CLINICAL LECTURE ON UTERINE LAMENESS.

Delivered in University College Hospital.

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GENTLEMEN,—As science advances, new terms and new expressions are frequently necessary, either to attract attention to certain important facts or doctrines, or to represent ideas which require embodiment and a more exact symbolisation; and, if I now adopt a somewhat new term, and discuss with you what I propose to term "uterine lameness", it is with the belief that the adoption of the term will serve an useful purpose.

The word "lameness", as ordinarily used, implies a crippling, or feebleness, or paralysis of one of the lower extremities; and, in a wider sense, to convey the idea of weakness, as when we speak of a "lame excuse", a "lame argument", etc. I now, however, propose to use the word in an ordinary sense. "Uterine lameness" I define to be interference with locomotion, difficulty or pain in standing or walking, in various degrees, due to an abnormal condition of the uterus.

It is well known that inflammations of the abdominal viscera, in their acute stage, often render it physically impossible for the patient to walk at all; even passive motion of the legs gives the sufferer from peritonitis the acutest pain. In cystitis, in the acute stage of pelvic cellulitis, and in many other conditions, instances of which will readily occur to you, locomotion is difficult or extremely painful, and therefore, in one sense of the word, impossible; but not because the muscles of the legs are paralysed. There is lameness; but the power of locomotion is really unimpaired.

It is my object, on the present occasion, to direct your attention to a very interesting class of cases, in which the uterus is answerable for the lameness or the inability to walk which afflicts the patient, and in which this incapacity for exertion—"lameness", as I have termed it—is a very noticeable, though by no means the only noteworthy, feature, of the case. In the out-patient room of this hospital, the number of cases in which this uterine lameness, in one form or other, presents itself, is remarkable; and it is to me astonishing that this very grave and troublesome symptom has not received more special attention. In private practice, it is exceedingly common also.

Some forms of uterine lameness are obvious and unmistakable enough. Such are cases in which the uterus is prolapsed, and forms a tumour altogether external to the vulva, hanging down between the thighs, and rendering locomotion, of course, painful and well-nigh impossible. These are not, however, the particular cases to which I now desire to refer. In the cases which will now engage our attention, the uterus is within the pelvis, and the "lameness" is produced in another way. The following is a typical case of one of these forms of uterine lameness.

I saw quite recently, in consultation with Dr. Macaldin, a single lady, aged 35, a governess by profession. For several years past she has been an invalid; for, though looking stout and well otherwise, she has been unable to walk more than a few steps without producing great discomfort. Frequently she is obliged to leave the dinner-table and recline, owing to pain produced by the erect posture; and for a long time she has been quite unable to follow her occupation. The sensation of discomfort on exertion is, in fact, so extreme as to preclude active motion. Believing the uterus in fault, Dr. Macaldin requested me to examine her. The accompanying diagram (Fig. 1) exhibits the condition of the uterus. It was found anteverted, very low down in the pelvis, and the fundus pressing forwards and downwards to an extreme degree.

In this case, the upright posture, increasing still further the dislocation of the uterus, gave rise to more pain. It is not difficult to understand why this dislocation of the uterus should give pain, the whole relations of the organ being altered, and the uterus itself the seat of flexion. Such a position of the uterus I have always found associated with pain on locomotion, varying in degree in different cases, with uterine lameness, in fact. I have had under my observation, at various times, a very large number of cases in which the disorder of which the foregoing case is a type existed, and invariably evincing the same relation as regards cause and effect. Frequently, anteversion exists without much anteversion; and, when this is the case, a cursory examination reveals little, the os uteri being nearly in its proper place. But, in such

cases, the body of the uterus is readily felt through the anterior vaginal wall by means of the finger; and a further examination reveals the true nature of the case. Trifling anteversion is a natural condition; but what I am now speaking of is something far beyond this in degree. The flexion is often greater than in the particular case above related.

Fig. 1.

An extreme degree of uterine lameness was present in the following case, associated with anteversion of a marked form.

