MURPHY (P. J.)

REPORT OF THE COLUMBIA HOSPITAL FOR WOMEN, AND LYING-IN ASYLUM.

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[Reported by W. P. CARR, M.D.]

The object of this article is to give a brief outline of the work done in the hospital during the fiscal year ending June 30, 1888, to show the methods of treatment pursued and the results obtained; and it is to be hoped that it may prove of interest to the reader, not in showing brilliant results, but as an exponent of what may be expected, in ordinary cases, from the more conservative modes of treatment. For, as a rule, our methods have been conservative, and it is only after simple means have failed, or where it was evident from the first that they would be inefficient, that patients have been subjected to more radical and dangerous treatment. And it is in showing the large percentage of cures obtained in this way that I hope to atone to the reader for the infliction of a lengthy article.

In spite of all that has been said and written, in late years, about the recuperative powers of nature and the proper way of assisting them, it seems to me that in the general endeavor to obtain speedy relief by operative procedures and specific drugs, we have given too little attention, in practice, to nature; and have given her too little of the real assistance of rest, hygiene and diet, prescribed with that minuteness of detail which is the true key to success.

These points, however, have been scrupulously regarded in those cases operated upon, and who can say how much of the benefit following many operations is due to the absolute rest in bed, to the nutritious and easily assimilable diet, and to the moral effect of having undergone an operation.

Let us begin with

Diseases of the Uterus.

There have been treated in the medical and surgical ward of the hospital 43 cases of inflammations of the various tissues of the uterus, as follows:

Inflammation of the uterine muscular tissue, 18 cases; with 10 complete cures and 8 cases relieved.

Inflammation of the corporeal endometrium, 19 cases; 10 cured, 8 relieved, and one in which the result is unknown, the patient leaving suddenly without permission.

Inflammation of the cervical endometrium, 7 cases; 4 cured, 2 relieved, 1 unknown.

Of the whole number, 24 were cured, and the remainder, with 3 exceptions—patients leaving in a few days,—were greatly benefited. In no instance was the patient under treatment longer than ten or twelve weeks, and most of those marked *relieved* were in the hospital but two weeks, or less, leaving as soon as their symptoms were alleviated. In every case not complicated or caused by some incurable constitutional disease, where the patient has remained ten or twelve weeks under treatment, a cure has been effected.

The following typical cases will show the treatment and results:

Case I.

L. H., æt. 33, white, native of Maryland, admitted September 27, 1887. Married sixteen years. Pregnant but once, thirteen years ago. Aborted about the third month. Menses regular, but profuse, lasting five days, and preceded by severe pain. During the last three years has suffered much from headache and pain in the back. Constipated.

Examination.—Abdomen tympanitic and rigid; uterus enlarged, prolapsed and anteverted, cervix pointing directly backward.

Treatment.—This patient was put to bed, but allowed to sit up a few hours daily, and longer, as she improved. She was given vaginal douches of several quarts of water, as hot as could be borne (100° to 120° F.), three times every other day, and on the alternate days a tampon of glycerite of alum applied as a temporary support.

Her diet was nutritious and easily digestible, consisting largely of tender steak, mutton, beef-tea and milk. Her bowels were kept regular by the following mixture:

℞. Mag. sul. . . . . ℥i.
Ferri sul. exsice, ... gr. viii.
Potass. brom., ... ʒ iv.
Acid sul. dil., ... ♆ ss.
Syr. Zingiberis, ... ℥ iss.
Aquæ ad., ... ℥ iv.

Sig. Tablespoonful one hour after meals, in a wineglassful of water.

When this began to act too freely the dose was diminished, as it was simply intended to keep the bowels regular.

A few doses of potass. brom. were given soon after her admission to quiet nervousness.

She was discharged November 15. Uterus normal in size and only slightly anteverted. Menses regular, and neither painful nor profuse at last epoch. No headache nor backache. General health good and bowels regular.

In other words, she was cured, and there is every reason to believe that, with ordinary care, she will not have a relapse. It is undoubtedly true, however, that many patients discharged in as good condition as this one, have, by subjecting themselves to the same influences that produced the disease primarily, brought themselves to as bad or worse condition than when first admitted to the hospital. And many poor women, going out cured, are brought by hard work, poor food, and privations, to a condition of anæmia and relaxation, and the slight displacements found in nearly all women become necessarily aggravated.

The remedy for these evils is, of course, beyond the reach of hospitals, and all we can do is to deliver up the cured patient, with a parting word of advice, to the world in which her life is a ceaseless struggle for bread. Our province is to remedy existing diseases, and it is gratifying to find ourselves able to do so, in a large percentage of cases, when we are able to watch and control the sufferers in all respects.

One more case of this class will suffice :

CASE II.

B. B., æt. 34, white, married, native of Ireland. Admitted September 15, 1887. A year ago she had a miscarriage at about the seventh month, and since then has had constant pain in back and left side, extending down the thigh. Has been under treatment of Dr. Clayborne, of Virginia, and worn a ring pessary nearly a year. General health good.

Examination.—Partially decomposed soft rubber ring removed from vagina. Uterus enlarged; cervix lacerated. Profuse purulent discharge from cervical canal. Perineum lacerated nearly to sphincter ani.

Treatment. — Rest, douches and astringent applications, as in the former case.

October 29, the patient was etherized and an operation done to restore the perineum.

November 6, sutures removed. Small fistula found through perineum

into vagina; touched with argenti. nit. ʒss. to the ounce of distilled water.

November 23, uterus normal in size and position. The discharge has ceased. Lacerated cervix nicely healed and her pains are gone. Discharged. Cured.

Lacerations of the Cervix Uteri.

