Hæmatocèle.—In these cases, where menorrhagia is dependent upon extravasation of blood in the pelvis—generally in Douglas's pouch—the history of its coming on at a menstrual period, frequently from over-exertion, accompanied by severe pain and often great prostration, will assist us materially in the diagnosis. Absolute rest, with ice to the abdomen, opium internally, or in form of suppository, subcutaneous injection of morphia, brandy or champagne to counteract the exhaustion and prevent death from prostration, will generally succeed in affording relief. Puncturing the effused mass of blood is very seldom called for at first, and is more likely to induce further extravasation.

Retained Products of Conception.—Cases frequently occur in which you are sent for to a patient who is reported to have miscarried, and in whom the hæmorrhage is still severe. Unless the ovum have been saved, so that you are convinced it is all there, never content yourself with merely giving ergot. Examine at once and see if any portion of the placenta be retained, and if so, remove it; then apply a binder, and give ergot and acid, with ice if necessary. Where miscarriage has been threatened and the vitality of the ovum arrested, but this latter has not been thrown off, it becomes degenerated as it were, and forms a fleshy mass, giving rise to symptoms of uterine hæmorrhage and tenesmus, hypogastric weight and uneasiness, and cessation of the signs of pregnancy, constituting what has been described as *mole*. Where you have reason to believe this is the case, it will be prudent to dilate the cervix by sponge or sea-tangle tents, and give ergot to induce uterine action, so as to get the mass expelled. Another condition occasionally met with is that of so-called *hydatids*, more correctly hydatidiform degeneration of the villi of the chorion. A discharge of clear blood or sero-sanguineous fluid coming on suddenly and recurring at indefinite intervals, together with uterine tenesmus, possibly discharge of little cysts, and some constitutional disturbance, in a patient who has missed two or three periods, and imagines herself pregnant, are the usual symptoms that would suggest the presence of such a condition. After the end of the third month no such degeneration can occur, as the placenta is then formed, and the villi of the chorion not engaged in its development become atrophied, while those existing at the site of the placenta become vascular. After the expulsion or death of the embryo, the chorion remaining attached to the uterine walls, the villi undergo a peculiar metamorphosis into botryoidal or grape-like clusters of cysts. The diagnosis between this condition and normal pregnancy is generally determined by the very rapid development of the uterus, more than could be accounted for by utero-gestation, absence of all foetal or placental sounds, and ballottement. The treatment consists in dilating the cervix, giving ergot, and procuring expulsion of the mass.

Inversio Uteri.—The hæmorrhage in these cases is often profuse, depending upon whether it be partial or complete inversion. In the latter case, the diagnosis is more simple than in the former; the great sensitiveness of the uterus distinguishes it readily from polypus uteri; the large size of the pedicle and the absence of the fundus uteri, as determined by pressure over the pubes, still further assisting us. In partial inversion, the history of previous parturition—the cases being extremely rare in which inversion has occurred without previous pregnancy—sudden accession and diminished distance that the uterine sound passes, will generally serve to distinguish it from fibroid tumour. As regards treatment, local astringents may first be resorted to, but efforts should be made to return the uterus.

Carcinoma Uteri occurs most frequently between the age of 40 and 50. The loss of blood is often sudden and profuse, and may be the first symptom noticed, though generally pain through the pelvis, *malaise*, tenderness upon movement or coition, with more or less foetid leucorrhœa, precede this symptom. The cervix is almost invariably first affected, though cases are occasionally met with where the fundus uteri seems to be the starting point. On examination, the uterus is generally found to be less mobile than normal, or fixed in the pelvis; the cervix is hard and irregular, or ulcerated and covered with granulations or vegetations, breaking down readily under the finger. To restrain hæmorrhage when severe, it may be necessary to apply strong liquor ferri perchloridi on a plug of cotton-wool to the cervix, or even to plug the os uteri, supposing cold vaginal injections—ice, astringents, etc.—do not succeed in checking it. Plugging the vagina must be resorted to if other means fail.