A young lady, aged 24, from the West of England, was sent to me by my friend Professor Wilson Fox. She had been ill for a year and a half, suffering from almost constant pain in the back and in the inguinal regions. Locomotion was productive of great aggravation of this pain. It appeared that, previously to the commencement of this illness, she had been much occupied in nursing a sick relative; and, in doing so, under-

Fig. 2.

went much exertion. The uterus in this case was found completely anteverted, the organ lying parallel with the vagina, and the os uteri so high up that it was very difficult to reach it with the finger. (See Fig. 2.) The general health was much affected, and the whole system shaken and weakened. Insomnia, frequent nausea, and general want of appetite, were also noteworthy symptoms.

Many other cases of a similar nature to the two foregoing have been

under my care, but time does not admit of their enumeration. Of this form of uterine lameness we have frequent instances in the out-patient department; and not uncommonly, as you have seen, the condition of the uterus is foretold from the symptoms. The lameness associated with antelexion or anteversion is by no means the only symptom, but it is a very constant one. Dysmenorrhœa, menorrhagia, tendency to abortion, sterility, these are symptoms more or less frequently observed also; but, in the worst cases, the "lameness" is certainly the most prominent and troublesome symptom.

In the foregoing remarks, I have alluded to a class of cases which is the more important, as I believe they are in practice frequently overlooked, and the symptoms misinterpreted; the cases being regarded as instances of weakness, or hysteria, or chronic inflammation of the uterus. This vagueness of nosology must, however, give place to more rational and definite views on the subject. Antelexion and anteversion of the uterus are not uncommon, and they are capable of occasioning long continued and most troublesome suffering. I say nothing at this moment of the "weakness" which may lead to these displacements, not because I think nothing of it, but because I do not in practice find that the symptoms I have described exist unassociated with what I regard as the effect of the weakness, viz., the displacement. A relaxed, sub-inflammatory, enlarged condition of the uterus, often, and it may be always, precedes and predisposes to the displacement; but it is the displacement which occasions the pain, and gives rise to the lameness.

I propose, in the next place, to call your attention to another class of cases in which uterine lameness exists. These are cases in which the uterus is flexed *backwards*, and the fundus is to be felt behind the upper part of the vagina. Here the lameness is, as a rule, more decided, and more constant, and more intense, than in the case of antelexion; and this is not difficult of explanation, when we reflect that anatomically, as Dr. Savage well points out, the fundus of the uterus can be dislocated further in the backward than in the anterior direction. The lameness in marked cases of retroflexion is of the most intense degree; the slightest motion gives pain; walking is, not impossible, but so painful that it is practically given up; and this state of things may go on for years unrelieved, and, indeed, increasing in severity, if the proper remedies are not had recourse to. The symptoms are not always so intense, but they are generally of the same kind. I have generally observed that the pain spoken of extends down the back of the thighs, and more so on one side than on the other, in this form of uterine lameness; and, indeed, sometimes it is altogether limited to this one position. Motion on level ground is often tolerated to a certain degree, but walking up or down stairs gives intolerable pain. In certain cases (of which my friend Professor Priestley mentioned an interesting case at a recent meeting of the Obstetrical Society), there arises, after a time, paraplegia; the muscles of the legs lose their power, and the patient is not only unwilling, but unable, to walk. Here the paraplegia is probably a reflex phenomenon, but it may be connected with persistent disuse of the muscles.

Let me cite one or two cases as types of this form of uterine lameness.

A young lady, aged 22, whom I saw with Mr. E. Baker some time since, unaccustomed to pedestrian exercise, took certain long walks in a mountainous district. She returned home ill, and became gradually unable to walk without severe pain. When I saw her, she had been confined to her couch for some months. The uterus was found to be retroflexed, as represented in the accompanying drawing. (See Fig. 3.)

