Some Aspects of Work

in

General Practice
Contents.

Introductory.  1 - 7.

Conditions of General Practice.

Obstetric practice.

Neurasthenia.  8 - 29.

Menstrual Anomalies.  30 - 35.

Sterility.  36 - 54.

Cases treated by Pancreatic Extracts.  55 - 70.

Fibroids treated by Ergotin etc.  71 - 82.

An Exceptional Gynecological Case.  83 - 90.
INTRODUCTORY.
I venture to hope that in considering this thesis for the degree of Doctor of Medicine, the examiners will make allowance for the local circumstances and difficulties. Sheffield is the heart of the Midland district of England, and the status of medicine here is perhaps lower than in any other part of the country, while dispensing is absolutely a condition of practice. There is little security over patients no matter how conscientiously the doctor is doing his work, and the town being the hunting-ground for quacks of every description, including Professors of Consumption, Medical Halls, Eye and Ear Specialists, Herbalists, Cancer cureurs and prescribing chemists, there is always more than a possibility that the moment a doctor diagnoses a condition in terms the patient understands the quack who professes to deal with that speciality will be sought. This statement is by no means restricted to the working classes.

The making-up of "bottles" is as already said compulsory, and of course while taking up an irritating amount of time and energy in itself, frequent-
ly diverts attention from and vitiates what ought to be the salient treatment of the case.

"Hit or miss" remedies are as a consequence of the general low standard of education demanded by all classes with the always attendant menace that if these are not supplied, e.g. opium mixtures in neurasthenic dyspepsias, the patient will go elsewhere. The hospitals encourage this state of affairs and it is no rare thing for a patient to go on for months or even years attending the out-patient department for the sake of the inevitable but in my opinion by no means harmless "bottle".

There is always difficulty then in making sure that any case however important or interesting will be under one's personal observation for a satisfactory period.

Further, in a town like this, where there is no encouragement of communication between the general practitioner and the hospitals save for the former to send in interesting cases, with as the utmost stretch of privilege, the permission to attend only the operation, when these are surgical, there is practically no opportunity to follow up with any completeness those cases which for the sake of the patients have been placed
in the hands of the different staff-men.

It is a consideration that of course should not enter but one that has also to be noted that the pecuniary element in Sheffield is a very unsatisfactory one. Fees are ridiculously low and are extremely badly paid, the result being that much more work has to be done in order that the doctor may secure a livelihood, with the sequence naturally that it is not possible to devote time to the more laborious methods of investigation, such as gastric contents' examination, blood counts and investigation, or the finer points of nervous diagnosis, even supposing that the patient were willing to contribute her share to the time necessary for these.

On account too of the prevalent custom that general practitioners should have some five "surgery" hours at their houses in the course of the day, and of the practice of charging considerably less in the surgery than for visits, there is a large surgery clientele which by its numbers and payments cannot receive the diagnostic attention the scientific mind would prefer to give.

The above statements apply of course to a general practice such as my own which beginning with nothing has in the course of five years attaine-
to respectable dimensions. While therefore my work is that of a speciality being limited chiefly to women, children forming much the smaller part of it, it will now perhaps be understood why, though there would at first sight appear to have been obtained in the time a quite sufficient amount of material for a scientific thesis on one defined point, the material actually gathered is of so scattered nature that I have not felt justified in submitting a monograph on any one particular form of enquiry.

So far as the actual province and need of women in medicine is concerned I may perhaps be permitted a word. This town is practically new to the idea of women doctors in general practice, there having been only one practice of this kind of any extent before my own. The majority of my patients have come to me definitely for the reason that they wanted to be attended by a woman, less frequently in the matter of confinements however than might be expected, since in these the husbands often have the feeling that they are surer of a man, a feeling held strongly also it must be said by I think still the majority of women. Some who consult me would go indifferently to a man, but there is a certain proportion who, if a woman were not available,
would not seek medical advice at all, though such neglect must lead inevitably to serious mischief.

In submitting the following examples of work and suggestions arising in practice I have been guided chiefly by their instructional value to myself so far as I have been able to observe this, though in one or two I hope there may also be intrinsic interest.
In those portions of work which would naturally be expected to form a large part of a woman's practice such as obstetric work, I have practically nothing that is worth recording or discussing. Several abnormal cases there have been of course, as for example that of the labour of a patient with one leg, the other having been removed when she was two years old: there was considerable asymmetry of the pelvis but the case resolved itself into an extremely intractable forceps case. I have had one placenta praevia with transverse presentation, (occurring in a patient after repeated pregnancies, each pregnancy occurring within a fortnight after the preceding parturition,) but turning and delivering met all requirements and there were no other complications.

Threatened eclampsias I have had several but in each case managed to obtain early warning of the condition by my routine of constantly investigating the urine and consequently in each case was able to make sure of a successful labour, so far at least. Sepsis after labour has not occurred in my own practice, and I have seen only one case of anything like postpartum haemorrhage. I admit that my experience may be exceptional for I am well aware that some practitioners have
almost "runs" of particular abnormalities, but at any rate whether by luck or by following systematically the Edinburgh preventive teaching I have in this respect fortunately nothing to chronicle. One case of conception after the marriage of a widow of 42 with a widower of 45 neither of whom had children by their previous marriage but who proved mutually fertile is interesting.

Abortions procured deliberately I have met only some half a dozen, the favourite prescription taken being pennyroyal and gin: two patients took lead pills, where procured unascertainable: one suffered from lead colic and extreme anaemia, blue line on gums etc. yet she had failed to procure the desired abortion or any sign of it: another case mild symp-
toms of colic frighten the patient from the further attempt. There is nothing in the history of my cases of abortion which I consider of any value.
NEURASTHENIA.
Neurasthenics.

If neurasthenia be defined briefly as any condition arising from nervous exhaustion; then evidently since the manifestations of nervous vigour are innumerable we shall at once expect that the phenomena of debility will be equally varied and numerous. Neurasthenia is indeed hardly more a definable entity than its antithesis "health". Nor since exhaustion is a penalty peculiar to no particular age, sex or occupation need we look for its symptoms chiefly in any particular class of the community. At one time or another every civilised person would react significantly to the tests for neurasthenia since ordinary severe fatigue of the mental faculties is quite capable of producing an entirely similar temporary state; neurasthenia differing only in its greater persistence. The full recovery from normal fatigue is clearly of importance in this connection.

In etiology importance must naturally be attached to any inherited neuroticism likely to render the nervous system readily a victim to strain and also to such diseases as influenza which have a selective influence on nervous tissue. But.
apart from these considerations there seems no need to subdivide neurasthenia into groups, whether these groups be named from some prominent factor in immediate causation or from some noteworthy appearance among the symptoms. For example, Gastric neurasthenia might refer to the supposed source of origin, or on the other hand might indicate merely the organ mainly affected: Cerebral neurasthenia might indicate that there had been an accident to the head, or that mental symptoms were chiefly in evidence; and so with such adjectives as Spinal, Cardiac, Circulatory, Climacteric and scores of others. There is in fact danger by such classification that the attention of the practitioner will be withdrawn from the underlying principle of a general cause, and that treatment will be unduly localised. A concrete instance will suffice: the convulsions to which so many young children are subject, while frequently evoked by grossly unsuitable food such as bananas, are certainly also often predisposed to by the nervous state, and such cases require in addition to the gastric treatment a preliminary sedation such as is afforded by the bromides followed quickly by the reconstructive effects of e.g. hypophosphites,
I have seen the results of neglecting this obvious reasoning in at least three cases of children who suffered from convulsive attacks for several months, and who later developed various degrees of spasticity in the limbs. In these cases the irritation or irritability of the stomach was allowed to obscure what should have been the salient feature, the nervous irritability.

Reference to convulsions suggests the need of distinguishing between hysteria and neurasthenia, but if it be admitted that both may occur in the same patient and that the conditions are similar in so far as they can be referred to no definite organic nervous lesion, there are usually sufficient points of difference for the diagnosis to be comparatively easy.

Hysteria would seem to be more due to inequality of functioning than to a general nervous depression, and its explosive nature suggests rather an excess of unguided nervous force than an irritability due to weakness. In its occurrence hysteria is paroxysmal, emotional in its manifestations, attacks are of comparatively short duration, the intervals being frequently unmarked by any symptoms: restriction of sex, and the occurrence
of at least one attack before the age of thirty are points of diagnostic value. Neurasthenia is a more or less prolonged condition of debility occurring in either sex at almost any age, differing from hysteria. It is notable for being continuous, not paroxysmal, and usually starts gradually, while of the nervous states intellect is chiefly affected. Hemianaesthesia has not been observed in neurasthenia, and while there may exist general hyperaesthesia or perversions of sensation there are not the specific stigmata associated with hysteria, such as the globus hystericus, sensitive mammary spots, "ovaries" etc. The irritability, depression and prostration of neurasthenia lead occasionally to a tendency to suicide, towards which the mentality of the hysterical and melancholic suggests no inducement.

Before passing to cases illustrating the condition in my own practice, which is of course entirely limited to women, I am able to give a few examples among men supplied by my partner, and these show well the universality of its occurrence and the variety of its causation.

