific investigator, however unbiassed, skilful, and unprejudiced. I can only say that I have had no object in advocating this, that, or any other view, as regards uterine pathology. My sole object has been to arrive at the truth, and I have merely recorded the facts which have come before me. The other objections will now be considered.

The great question is the clinical value or importance of change of shape of the uterus. This, after all, is the vital one. It does by no means follow, because flexions of the uterus are frequently observed in patients applying for relief, that these particular changes in the uterus are the most important; nor, indeed, does it logically follow that they are of any importance whatever. This we are all free to admit. The proof that they are of importance must be chiefly of a clinical kind. My clinical experience enables me to affirm that they are of very great importance in causing the symptoms which induce patients to seek for relief. A principal objection made to this is, that flexions of the uterus do not of themselves occasion inconvenience to the patient, but that the pain, inconvenience, or what not, are due to the associated inflammation; and some go so far as to say that the inflammation causes the flexion. Here we are distinctly at issue. What is the nature of the relation between the two things—the change of shape and the inflammation (I should prefer the term "congestion" to "inflammation", but the point is not material to the present discussion)? I have nowhere stated, what has been imputed to me, that the flexion is the *fons et origo mali*; and I repudiate that view. On the contrary, the proposition above quoted from my recent work is immediately followed by another. "The change in the form and shape of the uterus is frequently brought about in consequence of the tissues of the uterus being previously in a state of unusual softness, or what may be often correctly designated as chronic inflammation." This part of the question is elsewhere more fully elaborated; and I have been at great pains to show the mutual effect of the previously diseased state of the uterine tissues, and this alteration of its shape, in perpetuating and rendering chronic the sufferings of the patient. Let us, then, clearly understand each other. I have not denied, and do not deny, the importance of the tissue-changes in the uterus—very far indeed from it; but what I call especial attention to is the effect of the flexion in perpetuating, and not unfrequently actually giving rise to, the congestion or other tissue changes. Some, who differ from me on other points, agree in admitting the fact of the frequent *simultaneous* occurrence of flexions and congestions. "But," say they, "it is the congestion which causes the suffering, and the flexion goes for nothing;" or reasoning to that effect. The basis of this objection, which it is worth while to consider for a moment, appears to be that flexions are, as it is asserted, frequently found in patients who have no symptoms or inconvenience from them. It is undoubtedly true that in some few cases, where a flexion has existed for some years, the patient ceases to suffer markedly therefrom. The uterus does in some instances in process of time become accustomed to its altered shape—chiefly, I believe, however, in cases where the flexion is not very acute. Simple retroversion of the uterus, for instance, with but very slight flexion, comes into this category. As to the *frequent* occurrence of cases of flexion without symptoms, I deny that it exists. A further objection made by those who uphold this view is that, when the patient is treated by attacking the congestion, the flexion is found to disappear or to become materially lessened by this means; and inasmuch as, by taking away blood from the uterus, by cauterisation, etc., the patient is relieved, therefore it follows that the flexion is only of importance when it is associated with or caused by the inflammation of the uterus which is present. But I read these cases differently, and draw a very different conclusion from them. Let it be supposed, for the sake of argument, that I admit (which I do not) that flexions only occasion suffering when there is flexion *plus* congestion. Does it necessarily follow that the congestion is the solely important element? I concede that the congestion is important; but, inasmuch as it is either produced by the flexion, or, at all events, kept up by its means, it is the flexion which is the more important. I believe the explanation which I have given in my work of the way in which congestion is favoured and produced mechanically by the actual bending of the uterus, and by the impediment to the free course of the circulation in the walls of the organ, is correct; and it has not yet been pointed out that this explanation is at variance with anatomy or with physiological laws. It is evident enough that to take away blood from the uterus will diminish the congestion for the time;

and a succession of depletions may even do permanent good. Further, in some few cases it may be essential to adopt this means of lessening the congestion. But, if my view of the *rationale* of congestion of the uterus in these flexion cases be true, it follows that we may more profitably devote our time and attention to removing the cause of the congestion, than to simply palliating it. I assert that the effect of mechanically treating the uterus (which does not imply that pessaries or other internal mechanical agents are necessarily employed at all) is most marked, and that cases treated on this principle rapidly undergo improvement in regard to the congestion. No one who has not, as I have for some time past, systematically regarded the shape of the uterus as a very important subject of attention, can judge of the results obtainable in this way. My experience of the great value of attention to this element in the case has led me to adopt the view that the flexion is the most important feature.

We all know that congestion of the uterus is one of the natural events to which it is liable, and that it occurs when the uterus is in a state of perfect health. It is known also that the uterus may be congested continuously, and that this may pass into a state of chronic inflammation (so called) without the organ having undergone a change of shape. But does it follow, as would seem to be implied by those who find fault with what I have said, that an alteration of the shape of the uterus, amounting not unfrequently to a complete doubling up of the organ on itself, will have no influence in producing or keeping up congestion there existing? Because congestion may occur without alteration of shape of the uterus, is that any argument in favour of the statement that flexions are of no moment as etiological elements in the case?

Another point: the uterus is an organ very little sensitive to the touch. I have frequently passed the sound into the uterus as far as the fundus, without the patient being aware that any instrument had been used. But the sensitiveness of the uterus to the touch in bad cases of flexion is something hardly to be described in words. Is the uterus *ever* found in this sensitive state, apart from the existence of a severe flexion? Putting on one side acute pyæmic inflammation of the uterus, I should unhesitatingly answer no.