The same drawing will stand equally well as a representation of another very similar case. A young lady, single, the daughter of a clergyman, consulted me for lameness. She was unable to walk without assistance, owing to extreme pain in the left inguinal region, and extending down the left thigh. The lameness had been increasing in severity of late; but she had been unable to walk without pain for a year previous to my seeing her. I found the uterus retroflexed, and bent a little to the left side, so that the fundus was inclined towards the great sacro-sciatic notch in the left side. The uterus and adjacent parts were in an exceedingly tender condition. Inquiry elicited the fact that, thirteen months ago, while travelling in a railway-carriage, an accident occurred, and the carriage she was in was "turned up on end". A severe shake was the only apparent result; but within a month afterwards she became gradually very ill, and the pain above described commenced.

I have seen a few other cases of a similar nature where acute retroflexion had been evidently produced by a severe strain, or other mechanical cause, in young unmarried women; the interference with locomotion being the most noticeable symptom.

But uterine lameness from retroflexion of the uterus is most frequently witnessed in married women; pregnancy and the process of parturition, involving as it does considerable enlargement of the uterus, predisposes most powerfully to the occurrence of this displacement and distortion of the organ. Hardly a day passes, but we see, in the out-patients'

room of this hospital, cases of this nature. Undue exertion too soon after labour is the most common exciting cause; but it may arise in a variety of ways. Chronic suffering, of which inaptitude for exertion of any kind forms a very considerable element, is witnessed in these cases.

Fig. 3.

That the lameness is the result of the displacement is incontestably proved by the fact that the power of locomotion is always increased by restoring the uterus to its proper shape. In recent cases, the restoration in this respect is complete; but, in more chronic cases, the cure is more difficult, and the lameness more gradually disappears. These chronic cases of retroflexion are generally associated with an exceedingly tender condition of the fundus uteri, which can be felt by the finger behind the vagina, and the whole organ is in a state of congestion, or, as it may be termed, chronic inflammation. I am in the habit of terming this condition of the uterus in some of these cases one of "strangulation"; and such, indeed, it is, for the flexion of the organ may be so sharp and acute, that the circulation in the body or fundus of the uterus is materially obstructed; the effect being such as would be produced by placing a ligature round the uterus at its middle part. This it is which, in my opinion, gives rise to that extremely sensitive, tender condition of the fundus. It is certainly the fact, also, that the tenderness is very generally limited to the fundus, the os uteri being mostly painless to the touch. I have been very much assailed on account of a doctrine I have lately broached, that Dr. Gooch had these cases of retroflexion under his observation when he was describing what he termed the "irritable uterus". Such, however, I am convinced is the fact; and for me the "irritable uterus" means retroflexion of the organ. The inability to move about was a prominent feature of the cases alluded to by Dr. Gooch, and it is certainly the most prominent one in cases of uterine retroflexion.

There are other conditions of the uterus which may occasion lameness, and which must next be alluded to. In the foregoing cases, the uterus has been supposed to be altered as regards its shape by what may be termed an intrinsic cause. But we now and then find the uterus pulled over in this or that direction by the presence of fibroid growths. Thus, a fibroid tumour growing in the outer part of the wall of the uterus, on its anterior or posterior aspect, will have the effect of inclining the organ in one or the other direction, and thus there may ensue impairment of locomotive power. It is the result of my observation, however, that, unless the uterus be at the same time considerably bent, the discomfort due to these tumours, so far as locomotion is concerned—is ordinarily comparatively trifling.

It would be foreign to my object on the present occasion to consider how the various ailments above described are to be cured. That will form matter for consideration on a future occasion. My desire at this moment is, to impress upon you what has forced itself on me as a wide and comprehensive and true conclusion in regard to uterine disorders, that, when you meet with a case in which there is impairment of locomotive power, associated with uterine symptoms, the probability is very strong that, on careful examination, decided flexion and mechanical distortion of the uterus will be found to exist.

Let it not be supposed for a moment, that I deny the presence in many of such cases of other, and it may be important, changes in the state of the uterus, aggravating and increasing, as they often do, the original mischief; but my experience has taught me that they are, for the most part, secondary, not only in effect, but in importance. And it is, I believe, substantially true that, in nine cases out of ten, "uterine lameness" is due to flexion and analogous displacements of the organ.