Although not less than forty patients have been treated who had more or less extensive lacerations of the cervix, in only five cases was it the principal trouble, or of such character as to call for treatment other than that given for inflammations of the uterus, and perhaps local bleeding, with Battle's spear, which has been found very useful in relieving cervical enlargements. Five cases have been operated upon, and a cure thus effected.

The points particularly observed in the operation are: The careful removal of all cicatricial tissue, the nice coaptation of the parts, and the insertion of a small piece of iodoform gauze into the cervical canal to insure its patency. Afterward, should there be any tendency to contraction of the canal, the passing of a flexible metal bougie, once a week, has been found effective in preserving its patency.

The following histories are given in illustration:

CASE I.

C. S., æt. 27, white, married, native of Iowa. Admitted September 27, 1887. Had a severe and prolonged labor eighteen months ago, and has suffered since with pain in the back and lower part of the abdomen. Menses regular.

Examination.—Uterus turned to the right side; cervix lacerated laterally; some erosion and old adhesions.

September 28, patient etherized. Eroded surfaces of cervix pared; one silver wire suture inserted on left side, none being needed on the right. Plug of iodoform gauze placed in the cervical canal.

October 10, patient was entirely well and was discharged.

CASE II.

J. R., a former patient. Had been treated for chronic metritis, with laceration of the cervix.

November 19, she was etherized and trachelorrhaphy performed, five wire and two gut sutures being inserted. Sutures removed on the eighth day and on the ninth day she menstruated. The flow lasted five days and was normal in every respect.

December 9, examination showed the cervix much smaller, and all of the congestion, formerly so marked, gone. Retroversion still existed,

though not so marked. A Hodge's retroversion pessary was introduced and she was discharged.

CASE III.

E. F., æt. 29, white, married, native of England. Admitted October 4, 1887. Has had eight children and two miscarriages. Youngest child two years old. Has dyspepsia, and looseness of the bowels that is sometimes uncontrollable. Appetite good. Menses regular, but profuse.

Examination. — Large, strong, healthy-looking woman. Perineum lacerated, not involving sphincter ani. Cystocele and rectocele. Uterus prolapsed and enlarged; cervix bilaterally lacerated.

Treatment.—Rest, baths, douches and astringent tampons, and a light but nutritious diet.

November 23, trachelorrhaphy and perineorrhaphy performed, one wire and four gut sutures being placed in the cervix and six wire sutures in the perineum. Excellent union followed in both places, and she was discharged, a well woman, December 13, 1887. She has had no diarrhœa for six weeks.

Displacements of the Uterus.

There is no class of cases, perhaps, that has been a greater bugbear to physicians than uterine displacements. This is shown by nothing so well as by the immense number and variety of pessaries on the market. And as long as the displacement is regarded as a disease and not as a symptom, and as long as irritating mechanical supports are relied upon to maintain an enlarged womb in its proper position, so long will this bugbear continue to exist. Pessaries, like splints to a dislocated joint, may serve for a time to maintain the displaced part in proper position; but here, unless it be in acute dislocations of the uterus, the analogy ceases. For in the one case we have an acute trouble, with an intrinsic tendency to self-cure, and a non-irritating support; and in the other a chronic trouble, with no tendency to self-cure, and a support that tends to perpetuate the inflammation or engorgement, which is one of the principal factors in the causation of the disease. Undoubtedly, the rational object of treatment is to restore the enlarged uterus to its normal size and weight, and to strengthen the natural hammock of ligaments in which it is swung. And this may be accomplished in nearly all cases not complicated, or caused, by some incurable constitutional disease that renders it impossible to bring the patient to a condition of general tonicity.

The most common complication met with in these cases is "dyspepsia," or catarrh of some part of the alimentary canal, and

it is useless to attempt a cure of the uterine trouble while such a condition exists in any marked degree.

It is out of place to enter here upon a discussion of these catarrhal affections, and they are well understood at the present time; but let me say that the great objects of treatment are to give no more food than the crippled chylopoietic system can dispose of, to let that food be of the most nourishing and easily digestible kind, and to save, by physical and mental rest, as much vital energy as possible for the building up of the tissues of the body.

These conditions are best met in a hospital, where the patient is free from domestic worries and under complete control. And here, too, the local treatment can best be carried out. Hot vaginal douches, astringent and depleting applications on cotton tampons, local bleeding with Battle's spear or leeches, carefully done, with attention to detail with operative measures when there are conditions requiring them, in conjunction with such general treatment as has been indicated above, have almost invariably restored the enlarged uterus to its normal size and raised it to its proper height in the vagina. And when this has been accomplished, the pain will be gone, the dragging sensation in the pelvic region, often the worst symptom, will be gone, and if the complicating general disease has been successfully treated, the "dyspepsia" will be gone. The uterus will be more nearly normal in position, sometimes quite so. But even if the normal-sized uterus be not in its normal position, the woman is practically cured. Many women are seen incidentally in the hospital and dispensary with pronounced versions or flexions of the uterus, who perform their daily avocations without a pain or an ache until failure of the general health causes relaxation of the tissues within the pelvis. The most persistent symptom met with is vesical tenesmus, in anteversion; but even this gradually disappears, in the vast majority of cases, after the uterus has regained its proper size.

About eighty per cent. of all the women treated in the hospital have had more or less pronounced version, or flexion, of the womb; but in only thirteen cases was it considered the principal symptom. Eight of these were cured, four relieved, and one, under treatment but a few days, not benefitted. These cases were divided as follows: Anteflexion, 4 cured, 2 relieved, 1 not benefited; retroflexion, 2 cured; retroversion, 2 relieved; anteversion, 1 cured; procedentia, 1 cured.

The following cases are copied from the record:

CASE I.