Epithelioma consists in hypertrophy of the villi of the cervix, with great increase in their vascularity—a proliferation of the epithelial cells. The hæmorrhage consists generally of a discharge of bloody water, like the washings of beef; though occasionally from exertion, coition, etc., it is bright and florid. Epithelioma is at first a local evil, and, if removed by the *écraseur* or amputation, does not return as a rule. Its progress is slow, and at first there is no interstitial deposit; the uterus is mobile, the cervix alone being converted into a cauliflower-like excrescence. Removal of the diseased mass is the best way to relieve

the hæmorrhage; but if it have advanced too far and removal be impossible, the application of the actual cautery, potassa cum calce, per-nitrate of mercury, etc., will effectually restrain the hæmorrhage.

This completes our list of the more important causes, general and local, that produce uterine hæmorrhage. I have endeavoured briefly to direct your attention to the indications for treatment as we went along; time will not allow me to enter as fully into them as I could wish. Always endeavour to ascertain the cause, and do not content yourself with giving some favourite remedy to control the effect merely. Warmth to the lower dorsal and upper lumbar region of the spine is far more serviceable than cold to the vulva; and cold enemata often act well in those cases where the ordinary menstrual flow is simply profuse.

Leeches or scarification of the os and cervix uteri will often check hæmorrhage that resists the usual treatment, more especially in fibroids, ulceration of the cervix, and the congestion of the early months of gestation, where abortion has been frequent.

Sedatives are too often neglected, and prove very serviceable in many cases where astringents are uncalled for or quite inert.

But your main object should always be to ascertain, if possible, why the catamenia are profuse or hæmorrhage occurs—diagnosis, in fact, being the difficulty, treatment comparatively simple: and if I have succeeded in convincing you that hæmorrhage is a symptom and not a disease, the time occupied in listening to these lectures will not have been spent in vain.

CONTINUED PYREXIA IN PHTHISIS, ACCOMPANIED BY INCREASE OF WEIGHT.

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WE are accustomed to regard continued pyrexia, in whatever disease it may occur, as naturally involving decrease in weight; the amount of such decrease depending on the degree of the temperature attained and the length of time the patient remains in this feverish condition. Niemeyer (*Text-book of Practical Medicine*, vol. i, p. 229) states very decidedly that he made out, by numberless examinations with the thermometer and the weighing-machine, that the decrease and increase in the weight of phthisical patients are respectively in relation to the height of the fever or to its disappearance. Any facts, therefore, which conflict with this beautifully rounded theory of the connexion of temperature and weight in phthisis, rather surprise us, and deserve careful attention. As examples of this kind, I furnish the two following cases, which occurred under my care at the Brompton Hospital; the weights and temperatures being most carefully taken by Mr. Bartlett, the assistant medical officer, and Mr. Northey, my clinical assistant.

CASE I.—G. M., an Irishman, aged 32, a clerk by profession, was admitted February 13th, 1872, with the following history. His mother and sister had died of phthisis. He had been subject to winter-cough for five years; and in August last he caught a severe cold, followed by cough, dyspnoea on exertion, and loss of flesh and appetite, which symptoms had continued up to the present time. Two months ago, he spat up two ounces of blood; and night-sweats came on, which ceased in the course of a month. On admission, his cough was very troublesome; the expectoration muco-purulent. His appetite was bad; the tongue slightly furred; the bowels regular; pulse 80; respirations 26; morning temperature 100 deg. Fahr.; weight 8st. 13 lbs. *Physical Signs.* Coarse crepitation was heard over the upper half of the right chest, in front and behind; and there was dullness over the first intercostal space. Crepitation of a finer kind was audible over the whole left chest. He was ordered the ordinary full diet* of the hospital, and, in addition, an egg for breakfast, a pint of milk for supper, and a pint of porter with dinner. Effervescent ammonia mixture was given three times a day. He remained in the hospital ten weeks, during which time he was weighed every fortnight; and for six weeks of this time his temperature was registered night and morning, almost without interruption.—On February 20th, his appetite was better; cough worse. The physical signs were the same. He was ordered five minims of tincture of veratrum viride in an ounce of peppermint-water three times a day.—February 24th. The temperature of the first week varied between 99.6 and 101 deg. Fahr.; the morning average being 100 deg. Fahr., and the evening average 100.7 deg. Fahr. Pulse 88 to 100; respirations generally about 20. He weighed 8 st. 12½ lbs., showing a

* This consists of meat and potatoes for dinner, bread and butter, coffee and tea, etc.; the first four articles being supplied to the patients *ad libitum*, and not in allowances.