Lastly, I would not have it supposed that I disregard the ovary in regard to the question of lameness. I have met with several cases in which difficulty in locomotion was connected with ovaritis in various forms and degrees; but, compared with uterine lameness, ovarian lameness is, I believe, comparatively rare.

ON THE USE OF ETHER AND ETHERISED COD-LIVER OIL IN THE TREATMENT OF PHTHISIS.*

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MODERN research is daily making it more certain that, under the term phthisis, we have hitherto grouped together a number of pathological conditions which differ essentially in their finer features. But, although the microscope and the scalpel have, for some time past, been busy in defining the distinctive characters of these different pathological conditions, the work is as yet so far unfinished, that, for convenience sake, we still include under the term phthisis many cases which the more accurate pathology and the more exact diagnosis of the future will enable us to differentiate. In this wide sense I use the term phthisis in this paper; and I have the less scruple in so using it, because I believe the diseases comprehended under this term have, as one of their earliest conditions—almost, I might say, as their essential primary phenomenon—a perverted nutrition, from which, as the *fons et origo mali*, all the later phenomena proceed. Errors of nutrition form the starting point in so many diseases, that it is not improbable we shall have to investigate the earlier phases of these nutritive disorders with more penetrating scrutiny, before we discover the subtle causes which determine the varied results of inflammatory cell-growth—to cite an extreme instance, to learn why in one case cancer and in another tubercle is produced.

The disorders of digestion, associated with pulmonary tubercle, have long been known to the profession, but it is only of late years that they have attracted special attention. Numerous independent inquiries have all ended by pointing to the difficulty of assimilating fat as the constant characteristic of the dyspepsia of phthisis; and statistical observations tell that, in at least 75 per cent. of consumptive patients, this defective assimilation occurs. Adding this fact to others, such as the early and rapid disappearance of the fat stored in the tissues, the development of the inability to digest fat, antecedent to the local lesions, and the marked improvement observed in patients when the digestion of fatty matter is restored, we have, I think, evidence strong enough, in the absence of any more precise indications, to demand that our first efforts should be directed to improve this state of defective assimilating power. Some years ago, Mr. Jonathan Hutchinson, writing on this subject said, "Exceptions undoubtedly do occur, but, as a general rule, it might probably be safely laid down that the severity of the tubercular dyscrasia is measured by the difficulty with which cod-liver oil is borne. The need for that remedy is mostly in exactly inverse ratio to the facility with which it is digested."

The greatest step made for many years in the treatment of consumptive patients was the introduction of cod-liver oil; and Dr. Hughes Bennett, to whom we owe this great boon, expressly states "that the great obstacles the practitioner has to contend with are the dyspeptic symptoms." In cod-liver oil was found a form of fat which could, in many cases, be digested even by the impaired organs of consumptives; but the next step, viz., the search after some means of augmenting the secretions which are specially devoted to the digestion of fatty matters, has been hitherto neglected or unsuccessful. To pour oil into a patient's stomach, without at the same time taking measures to ensure its digestion, has always appeared to me a crude kind of therapeutics. Its simplicity has, it would seem, recommended it to the routinist; for there is probably no single remedy used in any disease with so little preliminary inquiry into the conditions favourable to its action. Experimental physiology has taught us that the only fluids in the body which have the power of acting upon fat, so as to render it fit for absorption, are the secretions of the pancreas and the duodenal glands. To these secretions