K. O., æt. 30, white, married, native of Kentucky. Admitted February 24, 1888. Was delivered of her second child seven years ago. During that pregnancy she had a fall, that caused great pain in the right side, from which she still suffers. She was ninety hours in labor, and Dr. W. H. Bolling, of Louisville, writes: "I delivered her of a hydrocephalic child by perforating the cranium." She has been very nervous ever since, and her uterus has, he says, remained anteflexed.

Examination.—Vagina large and flabby, admitting with ease four fingers. Uterus anteflexed, pale, and flabby.

Treatment.—Rest, hot douches, astringent applications. Bromide of sodium and celerina were given for a week.

May 7, 1888, she was discharged, relieved entirely of pain, uterus normal in size, and nearly normal in shape and position.

CASE II.

M. R., æt. 54, white, married, native of Pennsylvania. Admitted September 2, 1887. Is the mother of two children, the youngest an adult. No trouble in her labors. About seven years ago she began suffering from prolapse of the uterus, and it has gradually grown worse. Has had no treatment. General health excellent. Menopause five years ago.

Examination.—Complete procedentia. Laceration and erosion of cervix. Perineum lacerated nearly into anus. Urethral caruncle.

Treatment.—She was put to bed, the uterus pushed up, and kept up with tampons of alum glycerite. Hot vaginal douches.

October 29, uterus in good position. Erosion healed. The urethral caruncle was removed and the perineum restored, four wire sutures being inserted.

November 6, sutures removed. November 18, perineum in excellent condition, also urethra and uterus. Discharged cured.

New Growths of the Uterus.

Malignant tumors, 2 relieved, 4 incurable. Benign tumors, 2 cured, 5 relieved, 2 died (one from hemorrhage from a fibromyoma and one from ulcerative colitis.

Nothing has been done for malignant growths where the whole of the diseased tissue could not be removed in its earlier stages of development, except to alleviate the symptoms with opiates, hæmostatics, etc. Benign tumors have been removed, or treated by passing through them a galvanic current of fifty milliampere metres strength, three times a week, one pole being applied to the cervix uteri and the other large electrode over the tumor on

the abdomen. This method of treatment has relieved the symptoms, and seemed to check the growth of the tumor in about half the cases. But in some no beneficial effect was noted. The following cases are interesting:

CASE I.

H. T., æt. 43, colored, married, native of Maryland. Admitted November 15, 1887. Mother of three children, youngest fifteen years old. Well until three years ago, when she began to have pain in the back and lower part of abdomen, with a feeling of "sides pulling down." Dysuria, constipation, and frequent headache. Menses regular, painful, and profuse, lasting three days.

Examination.—A large circumscribed growth occupies the middle abdominal cavity from the pubes to two inches above the umbilicus. Uterus anteverted. Sound passed five inches.

Treatment.—She was given a laxative iron mixture, and electricity used—ten cells for ten minutes daily. April 22 began using a current of fifty milliampere metres twice a week. She was relieved of her pain soon after beginning the use of electricity. The tumor now extends only one inch above umbilicus, and the sound passes only four and one-half inches. But when the electricity is stopped for more than three days her pain returns.

CASE II.

N. B., æt. 26, white, single. Admitted November 11, 1887. She had good health until the summer of '86, when she noticed a swelling in the right side that troubled her very much. She was restless at night, had frequent smothering sensations, and severe headaches. Appetite and general condition good.

Examination, November 12, revealed a hard, pear-shaped tumor, about five inches in diameter, extending from the brim of the pelvis nearly to the umbilicus, and freely moveable laterally. Diagnosis of a fibro-cyst of the uterus was made. She menstruated November 19th to 28th; flow profuse. December 1st examined under ether, and the growth found to be freely moveable in every direction except upward, reaching now quite to the umbilicus.

A consultation of the Advisory Board was held December 3, but no definite conclusion was reached. From December 28 to February 22 electricity was used daily, ten cells of a McIntosh battery being all the patient could bear without great pain. But the tumor continued to increase rapidly, and the patient desired its removal. February 29, at a second consultation of the Advisory Board, it was decided to operate. A median incision five inches long was made, and afterward extended two inches upward, to permit removal of the tumor, which was found to be solid, and to embrace the uterus on every side.

The ovaries, beyond some enlargement, appeared normal. The Fallopian tubes were dark, and anteriorly, near the fimbriated extremity of each, were three small cysts about one-half inch in diameter attached by short pedicles. A few ligatures were made in the broad ligaments, a strong cord thrown around the uterus just above the vaginal junction, and the right ovary and tube removed with the tumor; afterward the left ovary and tube. Several ligatures were required to check hemorrhage, and a continuous over and over suture of fine cat-gut was put in along the stumps of the broad ligaments, bringing the edges well together. Margins of stump trimmed smooth. Cavity of abdomen cleansed and wound closed, a small roll of iodoform gauze being placed in the lower part of the wound for drainage.

During the first thirty hours the patient did well. On the second day she complained of pain, and the abdomen was greatly distended with gas. Her temperature went up to 101°, and remained there during the third day, when the gauze was removed from the wound and found to be dry. An enema of milk of assafœtida relieved the tympanitis, but a diarrhœa set in, accompanied by severe rectal tenesmus, and persisted in spite of treatment.

March 10, sutures removed from wound, which had healed except a small place in the middle. This was dressed with iodoform gauze. March 14, had another attack of diarrhœa, and was given hydrarg. cum. creta, gr. i. every hour. Diarrhœa lessened in the evening, but there was some tympanitis, and she was given spts. turpentine, gtt. 15 every three hours in emulsion. March 15, considerable distension from gas, relieved by enema of assafœtida. March 16, about the same. Temperature has ranged from 100° to 102° since 10th inst. Feels well in the morning but tired in the evening.

March 17, considerable pain. Morphia given hypodermically, and, by the mouth, a mixture of quinine, digitalis, and tr. opii. deod.