loss of half a pound in ten days.—March 8th. The veratrum had been taken regularly, and the dose increased to twelve minims three times a day. The pulse was rather less frequent, having only once reached 100. Respirations 20. In the fortnight, the temperature had risen twelve times above 101 deg. Fahr., and once to 102.2 deg. Fahr., having never fallen below 99.2; morning average, 100.5 deg. Fahr.; evening average, 100.8 deg. Fahr. He weighed 9 st., showing a gain of 1½ lbs. The cough was less. Crepitation was diminished. The veratrum, not having reduced the temperature, was omitted; and cod-liver oil, in two-drachm doses, was prescribed, with dilute nitric acid and cascarrilla, twice a day.—March 22nd. The temperature had somewhat fallen, only once reaching 101 deg. Fahr.; and once falling to 98.6 deg. Fahr.; morning average, 99 deg. Fahr.; evening, 99.8 deg. Fahr. The oil was taken regularly. The weight was 9 stone, there being no gain or loss.—In the next few days, his temperature fell to normal; and at the end of the fortnight he had gained 1½ lbs.—April 25th. He had had slight diarrhoea, but had, on the whole, improved. His cough was still troublesome; appetite good; temperature normal. He weighed 9st. 1½ lbs., showing an increase of 2½ lbs. since admission. The physical signs were improved. Dulness and bronchophony were detected under the right clavicle, but no crepitation. There were slight dulness under the left clavicle, and a little crepitation in the scapular region.

In this case, the temperature for a whole month was, on an average, above 100 deg. Fahr.; and yet the patient gained a pound and a half.

CASE II.—Mary A. C., aged 13, was admitted March 13th, 1872, with the following history. Two years ago, she had diabetes, and at the same time was attacked by sharp pain in the right side, severe cough with frothy expectoration, and wasting. The diabetic symptoms lasted eight months, and her medical attendant pronounced her cured of that disease. The cough and wasting continued up to the time of admission; and hæmoptysis to the extent of several ounces occurred fifteen months ago, and again later. Her aspect was pale and very cachectic; her cough very troublesome, and the expectoration mucopurulent. The tongue was red and slightly coated; the appetite bad; the bowels regular; pulse 130; respirations hurried; morning temperature, 100.8 deg. Fahr.; evening, 100 deg. Fahr. *Physical Signs:* There was dulness over the whole right chest, and moist cavernous sounds were audible in the upper half. Crepitation-sounds were heard throughout the left chest. She was ordered full diet, with an egg for breakfast, an extra half-pint of milk, and a rice-pudding. Mr. Northey prescribed, in my absence, a teaspoonful of cod-liver oil twice a day, with *mistura ferri acida* and a morphia and squill linctus. The temperature was taken night and morning for three weeks, and, after a week's interval, for three weeks more. Her weight, two days after admission, was 4 st. 3½ lbs.—March 18th. She appeared much exhausted. Pulse 136, very weak; cough very troublesome. The oil to be continued, and the dose increased to a dessert-spoonful; the iron to be omitted. She was also ordered half an ounce of *mistura vini gallici* every four hours, and an effervescing ammonia mixture twice a day. Fish and rabbit were substituted for butcher's meat.—March 25th. She was very flushed. The tongue was thickly furred and the papillæ prominent. Pulse 124, stronger. There was crepitation throughout the right lung; cavernous gurgle in the upper half. There was less crepitation in the left lung. The urine contained a slight trace of sugar. Two grains of quinine were ordered three times a day; and the *mistura vini gallici* was ordered three times a day. The oil was continued.—April 11th. The oil had been taken regularly, in two-drachm doses, since April 1st. The temperature for the first week after admission was generally over 100 deg. Fahr.; the morning average being 100.7 deg. Fahr., and the evening 100.2 deg. Fahr. In the second week, it rose slightly, and twice exceeded 102 deg. Fahr.; the morning average being 100.3 deg. Fahr., and the evening average 101.6 Fahr. In the third period (ten days), ending April 8th, it fell to some extent; the morning average being 99.2 deg. Fahr., and the evening 99.6 deg. Fahr. The patient now weighed exactly the same as when she was admitted, nearly a month previously, though her temperature had been above 100 deg. Fahr. for more than a fortnight, and above 99 deg. Fahr. for two days since. From the 15th to the 24th of April, the morning temperature rose occasionally above 100 deg. Fahr., the average being 99.2 deg. Fahr.; the evening was generally high, and gave an average of 100.2 deg. Fahr. The patient gained three-fourths of a pound.—May 10th. The patient had for the last three weeks been eating a chop and having half a pint of ale daily. The oil was taken regularly, except during one week, when it was omitted on account of sickness. The urine was free from sugar. The average of both morning and evening temperatures still exceeded 99 deg. Fahr.; but the patient had gained three-fourths of a pound more.