Ex-post office clerk, aged 60. Dyspeptic, with all the symptoms of pyloric tumour, no mass however palpable. A food faddist eternally changing his
diet; a minute observer of the action of his heart and kidneys, and of course an experimenter with drugs. In some ways resembled a melancholic but with no tendency to solitariness or persistent sadness. Suggested causes, business and home worries and indigestion. This man had extremely emotional wife and daughters and it seems likely that the continual mental disturbance caused by them contributed to or caused the condition.

Medical man aged 28. Anxious to marry. Teeth extremely bad. Convinced that he had aneurism of the aortic arch from sensations and throbings in that region. Went from doctor to doctor. Cured by false teeth and marriage.

Shopkeeper aged 35. Successful and now with only an hour's work a day. At one time believed he had urethral stricture; next intestinal obstruction; next rectal stricture etc. Smokes five or six strong cigarettes every morning before breakfast; gets up about twelve o'clock; does not drink through the day but every evening of his life has three or four glasses of whisky. Smokes cigarettes through the day (about 20), takes sauces and condiments to excess. Has occasional pseudangina and vague dreads. Sacral tender spot. Cured by motoring.
Fitter aged 58. Recently married a young wife came complaining of symptoms which reproduced very plainly the "casque neurasthenique". A gripped feeling over the top of the head ending with acute pain lasting for days, and even weeks, at one distinct point. Cured by the hypophosphites and strychnine as medicine, by limiting venery and common-sense in diet and habits.

Man of 27 with little occupation - wife having a small property. Never been ill in his life till an attack of influenza. Weeks afterwards when normal in every way apparently used to fuss over night sweats and palpitation. Found he was keeping up a fire in bedroom - room much too hot.

Manufacturer aged 42. Came complaining of lumbar pain (over spines) and weakness of one ankle and leg. Slight paraesthesia in same leg. History of a fall on the back striking a timber bulk a fortnight before. This patient and his children had widely dilated pupils. Symptoms cleared when compensation paid. Three years afterwards had a practically similar accident and sequelae. Sleep was the only other disturbed factor in this case.
1) Miss #. aged 25. Kindergarten teacher. Had been all right till she started teaching some three years ago. Found it a strain to supervise the 20 children - deep sense of responsibility. Came complaining of depression, vague abdominal pains and aches, was told also that she ground her teeth at night. Imagined that her symptoms were due to worms. Her statement regarding motions suggested mucous colitis, but examination revealed merely particles of undigested food, skins etc. Weight 7 st. 10 lbs anaemic, emaciated, very nervous, the whole abdomen was hyperaesthetic though there was no special point of pain and no hysterogenetic spots. Flabby tongue and bearingdown in anal region. The whole alimentary tract evidently below par. Change of air for a month, only temporary improvement. Subsequent Weir Mitchell treatment in a home did good, but a permanent cure only occurred some months later by removing her altogether from school work.

2) Mrs. #. aged 35. Weight 6 st. 8. After a very anxious time began retching: no actual sickness: attacks lasting about a day, once a month, no connection with menstruation. The uterus was retroverted, but on correcting this no improvement. Two years of this retching, then became much worse, every
day, for three or four hours at a time. Between the attacks examination showed nothing whatever to account for them, no tumour, no tenderness. The treatment adopted was that of building her up on the assumption that disease was only functional: sanatogen, milk, fresh air, rest, Ammon Br with Valerian and Nuc Vom. The attacks became less frequent, and were then definitely traceable to exhaustion from any cause. After a year's treatment she had gained over a stone in weight and had not had an attack for six months.

3) Miss M. aged 42. Independent means. Two years previously suffered from severe lumbago. This cleared up and then climacteric symptoms supervened; flushings, palpitation especially abdominal, irregularity of menstruation. In July 1907 started an acute attack of lumbago followed by sciatica; this was unquestionably an organic attack as tenderness could be traced right along the course of the nerve, etc. In addition there was anaesthesia of the calf. The attack was most intractable. Treated by blisters, needling, salicylates, colchicum, opium, but in six weeks began to clear when the case was complicated by painful haemorrhoids, and then in a fortnight herpes zoster on the same side. The patient had meanwhile acquired a surreptitious drug habit (Dover's powders from the chemist). As a result of these complications she
lost heart completely and when definite pain had clearly departed refused to make an effort to help herself. The condition indeed became one of most determined neurasthenia in which the patient became emaciated and powerless to an extraordinary degree and hysterical in her emotional manifestations. Nurse after nurse was tried and sent away as unsympathetic by the patient, till on my threat that I would give her up altogether she was alternately bullied and coaxed into moving out of bed. After the sciatica the heart was dilated and the pulse feeble and irregular. She was treated on all the recognised medical lines and had full massage and electricity especially over the nerve which she still declared and declares to be affected. Spinal electricity apparently had no effect and as a matter of fact it is impossible to ascribe the improvement which certainly now exists to any one particular drug or part of the treatment. At one time the patient seemed certain either of melancholia or death: she complained of difficulties in vision, became persistently depressed etc. Now with constant change of companionship, with outdoor exercise, good food and all valuable accompaniments and without a single evidence of actual disease in the nerves she is continually improving but still maintains that there is pain in the sciatic nerve.
4. Miss B. aged 18. Nervous temperament though previous life had been healthy with no notable illnesses. While in her usual health arranged to take part in tableaux and as a result of preparation for these was overexcited for a fortnight. On the presentation night felt suddenly that she dared not face the audience and had to leave the stage. For two months subsequently complained of giddiness and headache, but ate and slept well. Could not go into town or stay in a crowded room; could however sit in a tram, the difficulty being apparently that she was unable to endure the sight of movement around her. Pulse fast and irregular, sight occasionally dim. After treatment by country walks, quiet, light food with as medicine Amm Br., Nuo Vom, and Valerian, she could be in crowded room without unease, dizziness departed, pulse became regular and she has since continued quite normal.

5. Miss B. aged 24. Shopgirl, very neurotic family. A tall large-framed girl but excessively thin. Complained of pain in abdomen attributed to leaning over a partition in shop. Examination showed no abdominal swelling or internal abnormality. She was ordered modified Weir-Mitchell treatment—rest, feeding up, codliver-oil; this was not executed.
Six months later her condition was the same: she had been to dentist and had a tooth extracted. She complained of throat symptoms which I ascribed to a granular pharyngitis but which she insisted were due to damage done in extracting the tooth. She still neglected the treatment recommended and became even thinner, was nervous, fanciful and dyspeptic. A year later was told by dentist that a number of teeth must be removed. I preferred ether as anaesthetic in her case and twelve teeth removed, some of which — front ones — should not have come out. She took the ether without a struggle, and on the next day appeared quite normal save for the natural mouth discomfort. I was away from my practice for a few weeks and my locum told me the patient had been caused mental derangement by the Ether: she was intensely melancholic on seeing her jaws fallen in and no teeth in front; insisted that her life was ruined, "the flower of her youth" had been taken away; was suicidal and homicidal. She was encouraged in her folly by her parents who believed that the ether had poisoned her. This was a very wellmarked instance of the effect of the shock of mental upset following facial disfigurement acting on a neurasthenic girl and producing undoubtedly a temporary loss of balance. After
some months of fiddling about the parents fortunately themselves became tired of the whole business and insisted that she "stop her nonsense" and go back to business. The replacement of the teeth artificially had no effect till this measure was taken. Nine months later she was quite well.

6) Mrs. I., aged 38. Complained chiefly of exhaustion and fits of faintness: these were often followed by hysterical outbursts. Has had three children and after each progressively increasing weakness. Patient fat but flabby, sallow colour, dark circled eyes, heart feeble, sacral pain and tenderness.

Long questioning at last elicited that she had profuse leucorrhoea. These people like many Jews had advanced very rapidly and with each advance took a bigger house which she found it more and more trouble to superintend. From some weekly she had read that doses of KBr were good for temporary feelings of irritability and weakness and on this advice she made up quart solutions of Bromide and when she felt down took a wineglassful: I found that she was taking in this quantity 40 grs of Bromide at a time.

On examination found that she was suffering from retroversion and endocervicitis. Treated this by Alum and Zinc Douches regularly, and by touching
cervix with pure carbolic twice weekly; also replaced the uterus. Gave general tonics and stopped bromide. When the pelvic condition was rendered normal she still complained of lassitude and vague pelvic phenomena. I therefore put her on Amm Br, Nuc Vom and Valerian combined with Cascara and gave this steadily. In order to keep her mind off the subject refrained entirely even when requested from pelvic and uterine investigations, and told her to do her housework. Restricted diet. In six months she became perfectly well, with no pelvic worries, and leads an active life.

Undoubtedly this neurasthenia was due to the drain and septicity of the uterine condition, but it was aggravated by the habit set up by taking large doses of bromide. This patient was noticeable as being one of a comparatively small number of neurasthenics who are in no way troubled in appetite, digestion or elimination.

Miss C. aged 18. Patient had been hard worked in a boardinghouse for two years, and was much "run-down". She had refused to take regular food and had been taking vinegar and raw beans to "get thin". I was called to see her at 1 a.m. She had had a train journey the previous day, lay awake till one
o'clock and then began to jerk her arms and legs, strained head forwards staring into vacancy, with the appearance at least of knowing no-one, and unable to speak. Intense hyperaesthesia in the right iliac region was found on abdominal examination.