March 18, rapidly growing weaker, although every effort has been made to sustain her. Abdomen greatly distended. Rectal tube passed fifty centimetres into bowel and four ounces of milk of assafœtida injected. Considerable quantity of gas came away, and the bowels moved. Morphia and whiskey given as needed.

March 19, seems brighter. Rested last night. In the afternoon a puncture was made with trochar and canula in the median hypogastric region, but no gas escaped.

March 20, stopped anodynes, and gave sod. brom., ʒ ss every four hours. Is eating well and abdominal distension going down.

March 21, improved, appetite good.

March 23, passed several large clots and some liquid blood from rectum, and collapsed. Stimulants were freely given, and there was some reaction, but she sank again and died at 3 P.M.

Autopsy, by Drs. LAMB and BOVEE.—Incision healed, except a small opening extending about half-way through the abdominal wall. Adhesions firm between the line of incision and the mesentery and intestines; also between loops of intestines. A number of large ulcers in the cæcum and ascending colon, but none opposite the adhesions; very large ulcers in the descending colon, parallel in their long diameters with the axis of the bowel. Large quantity of coagula and some liquid blood in the colon. Uterine stump looked well. No ligatures in it, but they were found loose in the pelvic cavity. Cause of death, hemorrhage, from ulcerative colitis.

CASE III.

C. C., æt. 60, white, single, native of Ireland. Admitted April 17, 1888. Has had hemorrhage from the womb for several years, and has become greatly prostrated; otherwise healthy. She has consulted a number of physicians, and been treated for "change of life," "dyspepsia," "heart disease," and a number of other ailments. Her position as housekeeper has obliged her to be on her feet most of the time, and for the past six months her strength has been unusually taxed. She has a feeling of suffocation, is very nervous, and fears, from the great quantity of blood she has lost, that her "time here is very short." Appetite poor. Bowels constipated. Face pale and anæmic. Pulse small and thready. She was given an enema on the night of her admission and an examination made the following day.

Examination.—Vagina small, barely admitting index finger, which encounters a growth, hard, symmetrical, and about the size of an orange, attached apparently by a small pedicle to the internal os uteri. External os patulous. Consultation of the Advisory Board was held April 21, the patient etherized, and the growth above mentioned found to fill the vagina, distending it abnormally. It was agreed that it should be removed. A vulsellum forceps passed along the left index finger, as a guide, seized the growth about its middle; after a few twists of the pedicle it was separated from its attachment and removed as by ordinary forceps delivery. Vagina washed out with a 4 per cent. carbolic solution night and morning, and tonics administered until patient left the hospital, June 1. She has been in the country since leaving the institution and has gained flesh and strength.

No microscopic examination of the tumor was made, but from its appearance on incision it was supposed to be a myo-fibroma.

CASE IV.

J. D., æt. 40, colored, married, native of Maryland. Admitted September 20, 1887. Never pregnant. Menses regular, last about a week, and are painful and profuse. Pain in back and pelvic region, shooting down the thighs. Bowels constipated. Headache. Leucorrhœa. Has had a lump growing in the abdomen for the last two yoars.

Examination.—Umbilical hernia about the size of a walnut. Abdomen, as far up as the umbilicus, occupied by a tumor, evidently a subperitoneal fibroid of the uterus. September 27, she began menstruating in the afternoon; quantity of flow just as usual, and there was nothing to indicate danger until her nurse was aroused, about 4 : 45 A.M., September 28, and found the patient flooding profusely. Restoratives were applied, but she did not rally, and died about 5 A.M.

Other affections of the uterus treated during the year were: Stenosis of the cervical canal, 2 cases, cured by gradual dilatation tion with flexible metal sounds; non-development of the uterus, three cases, in two of which some of the unpleasant symptoms were relieved, the other leaving in a few days.

Diseases of the Ovaries.

Two cases of ovaritis were treated. One of these left in a few days unimpaired. The other gave a history of syphilis, and was given specific treatment in conjunction with rest, diet and baths. She remained nearly three months under treatment, and was considerably improved, but not cured.

One case of ovarian neuralgia, with the following history:

M. W., æt. 22, white, married, native of Indiana. Admitted November 7, 1887. She suffers intensely at the menstrual periods, and declares that she thinks she could not live through two more attacks. She insists on having her ovaries removed, understanding the nature and danger of the operation; but would rather die than suffer as in the past. Husband and mother both concur, and after consultation with Drs. Morgan and Head, of the Advisory Board, it was decided to operate. November 9, in the presence of these gentlemen, a three-inch median incision was made and both ovaries and tubes removed. The latter were engorged and their outer ends quite friable. The thermo-cautery was applied to the stumps, and in spite of this there was a great deal of oozing, requiring several extra ligatures to be placed deeply in the right stump. The abdominal wound was closed with three wire and six gut sutures, and dressed antiseptically. At 3 P.M., a short time after the operation, the temperature was 97.8°, pulse 102. She did well until the 13th, when she complained of great pain in the region of the incision. Some bloody discharge had begun from the uterus two days before, but nothing was feared from it. Her temperature gradually rose in eighteen hours to 104.1°. Bowels moved that day from an enema.

November 14, the dressings were removed, and a parietal abscess recognized in the upper end of the incision. The upper suture was removed, and a purulent discharge continued freely for several days. Her

temperature declined, soon becoming normal, and her appetite and spirits improved.

November 18, remaining sutures removed. Appetite good.

November 21, feeling splendidly. Some discharge continues from abscess, which is washed out daily with a 2 per cent. carbolic solution.

November 22, sat up, feeling splendidly.

She rapidly gained strength from this time, and was discharged December 10, 1887. She has been under observation up to the present time, July 1, 1888, and has not menstruated nor suffered any pain since her recovery from the operation. She has never had any sexual desire, either before or after the operation.