therefore, we must look for assistance in the treatment of phthisical patients by cod-liver oil, for on the action of these glands must the assimilation of the remedy depend. And such healthy action can scarcely be supposed to co-exist with the inability to digest fat, which is so frequent in the disease under notice. As Bernard has shewn, the chief of these glands (the pancreas) is most sensitive to nervous influences, ceasing to form a healthy secretion from very slight irritation, and even from emotional influences. This fact, taken together with our knowledge of the peculiar character of the dyspepsia of phthisis, justifies the assumption that the pancreatic secretion is disturbed. Not long since, Dr. Dobell, holding these views, made some experiments with pancreatic emulsions of fat and pancreatine, which supported this interpretation of the phenomena, and shewed that fat when emulsified is more readily digested than in any other form. In this paper I have, however, to propose a mode of treatment which should, I think, in all cases precede the use of such remedies as pancreatic emulsion, because it aims at remedying the disorder, not by artificially complementing the defective secretion, but by stimulating the glands to renew their healthy action. Instead of throwing into the system a substance which may be yet formed in physiological quantities, it endeavours to promote the normal flow of pancreatic juice.

The drug which gives us this power is *Ether*, and I now propose to lay before the meeting the evidence of its physiological action, and afterwards to speak of its therapeutical effects. I had long sought, and sought in vain, for some means of acting on the pancreas in the treatment of phthisis, till one day, two or three years ago, when reading Claude Bernard's elaborate investigations on the properties of pancreatic juice, I found the long looked for clue; stated, indeed, so simply, and brought out in successive observations and experiments so clearly, that it has ever since been a matter of surprise to me that no previous reader should have seen the importance of the facts to practical medicine. In the following extracts, I lay before you the evidence of our greatest living physiologist on the mode of stimulating the secretions of the pancreas. The first passage which arrested my attention was the following, which occurs in Bernard's *Leçons de Physiologie Expérimentale appliquée à la Médecine*, tome ii, p. 226. "The nervous influences which directly excite the secretion of the pancreas are much more difficult to determine than those which act on the salivary glands. In a dog, with a tube fixed in the pancreatic duct, I have galvanised the solar ganglion of the great sympathetic without a result, clearly shewing any modification of this secretion. But I have seen ether introduced into the stomach determine soon afterwards a considerable flow of pancreatic juice." This statement was so clear and unmistakable, that I at once proceeded to search in Bernard's other works for its confirmation. From his *Leçons sur les Effets des Substances Toxiques et Médicamenteuses*, Leçon 29, p. 426, I extract the following: "I would remind you only of the influence of ether on the intestinal secretions. Ether is reduced to a vapour when introduced into the stomach, and may rupture it.* When, however, this accident does not occur, then may be noticed a vascular congestion of all the digestive tracts, but this congestion never attains to inflammation. At the same time, the secretions are rendered active and the rapidity of absorption is notably augmented. These last effects suffice to establish the non-inflammatory character of the congestion of the mucous membrane, for it is known that on an inflamed surface the secretions are dried up and absorption becomes more difficult. . . . The turgescence of the mucous membrane of the intestine, as well as the liquids secreted, present the same characters when produced by ether as when they are caused by their normal excitant—food. In comparing the pancreas of an animal, opened fasting, with that of an animal opened during the process of digestion, a great difference of colour, due to the difference of vascularity, is observed. After the administration of ether the pancreas becomes red and turgescence, as it is during digestion, and its secretory function is proportionally increased by the afflux of blood. I have accordingly been able to avail myself of this procedure to obtain pancreatic juice. Normally, this fluid discharges by drops more or less infrequent, but when a little ether is given to an animal having a pancreatic fistula, this discharge is seen to become more abundant, without the secreted liquid having lost any of its physico-chemical characters." Demonstrating these facts to his class, the Professor continues: "Here is a rabbit, upon which we will show you the increased secretion under the influence of ether. The pancreatic duct is laid bare, and into it there is introduced a small silver tube. The intestines of the animal are red and very vascular, and contain ether in vapour. The tube introduced into the pancreatic duct plainly gives passage to a very active flow of pancreatic juice, while under ordinary conditions the liquid only flows out drop by drop with an activity much less." In another place (p. 422) summing up the re-

* Read in the Medical Section at the Annual Meeting of the British Medical Association in Oxford, August 1868.

* This can only occur in those lower animals which have not the power of regurgitation.