She was tall thin anaemic, very constipated - no proper motion for a fortnight: menstruation was not properly established: she had just been unwell after an interval of six months. After large dose of bromides she went to sleep in a couple of hours.

Next day was more composed, answered when spoken to, but speech was confused. Grasp too feeble even to hold a cup - both hands affected. After this day complete aphasia followed for three days and then one sentence was constantly repeated if she was addressed, "Mammy coming today". This though her mother might be in the room with her. Knee jerks greatly exaggerated, ankle clonus present but no Babinski.

I treated her mainly at first on the idea of getting the bowels into working order and managed this with great difficulty in a few days by continuous Calomel, Oil injections and Acetoczone. Then put her on bromides and Nuc vom. Improvement was then rapid and she was able to go to her own town.

The immediate attack here suggests of course
Hysteria, and the condition of the uterus as evidenced by the delayed and incomplete establishment of the menstrual habit would well justify the case as being wholly of this nature. But it must be recollected that the previous years of her life were undoubtedly such as would cause quite definite neurasthenia. This was not in fact a case of a comparatively slight stimulus causing an explosive catastrophe in a fairly sturdy mental constitution but one where a continuously vicious method of life had led to a point where a breakdown of some kind was inevitable. In addition while no definite family history of hysteria could be obtained her mother had after each labour been obliged to go "into seclusion" for some time suggesting a puerperal breakdown if not mania, and indicating a family tendency to mental instability. It might be justifiable to speak of this case as Hysteria conditioned by Neurasthenia.
A clear understanding of the more immediate causes of Neurasthenia is very essential to the practitioner who desires success in the treatment of a progressively increasing condition, but till recently the different authorities have been of no great assistance in enabling one to form broad but clear conceptions of the underlying bases of the disease. Glenard's enteroptosis theory may be rejected at once, as may the similar explanation by Suckling regarding the sequelae of Floating Kidney. Osler emphasises the strain of modern life leading to worry the preliminary of neurasthenia; he denots various infectious diseases and certain drugs the abuse of which undoubtedly predispose to the condition; and he indicates other causes apart from trauma and these he terms "more subtle, yet potent and less easily dealt with" such as love affair worries, religious doubts, the sexual passion etc. Contet in France suggests the cause by the name he proposes for the group of symptoms among which the mental are undoubtedly largely evident, viz. "Psychasthenia". Dr Drummond of Newcastle states that "Neurasthenia is essentially a disorder of the mind and that it can only be treated successfully when this fact is recognised." Guthrie Rankin in Sajou's
Cyclopaedia of March 1908 gives weight to the increasing wear and tear of living and justifies it as "the disease of the century" especially among town dwellers. Sir Andrew Clark held the view that depraved blood conditions ascribable to autointoxication from a loaded bowel was chiefly responsible, and Bouchard now attributes it to abnormal gastric fermentations.

The most helpful classification as well as explanation would however, seem to be that suggested by Savill who makes the distinct pathological groups four in number: 1) Toxaemia of the Nervous System; 2) Fatigue of the Nervous System; 3) Emotional or Traumatic causes; 4) Malnutrition of the Nervous System. Here is well shown the hegemony of the nervous system is giving rise to symptoms while at the same time the various sources from which may occur the impetus to mischief are plainly noted. The cases observed by myself lend themselves readily to Savill's classification. I should like to add one personal note however regarding a complexus of symptoms known as "climacteric" and which because occurring anywhere within a range of ten years around the menopause are loosely spoken of as if their sequence from this physiological occurrence was also physiological. This in many cases I do not con-
I am convinced that many of the patients who come to consult me about "the change" are wellmarked types of neurasthenia, a belief which has been confirmed by the treatment such a diagnosis would suggest, having proved eminetly successful.

Further if the ordinary clinical picture of an average neurasthenic case be considered it is manifest that with very little alteration and one or two minor qualifications such as the more definite age decade in which it occurs, the one description might apply also to a common climacteric picture. There is the feeling of debility and exhaustion upon even slight exertion; there are the various pains fleeting or stationary, the headaches and depression; the circulatory disturbances with feeble rapid pulse, and apparently causeless flushings and pallidnesses; frequently also the digestive upset is marked and there are feelings of fulness, discomfort etc while often also the evacuation of the bowels is sadly neglected or incompetent. The resemblance need not be pushed too far but it would be interesting to enquire to what extent the climacteric picture is that of a neurasthenia caused by failure in some stimulant secretion possibly from the ovary, and
to what extent the condition might be altered by the administration of ovarian substance: I propose to investigate this in suitable cases. Or again if on the theory that menstruation is a means of removing something harmful does the neurasthenic onset depend upon the fact that these harmful matters are still being manufactured and that the stoppage of menstruation has not been late enough to harmonize with their cessation: in which case the neurasthenia if we consent to call it so would be a toxic one.

That climacteric conditions are comparable with neurasthenic seems to me clear when we remember that the ordinary slight disturbance which occurs in practically every woman at this time is quite similar with the symptoms exhibited by other women who may however exhibit them for many years around or after the menopause.

A question in this connection that deserves mention and investigation is the extent to which the knowledge that she has passed from a state of active femininity to one which can only be called at least partly that of sexual neutrality may prey upon the mind of any particular woman and result in passing through the intermediate stage of worry to the more pronounced condition.
The seven cases which I have described as illustrating neurasthenia have been chosen from some thirty or forty all more or less well-marked but it seems useless and wearisome to multiply examples many of which simply repeat the description stated in one of those already given.

The first represents fairly well nervous strain acting principally through the digestive system. The second exhibits well a gastric type. The third a climacteric case possibly was I think largely influenced by the toxins of rheumatism the pain resulting in nervous exhaustion and adding its effects to those of the menopause. The fourth shows nervous exhaustion acting on an inherited neuroticism. The fifth is ascribable to emotional shock acting upon a badly nourished and neurotic constitution. The sixth undoubtedly represents the evil effects caused by the septic drain of leucorrhoea, aggravated here by drugging. The seventh represents the results of bad and irregular feeding combined with effects from a badly functioning uterus.

Naturally perhaps on looking through all my neurasthenic cases I find in a preponderating number
that I have emphasised the frequency of menstrual troubles and uterine dyscrasias as a possible source. That would be explained partly perhaps by my own speciality but partly also because the cases that come to me will naturally more often show uterine symptoms than might probably be found in a similar number of cases taken from a more mixed general practice. At the same time I do not under-estimate the effect of the womb on the condition.

As regards the practical details of treatment, these of course vary with every case. Any local cause must be found and if possible remedied. General hygienic treatment is in all cases demanded since no patient appears to be following the ordinary lines upon which health must run. Diet, exercise, fresh air, society, and particularly the condition of the bowels require special recommendations in every case. Cascara I find the best intestinal tonic and it is most convenient and surer to be taken if given combined with the medicine. Ammonium bromide in ten to twenty grain doses is the best sedative without being depressant. This with ammoniated valerian makes an excellent combination for excitable cases and with five to fifteen minims of Tr. Nuc Vom in a dose makes a very generally useful mixture.
MENSTRUAL ANOMALIES.
Primary Amenorrhoea.

Miss D. Tall, healthy, athletic, well-developed girl has never been unwell, has had no signs or pains.

Age 20. Other sisters, one older one younger, began at 16 to 17, both therefore late. Mother began at 15. No history in family. Mother's health good and all the family - one of good class - normal.

I was consulted in this case as the mother wished to know whether the absence of menstruation should be held to debar from marriage, on account of implying sterility.

On examination breasts are well formed but nipples flat, unformed, not sunken. Abdominal depression above pubes marked. Pubic hair normal.

P.V. Hymen and vagina normal. Cervix small soft and flabby, just felt, directed down and back but very flabby and movable. Uterus felt in anterior fornix, soft, flabby, not large. Ovaries not felt. Girl very easy to examine, very flaccid.

TREATMENT. Liquor sedans with Ergot and Strychnine, and Blaud's pills. Began massage of the breasts every night with olive oil from periphery, and drawing out of nipples - for sake of possible reflex stimulation of uterus; hot sitz bath for ten to fifteen
minutes followed by cold shower in the loin to flush pelvis externally and internally and then drive blood in. Followed the preliminary treatment with Sub-chloride of Iron, Arsenic and Strychnine t.i.d. and pills of Pot. Permang grs III t.i.d. Moderate exercise, early bed, studies (for Oxford) to continue. Massage of uterus and passing of sound three times a week.

A small speculum was passed fairly easily, and the uterine sound showed 2½ inches, while uterine wall felt very thin.

After a fortnight's treatment some mucous membrane came away with the sound and at night there was slight haemorrhagic discharge.

After six weeks' massage the uterus was much larger than at beginning, much firmer and in good position. Ovaries now quite palpable: small but easily reached and perceptible — at first their presence even could not be ascertained.

This case has been under my care for over a year and there has been no sign of menstruation but always after a course of massage to breast and uterus the uterus itself is larger and firmer and the ovaries more palpable. When it is intermitted the organs become smaller and flaccid. There is never any alteration in the general health which is uniformly
good. Ovarian substance 5 gr. tabloids three times a day for six months with three intermissions of ten days each had no perceptible effect whatever.