The removed tubes and ovaries were presented to Dr. W. M. Gray, of the Army Medical Museum, for examination, and the following is an extract from a letter from him:

"These sections show thickening and seeming condensation of the albuginea. Also degeneration (fatty) of the large Graffian follicle. The first condition makes the discharge of the ovule almost impossible, which would, of course, give rise to the second condition. Otherwise, I think the ovaries are normal."

There can hardly be a doubt that the pain in this case was due to the dense capsule of connective tissue surrounding the ovary. The effects of pressure, or swelling, when confined by similar tough tissue, is well shown in true orchitis (not epididimitis) and in periostitis, and it may be reasonably supposed that the swelling of the ovule within this unyielding envelope might cause extreme pain. It is probable that the ovula were never discharged; but, after reaching their maximum size, underwent fatty degeneration and were absorbed; or, if discharged, were not in a condition to become viable ova. The fact of her being a married woman and sterile, with no other apparent cause of sterility, points to the degeneration of the ovule as at least a possible cause of this condition.

In this connection I give the history of a case of nymphomania, supposed to depend upon ovarian disease:

L. J., white, single, native of Virginia. Admitted November 3, 1887. Began menstruating at eleven years of age. Since that time she has been suffering almost continually from pain in the pelvic region and back, and from frontal headache. Her menses are habitually profuse and very painful, requiring her to remain in bed two or three of the nine days that they usually last. Formerly the flow appeared but once in two or three months, but of late it recurs every five weeks. She suffers from intense erotic desire, and deplores the fact that any one with sufficient opportu-

nity may overcome her scruples, and her sleep is disturbed by erotic dreams. She has been treated by Drs. Hunter Maguire, of Richmond, and Wm. T. Howard, of Baltimore, the former of whom divided the cervix. She is constipated and nervous.

Examination.—Uterus retroflexed, fundus bound down by adhesions, cervix showing cicatrix of the incision made by Dr. Maguire. An ovary is also prolapsed and enlarged.

She was put upon tonics, bromide and valerian, and given a laxative iron mixture. Her constipation was the only symptom relieved, and she desired the removal of her ovaries. This was considered unjustifiable, and she left December 13 for Baltimore, determined to have oöphorectomy performed.

There she came under the care of Dr. Wm. P. Chunn. (See article by him in the CINCINNATI OBSTETRIC GAZETTE for January, 1888.) After being treated a short time, he says, she proposed the removal of her ovaries; but he felt uncertain of the prognosis, and considered it too dangerous an experiment, so she sought the care of another physician.

May 18, 1888, she returned to Columbia Hospital, and stated that Dr. W. T. Howard had operated (oöphorectomy) January 2d, but that she was no better, and had menstruated twice since the operation, the first flow lasting thirty days. Her sexual desire was as strong as ever, and there was no improvement in any of her symptoms.

INFLAMMATION OF THE PELVIC CELLULAR TISSUE.

Under this head twenty-six cases have been treated, ten of which were relieved, nine cured, and one not benefitted. Here again the treatment has been rest, diet, and hot vaginal douches. The douches are given with the patient on her back and a rubber cloth arranged to run the water into a slop jar. The nozzle of the syringe, after all the air has been driven out, is introduced into the vagina and several quarts of water at a temperature of 110° or 120° F. injected. The woman remains on her back several hours, retaining a considerable quantity of water in the vagina, where it lies in the hollow of the sacrum, and like a poultice depletes and shrivels the tissues. Collections of pus should of course be evacuated.

The percentage of cures obtained in this way has been larger than would appear from the figures given above, for none of the cases marked "relieved" were long enough under treatment to be cured—the average time of treatment for these patients being three weeks. Every case that remained three months has been cured, and some in a shorter time.

There were three cases in which abscesses formed and were evacuated. Two of these cases have been reported by Dr. J. W. Bovee, former Resident Assistant in the hospital. One of these, a very interesting case, was not given in full, and was not completed at the time of the report. It is therefore reproduced here with the subsequent history.

CASE I.

F. B., æt. 38, white, married, native of Virginia. Admitted October 5, 1887. Mother of two children, youngest seventeen years old. Had an induced abortion six years ago, followed by peritonitis, and has not had good health since. April 1, 1887, after working hard, she had violent pain in the back and left hip and leg. The knee was drawn up, and could not be moved in any direction without causing intense pain.

She has been treated by Drs. Reyburn and Garnett, and was seen in consultation by Dr. Gordon, of Maine, during the International Medical Congress. She has taken a great deal of medicine, but without benefit, suffers greatly from nausea, and her stomach will retain very little food. January 29, she says, an abscess broke internally, and discharged pus through the bowels and bladder for two weeks; and for three weeks longer the discharge resembled tape, and came away in great quantities. Her menses were regular until September, 1888, when they ceased; but from April to September they were scanty and unnatural in color.

At the time of her admission she was almost in a dying condition; confined to bed, greatly emaciated, hysterical, and constipated. The left leg drawn up across the abdomen and apparently anchylosed. The left knee nearly touched the right breast, and could not be moved in any direction without causing intense pain. In the left iliac region could be felt a hard ridge, extending from the symphysis pubes to the spine of the ileum, no fluctuation could be detected. A diagnosis could not be made at first. Hip disease and psoas abscess were suspected.