Her weight was 4 st. 10 lbs., making a total gain of a pound and a half since admission two months ago.

There was nothing special in the diet or treatment of these patients to account for their thus gaining flesh more than others similarly situated. In the first case, the appetite was tolerable, but no oil was taken, when the temperature was at its highest. In the second, the appetite was bad, but oil was taken nearly the whole time. These cases by no means stand alone, as similar ones have occurred in the wards of my colleague Dr. J. E. Pollock, who, like myself, was surprised at their not losing weight. Dr. Ringer (*Temperature in Phthisis and Tuberculosis*, p. 19) gives some instances in which increase of weight took place while the temperature was considerably above 100 deg. Fahr.; and he remarks, "that patients with a very considerable elevation of temperature, but who enjoy a good appetite, do not lose flesh, provided always that they are not employed in any active pursuit which entails much waste of tissue"—an opinion which my experience partly, but not entirely, confirms; for I have known cases of pyrexial phthisis placed under all the favourable conditions of rest and good diet, and enjoying a ravenous appetite, yet lose flesh rapidly. It is nevertheless quite certain that, however high the temperature may be, the state of the appetite exercises great influence over the gain or loss of weight in phthisis; and that, if Niemeyer's theory about the relation of temperature to waste is to be accepted, a saving clause to this effect must be inserted in it.

COLOTOMY FOR INTESTINAL OBSTRUCTION.*

By CHARLES STEELE, F.R.C.S.,

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THE observations which I am about to make are based upon several cases which have come within my knowledge of patients suffering from intestinal obstruction sinking without operative interference; and more particularly upon one which lately occurred in my practice, where a man was snatched from the jaws of death by the performance of colotomy. I am sure that surgeons of experience can, with me, recall to memory cases in which they regret to feel that timely surgical interference was not suggested, or, if suggested, was prohibited by relations of the sufferers; whereas, had it been carried out, it would have added to the laurels of surgery by retaining in life some who otherwise were doomed to die—*post mortem* examination revealing in one, for instance, a simple contraction of the passage of the sigmoid flexure, in another a twist of intestine, which could easily have been rectified. I will proceed to narrate the leading points of the case to which I more particularly refer.

Mr. B., aged 52, though slightly built and not strong, was a man of active habits, and always enjoyed good health until lately, when he suffered from diarrhoea (but never from constipation), for which he obtained temporary relief from medical aid. He had never observed the fæces flattened or unnatural in shape, or accompanied by blood or mucus. On June 2nd, he experienced a feeling of need to have relief, but was unable to obtain it. A dose of castor-oil which he took produced no effect. The sensation increased; pain in the right groin and slight pain in the left iliac region, with sense of fullness, were added, and increased steadily until, at four o'clock next morning, he felt it necessary to send for me. I found him suffering colicky pains in the situations named, with anxious countenance, yellow conjunctiva, irritable tongue, some tympanitis, and tenderness in the right groin. The finger introduced *per rectum* came into contact with an amount of moderately firm fæces. This, taken with the fact that diarrhoea frequently exists through a channel in impacted fæces, and the other symptoms being in favour of this being the impediment to action, led me to prescribe a full dose of castor-oil with ten drops of laudanum, and hot fomentations externally. He was soothed, but no defæcation occurred, though he took two more doses of castor-oil during the day. In the evening, I ordered a pint enema of soap and water with castor-oil in it. This returned coloured by fæces. He was slightly sick twice after the second dose of castor-oil, and brought up bile.

Next morning I found him in much the same state. He had not slept, but felt a strong desire to go to stool all night, and said he felt more likely to succeed in defæcation. The yellowness of the conjunctiva, tenderness in the right groin, and tympanitis were increased. I ordered a pill of a third of a grain of podophyllin, half a grain of extract of belladonna, and three grains of compound colocynth pill immediately, to be repeated after four hours; also an enema of ox-gall in

* Read before the Surgical Section at the Annual Meeting of the British Medical Association in Birmingham, August 1872.