In view of the effect obtained by external stimulation such as massage upon the sexual organs, and considering that there is no palpable deformity or defect in health of any kind it seems reasonable to assume that there is no reason to doubt that marriage will probably be fruitful so far as this patient is concerned.

Two other cases of this abnormality have been seen by me, one in a girl of twenty, the other aged twentyfour. In neither was there anything to account for the condition. No treatment was carried out in either of these cases; the general health was good, and I recommended having nature to take her course.

Secondary amenorrhoeas are of course very common and arise out of innumerable conditions, the removal of which usually amends the deficiency.
Menstruation during Pregnancy.

It has been not at all uncommon in my experience to find menstruation persisting during the first and second months of pregnancy but at this moment I have two cases of a more uncommon nature under observation. One is a primipara aged 21 married nine months and pregnant now five months. At the third month at a time corresponding approximately to the period at which menstruation would have been due she began to have a slight haemorrhagic discharge and this has persisted without intermission though in varying quantity every day for two months with no apparent effect upon the progress of the patient or the health of the patient. There has been no discomfort or pain and the cervix is firmly contracted all the time. The uterus is of the proper proportionate size and there is nothing in the history save of slight dysmenorrhoea. No abortion, specific or other suggestive history, signs or symptoms. Liquor sedans, with small tonic doses of ergot and strychnine have proved ineffectual as has also Potassium Chlorate. As now using lodide of Potassium.

Jardine of Glasgow in his "Clinical Obstetrics" records an almost exactly similar case in which fatty
degeneration of the placenta was found after the birth of a quite normal child with no excessive haemorrhage in the labour or puerperium.

My second case has suffered from the same condition for six weeks, but in her case there is also occasional vomiting. The vomiting was very bad during the first month of the haemorrhage which began with the fourth month. Haemorrhage quite as described in the preceding case. Vomiting for its first month had no relation to time of day or food and was two and three times a day. After six weeks is stopping, the only drug which has had any effect being the Liquor Bismuthi & Amm. & Cit. The haemorrhage also now has practically stopped—in less than two months. This patient is 35 and has had two children; in both of which, there was vomiting but no haemorrhage. Nothing in this case either in the history, signs or symptoms, to suggest any explanation of the haemorrhage.
STERILITY.
In the following pages the term "Sterility" is used not only in its more scientific meaning but also conveniently to cover all the cases in which I have been consulted by patients who whether they have previously had children or not, or whether there has really been time to decide as to whether they are sterile actually, yet wish immediately to be put in such condition that pregnancy shall immediately follow.
I have been much struck by the number of women, comparatively speaking, who consult me regarding their sterility. These for the most part would not consult a man as is evidenced by the number of them over thirtyfive years of age who have come to me as soon as they heard of a woman in practice. In this matter as well as in those where young unmarried girls have uterine trouble which really requires internal examination and rectification, there is good reason for the presence of women as physicians. Apart from such cases however in ordinary practice I find inclination to believe that there really need never be the number of women or anything approximating to it to equal the number of men.

The most varied causes of the sterility have been found and in the great majority the condition has been rectified by suitable treatment so much so that I am amusingly termed "the maker of babies" by one section of my patients. I would add that my best results have been obtained in the younger patients, for after 35 years of age it seems less possible to restore the reproductive power or reaction to the germinal stimulus. For instance in a large
number of women the sterility is due to retroversion, and while amongst the younger members most striking results have followed the replacement to the natural position with the temporary use of pessaries, in the cases of those over 35 I have observed that the issue is less satisfactory, permanent damage to the uterine structure and constitution having been done.

Among the causes, which are extremely varied and range from anaemia and other general conditions to the most serious involvement of the reproductive organs themselves, must be mentioned the somewhat extraordinary one of Ignorance of the Method of securing Conception. I have seen three cases in which such ignorance was unquestionably the reason of the failure to propagate: Mrs S. married three years came to ask if there was any reason why she was not having children— I found in her a virgin condition, the hymen unruptured and undilated, the vagina absolutely normal: recommended connection. Mrs G. married 2 years— sterility and dysmenorrhoea, also a virgin with uterus retroverted: replaced uterus and explained to patient the inwardness of marriage. A third case was exactly similar.

These cases strike one as extraordinary espe-
ially in view of the "with any amazement" clause of the marriage service, and in view of such evidence as I have quoted there would seem to be ample reason for retaining what to some people seems objectionable in the service.

In what follows I have not attempted to complete the subject by giving examples of sterility from every known cause, but have given actual cases with their sequel. As however I have had cases from other causes than those noted it may be well to note such causes as having been exemplified in my own experience. Retroversion I find a common cause. In many young women reposition and use of pessaries has immediately remedied sterility. Not so successful in older women as stated elsewhere. Anaemia was the factor in several, all of which except one were remedied by general means. In the exception, patient aged 39, organs were normal but the anaemia had been bad and present for several years untreated. Fibroids of the Uterus; Urethral caruncle in 3 cases; Anteflexion with conical cervix & pinhole as is several cases; Endometritis following abortions & fulltime labours a frequent cause of "one-child sterility". All with the exception noted, yielded to treatment.
Mrs C. aged 28. Married five years without any sign of pregnancy: anxious to have children.
Menstruation began at 15. 28 days type, average habit, no dysmenorrhoea but slight headache and discomfort. She has great pain at menstruation and I found she entertains a profound disgust at it, and though devoted to her husband has apparently no sexual feeling.

On vaginal examination found no tender carunculae hymenales but a narrow vagina with spasmodic contraction on introducing finger; a small retroverted uterus admitting sound only two inches; conical cervix and small os; the ovaries and tubes palpable and apparently normal though small. Husband quite healthy.

As treatment I replaced the uterus and maintained its position by pessary; recommended douching and the use of cocaine before connection, and also that she should endeavour to predispose herself favourably if not with positive pleasure towards the act.

In the result the dyspareunia ceased but pregnancy did not occur. At the end of a year removed
the pessary: the uterine position has been well maintained since (three years). In view of the small size of uterus and adnexa with no attempt at pregnancy recommended adoption of a child. Am now experimenting with various organic extracts so far without success. Ovarian so far useless.

This patient though only 5ft 2ins. in height and very small boned and youthful looking is in every other respect properly developed.

Mrs C. aged 22. Married six months. Complained of dyspareunia and expressed desire for child. She was a tall thin girl and had lost flesh since marriage; loss of strength also which she attributed to worry caused by the pain of connection and the absence of pregnancy. Husband healthy.

Examination revealed tender red spots on the carunculae hymenales. Vagina was normal; uterus normal but retroverted.

Treated by applying pure carbolic to carunculae enjoined rest and freedom from sexual intercourse for six weeks with daily vaginal douchings and tonics. Recommended no interference with the retroversion unless she failed to become pregnant in six months. In four months patient wrote saying
she had no dyspareunia and was pregnant. This pregnancy followed the usual normal course.

Mrs. S. married 12 months: gave the same history of loss of weight, dyspareunia and sterility. The cause was found to be the same, tender carunculae, with uterus etc. normal and no displacement. The treatment was as above with the same almost immediately favourable result.

Mrs. E. 2 years married: similar history of debility, dyspareunia, and leucorrhoea. Tender carunculae with normal uterus and adnexa. Treatment as above with cessation of the leucorrhoea and of the dyspareunia.

Mrs. C. aged 35. Three years married. Health excellent but dyspareunia and sterility. Tall well-built woman and husband an equally fine specimen. Menstruation was regular and normal save for rather an excess in the quantity lost. P.V. showed tender carunculae and a very narrow vaginal orifice. The vagina was narrow, the cervix firm and fibrous with small os. Uterus in normal position, slightly enlarged - the sound passed 3 in-
The case was treated by removing the carunculae and enlarging the external vaginal orifice; the cervix was dilated and curettage performed. After-treatment consisted of douching and daily dilatation of the vagina for fourteen days, then rest and change for another month. Patient was then in excellent health; sexual congress occurred once only, without pain, and pregnancy followed promptly.

Mrs S. aged 58, married 7 years. Consulted me for "headaches" in January 1904.

The patient weighed 7 st. was slightly built, of nervous temperament; leading a sedentary life reading and lounging all day; had once an attack of biliary colic. The attacks of migraine complained of occurred at irregular intervals, and usually in the left frontal region: pain during the attacks very severe sometimes causing syncope, the affected area of the head being tender to the touch during and after the attacks.

Every system was examined and no definite cause found: possibly due to "uric acid diathesis" and sedentary life, and patient's generally undeveloped
condition. The attacks had no relation to menstruation which was reported to be regular and normal save for slight dysmenorrhoea. No idiosyncrasies of appetite or diet.

A point of interest and one which gave considerable trouble before it could be properly excluded as the possible cause of the attacks was that the patient had an extreme degree of myopia (8 Diopters). By atropine etc. it was proved that this was fully compensated by her spectacles and that there was no element of eye muscle strain in the migraine.