October 29 she was given an anæsthetic and carefully examined. The uterus was enlarged, hard, and pushed extremely to the right and forward by a large tumor, occupying the left iliac region and extending to a point above the spinous process of the ileum. This mass was very hard, but slight fluctuation was detected. It was evidently an abscess, situated deeply, with its walls immovably fixed, so that it could not be opened through the peritoneum anteriorly without allowing pus to escape into the peritoneal cavity. An incision was therefore made parallel with Poupart's ligament, as in the laparo-elytrotomy operation, and the peritoneum pushed up with the fingers and avoided until the place was reached where the peritoneum and abscess cavity were adherent. Here an incision was made, and over a quart of thick, greenish, extremely offensive pus evacuated, the finger being introduced into the sac and the

partitions, of which there were several, broken down. After this the uterus was found to have assumed a position nearly normal, and the enlargement to the left had in the main disappeared. The pus cavity was washed out with a hot 2 per cent. solution of carbolic acid and a glass drainage tube inserted. Subsequently the cavity was loosely packed with strips of iodoform gauze, and washed out twice daily, and at longer intervals as the discharge became less.

November 1, she awoke in the night with a severe pain in the right side of the chest that was thought to be neuralgic. Considerable diarrhœa followed, lasting several days, and the pain did not disappear entirely for a week. Appetite poor, and heart's action very feeble. She was given the following: ℞. Liq. potass. arsenit., ʒ i.; vin. ferri amari., ad. ℥ iv. M. Et. sig., ʒ ii., t. i. d.

November 16 she called attention to an ulcer in her nose, probably caused by absorption of septic material. It was about an eighth of an inch in diameter, and extended through the anterior part of the septal cartilage. It was painted with a solution of silver (one-eighth) and gradually healed.

December 13, an ichorous discharge continues from the abscess cavity. She has gained flesh and strength, and is able to walk, but is slightly lame on left side. Uterus still fixed, and a good deal of dense tissue remains on the left side of it; considerable tenderness on deep pressure in this region. Hot vaginal douches ordered night and morning. The sinus leading to pus sac, which now holds about two drachms, became very small and was dilated with laminaria tents.

December 30, after over-exercise in walking, she was seized, while removing her shoes and stockings, with severe pain, shooting from left side of the pelvis down the thigh. She was kept in bed and given 1-16th grain of corrosive sublimate and five grains of iodide of potassium, t.i.d. She has not menstruated, but her general condition is good. After remaining in bed two weeks she got up and gradually improved.

She left the hospital June 6th, but has been under observation since, and at this time, July 1st, 1888, she is able to walk with ease, has gained her usual amount of flesh and strength, and has an excellent appetite. She now menstruates. A slight discharge still continues from the wound and there is tenderness in the region of the left Fallopian tube. The tube, as is usual in these cases, is probably involved, and the disease probably began as a pyosalpinx.

CASE II.

M. L., æt. 23, colored, married, native of Washington, D.C. Admitted July 23, 1887. Mother of two children, youngest six months old, and since its birth she has had pain in the lower part of the abdomen, and a knot there. Constipated and appetite poor. Does not sleep well. Menses regular but painful.

Examination.—Uterus slightly enlarged, and pushed forward by a firm cellulitic deposit at its rear and sides. Small, round projection behind the cervix, thought to be an abscess pointing.

Treatment.—Rest; nutritious diet—beef wine and iron; quinine and tr. ferri chlor.

August 10.—Considerable yellow discharge from vagina; patient very weak.

October 8.—She has gained flesh, and is feeling perfectly well. Appetite excellent.

October 18.—Discharged, cured.

Affections of the Vagina.

Vaginitis, 2 cases relieved; one not benefited. Leucorrhea, 2 relieved (left in a few days). Vesico-vaginal fistula, 1 (operation) not benefited. Cyst of vulvo-vaginal gland, 1 cured (operation). Atresia vaginæ, 1, of which the following is a history:

C. P., æt. 15, single; white; native of Maryland. Admitted July 6, 1887. Enjoyed good health until she had a severe attack of scarlatina last winter. Menstruated, for the only time, last September. Has been under the care of Drs. Magruder and Corbett, of Maryland, and the latter brought her here for the treatment of atresia vaginæ.

Examination.—Anæmic; uterus retroverted; hymen ruptured. About three-quarters of an inch from the vulva the vaginal walls are adherent, admitting only a very fine probe. These adhesions were broken up with the finger, in the presence of Dr. Corbett, July 10, 1887. The vagina was loosely packed with iodoform gauze, and this dressing changed every day. She was given two-grain doses of potass. permang. every four hours, for several days; and, July 18th to 20th, she menstruated.

Left July 22d. Vagina patulous, but not entirely healed.

Lacerations of the Perineum.

Only two cases are found in the record under this heading, although 10 or 12 primary and 8 secondary operations were done to restore the perineum, where the laceration was regarded as a complication of some other trouble.

In doing this operation a horse-shoe-shaped incision is made along the line of junction of the skin and mucous membrane, from the remains of the carunculæ myrtiformes on one side, around the bottom of the laceration, to a similar position on the opposite side; and the surface included in this horse-shoe-shaped incision denuded, particular care being taken to go through the mucous membrane, well into the sub-mucous cellular tissue.

When the sphincter ani is involved, the edges of the fissure

are pared deeply enough to remove all cicatricial tissue, and expose clean, fresh edges of the muscle.

These precautions give a much firmer union than is obtained by simply freshening the mucous membrane, for, as is well known, the vessels ramify in the sub-mucous cellular tissue, and this vascular tissue unites more quickly and firmly than surfaces of mucous membrane.

In cases of laceration through the sphincter ani, it is sometimes found best to restore this muscle and the recto-vaginal septum first, and the more superficial parts at a second operation. In all cases great care is taken to bring the parts nicely together with deep sutures, four wire sutures usually sufficing.

The parts are bathed frequently with carbolized water, and a cloth soaked in a hot 2-per-cent solution of carbolic acid kept over the vulva. The bowels are kept locked seventy-two hours, when the sphincter ani is involved, and then moved with Hunyadi water. But when the sphincter is not involved they are kept open from the first.