Clinical observation alone has led to my frequently associating the suffering of the patient with the alteration in the shape of the uterus, and in this way. It has been my constant practice to inquire of the patient what is complained of, and what it is which gives inconvenience. It is a very curious fact, that patients questioned in this way almost invariably begin to describe a pain in the front, back, or side of the pelvis, which is increased on motion or by exercise; and this pain is, in its various forms, the principal element in the case in the patient's view of the matter. Generally, of course, there are other symptoms—leucorrhœa, profuse menstruation, dysmenorrhœa, etc.—which are now more, now less prominent features; but this does not invalidate the fact that pain, increased on motion, is important in the patient's eyes. My experience has taught me that the feelings and sensations of the patient are of great consequence; and that in diagnosis they are, when duly estimated, of great value. All are familiar with the fact that patients do complain of pains such as above described; but I do not know that the fact that they are frequently spontaneously brought forward by patients affected by uterine disorders, has been so distinctly alluded to by writers on these subjects. Be that as it may, however, I have found so great and close connexion between certain definite conditions of the uterus and certain definite statements of the patient in regard to her suffering, that I have repeatedly accurately made the diagnosis from the latter alone in the public practice of this hospital. What, however, is equally important, is, that patients very generally experience mitigation of those (to them) prominent symptoms when the flexion is dealt with, and means are taken, by rest or appropriate mechanical appliances, to prevent the fundus of the uterus from falling lower on the side to which it happens to tend. This is a matter which is only to be tested by experiment; and the truth of the statement now made has been tested by me for so long a time, and so very often, that I do not in the least think it is possible for it to be other than the truth. It is obvious enough why the pain is increased on motion: it is because the flexion is increased, and the malady thus for the time aggravated.

Another fact, the result of clinical experience, and which is of great interest in reference to the question at issue, is the remarkable frequency with which patients ascribe the commencement of their sufferings to some particular "mechanical" incident, such as a fall, a strain, prolonged walking exercise, standing, getting up shortly after child-bed, etc.; or at least the great frequency with which the malady is traceable to such events, on inquiring minutely into the history of the case. The injurious mechanical effect of strains, and such accidents as those above alluded to, cannot be denied; and no one carefully in-

quiring into the history of cases of uterine sufferings can fail to see the obvious connexion between the cause and the effect. As already stated, the tissues and attachments of the uterus may be, and frequently are, in a weakened state at the time of the accident, or strain or overwork is brought to bear upon them; but, as a matter of fact, they do give way, and the result is an alteration of shape of the uterus, as well as an alteration of position. The patient is subsequently quite conscious that something is not right; and then, on examination, the uterus is found to present the various combined effects of the injury itself, the inflammation it has caused, and the other secondary results, about the respective importance of which the discussion has taken place.

In short, the more attentively actual cases are scrutinised and regarded, the more obvious and important the "mechanical" element will be found to be. It is impossible, in fact, to disregard it in dealing with cases of uterine disease; and it is quite certain that it will be considered with great attention in the future. It will come to be an admitted axiom, that decided variations from the natural shape (the acquired deformities) of the uterus are generally associated with suffering and chronic disease; and that in very few instances can the patient be cured until the uterus is made to assume its natural shape and position.

The bearing of these remarks on the treatment of diseases of the uterus is obvious enough; but I would protest against the assumption which seems to have been made by some of my critics, that, because there is a "mechanical" disease present, I recommend that a mechanical internal appliance should be employed in every case. This would be absurd and unnecessary. One of the great agents we have at our command—the regulation of the position of the body—has very great influence in modifying the position and shape of the uterus, especially in cases where the affection is recent. In chronic cases, special mechanism is often necessary. Particular cases require attention to details; but this does not invalidate the fact, or detract from the value of the principle—viz., the fact that flexions of the uterus constitute the most severe and troublesome of its maladies; and the principle that, while other elements in the case must not be disregarded, the flexion must, by position of the body or by suitable appliances, be removed, if the patient is to be restored to health and comfort.

ABSTRACT OF LECTURE

ON

DISEASE OF THE NECK, WITH DYSPNŒA NECES- SITATING TRACHEOTOMY: PROBABLE CAN- CEROUS NATURE OF THE DISEASE.

Delivered at the Medical School of the Middlesex Hospital.

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A MAN, aged 52, came into the hospital on the 1st November, 1871, with swelling and ulceration in the neck, and some dyspnœa. He gave an excellent family history. His father died at the age of 70; his mother at 50; his brothers and sister were alive and healthy; and he was not aware of the existence of any tendency to special disease in his family. He had himself been a very healthy man. He had never had syphilis—so he said.

About seven months before his admission he caught a severe cold, and a week or two afterwards, he noticed that the glands on the right side of the neck were slightly swollen. For some time before this, although his general health was good, he had had occasionally difficulty of breathing—enough to attract his attention, though he thought little of it. At this time, he was sure, there was no perceptible swelling. As the dyspnœa became more marked, and some swelling now made its appearance in the neck, a medical man was consulted, who used iodine lotion, but without benefit. The swelling increased, and, as he described it, broke, leaving an ulcerated surface. At length he came into the hospital. At this time there was a tumour involving the sterno-mastoid muscle. The fibres of the muscle appeared as though they were lost in the tumour. The tumour was hard, about three inches long, and nearly two inches wide. Its centre corresponded in level with the great cornu of the hyoid bone. It was painless and free from tenderness. An oval ulcer, smooth and dryish on its surface, occupied the centre of this tumour; it was flat, with rounded everted edges, looking as though it had ulcerated through, and then had overlapped the skin. The ulcer was about one inch and three-quarters long, and an inch wide. It gave him little or no pain. Situated just over the greater cornu of the hyoid bone, was a small movable tumour about as large as a pea. On the left side there