Every dietetic and medicinal means was tried in this case and it like many another shows the great need that still exists to antagonise pain by one definitely acting drug when the pain appears to derive from the upper division of the 5th Cranial. Unfortunately however we have no such drug and morphia itself in this case had to be used in such heroic strength to be efficient that on account of the frequency of the attacks it was hardly an admissible remedy. Attacks occasionally were very frequent lasting sometimes 48 hours and occurring every five or six days. I will not enumerate all the efforts made at analgesia or the drugs up to
phenalgin, veronal and pyramidon that were tested and found useless. Finally two years from first seeing her took her to Sir Victor Horsley, and he suggested in view of the unquestioned neurasthenic source that in spite of the patient's and husband's objections a rigorous Weir Mitchell course should be entered on for six weeks, to be followed by six weeks holiday. This was carried out with improvement to the general condition, the weight increasing by eighteen pounds, but with no effect whatever on the headaches.

I then suggested that pregnancy as a means of providing interest with future occupation etc. and here began to reach the real root of the matter. She was most averse from discussing the matter at all and strongly objected to the idea of children. I insisted that it was necessary she should be thoroughly examined and found that though she had now been married nine years the hymen was still intact and painful. There were no evidences that she was addicted to masturbation and by roundabout ways I found at last that she insisted on her husband holding connection only in the upright position. It was difficult to obtain precise information as to sexual relations between this very ignorant
Couple but my partner told me the husband seemed as ignorant on the subject as the wife. It is certain however that they were not leading the normal married life.

The vagina was extremely narrow; the uterus small and anteflexed with conical cervix and small os.

The various conditions were treated by operation, the hymen being removed and the vagina thoroughly dilated with after treatment on the same lines as the preceding case. General health at once reacted to the treatment and its accompanying recommendations, and though the headaches have very considerably diminished they occur occasionally. Pregnancy has not occurred chiefly I believe because the patient does not wish it. As an interesting sequel to this case though it is perhaps of more sociological than immediate medical importance it is worth noting that the nurse introduced for purposes of treatment some years ago is still with them and there seems little doubt that the reluctance of the wife in respect to sexual matters has led to a friendly understanding between the three which gives the continued presence of the nurse a curiously direct significance. In all the circumstances therefore Horsley's prognosis of little
hope would seem to be confirmed, though on very different grounds from those upon which his opinion was based.
**Endoervicitis & Vaginitis.**

**Mrs. O., aged 29.** After marriage had the symptoms of gonorrhoea and had tender carunculae hymenales removed. The first child was born at the end of the first year some six years ago. Since then no pregnancy. Menstruation somewhat profuse, leucorrhoea excessive.

On examination found chronic vaginitis with thickened walls and free yellow secretion. There was also endoervicitis; uterus slightly enlarged, ovaries unaffected. I recommended a course of astringent douching together with applications of caustic to cervix - curettage to be done later only if necessary. (The latter had been recommended by previous doctor.)

A six weeks course of this treatment proved effective, the patient becoming pregnant shortly afterwards.

**Mrs. M., aged 35.** Menorrhagia, metrorrhagia and sterility, the last child six years old. The vagina was normal, also the uterus and ovaries, but there was marked endoervicitis bleeding profusely.

Treatment by douching and the application of caustic (pure carbolic, sometimes Iodine in carbolic) to cervix entirely checked the haemorrhage and pregnancy followed.
Ovarian Tumour.

Mrs P. aged 28, married six years; no menstrual troubles, but sterility. Abdominally there was nothing, but on examining, the examination vagina was normal, the uterus slightly elongated and tilted towards right side, and the sound passed three inches in the left fornix the ovary not felt, nothing felt. In the right fornix a rounded tumour the size of a small orange, firm, not cystic; a small body, apparently the right ovary, was also palpable. The diagnosis lay between sub-peritoneal fibroid with remarkably long pedicle, or an ovarian tumour with on this supposition the smaller mass suggesting organised blood clot.

The patient refused operation since this was not urgently indicated. I was therefore obliged to content myself with improving the general health; recommending the patient to rest for two days at menstrual periods, to avoid lifting heavy weights and to come to me once in three months to ascertain whether the tumour was increasing in size. The sequel was interesting; the patient felt well, neglected all recommendations and six months later lifted a heavy box of coals during the first day of her period.
this was followed by severe pain and I found her with acute peritonitis. It gradually subsided and in ten days I sent her into hospital for operation. At that time a large firm mass could be felt extending up above umbilicus in the right iliac and lumbar regions, giving the sensation of a large tumour which indeed the house surgeon was convinced it was, but it began daily to subside till no abdominal tumour could be felt. Operation revealed small tumour of the left ovary prolapsed into the right fornix, pulling uterus into the lateral position: the small body palpated in right fornix proved to be the right ovary. It was interesting also to note that there were two small fibroid projections at the fundus of the uterus. The pedicle of tumour was found to be twisted and the gangrenous cyst ruptured during its removal.

Mrs K., aged 56. Sterility and dragging sensation in pelvis.

The uterus could be felt abdominally, suggesting fibroid tumour; both fornices felt full but owing to the patient's extreme stoutness a successful bimanual examination was impossible. The
sound passed 3 inches. I sent the patient to hospital and the surgeon without anaesthesia also diagnosed fibroid tumour. Operation however revealed double tubo-ovarian cysts each the size of an orange, pressing down into the fornices and forcing the uterus upwards into abdomen.

**Intra-uterine Polypus.**

**Mrs L. aged 35, sterility and menorrhagia.** Uterus was enlarged, position normal, os patulous, nothing felt through it though it admitted tip of small finger. Curettage was done, polypus removed, pregnancy followed immediately. Abortion threatened at the third month but was averted: pregnancy went to full term with a normal labour and no undue haemorrhage.

**Specific Disease as causing sterility.**

Usually no history of infection can be obtained and more particularly I have noticed there is an apparent absence of knowledge of there ever having been a primary sore.

**Mrs H. aged 30.** Acute sciatica followed by laryngitis: no primary sore, no rash. Sterility followed. Three years later obtained from her hus
band a history of specific disease in his own case though this was apparently cured two years before marriage. That the cure was ineffective was evidenced by his wife's condition and later by tertiary sores in himself.

Mrs E. aged 29. Sterility and leucorrhoea. Married first at 16 years. Had one seven months child which died a year old of bronchitis. Subsequently had three miscarriages at five and seven months. No history of sore on genitals or rash, but was treated ten years ago for sore throat and ulcers of leg. Married a second time at 27.

P.V. revealed vaginitis, endo cervicitis and endometritis, ovaries not evidently diseased. I therefore suggested suretting and general treatment. Patient went first to Germany caught a chill on journey home and developed pelvic peritonitis and cellulitis. At the end of her illness the uterus was retroverted and fixed by adhesions, while the ovaries became susceptible to the slightest chill or exertion, hence at this later stage hope of pregnancy must be withheld.

Salpingitis and Oophoritis.

Several cases of this nature followed the infec-
tious fevers, and especially Influenza.

Mrs T. aged 25. Double oophoritis and salpingitis followed influenza, and resulted in sterility. Operation was suggested, the patient's life being that of a chronic invalid, but suggested that we might first try medical treatment. For three months this was carried out, with absolute rest, blisters externally, hot douching, ichthyol plugs, and dietetic and tonic treatment. It proved absolutely successful, indicating thus once more the imperative need of a thorough medical treatment in such cases before resorting to surgical procedure of such meaning as that included in the removal of one or both ovaries.
Cases treated by Pancreatic Extracts.
The following cases are interesting as indicating the extent to which tumours of various regions are susceptible to purely medical treatment. In those treated by the pancreatic ferments there is little doubt that part of the improvement in the general condition must be ascribed to the mere supplying of active digestive ferments to the system. It is rather more difficult however to explain the gradual disappearance of an unquestionable tumour as in the first case. The explanation suggested by Beard would be of course that the tumour was malignant and he declares indeed that the pancreatic ferments have no action except upon malignant growths. The evidence of Dr. Cleaves in America is however contrary to this and shows that tuberculous irritative thickenings may also be removed by the treatment. A number of cases have now been reported for instance ten from various sources collected by the "General Practitioner" of Dec 21st '07 and while some of them have been well authenticated malignant growths which have greatly improved under trypsin there seems little doubt that the majority have been benignant neoplasms. However this may be and discounting all the preposterous statements of the popular press I am in possession
of sufficient data to justify the claim that these ferments give us a valuable means of therapeutics resembling pepsin in their value in various dyspepsias but differing from it in their greater potency and in certainly removing certain overgrowths or thick-ennings.

Mrs. B. aged 55. Complained of pain in stomach for about two years. Loss of flesh, appetite. First seen by me at end of April 1907, was very emaciated and of terribly cachectic appearance. Pain had been increasingly bad for the past year and now she was unable to sleep for long at a time. This pain was referred to a tumour in the abdomen and was a steady ache with occasional stabbings towards back. Previous to seeing me had seen a consultant who advised operation as soon as she could be made fit for it by digestive treatment etc. Had however not improved and got steadily worse. Weight 6st. 10lbs. Some years before had been told she had tuberculous lungs.

The tumour was of large size occupying the umbilical region and on account of the emaciation was tremendously pulsatile, though not expansile; it was irregular in outline and of stony hardness, moving with respirations and extending apparently
from the pyloric region of stomach. The heart was much dilated and the mitral incompetent. Operation in this case would have been much too dangerous so the enzyme treatment was begun.