The sutures are removed on the sixth or eighth day in slight lacerations; but remain *in situ* ten or twelve days when the sphincter ani is involved. The following case is copied from the record:

A. M., æt. 33; white; married; native of Kentucky. Admitted February 24, 1888. Mother of four children, the youngest six months old. She states that the shoulders of this last child were very large; that she was torn; that her attending physician closed the rent; but the sutures cut out, and non-union resulted. She has no control over fæces or gases of bowel. General health good. Last menstruated two weeks ago.

Examination.—Perineum and lower 1¼ inches of recto-vaginal septum torn through. Uterus normal.

February 25th, rupture closed; five wire and two gut sutures being inserted.

Primary and complete union followed, and she was discharged March 16, 1888, perfectly well, and with perfect control over sphincter muscle.

Disturbances of the Menstrual Function.

Dysmenorrhœa (membranous), 1 cured, 1, unknown; suppression of menses, 3 cured; 1 incurable (phthisis).

These cases were due to anæmia, and were given tonics, iron, and food until the anæmia was corrected, then potass. permang., gr. 1, t. i. d., until the flow was established. This drug has been

found very useful, both in the Hospital proper, and in the Dispensary. In a few cases where it caused gastric pain and burning, this was relieved by taking large draughts of water after the dose.

Emansio mensium, 1 case, incurable. This was an interesting case, due to congenital absence of the uterus, and was reported by Dr. J. W. Bovee, former Resident Assistant in the Hospital. Other miscellaneous cases were treated as follows:

Menopause, 3 relieved, 1 cured; hysteria, 3 relieved, 1 not benefited; threatened abortion, 1 prevented, 3 cured; varicose ulcer of leg, 2 cured; hydatiform pregnancy, 1 cured.

The following is a brief history of the latter case:

M. H., æt. 19; colored; single; native of the District. Came to the Dispensary service August 9, 1887, complaining of nausea, vomiting, anorexia, and constipation. She was very much worried about her courses having been irregular and profuse during the spring, having appeared three times in June, and not at all in July. Her breasts were swollen, nipples pigmented, tubercles of Montgomery present. Uterus extends half way to umbilicus, and is quite soft. Pregnancy suspected. She did not return until October 14th, when she stated that she had been in bed, unwell, three weeks, and was still flowing. She was told to keep in bed, and was given potass. brom. grs. xx, t. i. d. She again presented herself November 1st, saying she had been flowing three days, and was in a bad way. She was admitted to the Hospital and an examination made. A mass of hydatiform cysts was found protruding from the vulva and extending into the cavity of the uterus. The portion outside of the uterus was removed, patient put to bed and given hot carbolized douches. November 6th, she was etherized and examined. Cervix small; uterus thrown forward. Sound passed four inches. She was given pil. ergotin. co., one every four hours.

November 19th, uterus normal; discharged, cured.

July 11, 1888, there has been no return.

In the Lying-in Department, 155 women have been delivered and three admitted after delivery. The presentations were: Occiput, 152; chin, 1; breech, 2.

There has been no hesitation in using forceps when needed; but, although 121 of these women were primiparæ, there were only three instrumental deliveries (forceps at inferior strait). The explanation is, that whenever the slightest symptoms of tedious labor have been observed, the woman has been assisted by pressure over the fundus uteri, and sufficient pressure kept up between pains to prevent recession of the presenting part. Thorough lubrication of the vagina with benzoated lard, if it be at all dry, and the

use of judicious pressure in this manner is found in many cases quite as effectual as forceps, and is less likely, certainly in inexperienced hands, to produce injury to the soft parts. When the head is fully distending the perineum, if there is danger of its rupture, the middle finger is put in the rectum and the thumb over the occiput of the child, and the head, which can thus be perfectly controlled, gently pressed out between pains. In doing this, the woman need not be turned on her side, as when the thumb is inserted into the rectum after Fasbender's plan.

Four cases have occurred of posterior rotation of the occiput, all of which were rectified without difficulty, by introducing the fingers only into the vagina. Should this means fail, the method recommended by Ramsbotham, and later by Parry, would be tried, one hand being introduced into the vagina, the head raised so as to disengage its greatest diameter, and the occiput turned forward. The other hand supports the fundus of the uterus, and assists rotation by pressure on the body of the child.

One woman, who had been in labor ten days when brought to the hospital, was found to have atresia vaginæ. The septum was divided and the macerated fetus extracted manually. She made a good recovery, although greatly prostrated when she was admitted.

Strict antiseptic precautions are observed in all cases. But the general use of corrosive sublimate about the lying-in women has been abandoned, as in several instances severe inflammation has followed its use in the vagina, even in a 1 to 4,000 solution; and it has several times caused erythematous inflammation of the vulva, and even of the skin. Aside from the danger of poisoning by absorption, it is considered too irritating for washing out the uterus, or even the vagina, or for application in any manner to the skin of infants. The main reliance is upon strict surgical cleanliness. The house is kept scrupulously clean, slops and discharges removed at once, and free ventillation secured. All sponges, napkins, and other appliances used about the lying-in woman are boiled, and boiled water is used exclusively, with carbolic acid as a germicide. All needless examination and handling of the woman is avoided, and, when examination is necessary, the hands are thoroughly cleansed and disinfected. A napkin wrung out of a 3 per cent. solution of carbolic acid is kept over the vulva both during and after labor.

Ergot is never given until the placenta has been expelled, and

then only when there is uterine inertia; or, at a later period, subinvolution.

There have been three deaths of mothers, two from peritonitis and one from œdema of the lung. (This case is given later).