Simple nutritious diet was prescribed with plenty of milk and barleywater. A 3gr pepule of Zymine (Fairchild) was given t.i.d. ante cibos and a panorohepatio pepule each night. Salts and acids of every kind were debarred from the food at first on account of the supposed interference that the acids in the stomach would have on the alkaline-needing ferments belonging to the treatment. In addition to this hypodermic treatment was super-added as follows:

Trypsin 5m. was injected on the first day, next day 10, next 15, then 20 then the full ampoule in which these ferments are sent out by Fairchild & Foster. When the ampoule dose was reached an ampoule of pure amyllopsin was injected next day but no trypsin, then daily trypsin a full ampoule for three days and on the fourth day an ampoule of amyllopsin alone. This ratio was maintained for six weeks, and amyllopsin was then given every third day. Then tried two ampoules trypsin one day, nothing the next, then two of amyllopsin and so on,
but these larger doses were not well-borne leading to much pain at the seat of injection and considerable collapse generally. During September gave three injections weekly one of trypsin to two of amylopsin and so into October. In October only two injections each week but keeping the ratio of one to two.

The persistent pain was relieved within a week of beginning the injections to the extent of allowing the patient to sleep for six consecutive hours; a thing she said herself she had not done previously for at least two years. For nine months now there has been no pain of any kind, sleep is normal, appetite good, the awful cachectic appearance has gone and the skin is clear and healthy. In three months after beginning the hypodermic treatment the tumour had decreased to half its previous size, and now it is merely suggested as a vague thickening to the right of the umbilicus. The glands all over the body are smaller and she has gained half a stone in weight, never having been anything but a thin woman at the best of times.

In comparing this case with others which have been benefited by similar treatment it has seemed to me that a point of the greatest importance was the technique of the hypodermic injections. Numerous
experiments have shown that the ferments are extremely delicate and that heat or cold or weak antiseptics are any one of them able to destroy the material. For instance a practitioner in London in summer in order to preserve his ferments placed them on ice which of course destroyed their activity. Fortunately this mistake was soon discovered. But there are others equally readily made and depending also not upon careless but on too great care. Cleaning the syringe which should be all glass with boiling water is for example excellent but if thereupon the ferments be placed in the hot syringe before it is allowed to cool again they will be destroyed. No antiseptic must be allowed to come in contact with the ferment. On the other hand the dangers of too little cleanliness must be noted with the risk of such abscesses at the point of injection as were produced in at least one series of the Middlesex Hospital Experiments. It is declared by perhaps the majority of investigators into this matter that injection must not be into the tumour itself though others say that without this the action is nil. The objection to the direction into the tumour seems to depend upon Von Leyden's statement that a malignant tumour reacts to every stimulus or injury by increas
ed growth. That point I am not competent to decide but have thought it safer to keep to the routine which so far I have found to give favourable results and to inject into the subcutaneous fat in different regions of the back and buttocks.

It is unnecessary to discuss whether the theory of aberrant germ cells upon which the treatment is based be sound or not. Shaw-Mackenzie by a different route attained to the same decision of the value of trypsin ferments in carcinomata and sarcomata and there have up till now been published along with many authoritative denials as many cases of actual good results. My own experience has not been limited to the cases noted but in the present state of my own knowledge I do not think it well to state others several of which for example have been most horribly treated by inefficient surgery. It is sufficient for me to say though at this moment I see in a book just published by the Keiths that they found trypsin useless after a year's trial, that I have never seen bad results beyond temporary rigors follow. There has been no albuminuria or reaction by increased growth in the tumour masses and I am constrained to declare that so far I have seen nothing but good follow. This of course does not affect any demand for a statement as to cure, and I cannot make any such claim.
The following case was unfortunately hopeless from the first; unfortunately because it is one of the few cases of tumour of the intestine and stomach which were unquestionably cancerous and which have been treated with the pancreatic ferments.

Mrs. T. Aged 29. Married, two children. A woman of very placid cheerful and courageous disposition. Went to hospital for persistent vomiting. Laparotomy showed an extraordinary cancerous and irremovable condition. The cardiac end of the stomach, the pyloric end and the anterior curvature were involved, and there were great masses throughout intestine and rectum. Obstruction was threatening and inevitable at half a dozen places. Gastroenterostomy was done to relieve the vomiting and the patient sent home. For a fortnight her condition steadily improved, then pain began at first related to meals then more continuous till at last it persisted without cessation for three weeks, and her nights were spent writhing in agony on the floor. Morphia was said to be useless, certainly repeated 30 min doses of Tr Opii were ineffectual. Menstruation had ceased for over eleven months. The patient was not pregnant.
When I was called to see the patient she was still in that pain which had persisted for three weeks. I injected her at once with 10m of strong trypsin and put her on the oral treatment by zymine and pancreohepatic peptules as in the case of Mrs. B. The pain of course was due partly and largely to obstruction, but I think not wholly because after patient was once on the full pancreatic treatment even when she suffered from pain she discriminated between it which then was obstructive and that which existed before treatment. I ascribe the difference to a direct antagonistic influence of the ferments on painful poisonous material formed in the carcinomatous masses whether these were due as is supposed to organisms on the ulcerated surfaces or to genuine carcinotoxins formed by the growths.

The pain disappeared on the day that the first trypsin injection was given, and did not reappear till three days later when she had an attack lasting two hours. Pain then quite disappeared for three weeks though during this time the patient described well pushings and thrustings evidently due to the peristalsis of the bowel at the various points of obstruction. At the end of six weeks of treatment genuine menstruation was
reeestablished, but a day or two after its onset the patient by the gross carelessness of her nurse caught a severe chill with the result that the complete dreaded intestinal obstruction was allowed to occur and still worse was not called attention to for twentyfour hours. When the patient was seen there was acute peritonitis with great collapse. The treatment of the obstruction was of course complicated by the immediate need to relieve the agonising pain but 12m. hourly of belladonna tr combined with cascara with full daily injections of trypsin in spite of the enforced administration of large doses of morphia and opium succeeded in affording complete relief in four days: a rectal tube could not be passed sufficiently far to be of any value.

After this complication on account of the peritonitis attacks of pain occurred daily but for a week or two were readily antagonised by the superaddition of 30m Tr Op. to the general treatment and the patient usually slept pretty well. Pieces of cancerous slough began to be passed per rectum though during the complete obstruction not even a sound could be passed. Motions were very small and frequent. Gradually however the obstructive pains (described by patient) became more
and more intractable till only temporary relief
was given by four grain injections of morphia and
the patient died finally of collapse some fifteen
weeks from beginning of treatment. The same
routine and care in preserving the ferments were
followed in this case and it would have been most
interesting to know, though of course now useless
to speculate, as to the probable course of this
case had not peritonitis after the onset of men-
struation, been permitted to occur.

It may be worth mention here that Mrs T.
like the others was able to discriminate between
the injections of trypsin and those of amylapsin
by the lesser local disturbance caused by the amyl-
opsin. Once or twice when the trypsin was given
in considerable quantity, some fifty mins. at an
injection the local thickening did not disappear
completely thereafter, and several of these in-
jections which had to be entrusted to the hands
of a locum gave such pressure effects as to cause
necrotic sores very similarly to the ordinary
bedsores from external pressure, and similar to
these also in their sluggish healing response to
treatment. I saw no abscesses however in the
course of the injections.
From the two following cases perhaps little is to be learned but they are of interest in showing that good followed the administration of the ferments. Neither case was long under my care for long, as they both resided at a distance, hence my notes of them are not altogether satisfactory.

Mrs C. aged 53. History of having suffered for over two years from gradual oppression in the lower bowel, and steadily increasing frequency and unsatisfactoriness of motions with now persistent pain from the pressure of sitting. Uses now at home a special chair with the seat cut away to obviate the pressure.

Some months ago went to hospital was told there was a tumour: ought to be removed - the sacrum also was believed to be involved - or they proposed an "artificial seat" opening in groin - "sigmoidostomy". Operation was definitely refused. Seen by me 7th Dec. 1907.

Patient weighed 9st 6lbs not very thin, very anxious looking, earthy unhealthy complexion. Complains of never having a proper motion but that something dribbles away at least every hour with sometimes a little blood or black in it. Imper-
fect control over these motions: they are accompanied also by pain while in addition there is frequent stabbing pain from the seat towards the small of the back. Eats well, enjoys food, and sleeps well but takes hours to get off.

On examination, a readily palpable irregular mass an inch above internal sphincter, orifice passed sound readily but would just admit little finger. Some frequency of micturition but nothing else noteworthy either in signs or symptoms.

I advised strongly that the surgeons should be given a chance but this was refused absolutely. As I could not go to see her frequently and she could not come to see me I explained that the typical treatment could not be carried out in her case by injections etc unless some local medical man would take it in hand. However she was so pitifully importunate that I should give her something that I reflected that although I knew of no special effects having been obtained by merely oral administration at least no harm could follow. She was therefore put on two of the Fairchild Zymine pepules one hour before every meal and one of the Pamorhepatic to be taken at night. She was particularly warned not to expect much.
There was no other change whatever in either mode of life or diet and in a month the patient reported to me again. There was then certainly a great improvement in the general appearance and health. Motions were being passed nine or ten instead of twenty times a day: an aching pain in the small of the back had gone; the acute stabbing from sphincter occurred only once a day: motions still however caused considerable discomfort.

Weight was 9st 12lbs i.e. a gain of 6lbs in the four weeks.

The patient reported to me twice more at monthly intervals and the improvement was maintained her weight at the end of the four months being 10st. 3 lbs, her spirits now being actually buoyant. So far as the actual tumour was concerned I could perceive no particular change save that the orifice was undoubtedly finally more patent: two formed motions being passed daily, though the mucous dribblings still came away several times a day. During the last two months I had got the patient to use once a day a pancreatic lotion per rectum but as occasionally it seemed to cause pain I finally insisted that she should put herself in the hands of someone on the spot to make sure that no harm was being done, which
could not be properly ascertained by infrequent visits. As often happens in such cases though I gave all the information at my disposal to the local doctor I have had no further news of the patient.

Mrs L. aged 51. Uterus removed for fibroid tumour sixteen years ago. Seen by me end of May 1907. Subject for some years to attacks of Dietl's crises; these ceased two years ago. Complains that for a year she has steadily lost flesh and weight. Wt. 6st 10lbs. Suffers from pain half an hour after food, with a burning sensation in back. Much flatus and constipation. Usually has neither nausea nor vomiting but after eating meat notices that she is subject to sickness and diarrhoea. Examination showed an area of thickening about an inch square with pain and tenderness at this spot at the right of the umbilicus: no actual tumour.

Treatment at this time was principally dietetic; milk diluted variously, beaten-up eggs, fish, sanatogen etc. Seen at infrequent intervals over a period of some months she gained a pound or two in weight but did not alter greatly in any way.

In February 1908 the abdominal pain and tender-
with the other symptoms practically the same as before. The thickened area was slightly larger tho' still no tumour was visible or palpable. The restricted diet appears to suit the patient fairly well but her weight is still only 7 st. 2lbs. In view of the fact that a sister has had soirrhus of the breast and that a grandmother also at least died from some form of carcinoma the patient was so depressed that consultation with a surgeon was deemed well. He suggested that the thickening was due merely to pancreas "a very common cause of fallacy!"

and made no alteration in the treatment except to suggest taka-diastase as harmless. A few weeks previous to consultation I had put the patient on three grains of Zymine before meals, and pancreo-hepatic pepticles at night. Now increased the diet and added the taka-diastase p.c.

In the two months up to this time the patient has improved greatly in health and spirits (possibly of course partly psychical and due to the reassurance by the surgeon). There is no pain after food. Weight is 8 st 2lb i.e. a gain of a stone and is improving weekly.
Fibroids treated by Ergotin etc.
The cases which follow are of value as showing how efficacious medical treatment, particularly perhaps that part of it ascribable to Ergot, can be in the efficient reduction of many examples of fibroid uterus.

Mrs. P. aged 36. Complaining of pain and bearing down at menstruation. Frequent pain in the right Iliac Fossa. Menstruates irregularly about every two weeks lasting for three or four days, and very profuse. There was no great difference in the quantity and duration of these periods, no suggestion in fact that alternate occurrences were at intermenstrual epochs.

A labour five years ago was preceded by several floodings: no pregnancy since. In addition is troubled sometimes with frequency of micturition; sometimes with retention and pain: haemorrhoids are troublesome and often bleed.

Diagnosis. Interstitial Fibroid Uterus.

Treatment was by hot regular douching between the periods. When vaginal exam. was possible I found the uterus low, heavy and rounded, the os widely patent, the uterine sound passed in 3¼ inches.

Inserted a ring pessary as support and recommended abdominal binder. Gave one 4gr Ergotin pill
every third night. In nine months she was able to disperse with the ring, there was no bearingdown and her periods were regular and normal and she has now remained well for over three years.

Mrs T. aged 42 complaining of dysmenorrhoea and frequency of micturition. Menstruation began at 18 and for two years she had only occasional periods. Married at 23, had a miscarriage at five months, then a fulltime child and since then several miscarriages at two and three months. Was in a woman's hospital for two of these but was never examined internally.

Two years before coming to me had frequency of micturition and pain in right groin. Floating kidney was diagnosed and operated on in a London Hospital and again no vaginal examination was made. No improvement followed. The frequency and pain became greater: pain in abdomen was relieved for a short time only by micturition. Pain also on coitus. Menstruation occurs every three weeks, lasts a week, is extremely profuse with many clots and great pain. Leucorrhoea between periods. Severe pain when bowels moved. This especially on the right side causing a numbness of that leg.

On examination the left kidney could not be felt; the right was low, tender and palpable but not movable.
The whole abdomen below the umbilicus was tender especially laterally: above pubis to midway between it and umbilicus were knobby firm projections easily felt and extending to sides. P.V. the vagina and vulva normal; fornices ALL FULL of knobby tender projections; felt bimanually also easily in the anterior and lateral fornices. Cervix was firmer than usual, the os normal; body of uterus fixed and hard.

Diagnosis: Fibroid uterus to be treated meanwhile till Rectum cleared and sound passed etc. by hot douching twice daily: give also Liquor Sedans & Ergot.

After a few days examined again. Nothing by auscultation. Attempt to pass sound caused bleeding.

No operation would be borne by patient therefore treatment by hot douching twice daily: 4gr of Ergotin in pill three times for three days and then one pill every second day (one daily during periods) with Liquor Sedans for the pain. Other recommendations were three days bed at periods with Epsom salts the day before they are due, and a regular evacuation of the bowels daily by cascara.

In a month the period went to nearly the four weeks and was less painful, micturition difficulty not mentioned. Two months later the patient was considerably better: micturition improved, only causing necessity
to rise once through the night two or three days before period—no trouble during the day except after long walking. Period occurs every 25th day with no great pain, no clots and not nearly so profuse. Bowels regular. OCCASIONALLY the neuralgic pains down right side occur still. Says ankles and eyes get puffy but urine shows no albumin.

Four months from beginning treatment examined again and found very little tenderness abdominally. P.V shows little change. Several distinct knobs are palpable as in diagram appended. X

It is now five months since I have seen the patient and though there had been no great apparent diminution in the size of the fibroids yet her general condition has improved immensely, the incessant and painful micturition has quite gone, the abdominal pain and lateral neuralgia have cleared up and from the state of painful invalidism she has changed to that of the normal married woman. Also despite the persistence of the fibroids there is great hope from the age of the patient—near the climacteric—that these also will largely disappear with the accompanying atrophy of the uterus.

X
Mrs. B., aged 35. One child nine years old.

Came to me in November 1907 complaining of weakness and anaemia.

Menstruation was quite normal till February last. Since then Menorrhagia and Metrorrhagia have steadily increased till at this date the loss continues for three weeks at a time and is always accompanied by clots and severe pain.

On examination I found that the uterus was slightly enlarged and heavy. There was nothing to remark in the fornices, the os was patulous and the sound passed readily for three inches but on being withdrawn exhibited blood.

Diagnosis. Was of haemorrhagic endometritis or as alternative a small polyploid growth imperceptible by sound.

Operation which was urged, was refused, so treated by hot douches twice daily, a 4gr Ergotin pill every second day, rest and an Fe & As. tonic. Patient did so well on the treatment for a month that she stopped it and the condition returned i.e. six
weeks haemorrhage with pain and passage of clots. I insisted accordingly on rigorous treatment or operation, and the latter was again refused. Hot douching therefore might and morning, a tonic containing Fe, As and Strychnine t.i.d., complete rest and simple diet, also Ergotin 4grs might and morning. On the discharge stopping for ten days I reduced the Ergotin Pills to one daily. In a few days haemorrhage began again with clots and lasted six days during which time she again took two pills a day. On the discharge stopping she took one pill a day for exactly four weeks when her period occurred. During this again two pills daily: some stringy fleshy pieces were passed and a small polypus was discharged on the sixth day after which the period or haemorrhage ceased. I then relaxed the pills to two in the week being satisfied that the os morbbâ had been removed. The last period was normal and the patient is completely restored to health. The uterus is now normal and the os quite closed.

This case is to me of considerable interest since unquestionably with such a history had the patient left the choice in my hands I should have operated. She did not do so and I was left to do the best with Ergotin etc. with the result that in a very few months results have been obtained quite as good as could possibly have followed operation. Further in spite
of the administration of what may fairly be considered heroic doses of ergotin no ill-effects that could in any way be attributed to it have followed its use.

Mrs D. aged 27. One child. Pain in left groin, feverishness etc. Found her suffering from acute localised peritonitis, which having been reduced secundum artem investigated history further.

The attack had been brought on by the exertion of removing plus a chill supposed to be caught during menstruation. Found however in addition that for at least six months there had been recurrent attacks of pain in the left groin after any special exertion such as a long walk. Also menstruation had been irregular and excessive in quantity.

On examination after peritonitis had cleared found mass particularly in left fornix, and that it extended three inches above pelvis into abdomen. Uterine sound passed for 3½ inches without blood.

Treated her by usual hot douching night and morning between periods and 4gr ergotin pills every second day except during menstruation when one daily. Food tonics etc. attended to as well as bowels. In three months all pains had disappeared and menstruation was more regular in time and quantity. She then went on the ergotin pills one every three days for six months and at the end of that time the uterus was only just
perceptibly enlarged with no symptoms arising from it and the general health in every way normal.