The two cases of peritonitis occurred early in the year, before the use of corrosive sublimate was abandoned, in a new clean building, and the most careful investigation has revealed no source of infection. Both these women were primiparæ, and their death tends to sustain the proposition recently made by Mr. Tait, that peritonitis not only occurs more frequently and inexplicably among primiparæ, but that nearly every primiparous woman so affected dies. He urges early laparotomy as the only hope in these cases.

Ruptures of the perineum, unless very small, are closed by sutures immediately after delivery, and the woman's knees tied. Tying the knees alone is sufficient for slight lacerations.

The woman is kept in bed seven days, and then, if her condition is fevorable, as shown by her strength and temperature chart, she is allowed to sit up morning and evening. Notwithstanding what has been said to the contrary, rest is believed to assist in involution of the uterus.

The diet is as follows: First day, toast, liquid and farinaceous food; second day, lamb, or tender steak is added; third to seventh day, the same with potatoes, baked apples, stewed prunes; eighth day, house diet.

No irrigation of the vagina is used unless the discharge becomes offensive, or tenderness appears over the uterus.

A temperature chart is kept, and if any rise occurs an examination is made to determine the cause.

In the after-treatment of the mother, whenever it becomes necessary from any cause to dry up the secretion of milk, a liniment composed of half an ounce of camphor dissolved in three ounces of turpentine has been found most effective. Freely used on the breast, it exerts a marked influence in lessening the flow of milk; and in mastitis it alleviates pain, softens induration, and is more effective in reduing inflammation than any other remedy that has been tried.

With the children, Credé's method for preventing ophthalmia is used—one drop of a 2 per cent. solution of nitrate of silver being instilled into each eye shortly after birth. No case of ophthalmia has occurred since this method has been adopted.

Seven of the children were still-born: In five of these cases the

cause is unknown and the children were macerated; one was caused by protracted labor, and one by violent spasms of the uterus, the mother having chorea. Six children that were premature lived but a short time, and four apparently healthy infants were, it is believed, killed carelessly or criminally by the mother. Other deaths were due to the following causes: Patent foramen ovale, two; marasmus, four; undeveloped lung, one; uncontrollable hemorrhage from the cord, one; total, eighteen.

The following are interesting cases:

CASE I.

J. G., æt. 22, white, single, native of England. Admitted May 22, 1888. A dwarf, with antero-posterior spinal curvature, extremely pale-looking, muscles flabby and small; The enormous uterus falling forward on her flabby abdominal walls gives her a remarkably grotesque appearance. Her pelvis, however, was roomy, and her labor, beginning at 8 P.M., June 1, progressed favorably until after the child was delivered, 4 P.M., June 2. The uterus then relaxed so completely that it could not be felt at all; but was made to contract by pressure and rubbing over the fundus, and the placenta was expelled entire, ballooned out by about a quart of blood. She was given hypodermically 30 mm. fl. ext. ergot, and this repeated three times within the half hour, and ʒ i. of the ergot given by the mouth.

But in spite of this and of constant pressure and manipulation, the uterus again relaxed. Ice was rubbed over the abdomen and put into the vagina, the abdomen flapped with towels wrung out of ice-water, and the vagina and uterus injected with hot vinegar and water—all without effect. Finally, the uterus was forced down into the pelvis, and a bowl, just large enough to fit closely over the fundus, forced over it and bound firmly in this position by putting a roll of napkins above it and applying the binder. No hemorrhage was possible with the uterus thus firmly compressed on all sides. The patient was given ergot for a day or two, and made a rapid and complete recovery.

CASE II.

L. L., æt. 22, white, single, native of Maryland. Admitted January 26, 1888. Has had one abortion, and been delivered instrumentally of a dead child. Pale and emaciated. Had chorea from eight years of age until puberty, and again throughout her first pregnancy and labor, and for two months after delivery. Has been very nervous for the last four months. She was given potass. brom. and a laxative mixture. She had two slight attacks of choreic spasm on the evening of her admission, and a severe attack on January 30, affecting every muscle of her body and making it necessary for her to be held during the half hour that it lasted.

She was given potass. brom., ℈ ii. every two hours; and after the

severe paroxysms had passed off choreic movements, confined to the left side, continued, although the patient was perfectly rational and tried to control them.

Examination at 6 P.M. — Fetal heart distinct. Uterus contracting powerfully. Cervix somewhat rigid, but admits finger. She asks every few minutes for the bed-pan, and wets the bed meantime. She also defæcated several times, apparently unable to control the sphincter ani.

10 P.M., cervix in the same condition. Liquor amnii oozing from a small rent in the membranes, caused by the powerful contractions of the uterus, which have occurred almost continuously. At 11 P.M. the os began to dilate rapidly, and at 12:5 A.M., January 31st, the child was born, cyanosed and pulseless. All efforts to resuscitate it were unavailing. The woman talked incessantly and incoherently all day, screaming frequently and tossing about with spasms, not confined now to one side. She was given the following: ℞. Liq. potass. arsen, ʒ i.; vin. ferri. amari, ad. ℥ iv. M. Sig., ʒ ii. every two hours. She was also given half a grain of morphia, hypodermically, at 10 P.M., and slept well all night.

February 1st, much improved. Twitchings slight. From this time her recovery was rapid and steady, and she left February 15th, feeling perfectly well.

CASE III.

M. B., æt. 18, colored, single, native of Maryland. Admitted July 29, 1887, at 6:45 A.M., suffering from dyspnœa and a paroxysmal cough. She was frothing from the mouth, and an examination of the chest showed that she had œdema of the lungs. She was propped up in bed, stimulants given, and dry cups applied. Labor progressed rapidly, and she was delivered of a healthy seven-pound child at 9:10 A.M. After delivery she seemed much relieved for a short time, but was seized with a paroxysm of coughing, became suddenly comatose, and died in a few minutes, all efforts to relieve her being unavailing.

No autopsy was allowed, and urinary examination gave only negative results.

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