I have notes of several other cases of the same nature and treated on precisely similar lines to the four preceding but it is useless to multiply repetition unduly and I shall rest content with saying that I have found the prescription of Ergotin in the fashion indicated along with hot douching and the tonic appropriate to the special case to give extremely valuable results. It will be evident from what has been written that in many cases in which operation would seem to be suggested this is not at all necessary and it would seem only just that in every case where there is no acute danger to life or reason from fibroid tumours that this medical treatment should first be fully tested before proceeding to operation which after all is a somewhat crude method of cutting many Gordian knots.

Pessaries.

While dealing with one point in which medical measures are, so far as I can judge, quite as efficient as surgical, this is perhaps as good a place as any other for what I should like to say regarding another means of dispensing in gynecological practice with the surgeon. There is at present an outcry against the
use of vulcanite pessaries for retaining the uterus in position when retroversion has been overcome, and from what I myself have seen of the methods employed in utilising these pessaries I am not surprised that in the majority of cases good results are not got. The usual method of the general practitioner is to put in a Hodge or Smith pessary presumably after properly replacing the uterus and then to give the patient vague general instructions to the effect that she is to take it out occasionally and then put it back after cleansing.

Now in this there are several bad mistakes for during the first few weeks after inserting such a pessary, no matter how well placed it has been, it requires frequent examination in order to make sure that the original position has been maintained. For it occasionally happens that the pessary when tested by experience apart from theories as to its size to which it may conform, is yet not the right size for the special case: again it occasionally does happen that though the pessary is the right size it has slipped slightly: and a third possibility which most frequently of the three I have observed is that although the pessary may be quite correct and in no way fallen out of position yet by some unusual movement of the patient the uterus has been allowed to
swing back upon the pessary as upon a pivot and thus has returned to a position approximating to that for which the instrument was inserted. Further to my mind no patient is competent to replace her own pessary competently.

I do not prove my various contentions by quoting cases which indeed would provide but monotonous reading but as a result of my own experience I suggest that frequent examinations be made of both uterus and pessary in the first few weeks, that it be always taken out and replaced by the medical attendant, and that always daily hot douching except at periods be employed over a duration of six weeks. In that time also the patient should be taught to place herself daily in the genu-pectoral position for ten minutes or quarter of an hour preferably just after the douching. After the first few weeks I insist that the patient come to me once in two months to have it changed. With these precautions my general custom is then within six months to begin to test the stability of the anteversion so secured by removing the pessary for two or three days and noting the consequences. I prefer to remove the support at the earliest possible moment but this varies very greatly in suitable cases from three months to two years.
I wish then to place emphatically on record not merely my opinion but my knowledge that by the proper use of the pessary it is possible to get excellent and permanent results in retroversions and I consider the suggestion that all such cases should be operated on to be simply pernicious and on a par with that of handing all cases of appendicitis to the surgeon.

The cases in which I have found the pessary principally of value are those slight cases of retroversion following pregnancy in which a very short application is often all that is necessary; in cases of sterility from retroversion; and lastly and extremely important in those increasingly frequent cases of young unmarried girls suffering from dysmenorrhoea from backward displacements. The latter class of patients I, as a woman practitioner, should like to emphasise for the current practice is not to examine such girls but to treat them medically by internal drugging, with a corresponding inefficiency of result.
An Exceptional Gynecological Case.
An exceptional gynecological case.

Mrs P. aged 29. In Sept. 1905 had a normal confinement and recovery. Her health afterwards was excellent, and she was stout and rosy till January 1907. Complained then of languour and abdominal pain etc. Typhoid was diagnosed and confirmed by Widal reaction. Patient went to hospital. The fever ran a very mild course; there were no complications, and she returned home on full diet in six weeks.

Before she went to hospital a careful vaginal examination was made and no abnormality of any kind in the pelvis was found. After return home she convalesced so well that my services were not required; she went for a holiday and I did not see her again till February 2 of this year (1908). She was extremely emaciated with greatly distended abdomen.

The history obtainable was that on Dec. 17th she while engaged in removing, fell on the stairs, hurt her knee and went to bed to rest; on the same day felt considerable stabbing pain in the right iliac region. She rested a few days on account of the abdominal pain and at this time first noticed that she was getting thin and that the abdomen was somewhat swollen. In a week she went about as usual.
but found that though the pain on the right side was better she now suffered also from pain in the left groin. This continued for six weeks, the pain sometimes keeping her awake at nights; she was easily fatigued, unable to work as usual, and finally sent for me. Her appetite was excellent, she had no dietetic peculiarities, and she concluded merely that she was not digesting her food.

The first thing to be observed was her excessive emaciation, the face, arms, legs and chest being extremely thin, and she was very white the skin being clear and pale.

The abdomen was greatly distended, the skin being thin and stretched like a drumhead, the umbilicus flattened and the superficial veins dilated. An appearance suggesting fluid: it was impossible to "dip" the finger into any part.

Percussion gave unequal resonance all over except in one large rounded area central and towards the left extending up to umbilicus. The distension over this dull area was no more marked than elsewhere and the pain chiefly complained of was on its outer aspect.

Bimanual examination was impossible from the distension. Per vaginam proved negative, the
cervix and fornices seeming quite normal with no protrusions.

DIAGNOSIS. The size and shape of the dull area suggested bladder, pregnancy, fibroid or ovarian tumour. Bladder was excluded by lack of appropriate symptoms and the urine proving normal.

The patient menstruated regularly, a week at a time though not severe, no symptom of pregnancy, and the tumour being the size of five months pregnancy was unlikely with the accompanying history of menstruation. Hence provisional diagnosis of fibroid or ovarian tumour, with pedicle twisted due to fall which had initiated a subacute peritonitis, or small tumour with solid matted peritonitis. There was no rise of temperature, but the pulse was 100 gradually falling in the following three weeks to 80.

TREATMENT was directed towards reducing the peritonitis till the tumour might be accurately diagnosed and operated on. In a week all pain had subsided; at the end of a fortnight the abdomen was much softer, and in three weeks it was possible to palpate. The tumour was then found to be definitely globular, somewhat elastic or cystic to touch, could not be moved apart from the uterus, and was entirely abdom-
inal.  Liver quite normal.

DIAGNOSIS was Ovarian cyst, confirmed by passing sound, which showed a uterus of normal size. On February 28th taken to hospital and diagnosis agreed in by whole staff.

Operated on same day. After a central abdominal incision a large rounded cyst at once protruded, whiteish in colour and traced to the left ovary; the right ovary was then withdrawn and found to be decidedly cystic. The large tumour was brought out unopened through the wound, and slight adhesions separated by swab, it appearing to be merely stuck to the ovary, the ovary not being spread out on its surface at all, and the ovary being otherwise apparently perfectly healthy.

Since it was necessary to remove the cystic right ovary it was desired to save a portion of the left; a ligature was therefore tied round a small portion of the left ovary to make a pedicle but the cyst came away in the surgeon's hands with swabbing alone, no pedicle being cut. The right ovary was then isolated and removed.

Perfect recovery and return home in 14 days.

In view of the preceding history of Typhoid...
and the recent publication, (The Practitioner, April) of twelve collected cases of posttyphoidal infection of ovarian cysts, fluid from the large cyst was tested, but proved negative. Taylor says in recording these cases such infection connotes the precedent presence of the ovarian cyst, (a presence which I did not find in this case) but it is possible for the bacilli to lie quiescent for even a year and then to cause suppuration as he shows.

The next point of interest was that in examining the patient before sending her home after operation a right movable kidney was diagnosed in hospital, which we thought might have occurred from the reduced abdominal tension after operation, as well as the loss of all fat. Urine was normal.

The next development was that the surgeon on examining the cyst was struck by its white appearance; he opened it and to his surprise found soolices and hooklets. In communicating this fact to me he suggested further observation of the kidney in view of it.

SUBSEQUENT. At first I found the right kidney distinctly enlarged and palpable, not movable however; since then it has increased in size and feels cystic. Also about a month after operation I was
rendered anxious by feeling just at the site of the former tube a very small globular swelling.

POINTS OF INTEREST. Did the typhoidal lesion render the bowel more likely as a seat of echinococcal infection? Which was the primary cyst?

Sutton & Playfair state that no primary hydatid of the ovary has been authenticated, that the ovary has only been involved accidentally: is that the case here, and was the cyst merely adherent as it certainly seemed, and not proceeding from the ovary?

What was the cause of the subacute peritonitis? There was no twisted pedicle either of the left large cyst or of the right cystic ovary. Was the right ovary cystic in the ordinary way or did it also contain hydatids? Unfortunately it was not preserved and was thrown away unexamined, the idea dominant naturally in the surgeon's mind being simply that of ovarian cyst. Is the small swelling on the left side as I suspect another hydatid, and if so was the peritonitis due as I now imagine to a partial rupture (by the fall recorded) of say probably the kidney cyst with abdominal scattering of the scolices. No other cysts were looked for in this abdomen but at least one case is recorded with some thirty hydatids in an abdomen from a ruptured cyst.
Since the operation the patient has gained flesh and weight to a considerable extent.

Other points of retrospective interest are that though pale and emaciated she had not the typical facies ovarica - darkened lower lids and anxious pained expression. On opening the abdomen the cyst was not the typical blueish ovarian; there was no definite pedicle and the associated ovary was apparently quite healthy, the other ovary on the contrary showing several small cysts.